HEALTH & DISEASE - HOSP. & CLINICS

1990

JULY — [redacted] DEC.

Little has changed since scrapping of separate hospitals

(98)

B Iday 21790

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

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

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

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

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

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

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

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

Difference

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

Apartheid was abolished in 246 provincial hospitals on May 17.

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

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

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

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

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

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

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

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

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

Greater emphasis must be put on primary health care.

She says desegregation should not affect the private hospitals.

Hospital staff shortage – pay blamed

Staff Reporter

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

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

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

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

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

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

Hospital forced to use agency nurses

Star 13/7/90

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

By yesterday the situation had improved.

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

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

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

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

All operations scheduled for yesterday had been cancelled.

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

Union up in arms over private hospital fees

Sowetan 4/7/90

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

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

By DON SEOKANE

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

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

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NEGOTIATIONS between OK Bazaars and the South African Commercial, Catering and Allied Workers, Union, which resumed last week, have been postponed to Friday, Saccawu official Mr Jeremy Daphne said yesterday. Sowetan 4/7/90

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

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

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

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

The chainstore has offered workers R115 to R145 a month more and a minimum salary of R710 after a year's service.

75 mine hospital staff to lose jobs

SEVENTY-FIVE Rand Mutual Hospital workers will lose their jobs, the Chamber of Mines said in a statement yesterday.

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

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

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

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

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

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

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

Spokesmen for the union were not immediately available for comment.

The hospital employs about 750 people. - Sapa.



MUNTU MYEZA

Myeza dies

AN executive member of the Azanian People's Organisation, Mr Muntu Myeza, was killed in a car accident on Monday, a family spokesman said yesterday.

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

Star 4/7/90 98

Santa threatened by industrial stayaways

By Carina le Grange

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

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

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

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

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

Urgent plea

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

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

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

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

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

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

The minimal charge of R4,25 an X-ray was possible because of Santa's non-profit-making status, and into that charge was built the price of the care and rehabilitation of TB patients.

Loss for chamber in running two hospitals

MATTHEW CURTIN

THE Chamber of Mines was losing R500 000 a year by operating two hospitals, the Cottesloe and Rand Mutual, chamber health care services senior GM Dr Daniel Pollnow said yesterday.

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

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

MWU officials were unavailable for comment last night.

A Rand Mutual hospital spokesman said yesterday the daily average number of patients had fallen from 540 to 300 since 1986. The hospital employs 750 people.

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

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

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

NATAL INTIES DEATHS

New R19m hospital

(98) Sowetan 5/7/90

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

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

Cape Times 5/7/90

Interns at 'disaster' hospital take firm action

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

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

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

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

They will also no longer be performing the duties of porters, messengers, technicians, ward clerks, nurses and pharmacists, as they are often called on to do because of a critical staff shortage. — Sapa

The poor hit bleak times as hospital fees soar

By SOPHIE TEMA

PENSIONERS and the poor will be hard-hit by this week's increase in hospital fees.

This is the fifth increase since 1985.

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

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

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

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

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

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

It was dismayed at the new scale of tariffs which would seriously affect pensioners, the unemployed, the lowly paid, the disabled and students.

Wave of worker action engulfs the Eastern Cape

98

W Mail 6/7/90

By PATRICK GOODENOUGH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hillbrow Hospital gets cancer aid

By Carina le Grange

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

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

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

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

Rare equipment

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

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

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

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

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

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

Municipal strikes hit PE and Cape

Star 6/7/90

By Shareen Singh

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

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

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

The union said 46 strikers had been arrested.

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

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

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

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

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

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

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

Flexing

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

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

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

Gang warfare hits embattled Natal hospitals

(98)

tw/Mail 6/7/90

By CARMEL RICKARD

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

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

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

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

Another woman told of her son, also shot by the Sinyoras, who was taken to Durban's King Edward VIII Hospital.

While she was visiting him, a call came through for the ward sister from a man claiming to be the patient's brother. He said his "brother" needed to be transferred to another hospital and he had come to move him to save on ambulance costs.

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

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

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

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

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

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

Many K-section homes are deserted, schools are closed, house windows are broken and rooms are empty. Only a few are burnt, but residents of the relatively intact houses said they were too afraid to stay in the firing line anymore. According to estimates provided by residents, 114 houses are burnt out or deserted.

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

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

"If they keep it, why don't they use it to help us."

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

A police official in Durban said the matter would be investigated.

W|Mail 6/7-8/7/90

Declare hospital a disaster area, say senior staff

(98)

By CARMEL RICKARD

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

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

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

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

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

In particular they have stopped administering drugs to cancer patients.

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

The interns have also refused to work overtime.

All Tinks 10/7/90 (98)

PE workers still out

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

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

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

Strikes at three government hospitals here are also continuing.

A spokesman for the Regional Director of Hospital Services said there had been in-depth discussions between Cape Provincial Administration officials and trade union members in attempts to reach agreement. — Sapa

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with relevant documentation within a reasonable time.

Released . . . the meetings outside the Johannesburg Magistrate's Court yesterday.

Inquiry sees 'We need guns' banner

Star 17/7/87 (98)

Pretoria Correspondent

A banner proclaiming: "We are suffering because of our skin! We need guns like all whites! We will show you that we are real blacks", has been handed to the commission of inquiry into the causes and consequences of a strike at Ga-Rankuwa Hospital.

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

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

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

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

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

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

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

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

He said he had thought about the fact that a disruption of services might result in the death of patients.

Bellville municipal wage talks continue

BELLVILLE Municipality was offering members of the SA Municipal Workers' Union (Samwu) a R58 increase on the current monthly minimum wage of R406,77, but the union had dropped its demand by only R50, a council spokesman said yesterday.

Director of management services Mr Peet van den Heever said the council had offered R465 at its last meeting with the union on Monday.

"We are realistic and are moving while we can, but they (Samwu) are unrealistic," he said.

But accusing the council of distorting the bargaining situation, Samwu Western Cape regional secretary Ms Merle Brown said the municipality had only increased its offer by R10 from its original position of R455, while the union had dropped from R800 to R750.

The parties were still in the process of talks, and Samwu negotiators would be reporting back to the Bellville membership on Friday, she said. — Sapa

Natal hospital 'disaster area' — professors

Own Correspondent

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

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

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

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

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

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

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

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

Respite for PE as strike action eases

CAPE TIMES 11/7/90. 98

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

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

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

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

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

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

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

The strike was sparked when 39 staff nurses were perceived by Nehawu to have been unfairly dismissed from the Livingstone hospital.

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

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

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

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

A company spokesman said production was back to normal yesterday. — Sapa

98 Star 12/7/90 NEW

Injured man 'was refused by hospital'

By Stan Hlophe

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

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

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

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

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

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

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

Emergency

"I tried to persuade the superintendent to make an exception as this was an emergency."

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

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

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

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

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

Dr Smith declined to comment when approached by The Star.

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

A police spokesman confirmed the death of Mr Mabaso and the injury to an unidentified man who was admitted to Baragwanath Hospital.

Govt 'taking note of outcry over hospital'

CAPE TIMES 12/7/90

98

Own Correspondent

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

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

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

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

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

A statement released by the South African Health Workers' Congress blamed the deterioration in conditions on poor management and lack of resources.—

Sisters deliver thousands of babies

Khayelitsha maternity unit performs miracles every day

By ANDREA WEISS, Medical Reporter

AT the Khayelitsha Maternity and Obstetrics Unit, little miracles are performed every day as trained nursing sisters deliver up to 5 000 new babies a month without the supervision of a doctor.

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

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

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

Here, 359 babies were delivered in June alone, while 1 895 women visited the clinic. Also in June, 420 expectant mothers "booked in" for their first visit.

"Critical need"

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

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

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

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

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

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

Because of the staff shortage, only about 25 new patients can be seen a day and sometimes women who have been turned away return as early as 3am the next day to take their place in the queue.

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

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

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



Pictures: HANNES THIART, The Argus.

IN CHARGE: Chief professional nurse Sister Mabel Nero, left, and Sister Gladys Strydom are in charge of the Khayelitsha Maternity and Obstetrics Unit.



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



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

177 babies in SA prisons

From CLAIRE ROBERTSON
The Argus Correspondent

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

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

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

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

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

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

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

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

FIM 13/7/90 (98)

MEDI-CLINIC FIM 13/7/90

Dispelling doubts (98)

Activities: *Providers of hospital services in private medical clinics.*

Control: *Rembrandt Group holds 93,4% of issued ords.*

Chairman: *J N de Villiers; MD: L J Alberts.*

Capital structure: *90,96m ords and 79,04m R1 uns sub comp conv debentures. Market capitalisation: R72,77m.*

Share market: *Price: 80c. Yields: 3,75% on dividend; 15,5% on earnings; p:e ratio, 6,5; cover, 4,1. 12-month high, 110c; low, 52c. Trading volume last quarter, 193 450 shares.*

Year to Mar 31	'87	'88	'89	'90
ST debt (Rm)	17,5	—	9,2	—
LT debt (Rm)	9,2	9,2	—	—
Shareholders' interest	0,77	0,85	0,85	0,87
Return on cap (%) ..	nil	nil	6,4	11,4
Turnover (Rm)	n/a	n/a	n/a	n/a
Pre-int profit (Rm) ...	3,9	4,8	10,7	19,7
Pre-int margin (%) ..	n/a	n/a	n/a	n/a
Earnings (c)	(3,0)	(2,7)	4,0	12,4
Dividends (c)	—	—	—	3,0
Net worth (c)	78,7	66,7	70,6	77,5

If there was ever any doubt about the viability of the Medi-Clinic private hospital group, this report should dispel it. Start-up losses are evidently a thing of the past.

Medi-Clinic began its listed life in 1986, when it lost R10,4m and raised, in a private placing and public offer, R164m, of which R79m was in 11% debentures. Acquiring established hospitals and developing new ones absorbed substantial capital expenditure. Each new entity has a bedding-down period before trading profits emerge.

The group now controls seven clinics/hospitals including Louis Leipoldt in Bellville, bought in June 1989. This made "a material contribution" to earnings. But Mitchell's Plain Medical Centre is still a problem though occupancy has improved. It continues to function as a 100-bed organisation when capacity is about 200 beds.

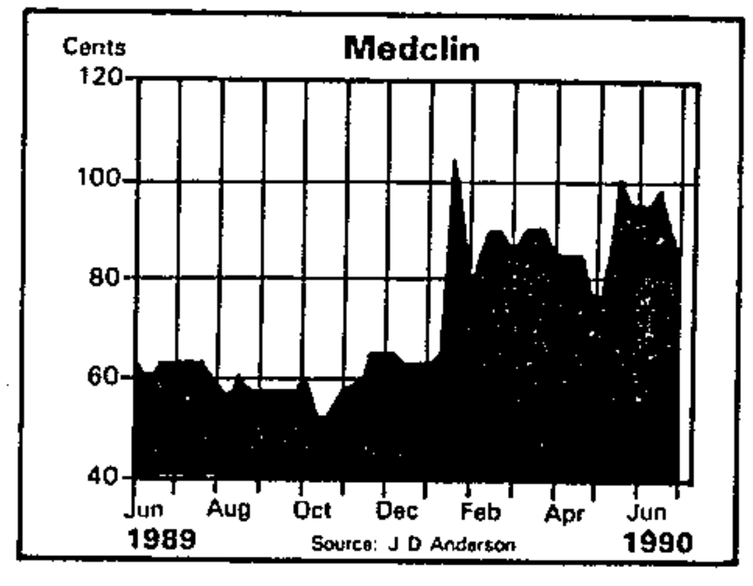
Overall the past year was, however, successful. Operating income grew by 50% to R16,2m and the average cash holding of R18m earned net interest of R3,5m. Because of past losses, the group is not yet liable for tax, but the assessed loss has now largely been used up and tax will be due this year.

Remgro controls 93% of issued capital but this will fall to 50% when the debentures are converted to ords on a 1:1 ratio. Debenture holders have the right to convert on each September 30 and March 31. The debentures are compulsorily convertible at the end of the financial year in which dividends hit 11c. Given the policy for dividends to be twice covered, this is probably some way off.

The private hospital sector faces many imponderables. It will be influenced significantly by government policy on privatisation of State hospitals and nurses' training and wages. Making medical aid available to the whole population may be critical to the long-run success of private hospitals which, incidentally, now form an important lobby.

The relatively low return on capital last year suggests that there could be room in this ratio for strong improvement. Barring unforeseen circumstances, pre-tax income should again show good growth this year. The market may be anticipating this, for the share commands a substantially higher rating than its competitor, Clinic Holdings.

Gerald Hirshon



F|M 13|7|90 98

time in memory, subscriptions could be increased in mid-year by another 5% to cover the impending increases in hospital fees.

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



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

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

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

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

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

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

Either way, the public is going to pay, whether through higher fees to hospitals or higher medical aid subscriptions. Private hospitals account for 16% of medical aid payments so subscriptions would rise by 2,5% to cover the increases, though the increase in the number of claims that schemes have had this year could increase this to 5%.

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

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

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

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

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

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

Stephen Cranston

HOSPITAL FEES F|M 13|7|90

Coughing up 98

There's no letting up for medical aid members. Subscriptions have been rising at a compounded rate of more than 20% a year over the past five years. Now, for the first

Hospital forced to use agency nurses

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

By yesterday the situation had improved.

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

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

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

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

All operations scheduled for yesterday had been cancelled.

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

NUM deplores hospital retrenchments

By Brendan Templeton

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

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

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

Regretted

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

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

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

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

"If there is any industry which needs efficient medical facilities, it's the mining industry," he said.

(1808) (655) (98) (160) Star 4/7/90

Medi-Clinic applies to up tariffs

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

Alberts declined to disclose the amount of the increases, but said the company had requested the tariff increases be effective from July 1. B10oct 16/7/90

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

In his annual review, Medi-Clinic chairman Jan-

MANDY JEAN WOODS

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

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

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

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

De Villiers identified three factors that could directly influence the well-being of the local industry in the future — the increase in tariffs for medical aid members at state hospitals, the opening of state hospitals to all races, and the stricter control by government over the issue of licences for new private hospitals. (98)

Hospital staff battles to keep vital service functioning

MARITZBURG — Dedicated doctors at Edendale Hospital, aided by a handful of private practitioners, are battling to keep the hospital's most vital service, the Obstetrics and Gynaecology (O and G) department, functioning.

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

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

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

The crisis, the biggest yet to confront Edendale Hospital, is further exacerbated by the excessive red tape surrounding the employment of new doctors.

Ideally serviced by 21 medical officers and four full-time specialists (consultants), there are now only six medical officers, one intern and no permanent full-time consultants in the O and G department.

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

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

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

Superintendent Dr Peter Evans commended the doctors of O and G. He said his staff were working flat out and the administration had been streamlined considerably. — Sapa.

nities in a tent pitched at the

in the area.

10 Bara babies die of Aids

98

Stn 17/7/90

wn Correspondent

Ten babies have died from Aids at Baragwanath Hospitalin the last year, a hospital paediatrician has disclosed.

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

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

The 10 babies had been infected by their mothers during pregnancy.

98

Hospital to evacuate patients?

Staff Reporter

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

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

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

"There are large expanses of water, more than five metres wide, specially around the geriatric ward. It's like sitting in a moated castle.

"It's freezing cold inside and about four patients are in bed with lung infections as a result of this," the doctor said.

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

Dr Gamieldien said the water was being pumped into stormwater drains outside the hospital.

Proper stormwater drains will be built in October when the ground is drier, he said.

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

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

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

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

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

At Wemmershoek the dam was 90% full, Voelvlei 103%, Steenbras Lower 102,1% and Steenbras Upper 100,7%.

● In Bloemfontein, ceilings of several houses collapsed after temperatures plummeted to as low as -8,3°C on Saturday morning, Sapa reported.

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

A spokesman for the Bloemfontein weather office said it was the coldest in many years.

Workers picket private hospitals

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

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

However, a company spokesman denied union claims.

Management has agreed to meet the union next week. — Staff Reporter.



RIVER RESCUE: Lucky Esmeralda Strauss with Desmond Thuizen and Leon Herholdt of Klipheuwel, who saved her in the icy Mosselbank River.

Girl rescued from icy swollen river

By JOHAN SCHRÖNEN
Staff Reporter

THE desperate screams of an eight-year-old Klipheuwel girl and the quick reaction of friends probably saved her life.

This dramatic scene was enacted when Esmeralda Strauss was washed off a causeway and swept more than 100 metres down the flooded Mosselbank river.

Leon Herholdt, 16, and Desmond Thuizen, 17, of Mikpunt, saw Esmeralda, who cannot swim, floating face-down towards a makeshift bridge where she became wedged against a support.

Leon held on to the bridge and secured Desmond, who stretched for the girl. But she started to float farther down the icy stream before the boys could get hold of her.

Said Leon: "The river was flowing strongly enough to drag a car. We ran after her. I could hear her cries when her head emerged from the muddy water. We saw an opportunity to reach her when she drifted towards the bank. We were lucky to get hold of her near some rocks."

Esmeralda is still in shock and starts to cry when anybody talks about the episode.

"PULLED ME"

"The water was still shallow when I tried to cross but in the middle it suddenly pulled me over. I can't remember anything except when I was lying on the bank and was very cold," Esmeralda said.

The Klipheuwel community is upset about the Mosselbank river flooding in heavy rains. The only access to more than 15 properties is Radio Road, which has a shallow causeway.



Pictures: ANDREW INGRAM, The Argus.

DEEP WATERS: Lentegeur Hospital staff were issued with wellies after the grounds flooded.

Hospital floods: Patients moved

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

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

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

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

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

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

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

Burglar shoots farmer in chest

Staff Reporter

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

Lay-by at 18 — for a bouncing baby at 40



Leon Herholdt, 16, and Desmond Thuizen, 17, of Mikpunt, saw Esmeralda, who cannot swim, floating face-down towards a makeshift bridge where she became wedged against a support.

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"PULLED ME"

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The Klipheuwel community is upset about the Mosselbank river flooding in heavy rains. The only access to more than 15 properties is Radio Road, which has a shallow causeway.

When this is flooded it becomes unusable and cuts off the residents.

● Heavy rains have also caused flooding in other areas. A house next to Boys' Town near Crossroads is ankle-deep in water.

Fold up brollies for warm weekend

Staff Reporter

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

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

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

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

Electricity record

Staff Reporter

ICY cold weather has resulted in a record demand for electricity in Eskom's Western and Southern Cape Regions.

Eskom registered a record peak demand of 2 024 MegaWatts at 7 pm on Tuesday night. The previous record was 1 942MW on July 12.



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

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

Burglar shoots farmer in chest

Staff Reporter

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

Mr Hendrik Frederik du Plessis, 51, of the farm Duplenia was wakened about 4.50am by noises, a police liaison officer said.

Mr Du Plessis got out of bed to investigate. He did not switch on any lights.

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

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

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

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

No arrests have been made.

Five city babies, three adults killed by cold

Staff Reporter

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

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

The babies, all under nine months, died during the cold spell over the past fortnight, said police liaison officer Captain Attie Laubscher.

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

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

Some of the infants were also badly under-nourished. One baby of five months weighed only 2kg. Police believe that some of the babies were not properly protected against the cold.

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

Lay-by at 18 — for a bouncing baby at 40

The Argus Foreign Service

LONDON. — Career women are to be given the chance to start their families in their forties — from healthy eggs deposited in a laboratory while they are still teenagers.

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

GENETIC RISKS

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

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

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

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

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

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

CMM Trial 19/7/96 98

Hospital flooding forces move of 30 old patients

By MONICA GRAAFF

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

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

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



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

Picture: STEWART COLMAN

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

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

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

'Racism' leads to protest by 300 hospital workers

By GLENDA DANIELS

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

Three reasons were given for the strike: w\Mon 2017-22/7190

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

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

The Hospital Services' head of public relations in Pretoria, Jan van Wyk, could not be reached for comment.

Star 20/7/90

(98)

300 hospital workers reject 'racist remarks'

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

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

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

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

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Councils told: change SA policy

Star 21/7/90 (99)

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

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

FRANK DE JONG,
Foreign News Service

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

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

Protest march on court

Star 21/11/90 By Shirley Woodgate

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

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

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

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

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

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

"We had a problem with one or two of the chaps but it is a police matter now and out of my hands," she said.

New plan for hospitals, says Venter

Own Correspondent

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

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

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

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

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

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

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

The effective alleviation of the load was imperative.

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

"In the end, the success of this centre will depend on the quality of the programme and not on the beautiful buildings or facilities," she said.

Hospital apartheid is still alive in E Cape

W|Mail 27 7- 2911790 (98)

By PATRICK GOODENOUGH

TWO months after National Health Minister Dr Rina Venter certified hospital apartheid dead, the corpse looks quite lively in the Eastern Cape.

Barring some cases requiring specific specialist treatment, hospitals in Port Elizabeth and Uitenhage are reportedly still enforcing the outdated policy.

And so an assault victim, found unconscious in the grounds of a "white" hospital in Port Elizabeth, is taken across town to the casualty department of a "black" hospital.

A diabetic domestic worker at the same "white" hospital travels regularly to the "black" hospital for treatment.

Yet the superintendent of that "white" hospital insisted this week that "no one department or ward or service in this hospital is segregated". Doctors at the "black" hospital found the denial laughable, saying they knew better.

Port Elizabeth's chief ambulance officer said he had not yet received specific instructions not to take patients to their "relevant" hospital, although the nearest institution was generally used if a patient's condition was serious.

When she made her announcement, Venter said extra funds and staff would have to be made available for wards to be opened to all. She also said individual superintendents would decide on whether wards would be integrated or not.

Overcrowding and critical staff shortages are also taking their toll on patient care in the region.

The four major hospitals are the "black" Livingstone and Dora Nginza hospitals, the mainly "white" Provincial Hospital in Port Elizabeth and the segregated Provincial Hospital in Uitenhage (UPH).

At UPH, Dora Nginza and Livingstone hospitals, doctors and nurses are working longer hours and extra shifts. Ambulance drivers are known to work up to 36 hours without a break.

The only physician at one hospital has resigned, and pharmacists, physiotherapists, occupational therapists and social welfare officers are in short supply.

Theatres have been temporarily shut down and at least one intensive care unit is reported to be in danger of forced closure.

Cape Provincial Administration spokesperson Willem Heunis said this week the shortage of medical staff was a country-wide problem, largely resulting from an acute shortage of funds and the growth of private medical facilities.

"The demand for facilities and services exceeds the ability of the state to provide such services in many instances. The current economic climate, the rapid urbanisation process and population growth are contributory factors which lead to overcrowding."

On hospital segregation, Heunis said the CPA's policy was that "any patient who requires medical treatment which is available at a hospital, may be admitted to such a facility".

Doctors in Natal wait for 'comrades' visit

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

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

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

R12m allotted for health care

Cape Times 28/7/90

Political Staff

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

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

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

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

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

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

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

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

R12-m revival aid for health centres

By MICHAEL MORRIS
Political Correspondent

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

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

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

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

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

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

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

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

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

Rather than concentrating on contraception, the population development programme focused on improving living standards.

CAPE TIMES 30/4/80

Union can act in hospitals

Staff Reporter

IN a landmark decision the CPA and hospital workers yesterday reached an interim agreement allowing the Health Workers' Union (HWU) to operate in Cape hospitals.

This follows the crippling strike in March.

A union spokesman said the CPA had not recognised the union before the strike. Union activities would now be allowed.

eas 50c (44c + 6c GST) LAY-BYE NOW AND SAVE! QUALITY GUARANTEED OR YOUR MONEY BACK

Some Tvl hospital fees are doubled

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

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

The new tariffs are:

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

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

Sowetan Correspondent

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

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

Private

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

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

To Page 2

Hospital fees up

From Page 1

munity and R170 in academic or regional hospitals.

This is an increase of R42 a day in regional and academic hospitals and R33 a day in community hospitals.

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

Ferreira said more patients who previously qualified as private patients will now be classified as hospital patients, to be treated in provincial hospitals at the all-inclusive tariff provided they are not members of medical aid schemes.

Costs push up hospital bills

Cape Times 2/8/90
98

PRETORIA. — The Transvaal Provincial Administration increased its hospital fees as from yesterday because of a considerable escalation in the cost of consumer goods and in the running costs of provincial hospitals.— Sapa

Some hospital fees doubled

STAR 2/8/90 Pretoria Bureau

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

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

The new tariffs are:

- H2 patients — with a family income up to R16 200 and depending on the size of the family — R10 for admission to community hospitals and R15 for admission to regional or academic hospitals.
- H3 patients — with a family income up to R19 200 and depending on the size of the family — R10 a day in community hospitals and R15 a day in regional or academic hospitals.
- H4 patients — earning from R9 000 to R22 000 — R40 a day for community hospitals and R60 a day for regional or academic hospitals.

Jump in TPA hospital fees

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

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

The increases for category H2 patients, who earn under R6 000 a year and have one child, up to a salary of less than R16 200 a year with five children, doubled to R10 for in-patients. B\Day 2\8\90

Confinement at community hospitals for H2 maternity cases doubled to R40.

Category H3 patients, who fall between those earning up to R9 000 with one child and those earning not more than R19 000 with five children, will pay R10 a day instead of the old R10 admission fee for in-patients. They will pay R15 as an out-patient at a community hospital, up from R8.

EDYTH BULBRING

The H3 patient will pay R10 a day with a minimum of R75 for maternity confinement, up from R40. (98)

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

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

The fees for private patients who earn more than R12 000 with one child to more than R22 000 with five children, or have medical aid, will pay slightly more.Instead of paying R101 a day as an in-patient at a community hospital, the cost will be R134 a day.

Ferreira said tariffs for private patients were adjusted to bring them in line with the benefit scales of medical aid funds.

Inyangas want own Aids clinic at Bara

Star 4/8/90

98

PAT DEVEREAUX

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

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

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

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

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

Role to play

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

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

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

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

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

Inyangas' role

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

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

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

Fees to go up 8 percent at private clinics

Star 4/8/90

98

Medical Reporter

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

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

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

Increase

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

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

CAM Times 6/8/90 98

R1m claim for brain damage

Supreme Court Reporter

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

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

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

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

In papers, Mr Prest said that while Ms Sibizo was in labour at the hospital on May 9, 1988, she concluded an oral agreement with Dr De Villiers that he would give her an epidural anaesthetic injection.

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

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

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

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

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

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

Mr D A Lenhoff, instructed by Mr Jerome Ramages, of H Mohammed and Associates, is Mr Prest's counsel.

of the violence.

the Government, the chur- Mr FW de Klerk. - *Sapa.*

Lawyers' group agrees to extend aid to rural areas

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

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

SOWETAN Correspondent

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

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

Sowetan 7/8/90

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

Private hospitals fees up

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

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

Sowetan 7/8/90

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

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

Private hospital bed tariffs rise

98

TANIA LEVY

PRIVATE hospital beds will cost about R13 a day more from August 15 when accommodation charges will be raised about 8%.

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

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

The NAPH, which represents 80% of the country's 110 private hospitals, initially asked for an 11% increase in accommodation charges but the Representative Association of Medical Schemes (RAMS) granted an average 8% increase. Bday 7/8/90

Hertzog said it was the first time in five years that RAMS had granted an interim increase to private hospitals.

'Green' hospital trend taking root worldwide

Business Day Reporter (98)

THERE is a rapidly growing international awareness of the need to design hospitals to be more environmentally friendly, it emerged at a meeting of the International Federation of Hospital Engineering in London recently. BIDCY 8/8/90

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

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

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

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

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

Overseas there was a major shift in hospitals to ozone-friendly equipment, although Howie noted that in SA the shift could involve high costs particularly with regard to refrigeration.

Asylum bars racism but psychiatry's rooted in it

W|E Mail 10/8-12/8/9

98

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

By DEIRDRE MOYLE

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

The new head of psychiatry at the UCT Medical School, Brian Robertson, spearheaded the decision to reintegrate Valkenberg soon after his appointment last year, as "it was not acceptable to discriminate psychiatric patients on the basis of race".

Besides the ethical reasons, it also had a practical basis, according to Robertson, as everything had to be duplicated and "the non-whites" always came off worse as services weren't developing as well on the "black side".

Valkenberg has, since it opened in 1981 on the site of the old Valk family farm, become two hospitals known as the "white" (or, more politely, the "Observatory side") and "black" (or "Pinelands side") sections, divided by the Black River Parkway.

Up to 1985, the division was largely between white and coloured patients. Africans were not seen as part of the population of the Western Cape and thus excluded from official planning. But the extent to which they had become domiciled in the Western Cape and influx control had collapsed, became apparent when the coloured patients were moved to Lentegeur Hospital in 1985 under the jurisdiction of the House of Representatives. Official planners believed that the opening of Lentegeur would result in the closure of the "black side" of Valkenberg. The 200 vacant beds were quickly filled by African patients, whose number at the hospital has since doubled.

Robertson had the full support of the hospital board in his desire to see Valkenberg desegregated. It was known at the time that from the director general down, the Department of Hospitals and Health Services was also keen to remove discrimination. Formally the racial segregation of hospitals was scrapped with the Separate Amenities Act this year. However, this does not mean all hospitals will automatically open as some fall out of the ambit of the act and under the various Own Affairs departments.



When the first inmates arrived at Valkenberg they were first housed in the old farm buildings until the new building was completed

The move at Valkenberg away from segregation has been further endorsed by the executive of the Society of Psychiatrists, which at its March meeting took a policy decision in favour of desegregation.

The first eight black patients were moved to the "white side" of Valkenberg on May 4 this year. The patients were from a ward known as the "therapeutic milieu" — less severely disturbed patients in the neuro-clinic with a better prognosis than the psychotic patients in the locked or closed wards.

This move is the beginning of the restructuring and integration of the entire hospital which will result in the "white side" caring for acute patients and the "black side" dealing with chronic care as well as the forensic section.

But the legacy of segregation will not end with the reintegration of wards at psychiatric hospitals. The ideas that informed the decision to segregate Valkenberg in the first place are tied to the emergence of South African psychiatry today.

While formal psychiatric training started in South Africa in the 1930s, the foundations of its practice had already been established in the previous century. The ideas that the experience of madness differs, according to race, remains part of the discourse of psychiatry today largely through the adherence to concepts of culture that assume the existence of discrete groups, each with a separate identity.

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

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

But Robertson is optimistic about the future as he sees the differences between patients as socio-economic.

"We can work with people from different cultures as people have more in common as human beings than what is different." But he adds that psychiatry must take into account differences and traditional practices.

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

Others have required restructuring of ward programmes and staff arrangements as the differences on the two sides of the hospital became apparent. One example was that therapy sessions on the "black side" concentrated on dream work, while that was never used on the "white side". Daubenton said that the staff would also be watchful of problems of chronic patients with racially-based delusions and be prepared to intervene.

However, the one immediate problem facing Valkenberg is language. Robertson said it could become the new barrier as everything has to be translated and repeated and it takes twice as long. Daubenton added that language was also an important issue between patients as they generally give each other support outside formal therapy time.

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

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

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



A 'lunatic' known only as Plaatjies dreamed of leaving the island

'Plaatjies had a dream of reaching the mainland so he built boats and made coins of brass to spend once he got there. He never realised his dream as the authorities destroyed his boats of box wood. But he never gave up — each time he simply built another one'

FOCUS ON VALKENBERG ... A MICROCOSM OF PSYCHIATRY IN SA

From the Island to Valkenberg. And beyond

W/E Mail 10/8 — 12/8/90 (98)

UP to 1870 all patients, then known as lunatics, were sent to either old Somerset Hospital or Robben Island, and kept with paupers, the chronically sick and criminally insane. There was no discrimination and most of these early patients lived out their lives in these institutions.

After numerous commissions of inquiry and public outrages from 1834 over the appalling conditions at old Somerset Hospital and Robben Island, a government commission was established in 1879 to investigate the establishment of an asylum on the mainland.

The commission reported in 1880 that a proper system of classification was a priority so that violent and criminal patients could be separated from lunatic ones, as well as paying from non-paying patients.

The commissioners had no problem in accepting that Robben Island should continue to function as an asylum for dangerous criminal and/or violent lunatics of all races, but argued that separate and improved provision should first be made for "the better class of patients" (the paying patient). The next priority were those deemed to be amenable to treatment and finally "the others". This grading was taken up later when deciding which lunatics would be transferred to Valkenberg.

The commission also considered the "difficult question" of racial classification, but argued that this "cannot be completely accomplished consistently with the wider and more necessary classification of symptoms". Furthermore, they argued that for violent or incurable patients "not amenable to treatment or sensitive to surrounding influences" it was not necessary. But the commission was not unanimous on this point.

A commissioner, W Fleming, was in favour of complete separation because "some higher and different course of treatment would be required to produce an amelioration of the conditions of the Europeans". While he accepted that kindness and humanity were important for all patients, "the better classes are more amenable to such influences as those of scenery than the lower classes would be". The medical superintendent of Robben Island, Francois Biccard, was not in favour of segregation as "I should like to see the noisy ones kept apart from the quiet ones, without reference to race".

The decision to place the asylum on the old Valk family farm in Observatory was taken later by the first Inspector of Asylums, WJ Dodds. His 1889 report was met with resistance by Rondebosch residents who feared the asylum would "diminish the value of property".

Pressure was put on Robben Island doctors to "classify" patients racially.

Valkenberg's first 36 patients, 24 men and 12 women, arrived on February 20 1891. Their only common factor was their race as they were from all classes and professions, paying and non-paying. Only three recovered and were discharged, one was discharged "relieved" while eight others were transferred to institutions for the chronically ill. The majority died in Valkenberg.

In 1981 there were 26 direct admissions and by the end of the first year Valkenberg was filled to capacity with 75 patients. In 1894 the Valkenberg Act was passed, allocating £40 000 for the construction of a new institution. The building was opened in 1898 with 310 patients, who were all white. The coloured patients on Robben Island returned to the mainland in 1916 when the Old Plague Camp on the Pinelands side of the Black River was bought and wards erected.

Natal to end service for cancer patients

DURBAN. — Provincial cancer services in Natal, including treatment by radiotherapy and chemotherapy, are to be ended in September — a decision which will dramatically affect the lives of 200 000 patients who presently attend the clinics every year.

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

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

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

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

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

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

Spotlight on diseases in children

Star 13/8/90

Medical Reporter

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

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

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

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

The symposium will be held in the hospital auditorium.

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

Women want return of tests

WOMAN

AMONG the many meetings and marches to mark National Women's Day, one stood out in that it was not a cry for the freeing of women from male bondage but concern for their survival.

About 100 women in Soweto, Dobsonville, Johannesburg and Mamelodi marched to their local clinics and provincial hospitals in protest against the stopping of pap-smear tests in most township clinics and hospitals.

Pap-smear tests help in the early diagnosis of cervical cancer, the most common cancer among black women.

The march was organised by the Advice Centres' Association which, according to women's desk coordinator Yvonne Ngakane, has been campaigning for the reinstatement of the service since it was stopped several years ago.

Ngakane said the issue, along with abortion and sex education, had been dealt with as a priority by the community-based organisation.

They sent a petition to the Department of Population and Health expressing their grievances about the stoppage. The only reply they received was that their complaints were being looked into.

"Stopping pap-smear tests puts a lot of women's lives in danger, especially those who do not have money to pay for them in institutions that offer them for a fee," Ngakane said.

"We hope that with this action the Government will realise our concern for our health and be prompted to take immediate action.

"We feel it is taking them too long to decide on this matter and to come up with constructive solutions."

Funding

Chairman of the southern Transvaal region of the National Cancer Association Dr M Gordon-Grant said the reason the State had terminated the service was lack of funds.

He said some hospitals were now offering the service for about R10. The NCA was also offering it in factories but could not afford to do the tests on everybody.

The South African Association of Obstetrics and Gynaecology had written to the Department of Health on several occasions for the reintroduction of the service but had not received a reply. They wrote two months ago to Minister of Health Dr Rina Venter.

"One out of every four black women die from cervical cancer every year. There are tests that could stop these deaths but they are not available to people who need them," Gordon-Grant said.

He said the cancer, also prevalent among coloured and other women in the lower socio-economic group, could be detected and eradicated if early diagnosis was made of the abnormal cells that caused it.

"Any woman who is sexually involved is at risk. The disease is transmitted sexually and infects the cervix. It spreads into the bladder, the bowel and to the bones and kills the sufferer once it reaches this stage.

"Last year our hospital detected 553 new cases of the cancer, which was more than we have had before. Nearly half of the cases were advanced," he said.

The cancer is symptomless at an early stage when the cure rate is 100 percent.

Intramenstrual bleeding, contact bleeding, foul smelling watery discharge, dysuria and pain are some of the symptoms.



Yvonne Ngakane is campaigning for the reintroduction of pap-smear tests for women.

Kalafong Hospital workers go on strike over wages dispute

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

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

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

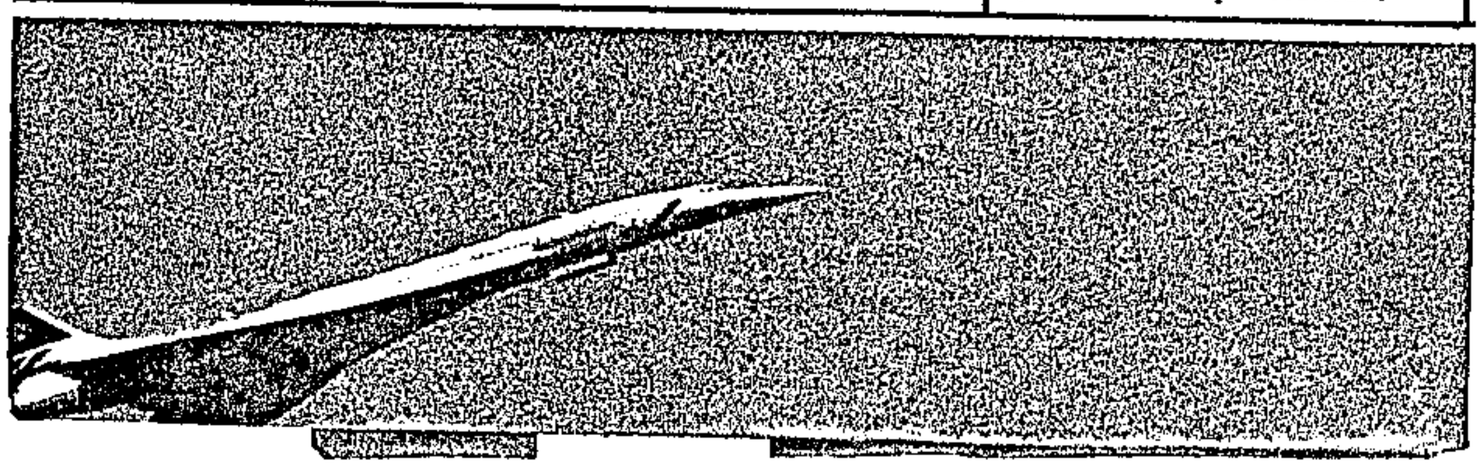
Workers said the strike, which started at 6am, was sparked off by the breakdown of wage talks between the Transvaal Provincial Administration and their trade union, Nehawu, on Friday.

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

World inflation rate goes up

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

The ILO said yesterday that countries with steadily rising inflation in the first few months of 1990 included Sri Lanka with 22,6 percent compared with 15,1 percent last December, Hungary 26,8 percent, Sweden 10,1 percent, Chile 24,8 percent and Britain 9,4 percent. - *Sapa-Reuter.*



Alleged intruder shot dead at Bara Hospital

By Montshiwa Moroke

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

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

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

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

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

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

The dead man has still to be identified.

No strike yet, say hospital workers

Cape Times 20/8/90 98

Staff Reporter

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

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

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

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

Besides not receiving negotiated benefits, there were also issues from the previous strike which had not yet been resolved.

Cillie strike inquiry hears of bribes for merit awards

Star 21/8/98 (98) (182) (63)

Pretoria Correspondent

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

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

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

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

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

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

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

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

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

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

The hearing continues.

Hospital probe hears of strikers' demands

Sowetan 21/8/90.

98

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

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

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

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

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

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

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

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

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

More hospital strikes follow union demand

98

Sowetan Correspondent

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

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

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

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

Van Wyk said a letter, dated March 3, had been circulated at various TPA hospitals by Nehawu members. Sowetan 22/8/90

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

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

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

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

A Nehawu spokesman said negotiations would be referred for arbitration following the deadlocked talks.

Workers blame hospital strike for death of Tembisa woman

Star 22/8/90

By Abel Mabelane and Brendan Templeton

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

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

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

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

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

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

Pressure

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

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

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

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

Dr Fleringer could not be reached for comment and TPA officials refused to comment.

'Comrades' fear Inkatha staffers

Terror stalks wards of Natal hospitals

98

The Argus Correspondent ARGUS 23/8/90

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

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

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

"Bump them off"

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

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

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

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

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

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

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

Threatening to resign

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

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

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

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

'Strike caused two deaths'

By Brendan Templeton

At least two Tembisa women are alleged to have died without being seen by doctors when white staff at the strife-torn township's hospital downed tools on Tuesday.

They were identified as Maria Makoena and Elizabeth Maringa.

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

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

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

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

Reef war: hospital crisis

By Helen Grange

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

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

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

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

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

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

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

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

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

The doctor said injuries were mostly the result of bullets.

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

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

The senior surgeon at Baragwanath Hospital, Dr Bernard Rabinowitz, said that last Friday he had seen between 90 and 100 patients as a result of the bloodshed.

Chemist takes hospitals to court over packing drugs

By GILL TURNBULL, Supreme Court Reporter

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

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

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

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

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

Generic medicines

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

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

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

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

Mr Justice W van Deventer has reserved judgment.

Hospital strike intimidation denied

Star 23/8/90 (18) (18(2) (18(4) (38)

Pretoria Correspondent

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

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

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

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

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

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

He said he had assisted in organising workers to join the strike but denied there had been intimidation.

will be achieved in the interest of the people of Greater Soweto."

It said bridging finance to council would be curtailed by the end of this month.

Soweto to get its own hospice

(98)

TANIA LEVY

A SOWETO hospice is to be started in October to care for about 3 000 people who die in the area every year as a result of terminal diseases.

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

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

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

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

The Witwatersrand Hospice Association managed to care for about 12% of the estimated 6 000 people who died in the central Witwatersrand region each year. The majority of these were cancer sufferers.

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

Henen said government would need R40m a year if it were to cover costs of a hospice model of care for about 20 000 terminally people in SA each year. About R160m would be needed to fund curative care in hospitals for these people, he said.

The need for services would be even greater as the number of AIDS patients increased.

Sloan 29/8/90



PAY DEMANDS: Off-duty nurses at the Red Cross Children's Hospital in Rondebosch demonstrate outside the hospital in support of higher wages and better working conditions

City nurses in protest over pay

By DON HOLLIDAY, Staff Reporter

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

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

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

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

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

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

Emotional farewell to top nurse



BIG SEND OFF . . . Hundreds of nurses and other hospital staff gather outside Groote Schuur Hospital to bid farewell to deputy director of nursing Miss June Du Preez before she was whisked off for a quiet lunch with some of her colleagues. Picture: STEWART COLMAN

CAPE TIMES 1/9/80

Salute to 35 years of CPA service

By CLAUDIA KING

EMOTIONAL doctors, nursing and administration staff formed a guard of honour at Groote Schuur Hospital yesterday morning to bid farewell to deputy director of nursing services Miss June Du Preez.

Miss Du Preez is retiring after more than 35 years of service with the Cape Provincial Administration — the past 10 of which were spent as head of the division of nursing at the hospital.

Hundreds of colleagues lined the corridors of the new hospital and clapped, cheered and sang as Miss Du Preez left the building.

She was met at the front door by the superintendant of the hospital, Dr Jocelyn Kane-Berman, who tearfully presented her with a gift before she was whisked away to lunch by a waiting car.

Later she said she was driving up the West Coast in the afternoon to join friends and spend the next week "among the flowers".

"When I get back I plan to pursue my career in nursing in a different and more low-key manner," she said adding that her "wonderful job" had brought tremendous enrichment to her life while teaching her survival skills and discipline.

"Nursing is a unique and privileged career where you can form relationships and land up in situations that you'd never encounter in any other work," she said.

Miss Du Preez said many changes had taken place in the field of nursing over the years and emphasised the increase in technology and specialisation in medicine which has created a need for highly skilled specialist nurses.

Nurses strike causes chaos

CAA Trials 1/9/80

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

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

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

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

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

Strikes puts hospitals in crisis

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

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

The nurses downed tools over a pay dispute.

Several other KwaZulu hospitals, including Prince Mshiyeni and the KwaMashu polyclinic, have also been crippled by strikes.

KwaZulu Health Minister Dr Frank Mdlalose is to meet strike representatives today. — Sapa.

Hospital strike: two dead

(98) ~~95~~ ~~152~~ ~~108~~

Own Correspondent

DURBAN — An emergency is expected to be declared at government hospitals in Natal and KwaZulu under the Civil Protection Act following a wage strike by more than 1 000 nurses in Natal.

At least two deaths at Maritzburg's Edendale Hospital have been linked to the strike. Bday 4 9/90

MEC in charge of hospital and health services Peter Miller said yesterday the province was facing "a crisis of major proportions", stemming from the virtual closure of the 2 000-bed Edendale.

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

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

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

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

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

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

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

KwaZulu Health Minister Dr Frank Mdlalose is to meet representatives of the strikers today.

Natal hospital strike threatens many lives

Sta. 5/9/90

DURBAN — The hospital crisis in Natal deepened yesterday with the lives of many patients, including babies, now threatened.

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

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

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

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

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

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

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

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

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

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

The president of the KwaZulu Nurses Association has appealed to Edendale nurses to return to work. — Sapa.

change rate for his own benefit. the money he handed to the were brand The application continues today.

LOA considers social upliftment schemes

Blom 5/9/90

LINDA ENSOR

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

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

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

LOA executive director Dick Geary-Cooke said the delegation expressed to Jacobs the LOA's willingness to help with such investments, stressing the need for suitable instruments for such investments to be devised.

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

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

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

FM, Sage accord stops printing of report

EDYTH BULBRING

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

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

Sage would not specify which parts of the article were wrong, and threatened to bring an interdict to stop publication. B10a 5/9/90

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

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

Hospitals bending under strike strain

98

Own Correspondent

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

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

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

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

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

Speculation which could not be confirmed was that the strike had spread to clinics in the greater Edendale area. B10a 6/9/90

A skeleton staff was working at Prince Mshiyeni Hospital in Durban and at Umlazi Hospital.

Health strike at Edendale resolved

CNE Trib 6/9/90

MARITZBURG. The crippling strike that nearly brought Natal's health service to its knees was resolved at Edendale Hospital near here late yesterday afternoon when nurses agreed to return to work immediately.

But late last night the strike at Durban's Prince Mshiyeni Hospital was unresolved, and basic services were being provided at the hospital by a skeleton staff.

Negotiations will continue today.

KwaZulu Secretary for Health Dr Darryl Hackland said last night that the agreement reached with the nurses at Edendale Hospital would be applicable to all nurses and general assistants employed by the KwaZulu Department of Health. — Sapa

Agreement ends strike at Edendale Hospital

98

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

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

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

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

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

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

B 10 Sep 6/9/70

Own Correspondent

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

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

Victimisation

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

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

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

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

Edendale nurses' strike ends

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

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

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

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

INCREASES

The authorities have also undertaken to implement by September 15 the promised pay increases that will bring Kwazulu nurses and general assistants' salaries in line with those of nursing staff in the rest of the country.

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

C. Times

(98)

Hospitals count cost of strike

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

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

Mr Miller said that besides the huge strain on NPA hospitals, the cost of the additional patients had been roughly R600 000 a day.

"The most disturbing feature of this strike is the manner in which trained nurses who subscribe to an ethical code have simply abandoned desperately ill patients.

Mine hospitals merger set to save R6m a year

B Day 10/9/90 (98)

TANIA LEVY

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

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

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

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

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

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

The chamber would spend R300 000 altering the 642-bed Rand Mutual Hospital to accomodate Cottesloe, which had 155 beds, Pollnow said. Both hospitals were under-utilised.

Sold

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

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

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

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

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

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

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

Hospitals to pool their services (98)

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

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

The faculty spokesmen and government officials all agreed that J G Strijdom was under-utilised, while Coronation Hospital suffered a shortage of space and beds for patients. Sowetan 11/9/90

The medical faculty still is to decide which of the four main medical disciplines at Coronation Hospital should be moved into J G Strijdom Hospital. - *Sapa*

Two hospital projects delayed (98)

CONSTRUCTION work on two private hospitals in Atteridgeville and Mamelodi has been delayed due to lack of suitable land in both the townships.

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

Sowetan 11/9/90

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

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

Hospitals to pool services

Star 11/9/90

By Julienne du Toit and Sapa

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

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

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

Implementation

No details were given about the implementation of the decision.

Health organisations said they welcomed the move, but the National Education, Health and Allied Workers Union and the National Medical and Dental Association qualified their approval.

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

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

Patients at Coronation Hospital often had to be transferred to the Lenasia South Hospital, 42 km away, when there was an overflow.

Conduct of nurses 'disgraceful'

Sun 14/9/90 (98)

Own Correspondent

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

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

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

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

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

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

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

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

He said in terms of their ethics nurses had to place the interests of patients above all else.



Picture: HANNES THIART, The Argus.

DANGEROUS JOB: Medical station officer of the mobile Metro emergency treatment unit in Guguletu shows the caravan's ripped tent while Sister Elizabeth Crossley holds a vicious-looking scythe with which emergency services staff were threatened in Manenberg.

Gang warfare forcing health teams out

ARGUS 14/9/90 98

By ANDREA WEISS
Medical Reporter

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

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

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

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

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

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

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

He said Manenberg was one of the most dangerous gang areas. Ambulance vehicles answer about 1 300 calls there in a month.

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

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

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

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

Patching up the victims of crime

WHEN the doors of Groote Schuur Hospital's trauma unit swing open during the midnight hours on a weekend, it is invariably for someone who has been assaulted.

Assaults top the list of trauma cases, accounting for half of the 32 000 trauma cases treated at Groote Schuur Hospital in a single year. Next come domestic and motor vehicle accidents.

So great is the problem that in Cape Town, it is estimated, that one in 15 inhabitants will pass through a trauma unit this year. Trauma is the biggest killer of the young, productive sector of the population.

Head of Groote Schuur's trauma unit Dr John Knottenbelt warns that unless trauma units are properly provided for in future and the problem tackled from the bottom up, trauma could clog the entire health-care system.

Patients are spilling over into other areas of the hospitals, particularly orthopaedics and neurosurgery, causing a shortage of space for non-emergency ("cold") surgery.

Worn out

And those who have been through the trauma unit and who need to rehabilitate in less critical hospital space are insufficiently provided for meaning that they may end up occupying beds they shouldn't. There is simply nowhere else for them to go.

While all this is disquieting, the lack of facilities for burn victims is of serious concern.

The new Groote Schuur Hospital was built without any provision for a burn unit.

Nor has Groote Schuur's trauma unit escaped the equipment crisis. "Worn out" old trolleys are still in use, and two operating theatres can't be used because there are no operating tables for them.

Of the 60 trauma beds at Groote Schuur, only 30 can be used because of a shortage of staff.



NOWHERE else is the face of the violent society we live in more evident than in the trauma units of hospitals, especially at weekends. In this, the second article in our series on crime and violence in the Western Cape, Argus Medical Reporter ANDREA WEISS looks at the hospital end of the situation.



Picture: DOUG PITHEY
Dr John Knottenbelt

should be tackled at school level. A study at Tygerberg Hospital found that 67 percent of all motor vehicle accident and assault victims were over the legal alcohol limit. Half of all drowning victims were drunk. During the beer boycott last year because of an SAB strike, there was a marked downturn in trauma cases.

● Employers should consider giving employees incentives which would encourage them to be more careful and avoid injury. One such incentive is to pay bonuses to people who don't claim sick leave.

Finally, Dr Knottenbelt has strong words of criticism for the minibus taxis which are now "the biggest source of motor vehicle accident victims".

"Because they are so overloaded, an accident at any time will swamp our services. If it happens at the weekend, it's chaos."



Staff in Groote Schuur Hospital's trauma unit cluster around a seriously injured patient as work to resuscitate him gets under way. This man was hit by a car and had a fractured skull.

TOMORROW: Women are increasingly becoming the victims of criminals. Professionals, housewives and pensioners are equally at risk.

SPARE a thought for those underpaid people who spend their weekend nights patching up the city's victims of crime while you sleep.

Nurses, ambulancemen, porters, student interns, doctors face a nightly dose of violence, drunkenness, abuse and sometimes — after battling for hours to save a life — death.

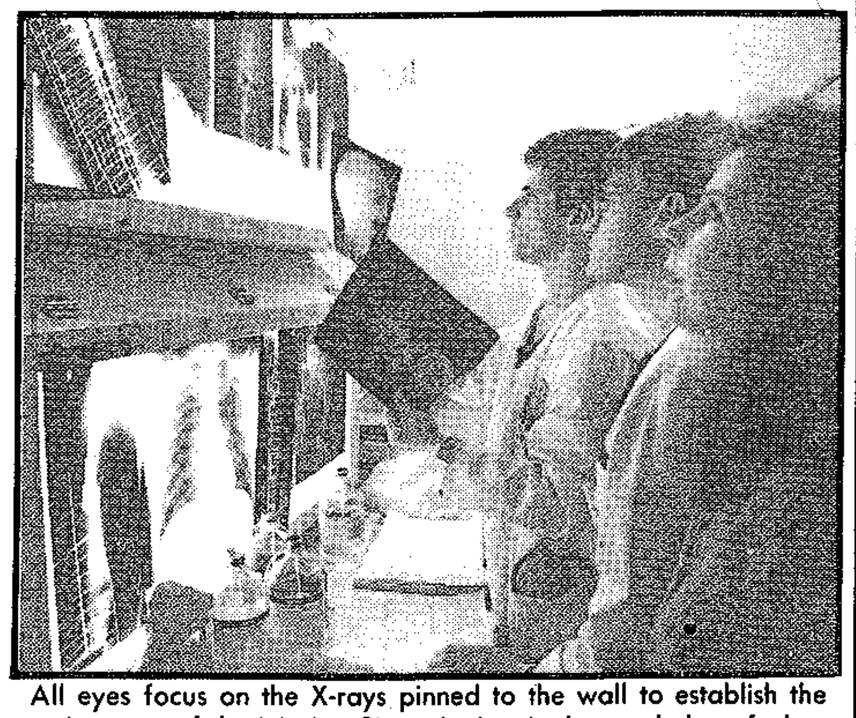
Every weekend, the victims stream in with wounds inflicted by brick, knife or gun. Sometimes they are pedestrians hit by cars; sometimes the drivers behind the wheels. If a taxi has an accident or there's a gang fight, the unit overflows.

New admittances face a barrage of questions: "Who are you? Who did this to you? What happened? Are you awake? What is your name? Can you move your feet? Where are you? What day is it? Do you speak English or Afrikaans?"

In corners, doctors huddle over X-rays to assess the damage. Nurses and medical assistants cajole their patients as they swab wounds and stitch them up. Those who are perky enough joke back; those who are drunk slump in wheelchairs or on beds, oblivious to the activity around them.

The flow is interrupted when a broken body is rushed in to the resuscitation room. Priorities change as all free hands battle to get him breathing. A radiologist, neurosurgeon, orthopaedic surgeon are called in for the fractured skull, leg, arm, jaw and ribs.

In the background there are groans, the smell of blood. So do spare a thought for those who do this job ...



All eyes focus on the X-rays pinned to the wall to establish the seriousness of the injuries. Sister Janine Anderson, below, feels a patient's pulse shortly after he is brought in by two ambulancemen.



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

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

How to improve?

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

How then to improve things? Dr Knottenbelt suggests the following.

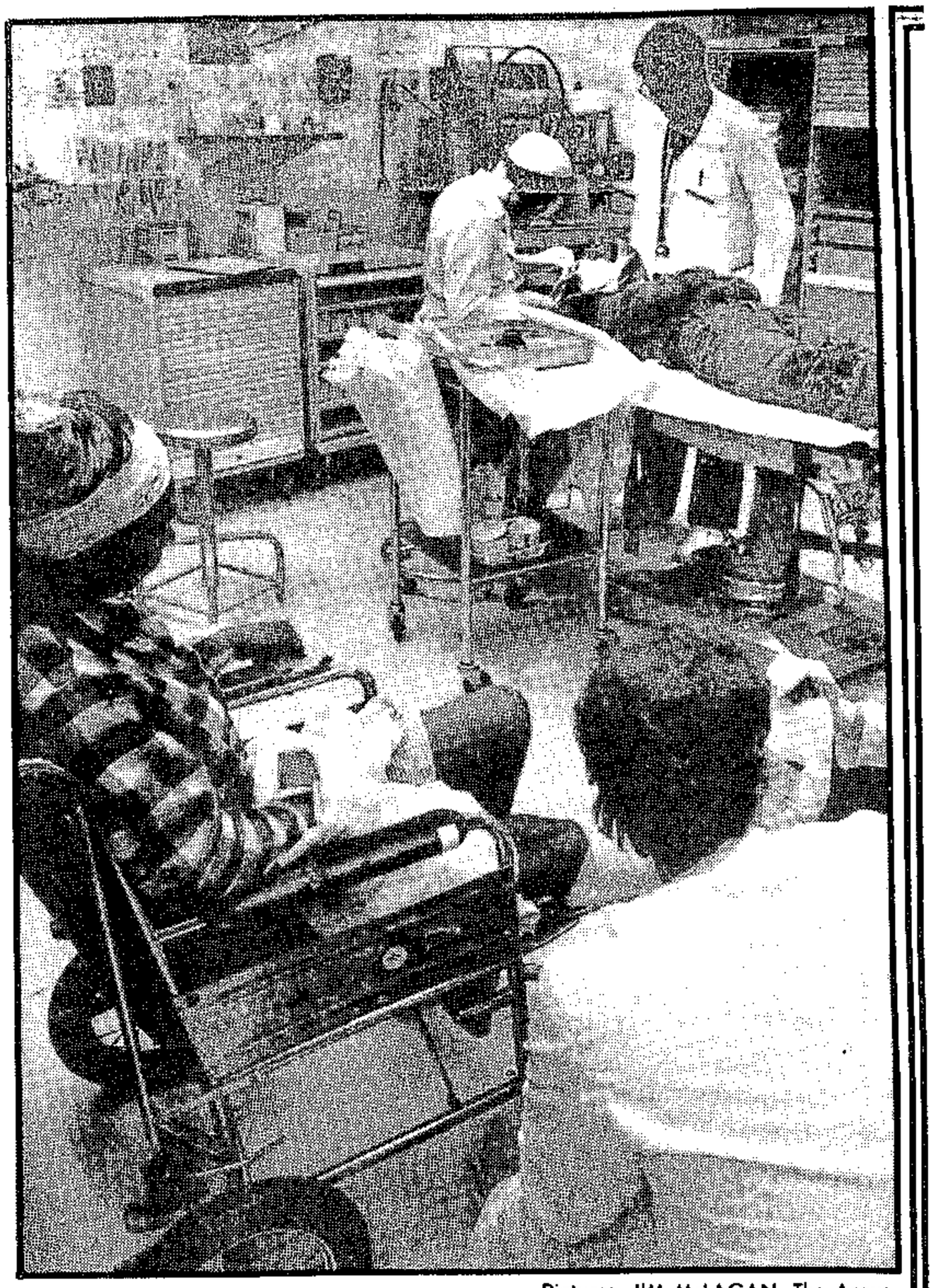
● The system should be corrected from the bottom up by opening day hospitals at night and upgrading smaller local hospitals so that only the most serious cases end up at the teaching hospitals, thus spreading the load.

● Wage payouts should be staggered throughout the month to reduce month-end and weekend muggings. Policing crime-ridden areas should also be stepped up.

● Training should be emphasised. UCT's medical school is one of few in the world offering a trauma course and it attracts students from abroad because of it. Unfortunately the same does not apply to other local medical schools.

● More research and writing about trauma should be done. "I would do more good writing an article about stab wounds than treating a stab wound myself," he explains.

● Topics such as alcohol abuse and driving habits

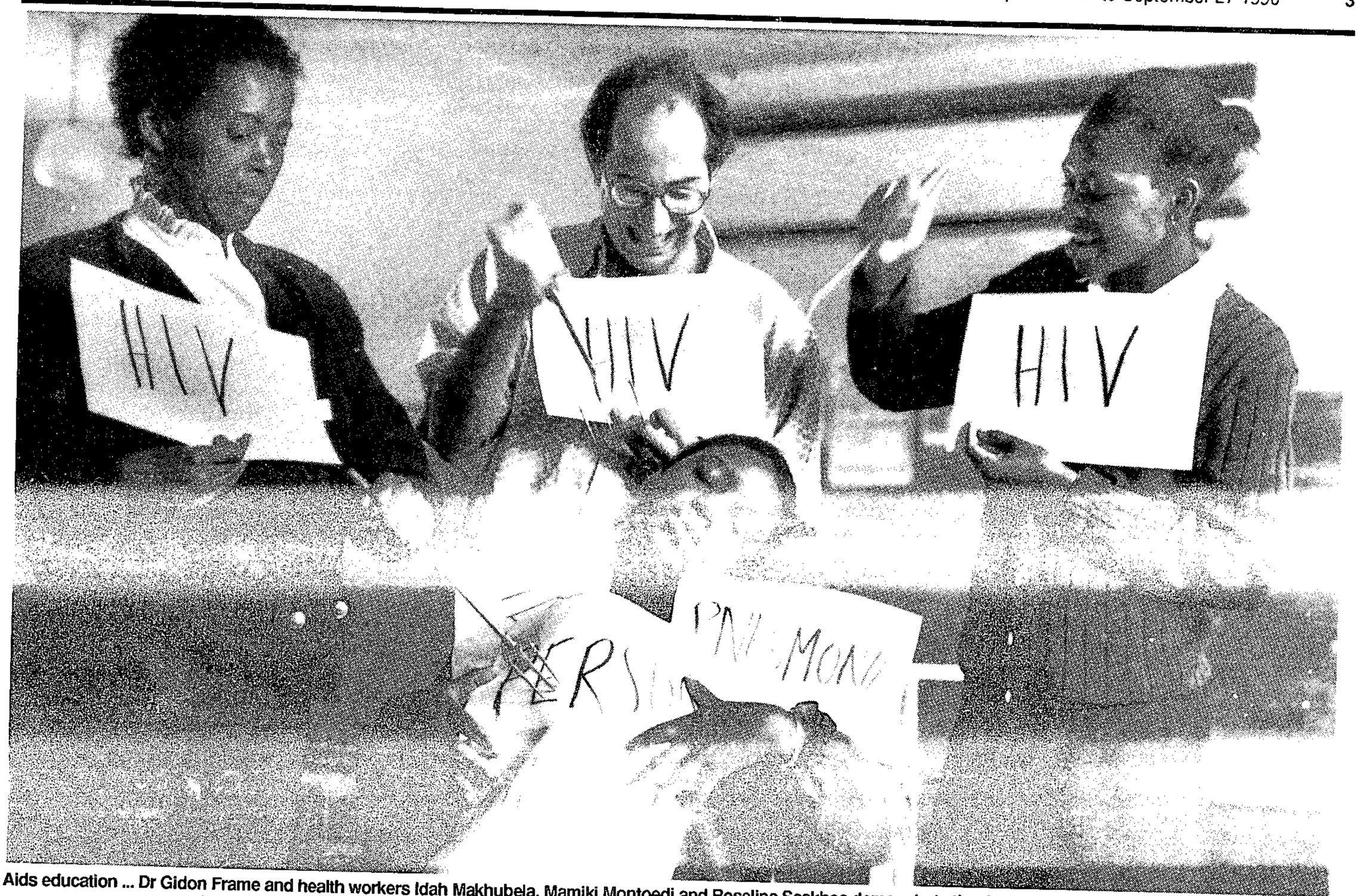


Pictures: JIM McLAGAN, The Argus.

As the night wears on, more and more patients await treatment. Below left, Dr Robin van Look, a Belgian doctor specialising as a plastic surgeon, stitches a patient's face slashed from the upper cheek bone through the lip with a broken bottle. Below right, Mr Haroun Canfield, a medical assistant of 12 years experience at Groote Schuur Hospital, attends to stabbing victim Mr Riedewaan Samodien.







Aids education ... Dr Gidon Frame and health workers Idah Makhubela, Mamiki Montoedi and Roseline Seakhoa demonstrate the dangers of HIV Pictures: GISELE WULFSOHN

Alex clinic gets ready for the Aids battle

WIE Mail 21/9 - 27/9/90 98

After two years of preparation, the Alexandra Health Centre is ready to take the battle against Aids into the community. JOHN PERLMAN reports

THE Alexandra Health Centre in Johannesburg last week began looking for a community Aids worker to set up an outreach programme in the township.

That might lead one to think that the centre was taking its very first step to combat the spread of Aids and the human immunodeficiency virus (HIV) which causes the disease.

In fact, whoever gets the job will be joining a project that has been putting down roots for two years.

Some 180 000 people live in one square mile in Alexandra, about 40 percent of them in shacks. Another 15 000 people live in single-sex hostels. The health centre was one of the first clinics to start developing a comprehensive Aids programme. And as others begin to follow suit, the work done in the township could prove to be an invaluable model to follow.

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

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

Instead, the programme concentrated on getting the centre geared up to deal with Aids and HIV. "The first task was to identify staff needs because without their support no programme would be possible," Frame says.

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

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



Teaching and testing ... Demonstrations and tests are part of the well developed programme in Alex

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

Attention was then turned to improving the centre's facility for dealing with sexually transmitted diseases (STD), into which the Aids programme would be integrated. "The centre sees about 100 STD patients a week. It was felt that when Aids came to Alex, those people would be among those most at risk," Frame said.

The centre does not have a separate section for STD patients, but once identified they are directed into an education programme.

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

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

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

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

"Most clinics don't differentiate between testing for statistics and testing in order to follow up specific patients. As a result both their statistics and their patient care suffer," Frame said.

Statistics to show just how far Aids has advanced in the township will be one of the weapons with which the community activist will be armed.

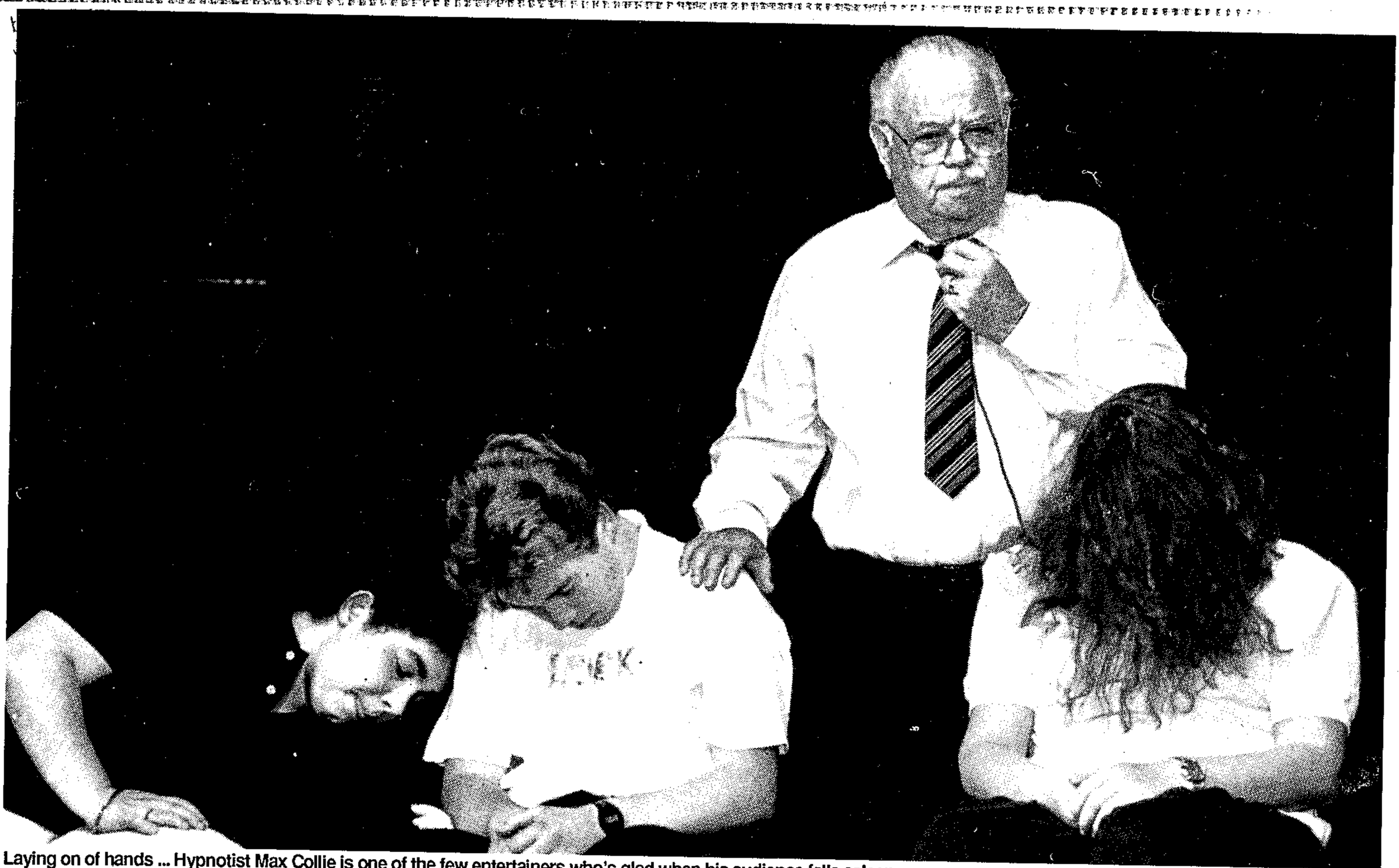
And that work, Frame says, is "the part that will really count. We have been sowing the seeds for two years and we have the basis for a community-based Aids programme. The activist will have funds, technical support and resources. And we have already begun talking to women's organisations, the civic and youth groups. They too are poised to take up Aids as an issue."

Frame acknowledges that the Alexandra Health Centre has been "well-placed" to develop an Aids programme. "This clinic offers a comprehensive service whereas in state clinics, STDs are a separate service under the municipalities," he says. "We also have good links with community organisations."

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

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

"That has come not a minute too soon. The next three years are make or break as far as the HIV epidemic in South Africa is concerned."



Laying on of hands ... Hypnotist Max Collie is one of the few entertainers who's glad when his audience falls asleep.

Picture: KEVIN CARTER

You don't need to count sheep to sleep with Collie

MAX COLLIE, hypnotist, does what his name implies: he rounds up sheep, then makes them jump over fences in their sleep.

We, the audience, are his flock, and, like the dog that controls it, he snaps and barks at us until we're as docile and malleable as little lambs.

On the opening night of his show at the Victory Theatre in Orange Grove, Collie came barelling on to the stage with a face like thunder and a bearing that suggested a sergeant-major about to inspect his slovenly troops.

He cut short the polite applause that his entrance aroused. "Don't start clapping, I haven't done anything yet."

A dour Scotsman who has lived in this country for 40 or so of his 78 years, Max Collie can't stand what he calls "silly nonsense". In clipped tones, he gave us fair warning: "I'm not a magician, I don't do tricks, there are no fancy props and I don't read minds ... so if you've got dirty ones, they're safe with me."

A spark of amusement caught the audience — and was doused by a look like a bucket of water from the stage. Collie, who breaches no interruptions, hadn't finished.

"You should also know that I can't hypnotise everybody ... I wish I could, then I would put the whole lot of you to sleep and go and have a drink."

Now we were in the picture, Collie began his show. During the next two hours, he played havoc with our minds.

At his command, volunteers fell asleep, became pop stars, gave birth, lost their memories, regressed to childhood, jumped, rolled over, and generally behaved like well trained poodles in a circus.

It was very funny — especially for those of us in the audience too cowardly to volunteer for anything. To watch other people making fools of themselves at the bidding of this somewhat grumpy old man was shamefully hilarious.

Mind you, the subjects themselves didn't remember much after it was over, which is some consolation. A spaniel-eyed teenager called Craig is one of Collie's most loyal fans. He attends the show whenever it comes to town and is always the first to volunteer. He couldn't, however, tell you what the show is like, because he's always asleep. In fact, Craig's performance under hypnosis was so spectacularly good on opening night, Collie got irritated and offered to slap him awake and send him packing back to his seat in case we thought the youth "a stooge".

In an interview in the "bloody bug hole" of a theatre a few nights later, Collie gave vent to his feelings about some of his subjects.

"Sensible people over 30 make the best subjects. Johannesburg kids are spoilt brats. They have no control, they go crazy. I don't want these extroverts, I'd rather have a normal, quiet person."

He also gives short shrift to people wearing yarmulkas and wigs. Collie's point is that, as they fall asleep — which, on the stage of the Victory Theatre means literally that — they instinctively clutch at their hats and hairpieces, thus breaking "the spell". I put "spell" in inverted commas, because Collie would doubtless object to any word that might make him sound like a new-age Merlin in a Magic Circle. That would rate as "silly nonsense".

Even words like "skill", "powers" and "gift" are slippery because Collie believes that "anyone can do what I do". For practical reasons, I shall call Collie's hypnotic ability a skill, one which he had acquired by the time he was a 12-year-old boy living in a big old house with his family in Aberdeen.

He learned how to do it from a magician friend of his parents who used to practise his art in the basement. Collie's first guinea pigs were his younger brothers and sisters. "When my parents used to go out and leave me to babysit, I used to put them all to sleep."

Discovery of this remarkable skill/talent/power/gift, could easily have gone to Collie's head. But the stern Scot's head is too firmly screwed onto his shoulders to indulge in Lex Luthor type fantasies about ruling the world.

I ask him if he has ever wished, for instance, that he could hypnotise FW de Klerk and Nelson Mandela into reaching consensus. Collie responded that he had never heard of such "bloody silly nonsense".

Neither would he entertain even the most petty abuse of his skills, unlike some hypnotists he has known, he adds caustically.

"Put it this way. I could hypnotise a beautiful woman into going to bed with me by telling her that everytime she saw me she would think I was her husband or boyfriend.

"In her mind, she wouldn't be doing anything wrong ... but I would.

"I could also give someone a R5 note and convince them it was R50. But I am against taking liberties with people."

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

Collie has taken his show a fair way around the world and back since starting his career proper by entertaining troops in Burma during World War II. "India, Israel, the United States, Britain, almost all Europe — except France, stage-show hypnosis has been banned there since the 18th century — Africa ..."

Until Collie turned 60, he travelled through Africa in his car, stopping off to give shows in every major town from the Cape to Cairo. He talks about "Rhodesia, the Congo, Tanganikya ...", the countries they still were when Collie colonised their minds.

If one were to "rate" Collie's international audiences on a scale from one to ten, "the Rhodesians" would rate nine-and-a-half for being such pushovers. "South Africans are very tense, but Rhodesians are so laid back, they go to sleep like flies ... in the United States, it's even quicker.

"Now Israelis, on the other hand, are a noisy bunch. They spit sunflower seeds all over the theatre and are very difficult to keep quiet."

Curiously, for a man whose personality, both on stage and off, borders on the cantankerous, Collie believes in the power of positivism.

"If everybody sat down every day and relaxed and thought positive, constructive thoughts instead of being so bloody negative ... your conscious mind would be able to get in touch with your sub-conscious. But you've got to clear your mind, get yourself into a passive state. Yogis do it all the time, although they add a lot of bullshit onto it, they like to dress it up.

"I'm not 100 percent perfect. For instance, I could place my hand on a hotplate and not feel anything. But if I left it there long enough, my flesh would burn."

Collie believes we all exist in varying states of hypnosis all our lives.

"We all live under the power of suggestion. It doesn't matter what this power is based on — medicine, superstition, religion — people do it to themselves.

"If you took the AWB and dressed them up in jackboots and had them marching down the road with a big brass band, half the street would join them. That's hypnosis.

"Evangelists like Billy Graham are hypnotic. But you can't argue with religion ..."

For many years, Collie ran his own practice, hypnotising clients out of "ailments" and into a state of positive health. "With all ailments — including the worst, like cancer — there is an element of psychological disturbance. With confidence, you can fight it."

He gave up his practice because "I'm too old and it was driving me crazy. I used to take everyone's problems home with me."

He perceives lack of self-control, self discipline, to be at the root of most people's problems. "Most people spend their lives looking for the easiest way. Most people are lazy; they don't want to work; they waste their time daydreaming and fantasising. But in the end, they're the poor, unfortunate souls who'll go on grafting for the rest of their lives."

I wondered with what degree of success Collie applied his skills and theories to his own life. Had his knowledge made him a happy man?

He becomes reflective and, at first, talks about his passion for hobbies — painting, wood carving, antique furniture restoration, coin collecting — then he says: "My wife nags me 100 percent of the day ... she's sick and full of phobias. It wears me down a bit. I've tried to hypnotise her — unfortunately it doesn't usually work between people who are very close."

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

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

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

Max Collie thinks a lot about retiring. He's even tried it once or twice, but has always been tempted back.

"There's not many people of my age getting up and doing what I do, you know ..." He is as definite about his future plans as he is about everything else.

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

BACKCHAT



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

LABOUR FOCUS

Hospital strikes' 'chain reaction' for Nehawu

By DREW FORREST

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

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

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

The state sector has become a key focus of union activity. In the first half of this year, state employees accounted for more than 40 percent of man-days lost through strikes.

Njikelana said the deal with the Free State provincial administration (PAO), signed last Friday, was similar to that reached in the Transvaal after the hospital strikes. It provides for a Nehawu-PAO committee which will establish communications channels in hospitals and other departments where Nehawu is representative.

The committee will investigate union facilities such as workplace access for officials, stop-orders and representation at disciplinary hearings.

Giving details of headway made elsewhere, Njikelana said formal recognition talks would start this week with QwaQwa, following a 32-day wage strike by 10 000 public servants which the union helped settle.

An agreement at the University of the Transkei was imminent and major inroads had been made into the homeland's health department. Approaches had also been made to the governments of kaNgwane, Lebowa and Gazankulu.

Njikelana said Nehawu's role in settling recent strikes at kwaZulu's Edendale and Prince Mshiyeni hospitals was a "major breakthrough".

Despite kwaZulu's restrictive labour laws and Nehawu's links with Cosatu, the settlement provided for Nehawu involvement in joint committees at the hospitals, he said.

CRITICAL CONSUMER

Are Caesareans planned for doctors' convenience?

W/E Mail 28/9 – 4/10/90

PREGNANT consumers will be amazed at just how skewed nature is.

Women in private hospitals are 50 percent more likely to have a Caesarean section than are those being treated by salaried doctors and midwives at state hospitals. Furthermore, twice as many CS births take place during the week than over a weekend, and only a quarter of those will be accounted for by plans made before labour begins.

Among non-Caesarean deliveries in the private sector 56 percent more babies will be delivered during the week than on the weekend, suggesting that more births are induced in private hospitals than in public hospitals.

All these facts, and others, emerge from a study done by two University of the Witwatersrand doctors, Max Price and John Broomberg, which was published in the *South African Medical Journal* last month.

The two have received hate mail from gynaecologists in private practice who resent the inference that their practice is sometimes determined by money and convenience and not always by medical need.



PAT SIDLEY

Price and Broomberg took a sample of women aged between 20 and 35 years old who were having their first babies.

The data was collected from the records of 637 women who had their babies at the Johannesburg Hospital under the care of salaried midwives. Another 620 women were selected from three medical aid schemes; most had their babies delivered by "fee-for-service practitioners".

Of the 637 babies delivered at the Johannesburg Hospital, 124 (19,5 percent) of them were by CS — as opposed to 178 (28,7 percent) out of the 620 deliveries by fee-for-service practitioners.

This result shows that the private patients were 50 percent more likely to have their babies delivered by CS than those in the Johannesburg Hospital.

The doctors say they expected to find roughly "the same number of Caesarean sections done on each day of the week". But this was not so.

Caesarean sections and induced births (which often resulted in Caesareans) were planned for weekdays "so there would always be a slight excess of deliveries and Caesarean sections during the week.

"The number of deliveries and the number of Caesarean sections on each weekday were 67 percent and 97 percent higher than the number per weekend day in the medical aid sector."

At the Johannesburg Hospital, however, deliveries and Caesarean sections are seven percent and 25 percent higher on weekdays than over weekends.

The doctors state that while the figures in the private hospitals are statistically significant, the figures at the Johannesburg Hospital needed a larger sample.

Price and Broomberg analysed health and other details of the two groups of women.

They note that the women at the Johannesburg Hospital had on average lower incomes than those in the private hospitals. This they remark on because women in the lower socio-economic groups are apparently more likely to have problems delivering babies. One would therefore expect there to have been more Caesarean sections at the Johannesburg Hospital.

"If the difference in the socio-economic profile of the two groups of patients does have any effect, it is therefore likely to lead to an underestimate of the difference between the CS rates," the doctors state.

Price and Broomberg anticipate the argument that too few Caesareans are carried out for the good of the patients in public hospitals. But they cite several studies which show no simple relationship between Caesarean sections and the quality of care.

In many countries Caesarean sections are rare. Figures cited in the study show rates from 9,4 percent (in Norway) to 24,1 percent (in the US).

The study also deals with induced labour, stating that a failed induction is one medical indication for CS — once the doctor has tried to induce labour and this has not worked, he or she will be forced to give a CS.

But figures from the study show that many more doctors in private practice than in the public hospitals induce labour. This was supported by the fact that there were 56 percent more non-Caesarean births during the week than over weekends in private hospitals.

The figures lead the doctors to say that "26 percent of white women delivering their first baby in the private sector were induced who would not have been induced had they delivered at the Johannesburg Hospital".

The doctors said their figures provide evidence that "doctors have the ability to induce the demand for their services". When patients are paying for their service in private hospitals doctors respond "by increasing the rate of obstetric interventions".

They state that the "rates of Caesarean sections and inductions are higher in the private medical aid sector than in a central academic hospital, with no apparent medical explanation".

The doctors state this raises two concerns regarding staffing and resources and whether the mother is getting the best care.

"A Caesarean delivery consumes far more resources than a vaginal delivery, in terms of skilled personnel time, theatre time, drugs, days in hospital, nursing care and finances."

They suggest that the place to start rectifying this is to regulate, if not eliminate, "fee-for-service" care.

Mowbray Maternity closes two sections

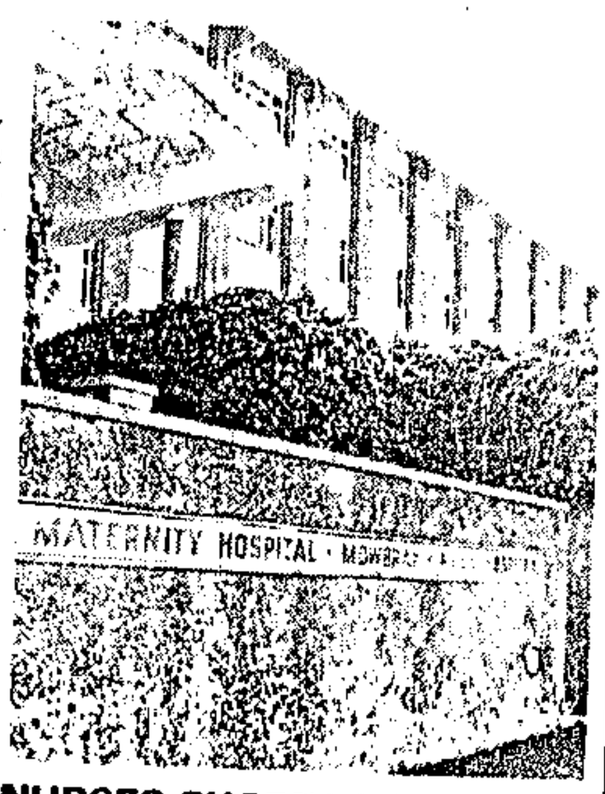
Cape Times 25/9/90

98

By GLYNNIS UNDERHILL

THE Mowbray Maternity Home is closing its obstetrics labour and neo-natal section on Monday because of an acute shortage of nurses and midwives.

Six hundred expectant mothers will be moved to the Peninsula Maternity Home and to Groote Schuur Hospital over the next six months. An estimated 20 to 30 nurses from Mowbray will be transferred to these two hospitals in an effort to concentrate the skeleton staff, according to a Groote Schuur spokesman.



NURSES SHORTAGE . . . Mowbray Maternity Home

There are 60 unfilled nursing posts at Mowbray with an overall 23% nursing vacancy at the hospital. The decision to close the obstetrics section was made yesterday and expectant mothers were told they would have to be moved to the other provincial hospitals, said the spokesman.

The attractive salaries and flexitime working conditions provided by the five private maternity homes that had opened in the Cape Peninsula over the past two years had lured away the provincial hospital midwives and nurses, said Professor Johannes Dommisse, acting head of the department of obstetrics and gynaecology at Groote Schuur medical school.

The recent opening of the Vincent Pallotti maternity home had taken away an estimated half of the Mowbray Maternity Home's nursing staff, said Professor Dommisse.

The lack of specialised training on nurses' courses meant there were now fewer midwives in the country, he said .

"I don't see an answer to this problem. Provincial nursing salaries can't compare to those provided at private hospitals," he said.

The shortage of nursing staff in all specialised areas of the profession has led to widespread concern about the health service. However, a Groote Schuur spokeswoman said the shortage of midwives in the city was only a "temporary problem".

One hundred and eighty nurses had begun a Groote Schuur "bridging course" in 1989 and 1990 and by the end of February 1992 these women would be registered nurses and midwives, she said.

The Mowbray Maternity Home had recently stopped taking private patients and had accepted only patients with no medical aid in an attempt to "slowly run down" the scale of its labour operation.

Some of the older obstetrics equipment at Mowbray Maternity Home would have to be "condemned" and equipment in good condition would be given to provincial hospitals, said the spokeswoman.

No expectant mothers would be turned away from the provincial hospitals despite the shortage of staff and beds at both Groote Schuur and the Provincial Maternity Home.

HEALTH

BREAKING POINT

Health Minister Rina Venter and her colleagues responsible for health in Natal and KwaZulu can't say they weren't warned. Since the beginning of this year, there have been clear signals that the region's overburdened, understaffed hospitals were about to crack.

The recent nurses' strikes at two hospitals in Natal, officially "KwaZulu hospitals" under the fragmented, 14-department health system, were only the most obvious symptoms presented.

The strikes — at Umlazi's Prince Mshiyeni and Maritzburg's Edendale hospitals — placed an intolerable burden on Natal's provincial hospitals and cost the provincial administration something like R11m in trying to cope with transferred patients.

Unless funds are received from Venter's department soon, at least one institution could actually close down. Natal's major teaching hospital, King Edward VIII, needs an immediate injection of R18m just to keep running until the end of the year. An additional R42m is needed to keep other hospitals running at present capacity and Durban's Addington Hospital will have to close more wards unless it gets help (five wards are already closed).

The provincial ambulance service needs a R12m boost. Ambulance chief John Keenan says if funds are not received soon, response time could drop by 50%, 160 paramedics and admin staff face retrenchment and, at worst, the service could be forced to close down by the beginning of November.

Incredibly, no commitment has come from Venter. Besides improved working conditions and awarding salary increases to KwaZulu nurses who went on strike, the only other outcome was a promise from Venter to meet Natal's provincial executive committee member in charge of health, Peter Miller, next month.

Her office said this week that Venter was not prepared to comment further on the health crises in Natal, except to say that R12m in additional funds had been forwarded for health services in SA and that *some* of it might be allocated to Natal.

Miller, whose hands are tied in providing finances, did however make some insensitive comments after the nurses' strikes had ended, accusing the nurses of "disgraceful conduct" and of acting like "a bunch of coal miners."

When nurses include in their list of grievances, apart from pay, the fact that security and the state of hospital lighting is so bad that they are being raped and mugged on the premises, something is badly wrong.

Besides, the strikes were a long time coming. At a two-day national nursing conference in February this year (*Current Affairs* February 9) nurses pleaded for improvements to their profession, sending a memorandum to Venter highlighting the poor conditions they were forced to work under.

Only weeks later, Democratic Party health spokesman Mike Ellis warned that nurses were in a militant mood and that strike action might be the only way of making their plight public (*Current Affairs* February 23). Nothing was done, so the nurses' strikes should not have come as a surprise.

Ellis says that while nurses' apparent attitude while on strike (toyi-toying in front of TV cameras) cannot be condoned and that it is "unforgivable" that their action led to the deaths of some patients, if they did have real grievances which were not being addressed or even listened to "then some form of organised strike action may well have been necessary" to get the attention of the authorities.

"Until a single health ministry exists with a proper devolution of authority to regions — and regions based on geographic lines, not race — we will never overcome the problems we have," Ellis says.

Nobody expects the State to be a bottomless pit of finance, even in essential areas like health. But, when nurses see, and protest against, an expensive, top-heavy, over-administered national health structure made up of 14 different departments (with five different departments controlling hospitals in the Natal-KwaZulu region alone), it's hard to blame them for going on strike.



Venter ... *no commitment from her*

There are indications that the Natal health crisis is only an extreme reflection of the situation in the rest of the country. It is remarkable that a government which has admitted the failure of its homeland policy is unable to take the administrative measures required to enable the situation on the ground to catch up with the new thinking.

It is not only in administration that duplication of services is evident. When there are labour problems, as any manager knows, a coherent and sensitive response is required. And when management is diffused along discredited racial lines, unsure about responsibilities, buck-passing becomes endemic.

Hospital planned for GaMothakya

98

THE Atteridgeville town council has given its nod for a private hospital to be built near the GaMothakga resort. Sowetan 1/10/90

The council, at their monthly meeting last week, also announced that a vast area of land had been allocated to Attridgeville Investment Corporation and Habicom for the development of a hotel, shopping centre and housing project near the resort.

Part of the land had subsequently been alloted to private developers by these companies for the erection of a filling station, the council said.

Strassmed hospital consultants, who already have been given a site by the council in Saulsville for the erection of a day clinic, have now been allocated another site near the resort to build a private hospital.

Plan to save academic medicine

CAPE Times
1/10/90
98

Staff Reporter

ACADEMIC medicine is in a "critical condition" and a solution to the problem requires not merely cosmetic surgery but radical changes, said Professor Jan van der Merwe, dean of the medical faculty at Pretoria University.

He said this in a statement issued today to coincide with the announcement by the Medical Association of South Africa (Masa) of its "new model for academic medicine", aimed at solving the problem.

Professor Van der Merwe said academic medicine in South Africa was in danger of dying if it continued to lose its academics — not only to private practice but to other countries as well.

In terms of the Masa proposal, admissions to teaching hospitals like Groote Schuur and Tygerberg will be done on a referral basis only.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, said yesterday that she supported the new model, which emerged from a summit in May on the future of academic medicine.

"Most of our out-patients are referrals already," she said. "Our emergency and trauma units are among our main problems. We would like peripheral services such as clinics and secondary level hospitals upgraded so that they can refer only the critical patients to us.

"We have always believed that teaching hospital expertise can be most cost-effectively used in this way. The appropriate level of care must be delivered at the appropriate facility."

A notable feature of the proposed new system, according to Masa's statement, is that it is unitary rather than fractured along apartheid lines. It also gives hospitals greater managerial autonomy.

The entire country is divided into areas falling under either regional health boards or "academic complexes". There are only seven of these academic complexes, and two of them are in the Western Cape. One is around Groote Schuur and UCT, and the other around Tygerberg and Stellenbosch.

In each of the academic complexes, teaching must take place at tertiary, secondary and primary health care levels, the Masa statement said.

• Dr Rina Venter, the Minister of Health, said in April this year that nothing had come of the previous national health services plan, accepted by the cabinet in 1980.

It had remained just a vision, she said.

Groote Schuur MP Ms Dene Smuts said at the time that the bigger hospitals were carrying an impossible workload and that highly trained doctors were doing "exhausing volumes of mundane work" rather than practising specialised medicine.

1/10/90

Mowbray Maternity Hospital to be upgraded

Staff Reporter

MOWBRAY Maternity Hospital is to be upgraded and amalgamated with the Peninsula Maternity Home.

This was announced by the Provincial Administration after reports that Mowbray would be closing its obstetrics and neo-natal sections temporarily as a result of a shortage of nursing staff.

It was reported that the hospital had 60 unfilled nursing posts and that over the next six months 600 expectant mothers would be referred to the Peninsula Maternity Home and Groote Schuur Hospital.

Between 20 and 30 nurses from Mowbray are to be transferred to these hospitals.

A CPA spokesman said the decision to upgrade and amalgamate the hospitals had been taken after thorough investigation and consultation.

It is intended to add 70 beds at Mowbray and to modernise facilities.

Once building has started at the hospital, its delivery ward will be temporarily closed and patients referred to Groote Schuur and the Peninsula hospitals for confinements.

The neo-natal division at Mowbray will continue to handle long-term and non-critical cases.

Dr Paul Viljoen, senior medical adviser for planning and development in the CPA's hospital and health department, said the decision had been prompted by the need to rationalise services.

Soweto casualties streaming in again

Star 2/10/90 (98)

By Stan Hlophe

A dramatic decrease in patient admissions to Soweto's Baragwanth Hospital since the implementation of tough security measures in the townships was shortlived.

A hospital spokesman said the hospital had 750 empty beds last Friday, apparently due to "Operation Iron Fist" and the curfew, for the first time in the hospital's history.

But admissions rose by 234 at the weekend, which coincided with the end of the month.

Last week a total of 264 assault cases were admitted compared to 498 this past weekend. Fourteen had bullet wounds compared to 20 at the weekend. A fortnight ago there were 312 assault and 39 bullet wound cases.

"The number of patients admitted to the trauma section last week showed a remarkable decrease which left 750 beds empty," said the spokesman. The hospital now has about 500 empty beds.

The Star visited the trauma section yesterday and found the ward overcrowded with many patients sleeping on stretchers and on the floor.

The sister in charge and her staff of nine had to cope with 105 admissions.

She said yesterday there were 30 more admissions to a capacity ward of 65.

"This is an abnormal situation and we are finding it difficult to cope. Last week we had 60 patients and had a sudden increase over the weekend."

She said last week's lull in admissions was shortlived.

Star 2/10/90 98

Transvaal hospital won't have blacks

By Therese Anders,
Highveld Bureau

Amersfoort's only hospital is continuing to refuse admittance to black patients despite the Minister of Health's announcement in May that all State hospitals no longer discriminated on racial grounds.

Black and Indian residents in the small Conservative Party-controlled south-eastern Transvaal town said they were forced to travel 50 km to Ermelo for hospital treatment.

A local doctor said: "I have had to deliver babies in my surgery because I know that the local hospital will not admit the mother and there isn't time to get her to Ermelo.

"If a loved one is hospitalised in Ermelo, the family often cannot afford the return taxi fares to make visits."

When The Star telephoned the hospital, the reporter was told that treatment would be provided for a black patient in emergency situations only. The hospital would not admit black patients.

Refused

The Minister of National Health's office refused to reply to questions on discrimination at the hospital, referring inquiries to the House of Assembly's Department of Health Services.

In a statement, Minister of Health Services, Welfare and Housing Sam de Beer said: "Elsie Ballot Hospital is an own affairs hospital. This hospital is one of the smallest provincial hospitals in SA.

"There are only 14 beds and six wards. The original hospital was erected through an inheritance by the late Elsie Ballot, and it was specified that this 'should be a hospital for the white population'.

"In spite of this stipulation in the will it has always been the policy to treat emergency cases of all population groups at the hospital.

"With the new Government policy regarding hospitals, no discrimination on grounds of race exist.

"The superintendent of the hospital agrees with this policy, and is very much aware of the new regulations of admittance to State hospitals.

"It must, however, be pointed out that the availability of beds, staff and especially funds must be borne in mind by the superintendent when admitting any patient. It is obvious that these factors will influence the number of admissions," Mr de Beer said.

98

New surcharge at 3 city hospitals

Staff Reporter

PRIVATE in-patients at three city hospitals will now be charged a 30% surchage on their hospital bill, the Administrator of the Cape, Mr Kobus Meiring, announced yesterday.

The new surcharge applies to the three academic hospitals Groote Schuur, Tygerberg and Red Cross.

Private patients are those who have medical aid or who earn above a certain sum.

Mr Meiring said the decision had been taken by the cabinet and the treasury and was effective from October 1.

"The levy will apply to private in-patients only and will comprise a 30% surcharge on the total hospital charges account.

"The institution of this professional levy has been necessitated by, among other things, the financial crisis which is also at present being experienced by academic medicine, and is intended to help finance certain expenses of the academic hospitals."

The South African Medical Association (Sama) and the National Medical and Dental Association (Namda) had reservations about the surchage, saying no additional surcharges should be imposed on low-income patients.

Dr Norman Levy, Western Cape chairman of Sama, said last night that the move was not desirable if it was applied "unselectively across the board".

Dr Levy said the move was also probably aimed at alleviating the overload on academic hospitals by discouraging people who had minor ailments from going there, "when they should really be attended by their family doctor or a private hospital".

Dr Stanley Levenstein, Namda spokesman, said last night that while he would like to study the statement "in principal we object to an additional burden on low-income patients".

Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur Hospital, said last night that while she had not yet studied the new surcharge, "the principle is good but it would depend on how the system is to be effected".

ARGUS 3/10/90 98

Hospital surcharge to help medical faculties

By VIVIEN HORLER
Staff Reporter

ALL money collected from private patients at academic hospitals in the form of a new 30 percent surcharge will go to faculties of medicine at various universities.

This was confirmed by Dr George Watermeyer, executive director of hospital and health services in the Cape, who said the money would be the equivalent of professional fees charged by doctors at private hospitals.

But the doctors themselves will not get the cash. The funds are to go into a medical faculty fund at the hospital's respective university, and spent as the medical faculty deems appropriate.

"Neither the state nor the province gets anything out of this," Dr Watermeyer said.

The surcharge, which came into effect on Monday, was announced by the administrator of the Cape, Mr Kobus Meiring.

Here, it will apply only at the three academic hospitals — Groote Schuur, Tygerberg and Red Cross. Private patients at teaching hospitals such as Victoria and Somerset will not be affected.

The administrator's announcement was greeted with alarm by the Representative Association of Medical Schemes (Rams), and caution by some medical faculties.

Mr Rob Speedie, executive director of Rams, described the surcharge as "unwelcome".

VARYING RATES

"It is going to cost tens of millions of rands at a time when medical schemes are already feeling the strain. This is not good news," he said.

Mr Speedie said there already had been dramatic increases in provincial hospital rates.

"It varies from province to province, but I would say that in the Transvaal, the Cape and the Free State, provincial hospitals will effectively be charging private hospital rates.

"Up to now, ward fees and theatre fees have been comparable but the big saving at provincial hospitals was in the medical services fee. Now this is set to change.

"The provinces will argue that private patients are still getting value for money, but it must be remembered that private patients are economically active wage earners who are already paying their dues in the form of taxes. Now they're expected to cough up on top of this. There is some injustice here."

Professor J P van Niekerk, dean of the faculty of medicine at the University of Cape Town, said he welcomed the principle

He was concerned the surcharge was an attempt to redress "very significant" budget cuts experienced by teaching hospitals.

Professor van Niekerk said that at UCT the fund would be administered by a committee made up of university and hospital representatives.

CRITICAL CONSUMER

We Mail 5/10 – 11/10/90. 98 2?91

Pregnant women have rights — and should demand them

WOMEN who have their babies in private hospitals are 50 percent more likely to have them delivered by Caesarean section, according to a study reported last week in this column. Those who think their doctors have not been entirely open with them are not alone.

Nor are those alone who believe they do not have enough control over their own bodies and the birth experience.

A lack of control is by far the most common complaint of women having babies in situations where they have some perception of choice: patients in private hosptials. This is particularly so since the rise of the women's movement and the increase in the average age of women having babies for the first time — 26 years old, in Britain.

The authoritative consumer organisation in the United Kingdom, the Consumers' Association, has conducted a survey among women who had given birth in the two years preceding the survey. They were asked what they thought about their birth experience.

About 26 percent said they would do things differently next time — and many of those wanted the next birth at home. The majority of the women gave birth in National Health hospitals — very few women in Britain use private health facilities.

Over half the women saw the general practitioner or midwife as the main provider of antenatal care. But this relationship seldom continued into labour — where hospital staff took over.

Eight percent of women had had changes made to their birth plans without their consent; 45 percent agreed to some changes. Just under half, about 47 percent, had the birth of their choice.

In this country, birth plans are not used very often and many doctors disregard them as being a function of a cranky "women's lib" type. Making further problems, the consent form a mother signs on entering a private hospital makes a mockery of the notion that she should have any choice at all in a private clinic.

Women about to give birth should ask their doctors for statistics, explanations and information to help them make decisions regarding the delivery. By PAT SIDLEY



The survey also asked women about the technology and tests they had been subjected to, like ultrasound tests, amniocentesis (for defects in the foetus) or electronic fetal monitoring. About 90 percent of women had ultrasound tests at about 16 weeks, but many of them did not know whether the test posed a risk (the risk is minimal, according to *Which? Way to Health* in which the Consumer Association's survey was published).

About 25 percent had labour induced, 20 percent had an epidural (anaesthetic delivered through the spinal cord). About 14 percent of the women believed many of these procedures were unnecessary. Many women said they would have liked more information about the tests and procedures.

The Consumers' Association believes there ought to be radical changes in training for junior doctors and future GPs. They recommend improved communication skills and "an open attitude to discussion which revolves around the woman as an individual".

A third recommendation would appal the doctors who compiled the study which suggests that doctors do caesareans and induce births for more money. The association suggests that GPs need more incentives to involve themselves in the birth process.

For black women using public hospitals in South Africa, most of this won't apply. Their experience would cause malpractice suits in many other countries.

Olga is a local char who had her baby on the East Rand. When the baby began to arrive in the world nobody but Olga was in the delivery room. And nobody arrived, despite her screams.

The baby was in distress and blue and became stuck in the birth canal. Help arrived just in the nick of time.

But then the exhausted mother was placed under general anaesthetic and sterilised. She did not ask for it, did not know it was happening and was informed only afterwards she would never again be able to have a baby.

Julie, a domestic worker, said the experience of giving birth at Baragwanath Hospital near Johannesburg was "fine" only if the student doctors were around. Her perception was that the students tended to the needs of the women they needed it for higher marks. However, she had nothing but condemnation to offer about other hospital staff.

Doctors hearing about women's views on their birth experience usually raise the Great Safety Debate. Births need to be in hospital with high-tech facilities and not at home with a midwife because it is safer. They cite statistics from this century of live healthy births to back them up.

The Consumers' Association quotes some of these arguments and statistics. In the UK for every 1 000 births, fewer than nine babies die at birth or within the first week of life. It says maternal deaths are now rare — under nine for every 100 000 deliveries.

But the association also says that some "statisticians are less certain about the link between obstetric technology and improved safety records. They think the improvements may have more to do with better living standards, better maternal nutrition, the availability of birth control, legal (in the UK) abortion, improved care for the newborn and the fact that individual women are having fewer babies".

Supporters of home births and independent analysts claim that mortality rates for home births have been consistently lower than those for hospital deliveries, the Consumer Association says. It notes that in the Netherlands, where around 35 percent of all births are at home, the mortality rates are among the lowest in the world.

R50m injection for health in Natal

MARITZBURG. — President F W de Klerk has announced a R50-million injection for the financially strapped health services in Natal and KwaZulu and has called on those involved to meet the Minister of Health, Dr Rina Venter, a week from yesterday to discuss how best the money can be spent.

He made the announcement yesterday morning after a surprise visit to Durban's King Edward VIII hospital, where patients and staff gave him a tumultuous reception.

When he and the party of senior officials, including several cabinet ministers, left, the crowd broke into a spontaneous Zulu hymn to express their appreciation of his visit.

The announcement of additional funds for the province comes at a time when health administrators have voiced their dismay at the declining standards of health care due to budget restraints.

Both hospital and ambulance heads have indicated that their services have been stretched to the limit and have said that, in some cases, they are on the point of collapse.

In Pretoria the Medical Association of South Africa, while welcoming the President's announcement of the R50m, called on the government to create a unitary health care system under one minister.

In his reaction, Dr Bernard Mandell, chairman of Masa's federal council, said that although the funds would provide much-needed relief in the Natal/KwaZulu area, the only long-term solution to the entire country's health care problems would be the creation of a unitary health care system under one minister.

Dr Mandell urged the President to use Masa's proposed model for the future of academic medicine as a basis for developing such a unitary health system — and offered Masa's assistance and expertise in its planning and implementation.

In their Natal tour the presidential group, including a large media contingent, was whisked around by helicopter, and Mr De Klerk's appreciative reception in the townships showed that his reform initiatives had brought him some popularity there. — Sapa

R50-m boost for health services

Star 5/10/90 (98)

MARITZBURG — President de Klerk yesterday announced a R50 million injection for the financially strapped Natal and KwaZulu health services and urged those involved to meet Minister of Health Dr Rina Venter next week to discuss how best to spend the money.

He was speaking during a surprise visit to Durban's King Edward VIII hospital.

The move comes at a time when health administrators are expressing their dismay at falling standards of care because of budget restraints. Hospital and ambulance chiefs have said services were stretched to the limit and on the point of collapse in some instances.

Medical Association of South Africa chairman Dr Bernard Mandell welcomed the news, but urged the Government to create a unitary health system under one Minister. — Sapa.

SAP ordered not to tamper with detainee

Sowetan 5/10/90

A RAND Supreme Court judge yesterday ordered police not to visit or interrogate a detainee, who is a patient at the Johannesburg Hospital, without the permission of a psychiatrist.

Mr Justice Leveson said that from papers before the court it was evident that psychological stress induced by the police officers had reduced detainee Mr Yusuf Mohammed to depression.

"Hospital clinical records show that the presence of the police has had a profoundly adverse effect on Mohammed," he said.

Leveson refused to grant an order that Mohammed be kept in the General Hospital.

By FARHANA ISMAIL

"There is no evidence in Mohammed's affidavits that the police wanted to remove the detainee from the hospital.

"Although an order for a patient's discharge lies in the hands of the hospital authorities, police have total control over the detainee once he is discharged," Leveson said.

An application for Mohammed's release will be heard in court on October 16.

Star 8/10/90 98

EWS

Hospital 'refused to admit black'

A Johannesburg businessman claims his sick black friend was refused admission to the Edenvale hospital last week.

Ian Bromley said a houseman had diagnosed pneumonia and said the man had to be admitted immediately.

However, a nursing sister overruled the doctor and said the patient must be transferred to Tembisa or Hillbrow hospitals. Mr Bromley said he asked the doctor what would happen if a white man had come in with pneumonia.

The doctor replied that the white patient would "most probably" have been admitted.

A spokesman for the Transvaal Provincial Administration said Edenvale's superintendent, Dr Mervin Damelin, had been contacted about Mr Bromley's allegations.

His reply was that Edenvale Hospital was full.

Car hijackers disrupt Bara clinic services

Own Correspondent

Baragwanath Hospital may suspend some of the services provided by its 12 clinics in townships because of the continuing hijacking and theft of its vehicles.

The cars transport patients between the clinics and the hospital daily; deliver medicines and ferry district nurses who call on patients at their homes more than 250 000 times a year.

Baragwanath superintendent, Dr G Louw, said the clinics initially ran a fleet of 140 vehicles, but now had only 93. Last month, three vehicles, including a new minibus, were stolen.

Futile

Dr Louw said he was concerned about the safety of his staff because thieves often threatened patients and nurses before driving off in the hospital's vehicles. As a result, nurses were reluctant to do house calls.

The superintendent said they were now trying to replace the stolen vehicles but this was futile as the new ones were more "popular among the thieves".

In December 1988, six new minibuses were stolen within six weeks. An appeal to the public in 1989 resulted in a lull over the following six months.

However, the hijackings had started again.

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Thieves force Bara to cut back

Sowetan 9/10/90 (98)

Baragwanath Hospital may soon suspend some of the services provided by its 12 clinics in the townships because of the continuing hijack and theft of its vehicles.

BY IDO LEKOTA

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However, the hijackings had started again.

Health services will not be unified yet — Venter

B Day 9/10/90

98

TANIA LEVY

SA's fragmented health services would remain in place until a unitary health system was negotiated as part of a new constitution, Health and Population Development Minister Rina Venter said in an interview yesterday.

Although fragmentation complicated the development of an efficient health care system, she did not believe money was being wasted by running 14 different authorities.

Venter said it was difficult to say exactly how much was being spent administering the different health departments.

Government would stick with own affairs health authorities, which used only 6% of the R7bn-a-year national health budget.

Provincial health services accounted for 72% of the budget.

Restructuring the health system would form part of the negotiation process. Meanwhile, the existing system would have to be addressed in its present form, said Venter.

Despite the opening of hospitals, government would be able to afford fully utilising hospital capacities only in five to eight years' time.

With the opening of hospitals to all races earlier this year, an extra R700m would be needed to staff and operate 11 700 unused beds at the former white hospitals, she said.

Clinics

Venter said she would report by the year-end on the effects the desegregation moves had had on redressing the imbalance of underutilised white and overcrowded black hospitals.

She hoped to open about 50 primary health care clinics, which had been built but never commissioned, by the end of 1991.

The extra R12m allocated for primary health care earlier this year would also be allocated shortly.

Strengthened primary health care facilities would reduce by 40% the pressure on academic hospitals, especially casualty sections.

Venter said the first step towards improving the existing system was the development of a more effective and autonomous management system for the country's 13 academic hospitals, which used 43% of the national health budget.

About 10% of this cost could be saved through better management, she said.

A proposed model being considered by relevant university professors would hopefuly be implemented in the new year, she said.

Venter will visit Natal on Thursday to discuss how the R50m allocated by President F W de Klerk last week, should best be used.

Not only immediate backlogs, but the range of primary to tertiary health care needs in the area would have to be looked at, she said.

Baby deaths probed

Sowetan 12/10/90 (98) (2250)

A BATCH of medicines used in intensive care units that treat new-born babies have been withdrawn after an undisclosed number of babies in three Transvaal hospitals died of bacterial infection in the past two months.

By PHANGISILE MTSHALI

The deaths led to the closure of a neo-natal intensive care unit at the Park Lane Clinic for three weeks as private and State investigations into the cause of the deaths were conducted.

A statement from the pharmaceutical company involved, Sabax Limited, said all the products which may or may not be implicated have been temporarily stopped pending the outcome of the investigations.

"We have brought out a microbiological specialist from the UK to help us in our evaluation of the products," the statement said.

In a statement, Mr Francois Baird, the public relation officer for Clinic Holdings Limited, confirmed two deaths.

To Page 2



Death of babies at hospitals probed

Sowetan 12/10/90 (98)

From Page 1

"During August and September a bacterial infection occurred in the neo-natal unit. The management immediately closed the unit to new admissions and proceeded to investigate the cause of the infection.

"Having put the unit through the most stringent hygiene control procedures the unit reopened on September 10," he said.

"When infections were again discovered in two more babies, further investigations were immediately undertaken. A number of independent laboratories found that sterilised products provided to the hospital by a reputable firm contained the same bacteria as found in the infected babies.

"The hospital immediately ceased the use of the identified products and no further infections have occurred." (2250)

During the same period one death occurred at Morningside Clinic's neonatal intensive care unit due to a bacterial infection.

FM 12/10/90 (98)

must be welcomed.

Coinciding with President F W de Klerk's allocation of a R50m rescue package for the endangered services, a private developer intends building a 165-bed hospital in Pinetown, partly funded by public subscription.

However, the scheme got off to an inauspicious start. The first share offer for what is to be known as Crompton Hospital was not sufficiently subscribed to bankroll the whole scheme when it closed.

Undaunted, development co-ordinator Des Daniel says work on the facility is starting anyway while a funding solution is worked out. One option is to reopen the public offer at a later stage.

The developers hold one of the last private hospital licences issued by the Department of Health & Welfare before government placed a moratorium on new permits while it reviewed health services. Plans for Crompton Hospital have been submitted and architects Stauch Voster — who also designed facilities at Universitas Hospital and the burn unit at Baragwanath — are awaiting approval.

Daniel says a viability study shows the need for medical services in Pinetown, which has a population of about 400 000.

Future growth

The new hospital will start small with 30 beds, three operating theatres, a pharmacy and shop and 801 m² for doctor's suites in a total area of 1 768 m². There will also be off-street parking for 120 vehicles. The plans make provision for future growth to 165 beds, with five theatres. Daniel claims it will also be the first private hospital in Natal to offer a 24-hour outpatient casualty treatment facility.

Though it will be the only hospital in Pinetown, there have been rumblings that Crompton will compete directly with the Westville private hospital. Daniel says, however, that the new complex will complement the neighbouring facility. ■

HEALTH CARE FM 12/10/90

PINETOWN TONIC (98)

With Natal's public health service in a critical state, any move towards improving medical facilities by the public or private sector

former diplomat's best known book is probably The Labyrinth of Solitude. Paz was visiting New York when the award was announced. Picture: REUTER

wyk counsel for the JSE ma
application on a number of
Argument continues toda

Pretoria's townships given power reprieve pending loan

B|Day 12|10|90.

WILSON ZWANE

THE Pretoria City Council would not cut power to neighbouring townships today pending the Pretoria Regional Services Council's decision to step in with loans to help the townships.

The council had threatened to discontinue power to Atteridgeville and Mamelodi today unless about R6m in electricity arrears was paid.

At a Press conference yesterday Pretoria City Council's management committee chairman James Leach said the Pretoria Regional Services' executive committee would make recommendations at a special meeting next Thursday that loans be granted to the town councils of Atteridgeville, Mamelodi and Zithobeni to enable them to pay their accounts.

Until then the Pretoria City Council management committe would not take action to cut the main electricity supply to Atteridgeville and Mamelodi, Leach said.

The city council cut electricity supply to Atteridgeville and Mamelodi last month and restored it hours later on the condition that the townships made payments on their arrears today.

In another development, negotiations among the TPA, Eskom, Katlehong Town Council and the Katlehong Civic Associations began last night.

Katlehong mayor Gideon Molotsi had said the talks would centre on the interim flat rates residents would have to pay to keep essential services going.

"If residents accept our proposed monthly flat rates. then they will pay R50 for houses with electricity and R30 for houses without electricty. The businessmen will pay R130," Molotsi said.

Intravenous drips withdrawn for testing

SABAX, manufacturer of intravenous drips supplied to clinics in Johannesburg where a number of babies had died, said in a statement yesterday it had brought a microbiological specialist from the UK to help evaluate its procedures.

B|Day 12|10|90

The Department of National Health and Population Development said tests of drips supplied to the department by Sabax had "shown contamination of the prepared medicines".

Sabax spokesman F F Erasmus said it had "suspended all of the admixed products which may, or may not, have been implicated pending the outcome of intensive investigations". (98)

The clinics had withdrawn use of the drips after an unspecified number of neonatal babies had died. Park Lane Clinic said yesterday that laboratories had found the medical products in question contained the same bacteria as found in infected babies at the clinic. — Sapa.

own pharmacies as non-profit-making

For the full standard medical examination, R80 would be charged.

R50m hospital relief details due soon

DURBAN — Health and Population Development Minister Dr Rina Venter will provide details of allocations to Natal's hospital and health services "windfall" of R50m — promised last Thursday by President F W de Klerk — in about two weeks' time.

Venter told a media conference in Durban yesterday relief for Durban's King Edward VIII Hospital would be the priority. BNDam 12/10/90

Venter had just completed a day of talks with health departments and officials in Durban, including representatives of Natal University, the Natal Provincial Administration and officials of her own department.

KwaZulu Health Minister Dr Frank Madlose and the House of Delegates' Ministry of Health Services and Welfare representatives attended.

"We are not allocating any money today — but we will improve King Edward Hospital in particular as well as the whole of Natal's health services," Venter said. (98)

In addition, the question of cancer clinics which were shut down or would close at Durban's Addington Hospital, as well as the crumbling ambulance services in Natal, would be addressed.

"At King Edward Hospital we will address the issue of commissioning intensive care units, operating theatres, and will improve the general hygiene services, and also develop a special health care centre.

"And we will be using R1,48m, which is available immediately, to provide primary health care centres at King Edward, Chesterville and Bhekuza (near Vryheid)," she said.

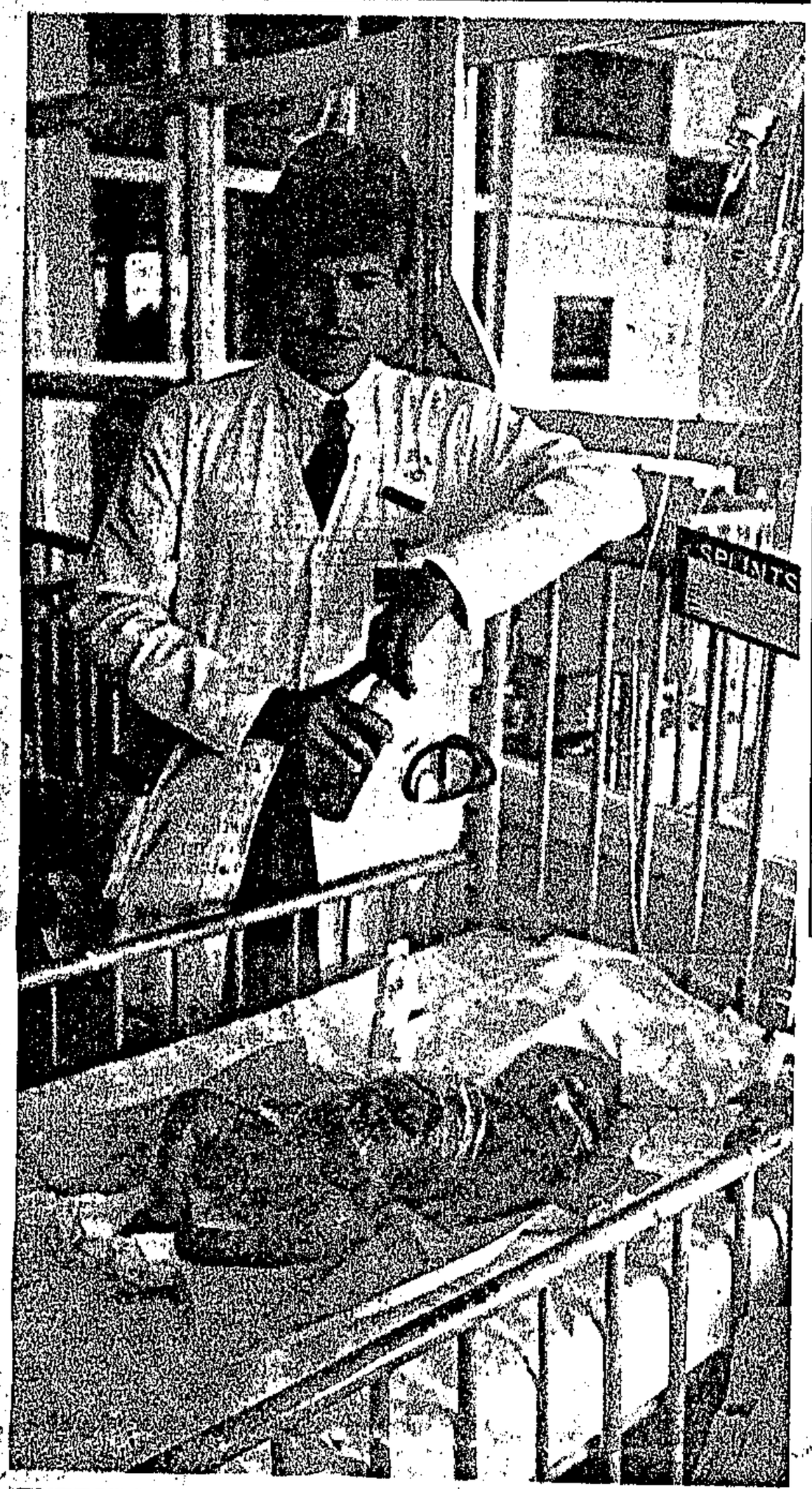
It was hoped the clinic proposed at King Edward would be able to "see 2 000 patients daily".

"We must try and rationalise and utilise the beds that are available, by seeing that patients don't overuse one hospital at the expense of others," she said. — Sapa.

282/4 VICTORIA ROAD, WOODSTOCK. PH 47 4313

FOUNDED 1876 — 488 4311 — SATURDAY, OCTOBER 13 1990

RED CROSS CRISIS



THREATENED BURNS UNIT . . . A seven-month-old baby boy, who cannot be identified, is treated for severe body burns at the Red Cross Children's Hospital burns unit, established in 1956. Picture: STEWART COLMAN

Row exiles

Cape Times 13/10/90

THE growing row between the government and the ANC took a serious turn last night when the Minister of Justice effectively stopped the process for the return of exiles and the release of political prisoners.

Following the ANC's accusation on Thursday of a breach of faith by President F W de Klerk, the Minister of Justice, Mr Kobie Coetsee, last night declined to release the guidelines on "political" offences until the ANC had cleared up press statements by "faceless and apparently uninformed ANC spokesmen".

Inside:

DE KLERK: EUROP TO HELP RESCUE

See PAGE 3

And in Pretoria, a governmer confirmed that this "may delay release of "political" prisoner: turn of exiles.

Mr Coetsee was apparently re legations by the ANC's Mr Sa and Ms Gill Marcus on Thurs government had committed a b· by releasing information ste

Funds shock for Cape hospitals

Cape Times 13/10/90

98

By GLYNNIS UNDERHILL

SHOCK health-care funding cuts by the Cape Provincial Administration could devastate many specialist medical services in local provincial hospitals.

Provincial hospitals were instructed two weeks ago to begin investigating ways of cutting back dramatically on staff and expenditure.

Hospital authorities have been asked to look at ways of enforcing a 9% to 15% staff reduction and a cutback in hospital expenditure by as much as 15%, according to reliable sources.

Burns unit

The Red Cross Children's Hospital has responded to the call by earmarking its specialist burns unit for closure if hospital funding is further reduced.

Its trauma unit would be the next to close down if the funding cuts were implemented, according to Professor Heinz Rode of paediatric surgery at the Red Cross Hospital.

Groote Schuur Hospital spokesman and senior medical superintendent Dr Peter Mitchell said the hospital had been asked to avoid "overspending".

"The hospital saves money by delaying the filling of vacant posts by up to three months. This clearly reduces the total number of staff members at any one time and makes it more difficult to provide the service that is expected," he said.

A spokesman for the Administrator's office yesterday confirmed that the amount allocated for hospital and health services was "insufficient to cater for the needs of the CPA and the population of the Cape Province".

"In the light of this, all hospitals and institutions under the control of the hospital and health services branch of the CPA have been requested to curtail expenditure under all sub-heads, including personnel, consumer bills and operating costs (eg, electricity) as much as possible."

The spokesman said the various efforts by the hospitals and institutions were "unfortunately not sufficient to bring expenditure down to affordable limits".

"Therefore various other options are being considered by the CPA in conjunction with the Minister of National Health and other responsible ministers, like the Minister of Provincial Affairs and Planning and the Minister of Finance," the spokesman said.

It was not possible to elaborate on this issue at present, he added.

Professor Rode said it would be a "great tragedy" if the burns unit were to have to close.

"We have to look at the call for cutbacks. We can't ignore it. If this trend continues, we will see a severe reduction in health care."

Provincial hospitals were already "overrun by patients" and were facing an increasing drain of qualified staff who emigrated or went into private practice, he said.

The burns unit at the Red Cross admits between 400 and 500 children every year, with another 3 000 treated as out-patients.

SA in world rugby soon?

Cape Times 13/10/90

Own Correspondent

LONDON. — The International Rugby Board yesterday gave the strongest indication yet that the Springboks might soon be welcomed back on to the world's rugby fields.

Praising the SA Rugby Board's efforts to integrate the sport, the chairman of the IRB's tour's committee, Mr Ronnie Dawson, delivered an optimistic message.

He was confident South Africa would soon be back as full playing partners, he said.

Paying tribute to the SARB, he said he was satisfied they had done everything possible to make the sport non-racial and deserved recognition.

Mr Dawson said: "They have continued to ensure their rugby has been non-racial for the past 15 years and the question now depends largely on outside forces."

The Springboks are due to tour England and Wales in 1994.

● Report — Page 16

Dad kills son's girlfriend

Own Correspondent

PRETORIA. — A 65-year-old Hammanskraal man shot dead his son's 21-year-old girlfriend on Thursday night before shooting himself.

Mr Roelof Reinecke first shot Miss Marianne du Preez with a revolver after a family argument.

Mr Reinecke's son then disarmed his father and tried to resuscitate Miss Du Preez, who had collapsed after fleeing outside.

Then Mr Reinecke returned with a shotgun, fired another shot at the wounded woman and turned the shotgun on himself.

Times 14/10/90



Patients lie in hospital corridors waiting for treatment they will not get until the strike ends. ■ Pics: BONGANI MNGUNI

No doctor after rough 75km donkey cart ride

By SOPHIE TEMA

MADUMETJA Matume travelled about 75km by donkey cart from her home to the Matlala Hospital to receive treatment for her chronic illness, but there were no doctors to attend to her.

Madumetja was one of hundreds of very sick people who could not receive treatment because of the three-week-old strike that has brought almost all health services in Lebowa to a complete standstill.

The strike by the Northern Transvaal Public Servants' Union (Notrapsu) has spread to about 18 hospitals in the homeland, leaving matrons and nurses to do the work of ordinary workers.

Workers were to have returned to work by Thursday, said Chief Minister Nelson Ramodike.

Elisa Matlala, 54, said she travelled a long way from her home near Nebo to the Glen Cowie Hospital to have treatment for a chest ailment which, she says, started a month ago.

Breathing with difficulty, Elisa said: "I could not get to the hospital earlier because I had no money. Last week my brother who works in Johannesburg sent me R30 and this money helped me pay for transport to get me here.

"I had to pay R8 for a private car to bring me to hospital because there are no telephones in our village to call an ambulance and transport is not easily available."

But there were no doctors on duty at the hospital. "The nurses told me there was a strike and that I would only be able to get the necessary treatment once things returned to normal. They were, however, very sympathetic towards me. They examined me and gave me medicine to drink."

In hospitals like Matlala – one of the biggest in Lebowa – primary health nurses manned the outpatients' department because there were no doctors.

Nurses at most hospitals had to scrub floors, clean toilets, wash and iron laundry and do the cooking – in some cases assisted by patients.

The situation had become so serious that emergency cases from Matlala and Glen Cowie hospitals had to be transferred to Jane Furse Hospital.

On Thursday night a patient who was to have had an emergency caesarian section had to be transported 85km to the HC Boshoff Hospital in Maandagshoek near Burghersfort because "Notrapsu had cut off the water supply" by sending their pump operators to Jane Furse, claimed a doctor.

Unofficial reports said workers at Glen Cowie and Matlala hospitals trickled back to work on Friday.

A spokesman for the Lebowa government said a commission of inquiry has been appointed to look into the grievances of the more than 2 000 public servants who embarked on an indefinite strike after the homeland's government failed to respond to their demands.

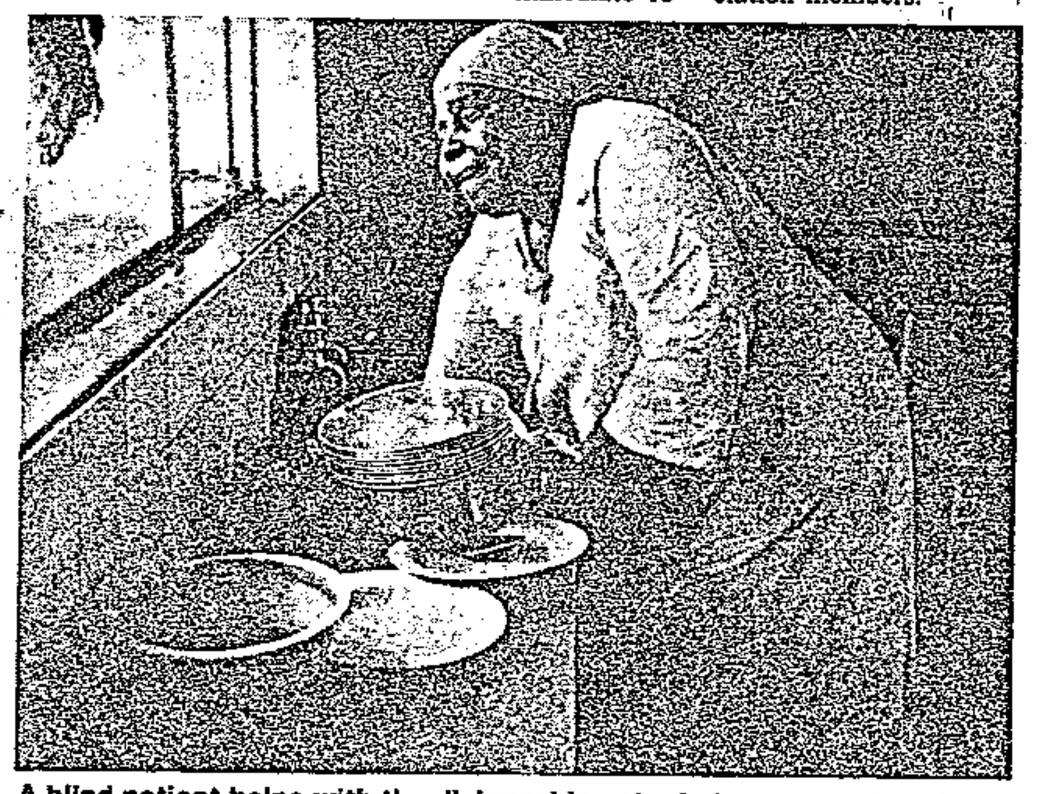
Demands include:

- Labourers who are regarded as "permanently temporary" be taken on as full-time staff;
- An end to preferential treatment of white officials and the implementation of study schemes, particularly in the cases of officials who are allegedly punished for not being in the good books of their seniors; and
- Maternity leave and benefits for women in public services.

The workers also demand the immediate release of six Notrapsu executive members detained in connection with the strike and held under the Internal Security Act.

Members of the Lebowa Nurses' Association (Lebna) on Friday reported for work at hospitals and clinics after a sit-in was called off during a meeting at Groothoek Hospital on Thursday, reports Sapa.

Nine resolutions, including the calling off of the sit-in, were adopted at the meeting which was aimed at ironing out problems encountered by association members.



A blind patient helps with the dishwashing at a Lebowa hospital where nurses and doctors are on strike.

yesterday with her comment:

daily since he joined Alco

Virus may have killed babies all around the country

ST Times 14/10/90

By MARK STANSFIELD

FEARS grew yesterday that the number of baby deaths allegedly caused by contaminated drips may be higher than reported.

It was disclosed by the drip manufacturers that the product had been distributed to clinics throughout South Africa.

So far at least five babies' deaths — all in Johannesburg private hospitals — have been linked to the allegedly contaminated drips.

The drips were withdrawn by manufacturers Sabax Ltd immediately after being identified as a possible source of the killer infection believed to be responsible for the deaths.

But fears are mounting that far more children could have been infected by the virus klepsiella from the same source — and their deaths attributed to other infant ailments.

As the high-level investigation into the source of the infection continued this weekend, Sabax — a subsidiary of Adcock Ingram — made it clear the company would not accept liability unless it was proved the product was faulty.

A spokesman said there were a number of possible sources of the deadly infection — including the clinics themselves.

"The treatment of seriously-ill babies involves different procedures such as surgery, wound treatment, storage and infusion — all of which are potential sources of contamination," said marketing and public affairs director Frans Erasmus.

Battle

The dispensed product has a 24-hour shelf life — but clinics and hospitals could have been using expired stock, experts said.

"These admixtures have a short shelf life," said Vicky Baker of Sabax. "Accordingly, expiry dates and storage temperatures are very clearly labelled.

"It is particularly important that the product remain refrigerated from the point of mixing through transportation and storage up to the point of use."

Nevertheless, pin-pointing responsibility for the spread of the infection in Johannesburg's neo-natal clinics could become one of the longest and costliest medical legal battles in South African history.

Already battlelines have been drawn between the manufacturers, the clinics and the parents whose children died.

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GUF 16

Hospital theft

Cape Times 16/10/90

Cape Times 16/10/90 98

Linen turns up overseas

THIEVES are plundering Groote Schuur Hospital — right under the noses of security guards.

Yesterday a hospital spokesman disclosed that the thieves had stolen:

- Linen worth R250 000, taken over a period of three years.
- Medicines and medical equipment, including expensive catheters and syringes.
- Lavatory seats, door handles and fold-down lift seats which have disappeared during the past six months.
- Telephones, which now have to be locked up during tea breaks.

Two weeks ago thieves stealing computer equipment worth R20 000 were chased by security guards. The thieves abandoned the computers on the sidewalk and escaped.

Thefts of cars belonging to staff and visitors from parking bays outside the hospital have also become a "big headache" for security staff, the hospital spokesman said.

He said the thieves had sold the stolen goods on the black market in Cape Town, and even overseas.

Linen stolen from the hospital has recently been found on sale in Amsterdam and Rotterdam flea markets in Holland, he said.

A shop in Rondebosch was found to be selling linen with the Groote Schuur Hospital emblem, he said. The shop owners claimed to be selling surplus linen bought from manufacturers.

The thieves have slipped through a net of 77 full-time security guards. They have also evaded bag checks at the exits.

Hospital notices placed on walls to deter the thieves appear to have little effect. Notices like "Who robs the hospital, robs the people" and "This is your hospital" have been ignored by looters.

Routine investigations by security staff have not established the presence of a syndicate, said the spokesman. At least 15 000 people, including staff and visitors, walk through the hospital every day, he said.

The hospital has asked the public to co-operate with the overworked security staff when asked for identification at the hospital entrances.

R35m plan to build N1 City hospital

Cape Times 16/10/90 98

By AUDREY D'ANGELO
Business Editor

A NEW company controlled by the Syfrets group will build the first private hospital to specialise in providing a 24-hour casualty service to treat all medical emergencies.

It will be at the N1 City shopping and entertainment centre now being built at Goodwood and will cost about R35m. It is due to open by the end of next year.

The new company, Health Orientated Systems (Host), hopes to build two more such hospitals in the Peninsula — the second in Roggebaai — and others all over SA.

MD Jaap Huisamen explained yesterday that the Host polyclinics would treat accident victims and other emergency cases immediately — without the waiting time necessary at provincial hospitals because of the large numbers of people who went there.

The polyclinics were intended for private patients and those on medical aid. But if an accident happened near-by the victim would be given emergency treatment and his condition stabilised even if he could not afford to pay — and he would then be transferred to a provincial hospital.

Huisamen said the polyclinic would not only be for emergencies. It would also be a normal hospital and community health centre.

The complex would have facilities like a restaurant and a kiosk where visitors could buy flowers and gifts.

On the top floors would be medical suites which doctors could buy on sectional title. "The polyclinic concept also offers the doctor an investment opportunity to build up assets.

"Only 40 doctors will be accepted as shareholders in each polyclinic. Their collective ownership will amount to 74% of the complex. This includes the hospital itself, the doctors' suites and the hospital operating company."

Durban attack: 4 more arrests

Own Correspondent

DURBAN — Four more suspects have been arrested in connection with last week's stabbing on Durban's beachfront.

Nine people were injured in the attack and John Kemp, 85, died in Addington Hospital on Monday.

So far 11 people have been arrested in connection with the stabbings. They are being held under the emergency regulations.

Statement on baby deaths today

ALL seven babies who had died at the Morningside Clinic's neonatal intensive care unit since January had been treated with special intravenous solutions manufactured by Sabax Ltd, the clinic confirmed on Tuesday.

The clinic said four of the infants had suffered a bacterial infection called klebsiella septicaemia. This could have been caused by contaminated intravenous solutions.

Sabax is expected to release the findings of its in-depth investigation into the cause of the infections today.

Morningside Clinic GM Johan van Reenen said in a statement four of the infants had been treated for klebsiella septicaemia, while the other three babies did not show signs of bacterial infection after their blood samples were examined.

Sabax earlier said the Morningside Clinic had not reported any deaths to Sabax.

The company had been informed only of two deaths at the Park Lane Clinic.

A Sabax spokesman said a meeting would be held today to assess findings of an investigation into the possible source of infections. A Press statement would be issued later. — Sapa.

Keeley Group Holc
Limited (Registration Number 84/05947/06)

Parents call for probe on infant deaths

Sowetan 18/10/90

98

EMBITTERED parents who lost their babies at the Park Lane and Morningside clinics yesterday met and supported a bid to have a judicial commission of inquiry into the deaths conducted by the Department of Health and Welfare Services.

At a meeting in Johannesburg yesterday, 10 couples told legal consultant Mr Peter Soller their babies had died of a bacterial infection in the clinics.

Soller proposed that before any litigation, the facts of the circumstances surrounding the babies' deaths should be fully established through a commission of inquiry by the Department of Health and Welfare Services.

Meanwhile, the full impact that a contaminated sterilised product had on babies in clinics and hospitals countrywide would be known by the end of the week, Government health officials said on Tuesday.

In addition, findings of an in-depth investigation conducted by the product manufacturer, Sabax, were expected to be released late yesterday.

Report

A Department of Health Services and Welfare spokesman said an official Press report would be made this week following investigations by the Department of National Health and Population Development.

At least 15 babies have died from a bacterial infection apparently picked up while being treated with a Sabax manufactured drip.

All but one of these infants died at the Park Lane and Morningside clinics. One baby had been transferred to the Johannesburg Hospital from Park Lane.

Several clinics and hospitals contacted this week - including Johannesburg Hospital, Baragwanath Hospital, Hillbrow Hospital and Sandton Clinic - said they knew of no babies dying as a result of an infection from a sterilised drip.

At Garankuwa Hospital, a judicial commission of inquiry is underway to investigate the death of babies in April.

A spokesman said he could not say how many babies were involved and what treatment they had received.

It is understood that several babies have also died at Kalafong Hospital near Pretoria.

The superintendent, Dr JA Kunzmann, said the deaths could not at this stage be linked to the product. - *Sowetan Correspondent.*

Clinics demand dead babies' bills be paid

98

TANIA LEVY

CLINICS have demanded that parents whose babies died in intensive care pay bills of up to R30 000.

The babies' recent deaths in neonatal intensive care units have been linked to contaminated drip solutions, withdrawn by Sabax earlier this month.

Eleven sets of parents resolved yesterday to refuse to pay outstanding bills and asked government to appoint an urgent judicial commission of inquiry into the deaths, their attorney Peter Soller said.

Nine babies had died at the Park Lane Clinic and two at Morningside Clinic, he said. However, Morningside this week said at least four babies had died as a result of klebsiella bacterial infection, possibly picked up from contaminated drips.

Most parents felt it was abhorrent to have to pay bills for a child that had died, mother Diane Webb said. Bills of between R10 000 and R30 000 were for babies' treatment only and did not include mothers' confinement, which cost R2 800 at Park Lane Clinic.

Clinic Holdings MD Jeffrey Hurwitz said yesterday parents would definitely be charged full accounts as Park Lane had done everything it could, and more, in rendering services to the babies. He said he was convinced the clinic could be absolved of any blame.

Like any business, it would send out payment demands.

Soller said the parents' first priority was to find out the truth about the deaths of their prematurely born babies. Many felt they had not been told the truth about the infection that had killed their babies. In some cases, death certificates had been withheld until after burial or cremation.

Spokesmen for National Health Minister Dr Rina Venter and House of Assembly Health Services and Welfare Minister Sam de Beer yesterday confirmed Soller's request for an inquiry had been received. They said the request would be considered once all relevant information had been collected, hopefully early next week.

B/Day 18/10/96

Medical care (98)

A new concept in private health care in SA

FIM 19/10/90

The R26m poli-clinic, due to be built at N1 City, is the brainchild of Dr Jaap Huisamen, MD of Health Orientated Systems Technology (Host).

It is based on the same concept as the popular free-standing private hospitals in the US that are used for short-stay cases. In the US, 40% of all hospitals are of this type while in SA only 5% are, says Huisamen.

"The objective is to provide efficient and user-friendly hospitals to serve the needs of the patients and the community in which it is

situated at all hours. Doctors will be able not only to work in the poli-clinic, but also to own it."

Huisamen, who was in private practice for 22 years, developed SA's first poli-clinic in Port Elizabeth five years ago. Host is a joint venture between himself and N1 City Holdings.

What makes Host's poli-clinic different from other private hospitals is that apart from having doctors' suites on a sectional title basis, and a hospital component comprising beds and operating theatres, it also has a 24-hour private casualty department.

Huisamen says the casualty department will have a 24-hour "cold" section for dealing with non-serious cases, as well as a fully fledged trauma unit staffed by doctors employed by Host. The Medical & Dental Association of SA authorised this when the poli-clinic in Greenacres, Port Elizabeth, was completed.

Private practitioners will be able to buy medical suites in the polic-clinic on sectional title. A financing package has been put together in conjunction with Syfrets.

By buying their suites, doctors acquire an asset which they would not have if they continued to rent. The poli-clinic at N1 City has been planned to include a 60-bed hospital, five operating theatres and 40 doctors' suites. Construction is due to begin before the end of the year and be completed within 15 months.

Huisamen says response from doctors to the scheme has been very favourable. The financing package for the purchase of their suites has considerable tax benefits, and has been structured to include balloon payments to fit in with income patterns, particularly of younger doctors establishing practices.

The suites will be paid for over 10 years, after which the owners will be liable only for a monthly levy. The participating doctors will also be shareholders in the hospital operating company and the hospital property company, which will ensure them additional income and help cushion purchase price loan repayments.

"The new trend is for doctors to be accommodated in a hospital. This saves travel and time and increases their availability to their patients," says Huisamen.

The 40 doctors will jointly own 74% of the poli-clinic, which will be managed and computerised by Host.

Huisamen says not only will the doctors have paid for their suites after 10 years, but the hospital operating company will also have repaid the cost of the hospital property and no further rentals will be due. This will mean a "dramatic" escalation in income from the operating and property companies to the benefit of the shareholding doctors.

He says Host plans to build about 10 new poli-clinics around the country within the next eight years. He believes private health care is an important aspect of the overall health care picture in the "new SA."

There must be a clear distinction between private health care and State health care.



Huisamen ... major plans

FIM 19/10/90

"As far as possible, privatisation should be implemented and medical schemes replaced by health insurance. (98)

"By these means, the State will find itself responsible only for the financing of indigent patients. In order for a free market system of management control to be introduced, patients and not hospitals should be subsidised," Huisamen says.

A "critical factor" in the current high cost of health care is the inefficiency of hospital management. "As far as possible, hospital services should be privatised and in order to promote greater efficiency, computerised stock control and management systems should be introduced at all hospitals."

He says computerisation was introduced into the health care system in the United States in 1965 with dramatic effect. "Then, health care constituted 14% of GNP (defence was a mere 3%). Within four years the figure for health care had dropped to 4%.

"Though computerisation may involve a high initial outlay, I believe it is impossible to effectively manage a hospital without it."

Huisamen says Host will also play a major role in the training of medical personnel — particularly nurses — which he believes should be more specialised on a shorter term rather than generalised over four years.

Host's poli-clinics will allow nurses to concentrate on nursing. "All supportive services will be handled by others," Huisamen says.

Good for Goodwood

N1 City puts Goodwood on the map

The development of N1 City is a major boost on both the prestige and rates base of Goodwood, which has long been regarded as a poor cousin of neighbouring Bellville.

Goodwood Town Clerk Dave Wilken says

Jo'burg's private clinics 'hushed up' baby deaths

98

W/Mail 19/10 – 25/10/90

By PHILIPPA GARSON

THE deaths of at least 15 babies at two of Johannesburg's top private clinics in recent months raises suspicions of a cover-up by the clinics and health authorities before the matter became public.

The Weekly Mail attempted to obtain information on allegations of the fatalities as early as August. A reporter was told it was "none of her business". At least two babies died subsequently.

In March this year, the father of a baby who had died in the Morningside Clinic of a bacterial infection wrote to the medical officer asking for an investigation. He received no reply but authorities began looking into the matter.

Lawyer Peter Soller, representing 20 parents, said in a letter to the Minister of Health Services, Welfare and Housing, Sam de Beer, that a judicial commission of inquiry was justified since no details of the deaths had been furnished until the press exposed the link.

De Beer said his department and the Department of National Health and Population Development would not take further action until all investigations into the deaths had been completed.

Tests have shown that some intravenous drips manufactured by Sabax have been contaminated by the same bacteria thought to have led to the infection causing the deaths, klebsiella septicaemia. Supplies of the product, presumed to be a "hyperalimentation" feeding drip, have been withdrawn from the market.

After information was "leaked" in August that at least one baby had died and others had become ill at Park Lane Clinic from the intravenous-spread infection, the hospital's general manager, Gordon Cohen, told *Weekly Mail* columnist Pat Sidely that he would subpoena doctors and reporters to stop the leaks.

Sidley, who knew of one confirmed and six unconfirmed deaths at Park Lane Clinic, wrote an article on August 31 stressing the lack of co-operation from some doctors and officials "who knew what happened at the clinic"

Sidley spoke to government health officials, who said it was up to the clinic to release the information. She approached the Department of Health and Social Services, under which private clinics fall, and the secretary to Minister of Health Rina Venter, but was "fobbed off".

At least two other Joahnnesburg journalists say they were under the impression they were being actively misled by Park Lane officials.

After the Park Lane's neo-natal intensive care unit was closed down for three weeks in August, pending investigations into the possible contamination of medical products, the press was notified — and one death was confirmed.

It has now transpired that at least six babies had died (three at Morningside and three at Park Lane) at that stage.

A medical team investigating the unit gave an assurance in late August that the problem had been sorted out.

At least two other babies have since died: Heinrich Hamel at the Park Lane on September 30; and Jaqueline, whose parents wish to remain anonymous, at Johannesburg Hospital — after being transferred from Park Lane — on September 12. So far Park Lane has confirmed the deaths of two babies.

On March 19, a baby died in Morningside Clinic from a bacterial infection.

Valkenberg clears away its cobwebs

Mental patients were kept with island lepers



Dr Quarta du Toit demonstrates an old machine that was used for electric shock treatment with the help of the resident cat.

By ANDREA WEISS
Weekend Argus Reporter

VALKENBERG Hospital is undergoing a facelift for its 100th birthday next year when the old buildings will be declared a national monument.

But the Valkenberg then and now are two very different places. Gone are the days of padded cells and hot-bath hydrotherapy. Today the emphasis is on out-patient care and primary mental health care.

Also swept away with the cobwebs of the past is racial segregation.

Suicide rates high

Valkenberg's origins go back to a time when psychiatric patients were kept on Robben Island alongside lepers and political prisoners. Conditions there were so poor that mortality and suicide rates were high.

In 1881, Valkenberg, originally a farm granted by Jan van Riebeeck to two Vryburgers in 1661, was bought by the government for the establishment of a reformatory. A mental institution was to be put up in Tokai but the two sites were swopped because of Tokai's inaccessibility.

Valkenberg Hospital admitted its first 36 patients in 1891 under the supervision of a Dr Dodds, who believed the hospital should be used only for "the curable class of Europeans" and insisted that all other cases go to Somerset Hospital.

The first patient was a 50-year-old farmer who had spent 15 years on Robben Island for "chronic mania due to financial loss" and believed a "candlestick was a clerical friend". He was discharged but readmitted after he had set the family home ablaze.

From inception, overcrowding was a problem and by 1896 a new men's and women's block had been erected and were fully occupied.

At the turn of the century, enter-

phone and a magic lantern were provided and patients were kept busy with garden parties and cricket matches.

Treatment in the old days, although not as extreme as some methods employed elsewhere, would raise eyebrows today. Electro-convulsive shock treatment using primitive machinery was done without anaesthetic and patients sometimes broke bones.

Hydrotherapy was popular for "calming patients" who were immersed in hot baths, often in a straitjacket, for days until they calmed down.

Malaria infection was used to treat advanced syphilis (known then as "General Paralysis of the Insane") because it was thought high temperatures killed off the disease.

Patients were also kept under lock and key.

Only in the early 1950s when drugs were developed for the treatment of psychosis, depression, mania and anxiety, did things begin to change and the doors unlock. The concept of a therapeutic team was developed in the 1960s and psychotherapy and family therapy also gained ground.

'Optimal functioning'

According to Dr Quarta du Toit, senior lecturer in psychiatry, today the emphasis is "on striving to ensure the optimal functioning of the patient within the community rather than his or her admission to the hospital".

Most of Valkenberg's wards are now open and patients have freedom of movement, some with the right to leave the grounds.

Units at the new Valkenberg which was extensively added to in the early 1980s include a psychogeriatric unit, forensic unit for patients sent for observation by the courts, the physically ill unit (where some Aids patients have been treated) and the out-pa-

R50-m 'like boy's finger in the dyke'

Star 20/10/90

(98)

Hospitals in Natal stagger on

ELAINE KING

DURBAN — Of the R50 million Government handout for Natal's ailing heath services, about half will go to the cash strapped King Edward VIII Hospital — most of which (R15 million) will be used to repay debts.

While the breakdown of the R50 million to the various services will not be made public, it has reliably learnt that about R39 million will go to the Natal Provincial Service and R10 million to KwaZulu.

King Edward will get a total of about R24 million.

About R3 million will be spent on upgrading the outpatients department while R1,2 million will be spent on moving the surgical paediatric department to be based at Addington Hospital.

Abysmal

Natal's cancer services, based at Addington Hospital, will get only R1 million. This amount will not begin to cover the staffing or chemotherapy drug shortage faced by the cancer unit at Addington Hospital which is already R2 million in the red.

The ambulance and emergency medical services have been allocated R2,5 million which is apparently intended for staffing. The allocation will not put petrol into the tanks of the ambulances and the service is already buying petrol on credit. It will also not improve the abysmal salaries of paramedics.

About R3 million will be put towards subsiding St Mary's Mariannhill Hospital and McCord's Zulu Hospital.

In KwaZulu, about R8 million is intended for the further commissioning of Prince Mshiyeni Hospital with a R1 million designated for Edendale and another R1 million for clinics.

The decision as to how to share the R50 million was made this week at a meeting held by the Natal Provincial Administration Standing Committee for Health.

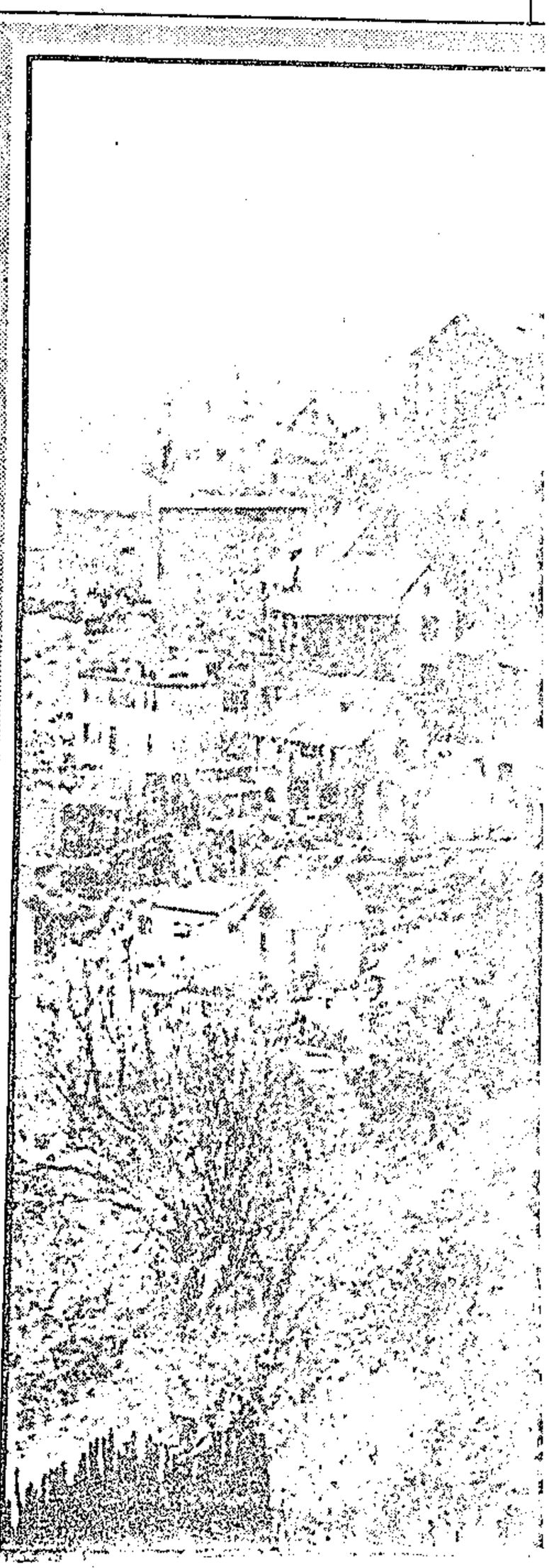
When The Daily News phoned the MEC in charge of Natal's Health Services, Mr Peter Miller, for details he said: "You can speculate if you want to. I can't stop you. The actual breakdown is not going to be published.

"In broad terms, King Edward is going to get help. So are cancer services, the ambulance services and KwaZulu, namely Prince Mshiyeni Hospital.

"There are two situations; the immediate crisis situation and the general shortfall situation. In the case of King Edward Hospital the general shortfall was of such nature that it was regarded as a crisis.

"In order to keep the doors open an injection of money was needed to deal with the shortfall," said Mr Miller.

He said that the R50 million can be seen in the context of "the little boy who put his finger in the dyke to stop the water".



Death toll may be 50 as April alert over contaminated drips is uncovered

BABIES: THE FATAL DELAY

S/Times 21/10/90

By MARK STANSFIELD

(98)

MEDICAL supply company Sabax was alerted as long ago as April to the possibility that a special intravenous drip implicated in an epidemic of infant deaths might have been lethally contaminated.

Sabax insists it investigated in response to the warnings, but it continued to distribute the drips. No general alert to hospitals was issued.

The warnings came from Ga-Rankuwa hospital and Garden City clinic, a private hospital in Mayfair, Johannesburg.

Tests were carried out in May to establish whether the so-called admixture drips might be the source of the epidemic of klebsiella that has since caused the death of as many as 50 babies. These included 23 babies who died at Ga-Rankuwa hospital during a strike of nursing and administrative staff in April, now the subject of a judicial commission of inquiry.



The commission chief, Mr Justice P M Cillie, confirmed this weekend that klebsiella septicaemia — believed to have been caused by contaminated drips — was "the most important" element of his probe into these deaths.

Don Bodley, chief executive of Adcock-Ingram, the Sabax holding company, confirmed yesterday that admixed products from Ga-Rankuwa hospital had been found to contain glycerol, a potentially lethal component of hand cream.

Neither he nor the Ga-Rankuwa authorities could shed any light on the source, but the possibility of sabotage has not been ruled out.

Drips from the private Garden City clinic were also tested in April after one baby died from klebsiella and several more were infected.

Sol's four million rand doll



Search for plane hit by storms

By ROGER MAKINGS and MANDY JEAN WOODS

A DESPERATE search against time to find five men after their light aircraft vanished in the Drakensberg was called off due to bad weather late yesterday afternoon.

The search was hampered by rain, mist, high winds and snow on Friday, but the stormy weather cleared sufficiently early yesterday to allow aircraft to resume the hunt for the five who left Richards Bay for Johannesburg on Thursday.

Freezing

Search [illegible]-ordinator Arthur [illegible] Division of Civil [illegible] said from Jan Smuts airport yesterday afternoon. "We had

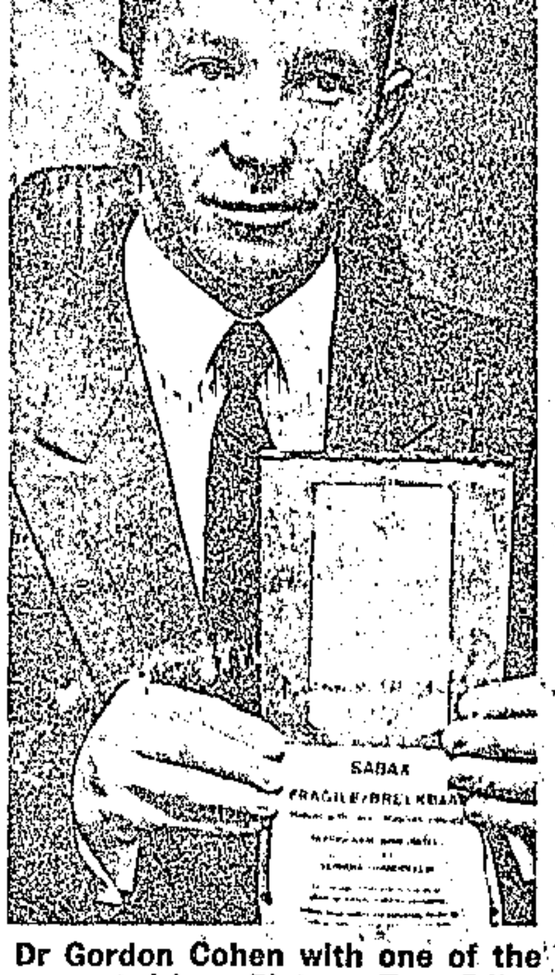
craft in an attempt to loc[illegible] the missing Inter Air Pi[illegible] Seneca before nightfall.

Snow and high win[illegible] caused temperatures [illegible] plummet to below freezing the Drakensberg during last two nights.

"Although we have had call off the air search have expanded the grou[illegible] search by the SAP," said Bradshaw.

The Seneca, piloted by f[illegible]mer SAAF Mirage pi[illegible] Keith Page, was chartered four businessmen to fly th[illegible] from Richards Bay to Gra[illegible] Central airport near Joh[illegible]nesburg.

The twin-engined aircr[illegible] with the five men on bo[illegible] left Richards Bay in p[illegible] weather [illegible]



Dr Gordon Cohen with one of the suspect drips Picture: Tom Edley

Hospital's desperate search for lethal bug

Sunday Times Reporter

THE manager of Johannesburg's Park Lane clinic, Dr Gordon Cohen, has a stock of suspect drips to be used as evidence which he believes will clear his hospital of any blame in the baby deaths.

Supplies of intravenous drips linked to the deadly klebsiella infection were withdrawn by medical suppliers Sabax last month.

But Dr Cohen kept several in reserve. They are stashed in a refrigerated vault, with the manufacturer's seals intact.

"And that's where they'll stay, in case they are needed as evidence to clear my hospital of liability in these tragic deaths," said Dr Cohen this week.

He described the intensive investigation clinic staff had undertaken in their hunt for the source of the killer bug which has claimed the lives of seven babies at Park Lane.

"We knew the name of the infection, but the source baffled us," he said.

ST Times 21/10/90 Contact (98)

"We had babies dying in a neo-natal ward that has been described as one of the top three in the country.

"In August, when our infection control officer informed me that babies were dying in the neo-natal ICU, we launched a comprehensive investigation.

"We combed from top to bottom for the source of the bugs.

"Two independent microbiologists assisted us because we were afraid of being accused of self-interest.

"Eventually we closed down the neonatal ICU from August 18 to September 10. After we re-openend, two babies receiving intravenous therapy died. I was at my wit's end."

Dr Cohen said the breakthrough came when they tested all products that were used. And blood specimens — taken after intravenous therapy — showed the infection.

"We immediately stopped using the products and informed the Department of Health and Sabax of our findings.," said Dr Cohen. "We have nothing to hide. I hope it is over now."

who died at Ga-Rankuwa hospital during a strike of nursing and administrative staff in April, now the subject of a judicial commission of inquiry.

The commission chief, Mr Justice P M Cillie, confirmed this weekend that klebsiella septicaemia — believed to have been caused by contaminated drips — was "the most important" element of his probe into these deaths.

Don Bodley, chief executive of Adcock-Ingram, the Sabax holding company, confirmed yesterday that admixed products from Ga-Rankuwa hospital had been found to contain glycerol, a potentially lethal component of hand cream.

Neither he nor the Ga-Rankuwa authorities could shed any light on the source, but the possibility of sabotage has not been ruled out.

Drips from the private Garden City clinic were also tested in April after one baby died from klebsiella and several more were infected.

Other startling information that has come to light this week includes the possibility that the first klebsiella-related baby death may have occurred 12 months ago at the Morningside clinic in Sandton.

Records

Johan van Reenen, manager of the clinic — owned by Medi-Clinic, a subsidiary of the Rembrandt group — confirmed that the Mancha baby, transferred from Johannesburg's Park Lane clinic to Morningside's cardiac unit, died in the neo-natal unit last October.

He could not confirm that the baby died of klebsiella "until I have checked the records".

However, a lawyer representing families of klebsiella victims said the Manchas had approached him this week after learning that contaminated drips could have caused the deaths of other babies and said they believed their son had suffered the same fate.

The Sunday Times has also been reliably informed that 11 babies died at Ga-Rankuwa in January under similar circumstances.

Superintendent Dr J J Crous confirmed the deaths, but declined to give details of the cause.

"This forms part of the Cillie inquiry," he said.

As doctors and heads of clinics supported a call for a judicial probe into the baby deaths this week, Health Minister Dr Rina Venter said she was awaiting the findings of the Medicine Control Board on klebsiella infection tests it had ordered.

These findings would determine what action would be taken, she said yesterday.

For the present, the Cillie Commission's terms of reference would remain an investigation into whether negligence caused the death of infants during the Ga-Rankuwa strike.

Suspected

Dr Venter said she was aware that Judge Cillie was also looking at klebsiella as the possible cause of death.

But the question now being asked is why Sabax — informed by at least two hospitals in April that their drips were suspected of contamination — continued to manufacture the product until September.

Asked whether the company had informed other clients that certain drip batches manufactured between April and August were the subject of an internal probe into the presence of potentially lethal contaminants, Mr Bodley said yesterday:

"This is the subject of the current investigation, the contents of which will be submitted to the health authorities."

Mr Bodley — who is the only company official now dealing with media inquiries — declined to be interviewed, but responded to some of the questions put to him by fax.

"It is standard practice for Sabax to respond to any adverse reports with the utmost care and precision, in line with our concern and responsibility for patient safety," he said.

"In each case where a clinic or hospital sent suspect samples, contact was made. Admixed products, techniques and methodology were routinely tested and validated. No contamination was found in intact and unused bags submitted for testing."

Private hospitals at which babies have

□ To Page 3

R25 000 bill for baby who never came home: P3

'Wit Wolwe' threaten black patient

Star 22/10/90 (98) (84)

Dirk Nel
Northern Transvaal Bureau

POTGIETERSRUS — A group of armed men claiming to be Wit Wolwe gathered outside the "whites-only" Voortrekker Hospital on Thursday last week and threatened to remove a black woman patient admitted for special surgery.

For her own safety she was transferred to another section reserved for Indians, said the doctor who had recommended her admission.

A witness said the men were armed with pistols, batons and rifles.

Black patients in the area are usually admitted to the nearby Mokopane Hospital.

Transvaal Hospital Services MEC Fanie Ferreira warned that people who behaved in an obstructive manner were trangressing the law.

He said nobody could be turned away from any hospital in the province, especially in cases of extreme urgency.

"This kind of disgusting behaviour makes me ashamed of my own town," said Rita Nel, a Potgietersrus resident.

Wolwe demand patient be moved

The Argus Correspondent

POTGIETERSRUS. — A group of armed men claiming to be "Wit Wolwe" gathered outside the "whites-only" Voortrekker Hospital and threatened to remove a black woman patient admitted for special surgery.

The patient was transferred to another section reserved for Indian people for her own safety, the doctor who recommended her admisssion said.

A witness said the men were armed with pistols, batons and rifles.

No comment could be obtained from the matron or superintendent of the hospital, but it is understood the woman was the first black patient to be admitted.

Black patients in the area are usually admitted to the Mokopane Hospital.

Mr Fanie Ferreira, the MEC for Hospital Services in the Transvaal, said nobody, whatever their race, could be turned away from any hospital, especially in cases of extreme urgency such as this one.

"This kind of disgusting behaviour makes me ashamed of my own town," said Ms Rita Nel, a Potgietersrus resident.

Deaths of three more babies linked to drips

(98)

TANIA LEVY

THE deaths of three more babies treated with Sabax drips, at Tembisa and Coronation Hospitals and the Sandton Clinic, have been reported to attorney Peter Soller, who is representing the families of the dead babies.

This brings to 18 the number of premature babies whose deaths may have been caused by contaminated drips. Like most previously reported cases, the three babies died of septicaemia during September.

Soller said a judicial commission of inquiry into the deaths was necessary because there was a host of possible causes of infection besides the drips, some batches of which were found by Park Lane Clinic to contain the same bacteria (klebsiella) which caused the deaths of seven babies at the clinic.

Garden City Clinic said one baby died and another recovered from klebsiella infection during April and May.

Sabax was informed of the infection of new-born babies at Garden City Clinic on May 4, Adcock Ingram CE Don Bodley said yesterday. Sabax responded, as is standard practice, by sending a team of experts to the clinic where they were referred to senior hospital staff members. Essential information for an investigation, including patient and product details such as batch numbers, was not available.

As a precaution Sabax reviewed its processes, products and documentation at its admixture unit. Everything was found to be in order, he said. Admixed products are prepared in a separate aseptic pharmacy unit which has been closed pending the outcome of its investigation.

Bodley said results of the investigation were expected by the end of this week, when a full report would be issued to the health authorities.

Babies death toll now rises to 21

Sowetan 23/10/90

98

THREE more babies, two of them twins, died at Tembisa and Coronation hospitals after being infected with Klebsiella Septicaemia in September, bringing the death toll to 21 on the Reef.

Mr Peter Soller, an attorney for parents whose babies died at several hospitals apparently because of contaminated intravenous drips, said yesterday he was approached by Mr Sidney Kaba, of Tembisa, who said his twin boys died at the hospital on September 10 and 11.

He had also received a report from a mother who said her baby died at Coronation Hospital about the same time.

Reliable sources said Government health departments would appoint a judicial commission of inquiry into the deaths.

By PHANGISILE MTSHALI

The death of at least 11 babies at Garankuwa Hospital in January and 28 in April have also been linked to the drip contamination.

Raped

A representative for the hospital said septicaemia was found in some of the babies but declined to give more details as the matter was *sub judice*.

A Sunday newspaper reported that Mr Justice PM Cillie, who heads the commission into the Garankuwa deaths, confirmed that klebsiella septicaemia was "the most important" element of his probe although negligence was still being investigated.

Soller said he had been approached by relatives of four adults who died of septicaemia after being admitted for relatively minor ailments and put on drips.

A spokesman for Baragwanath Hospital said they had no outbreaks of the infection because they prepared their own intravenous drips.

Park Lane, Morningside and Garden City clinics and Johannesburg Hospital have confirmed deaths due to the infection.

Parents seek criminal charge

B Day 24/10/90

THE parents of a baby which allegedly died after being placed on a contaminated drip have lodged a culpable homicide charge with the Brixton murder and robbery squad, lawyer Peter Soller said yesterday.

98

He declined to name the couple, and police said they could not confirm that charges had been laid unless a name was provided.

Soller said he had taken on four more cases yesterday involving babies who allegedly died from klebsiella septicaemia. He had received about 75 calls from parents who believed their dead babies might have died after being put on contaminated intravenous drips.

"On average I'm taking on three to four further cases per day, but only once I'm reasonably satisfied that the baby may have died as a result of septicaemia," Soller said last night.

LINDEN BIRNS and TANIA LEVY

So far the privately run Park Lane, Morningside and Garden City clinics have confirmed klebsiella-related deaths but reports have surfaced of further deaths at Sandton Clinic, Alberton's Union Hospital, Far East Rand, Garankuwa and provincial run Coronation, Tembisa, Boksburg/Benoni, and Atteridgeville's Kalefong hospitals.

Only yesterday the Transvaal Provincial Administration (TPA) Health Services began investigating allegations of baby deaths from klebsiella infection.

TPA spokesman Piet Wilken said a statement would be issued today.

Soller said National Health and Population Development Minister Rina Venter was being kept informed. However, she

☐ To Page 2

Babies

B Days 24/10/90

From Page 1

98

was waiting for the Medicines Control Council's report and results of an investigation by Minister Sam de Beer's Health and Welfare department before requesting a judicial inquiry.

The man with the key to the council's findings and who everyone was now waiting for, was Cape Town University medical professor Peter Volp, Soller said.

Any civil or criminal actions arising from the findings of a judicial inquiry would set legal precedence in SA.

This was because the courts had never given a ruling as to whether damages can be awarded to people who suffer "emotional shock" in the way the parents of these dead babies experienced it, he added.

Sandton Clinic PR Sonia Vellerman yesterday denied an allegation that a baby had died at the clinic during September possibly as a result of contamination.

The only baby who died during September was born 26 weeks prematurely with a 50% chance of survival. The baby died of bowel complications linked to its early birth, Vellerman said.

MERVYN HARRIS reports that share prices of pharmaceutical group Adcock-Ingram dropped on the JSE yesterday in a belated response to the controversy which surrounds its subsidiary company Sabax, which manufactures the intravenous drips.

The shares, which rose to a R35 peak two weeks ago, eased almost 6% or 200c to R32 on a trade of 10 050 shares worth R321 600 changing hands in seven deals.

Patients at risk if JHB ward closes

Sowetan 24/10/90 (98)

THE threatened closure of the Johannesburg Hospital's neurosurgical ward poses grave consequences for patients.

The ward is chronically shortstaffed and faces closure unless the Transvaal Provincial Association accepts a "salvage plan" which may include the hiring of private staff.

The TPA denied the ward would close and said an investigation was being conducted.

The hospital's deputy superintendent Dr Trevor Frankish said on Monday a statement would probably be issued at the end of this week.

The neurosurgeon said he and a registrar were the only staff at present while at least two to three specialists and an equal number of registrars were needed to run the ward optimally.

He gave two reasons for the possible closure of the ward.

"Poor salaries, coupled with a lot of stress and a highly skilled job. And a minor reason is the brain drain."

He said he had told the TPA six months ago he was leaving, but they had found no replacement.

"When I was 28, I could manage operating until 1am then starting again at 7am. Now, in my mid-thirties, I'm beginning to feel I'm doing a less than perfect job, especially with all the administrative and teaching functions the job entails."

When asked where patients would go if the ward was closed he replied there was no answer to that question.

"Baragwanath and Pretoria are just as overloaded as we are. And the practicalities of loading sick patients into ambulances and taking them 30 or 40km away are enormous.

"But what will suffer most are the "cold" cases. Who will do the cerebral aneurism cases, which take the whole day, and use up thousands upon thousands of rands?" - *Sowetan Correspondent.*

Infants death toll is now 25

FOUR more child deaths linked to contaminated intravenous drips were reported yesterday, bringing to 25 the number of babies suspected to have died in similar circumstances.

More women fearing their children had died after being infected with klebsiella septicaemia approached lawyer Mr Peter Soller yesterday.

Soller is acting as attorney for parents whose children died at several hospitals on the Reef.

He said he had received 75 calls by noon yesterday.

The four deaths reported yesterday occurred at the Far East Rand Hospital, Tembisa Hospital, Morningside Clinic and Union Hospital in Alberton, he said.

Soller said he thought the Government was awaiting the return of President FW de Klerk before appointing a judicial commission to probe the deaths. - *Sapa.*

TPA orders urgent probe into spate of baby deaths

THE Transvaal Provincial Administration has launched an urgent, in-depth investigation into all the baby deaths at public hospitals and clinics named by a Johannesburg lawyer representing the families of 25 babies who have died from a bacterial infection.

The babies allegedly died of klebsiella septicaemia after being placed on contaminated drips.

So far the privately-run Park Lane, Morningside and Garden City clinics have confirmed klebsiella-related deaths.

However, reports have also surfaced of other deaths at Sandton Clinic, Alberton's Union Hospital, Far East Rand, GaRankuwa and provincial-run Coronation, Tembisa, Boksburg/Benoni and Atteridgeville's Kalafong hospitals.

Sandton Clinic's Dr Antoinette van der Merwe yesterday strongly denied that a baby had died there during September as a result of drip contamination.

Caution

She said the only baby who had died during September had been born 26 weeks prematurely, with a 50 percent chance of survival.

She emphasised that the clinic did not even use the specific product which has been publicly linked to the deaths.

TPA spokesman Mr Piet Wilken said that while its health services department had been ordered to investigate each baby death thoroughly, he also wanted to issue a word of caution.

He said he wanted to point out that all newborn babies were highly susceptible to such infections - and that these infections could be caused by many sources, not necessarily only by contaminated drips as alleged.

The TPA controls 79 hospitals and 33 clinics, but Wilken said the investigation into the recent baby deaths was being held only in those TPA-run medical institutions mentioned in media reports.

He added that the media would be kept informed of the TPA's findings but, because of their extensive nature, these would not be known for "quite some time". - *Sapa*.

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APARTHEID

HEALTH PROVISION (98)

ACCORDING to research done by Kamy Chetty and published in *Critical Health* (August 1990), a disproportionally low number of hospital beds provide general care for South Africa's population.

By province, the number of beds per 1 000 people is as follows: Cape — 4,8; Natal — 4,5; Orange Free State — 3,4 and Transvaal — 4,3. These figures do not include the homelands, and may have improved slightly with the racial desegregation of facilities.

The World Health Organisation's recommendation is that there should be a maximum of 10 000 people per health care clinic. But Chetty's research indicates that in the Cape there are 11 015 people per clinic; in Natal 21 878; in the Orange Free State 17 958 and in the Transvaal 19 133.

Star 25/10/90 (98)

Strike at clinic

Non-medical workers at the Sandton Clinic went on strike yesterday after two workers were fired. Striking workers said the two workers were fired on Tuesday because they were smoking on hospital property.

Now Tvl hospitals face drip probe

By Carina le Grange and Marguerite Moody

The Transvaal Provincial Administration has launched an investigation into allegations of klebsiella infection in certain provincial hospitals, chief liaison officer Piet Wilken told The Star yesterday.

The announcement follows reports that some of the babies who recently died of klebsiella septicaemia, allegedly linked to Sabax drips, died at provincial hospitals.

Hospitals already named include Garankuwa, Far East Rand, Coronationville, Tembisa, Boksburg/Benoni and Kalafong.

Johannesburg attorney Peter Soller said at least 25 babies had died from septicaemia.

The privately run Park Lane, Morningside and Garden City clinics have confirmed klebsiella-related deaths.

Sandton Clinic's Dr Antoinette van der Merwe yesterday strongly denied that a baby had died there in September as a result of drip contamination.

She also said the clinic did not use the specific product which had been linked to the deaths.

Adcock Ingram Limited, holding company of Sabax, has welcomed the TPA inquiry.

The company expects the results of its internal and external investigations, by independent outside specialists, to be tabled with the Department of Health by the end of the week.

Don Bodley, group chief executive of the company, said the company's prime concern was for patient safety.

"We are also extremely concerned regarding the anguish of the parents," he said.

Mr Bodley said the contamination could have come from several sources.

Hard-hearted? Not us, says clinic boss

CLINIC Holdings chairman Barney Hurwitz this week rejected accusations that private clinics charge excessive fees for their services.

He was questioned after disclosures that some parents had received bills of up to R30 000 following the deaths of their babies through Klebsiella infection and that "threatening" demand letters had been sent out.

"We charge approved medical aid scale of benefit rates, even though we are contracted out of the medical aid scheme," he said.

"Because medical aid schemes do not pay for certain items, we add R35 a day extra to cover these losses. Our clinics cannot absorb this loss and it would be detrimental to patients if we

By MARK STANSFIELD

stopped using the medicines not covered by medical aid.

"We have not yet sent out threatening letters demanding payment from the parents of those babies.

Risks

"We submit bills and 10 days later send out reminders. Two weeks after this, we request payment and ask patients to come in and see us to discuss difficulties they may be having. If this is ignored, we sue them."

Admission forms signed by all patients entering clinics under the Clinic Holdings banner stipulate:

S/Times 28/10/90

"... should I default in payment of any amount due to the clinic, the clinic shall be entitled to recover in addition to such amount due, all costs disbursed by itself to its attorneys in securing my compliance, which costs may be taxed and recovered on the scale as between attorney and own client and shall include the costs of all necessary attendances, tracing fees and opinions given, whether action has been instituted or not."

But, said Mr Hurwitz, the clinic's owners were not as hard-hearted as it would seem. He disclosed that his group sometimes treated "deserving charity cases" free.

However, he also admitted that clinics under his control had turned patients away before admission because they were found to be credit risks.

"This is a business like any other. Our overheads are high. Our salaries alone make up 64 percent of total expenditure," he said.

98

Bad debts

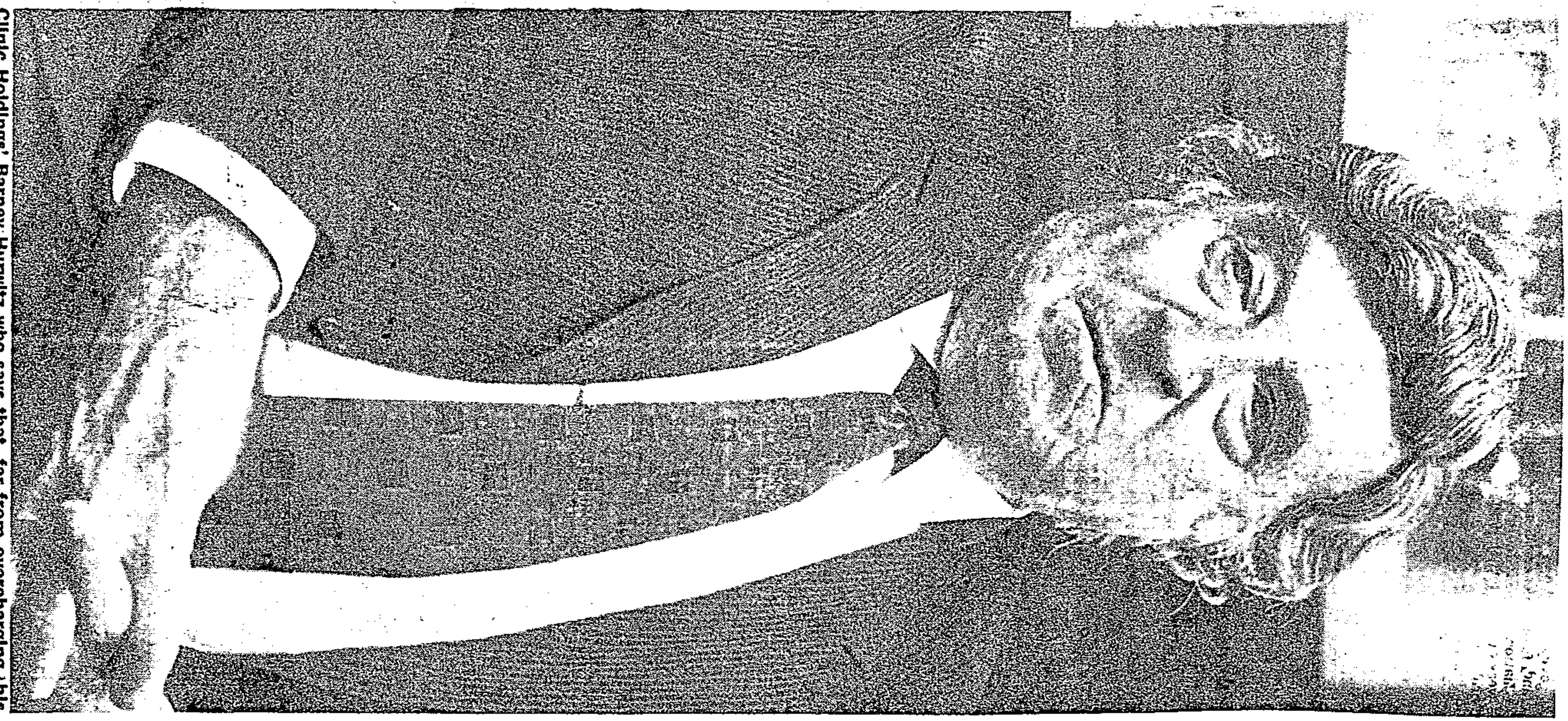
Mr Hurwitz criticised para-statal medical aid schemes, accusing them of contributing to his company's bad debts because they refused to pay clinics directly.

"The para-statal medical aid schemes insist on paying their clients, who are meant to hand the money over to us. Instead, many blow the money and we end up having to sue. We could reduce hospital costs if medical aid schemes were to pay us.

"Patients belonging to non-recognised medical aid schemes pay a deposit before admission. Recognised medical aid scheme members pay no deposit.

"There have been cases where we have turned patients away because they are a credit risk."

Asked to comment on the ethics of charging for medical treatment needed because of secondary infection — due to faulty medicine or equipment — Mr Hurwitz said: "If something goes wrong, the patient has a claim if he goes through the right channels. He should first pay the medical bills and then arbitrate."



Clinic Holdings' Barney Hurwitz who says that, far from overcharging, his group sometimes treats genuine charity cases free. Pictures: TOM EDLEY

New clinic opens at Orange Farm

(General) (98) Sowetan 25/10/90

Housing a rapidly-urbanising population was the biggest challenge facing South Africa, Transvaal MEC Fanie Ferreira said this week.

Opening the Stretford community primary health clinic - part of the Soweto community health centres project - at the newly-proclaimed town of Orange Farm, a former squatter settlement south of Johannesburg, Ferreira said it was necessary to be "fair and just" and in that connection, the centre was an example.

Ferreira said the challenge facing the country involved finding land for housing, developing social and supportative infrastructures, and enabling the community to become self-sufficient.

"The community of Orange Farm and all the organisations and individuals playing a role in the development of this new town are pioneers breaking new ground. The rest of South Africa will benefit from the success being made here and will learn from mistakes made," he added.

Orange Farm needed a clinic as it is growing by 90 families a day, and so far 45 000 people live in the town, according to Ferreira.

He described the establishment of the clinic as "a miracle of goodwill, co-ordination and caring, involving people from all spheres of life" and praised people and organisations who had donated building materials and services to complete the project. - *Sowetan Correspondent*

Probe into deaths is welcomed

ADCOCK Ingram Limited, whose pharmaceutical company Sabax manufactures drips allegedly linked to the deaths of 25 babies and four adults in the Transvaal, has welcomed the investigation by the Department of Health into the spate of deaths.

Mr Don Bodley, group chief executive of the company, said their prime concern was for patient safety.

"We are also extremely concerned regarding the anguish of the parents concerned.

"We have already assured the Department of our co-operation and have maintained constant contact during our investigations."

Bodley said the source of contamination could, however, have come from several sources.

The company expected the results of their own internal and external investigations, carried out by independent outside specialists, to be tabled with the Department of Health and the end of the week, he said. - *Sapa*.

Judicial inquiry into babies' deaths likely

BTDay 26/10/90

GOVERNMENT is set to appoint a judicial commission of inquiry into the deaths of at least 25 babies, most of them born premature, who died after being placed on drips in private hospitals.

And Sabax, manufacturers of the allegedly contaminated drips, will later today release the findings of its investigation into the product. This will include a report from UK microbiologist Andrew Bill.

A general tightening of procedures, not only by manufacturers but also by clinics, seems certain to be contained in the report

TANIA LEVY

and will most likely be endorsed by any inquiry, sources said yesterday.

An announcement on the judicial commission is believed to have been postponed until President F W de Klerk returns to SA today. A call for the inquiry, made by attorney Peter Soller, has been supported by parents of the dead babies.

A National Health Department spokesman said yesterday the Medicines Control Council would hand its findings concerning the drip mixture to the department towards the end of next week.

Our Cape Town correspondent reports that Soller has taken on his first case there, that of Alexandria Faria who died in the Red Cross Hospital in July from liver failure and multiple organ haemorrhage.

Although the 13-month-old baby was on a drip, the doctor who treated her does not believe her death was connected to contaminated medical products.

The Red Cross Hospital is awaiting the results of an investigation into the death.

Groote Schuur security: reaction

By PETER DENNEHY

A BALANCE had to be maintained between the need for a hospital to function effectively and for it to be secure, Groote Schuur medical superintendent Dr Jocelyn Kane-Berman said yesterday.

She was speaking at a press conference called in response to reports that the hospital was suffering ongoing losses due to theft.

Dr Kane-Berman said hospitals were part of the public domain, and Groote Schuur was conscious of its accountability to the taxpayer as well as to its patients.

Together with associated institutions, the hospital has an annual budget of over R300 million and a staff of 10 000.

"We are doing everything in our power to stop the thefts," Dr Kane-Berman said.

However, high-tech security systems were not affordable, and it would not be cost-effective to increase the R1 million-a-year security presence.

Losses of equipment by breakage and theft amounted to R103 000 in the past fiscal year, she said.

"The hospital is similar to a small town — or perhaps not such a small town. At peak times, there may be 15 000 people in the vast, rambling complex. Every category of person you might expect to find in a town can be found in a hospital too."

• Dr Kane-Berman criticised Cape Times journalist Mr John Scott for his "recent sortie on to the hospital's premises under cover of visiting hours when the public move about in great numbers". He was gathering material for a column on hospital thefts.

She said his trip was "a breach not only of etiquette but also of the standing agreement with the media that none of its members will carry out activities on hospital premises without the knowledge and acquiescence of the medical superintendent".

Medical watchdog not watching drips scandal

By PAT SIDLEY

98 W/Mail 26/10 - 1/11/90

THE Medicine Control Council, the state's watchdog on drugs and pharmaceutical products, is not investigating Sabax, the company which manufactures intravenous drips allegedly linked to the deaths of babies in the Transvaal.

This was confirmed by the MCC's head, Professor Peter Folb.

At least two dozen newborn babies have died in Witwatersrand clinics and hospitals after being infected by the Klebsiella bacteria which, the Park Lane Clinic alleges, was carried in the intravenous drip bags fed into the children in the clinic's neo-natal intensive care ward.

Several doctors said the factory should have been closed and the products recalled. However, millions of rands are at stake, Sabax is the major producer of the bags and it is the only producer of certain products.

The Transvaal Provincial Administration said it is to investigate the recent deaths, but it now seems that a judicial commission of inquiry will be appointed by the government.

The MCC sees to it that drugs, drips and other pharmaceutical products do the job they claim to do, safely and efficaciously. If there is any doubt, thorough investigations are carried out by the MCC inspectorate, said Folb. And no license is granted before the facility is inspected, without warning.

It is not clear whether the drip bags contained the same fluid, or even whether the original component was a fluid or had been mixed from a powder. It is also unclear where the mixing took place — if there was any mixing.

It appears that some products are manufactured by Sabax and the seal is not broken until the drip is placed in the patient. However, at many facilities, including the Johannesburg and Coronation hospitals, the contents of the drips are often mixed at the hospital's dispensary or in the ward.

According to one doctor, a procedure to prevent infections is followed. This includes taking a swab and culturing it every time a drip is inserted in a baby and changed or mixed. The drip site is changed every 48 hours, as this is the primary cause of infections. If this procedure was followed, then any trace of Klebsiella ought to have been picked up.

According to the Park Lane Clinic, the bags are mixed at Sabax according to doctor's prescriptions and sent intact to the clinic. Sabax has been reported as agreeing with this version.

Senior department of health sources drew a distinction between the dispensing of the product and its manufacture, saying they believed it to be a dispensing problem in this case. Dispensing implies that a mixture has been created according to a doctor's prescription.

● The lawyer representing the babies' families, doctors and some government health officials are calling for an independent inquiry.

Verdict on ward likely soon

Sowetan Correspondent

THE fate of the neurosurgical ward at the Johannesburg Hospital, which is threatened with closure due to lack of staff, will not be known until the end of next month, a spokesman for the hospital said on Wednesday.

He said hospital officials were busy with negotiations and consultations regarding the future of the ward, but the final outcome was not expected before the end of November - when the only remaining senior neurosurgeon left to enter private practice.

Unlikely

The hospital's deputy superintendent, Dr Trevor Frankish, had said earlier this week a statement on the fate of the ward would probably be issued this week, but this is now unlikely.

The Transvaal Provincial Administration has refused to answer questions about the ward except to reiterate that it would not be closed down.

The TPA said questions on how many neurosurgeons were necessary to run the ward optimally, whether the TPA would act on doctors' proposed salvage plans and other issues could not be replied to as some of these matters were not information to which the public was entitled.

Plans

A spokesman said replying to questions would also not help the hospital while it was busy solving the problem.

Neurosurgical staff at the hospital had given the TPA and the University of the Witwatersrand several salvage plans.

These included getting a group of neurosurgeons to run the ward or calling in a private nursing home to help out.

The dean of the medical faculty at Wits University, Professor John Milne, could not be reached for comment.

BLACK LINK IN BABY DEATHS

Beauty and the boxer: We're just friends!

By SANDILE MEMELA

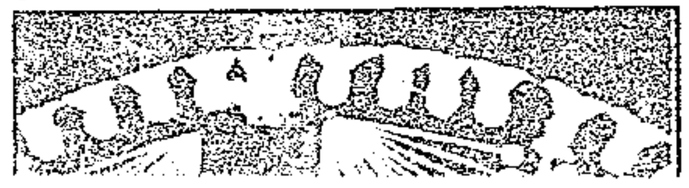
HAS beauty queen Pinky Masemola become the rose in world boxing champ Dingaan Thobela's garden?

The handsome lightweight champ this week strongly quashed rumours that there is any intimate relationship between him and the radiant Miss Black South Africa and former Miss Soweto.

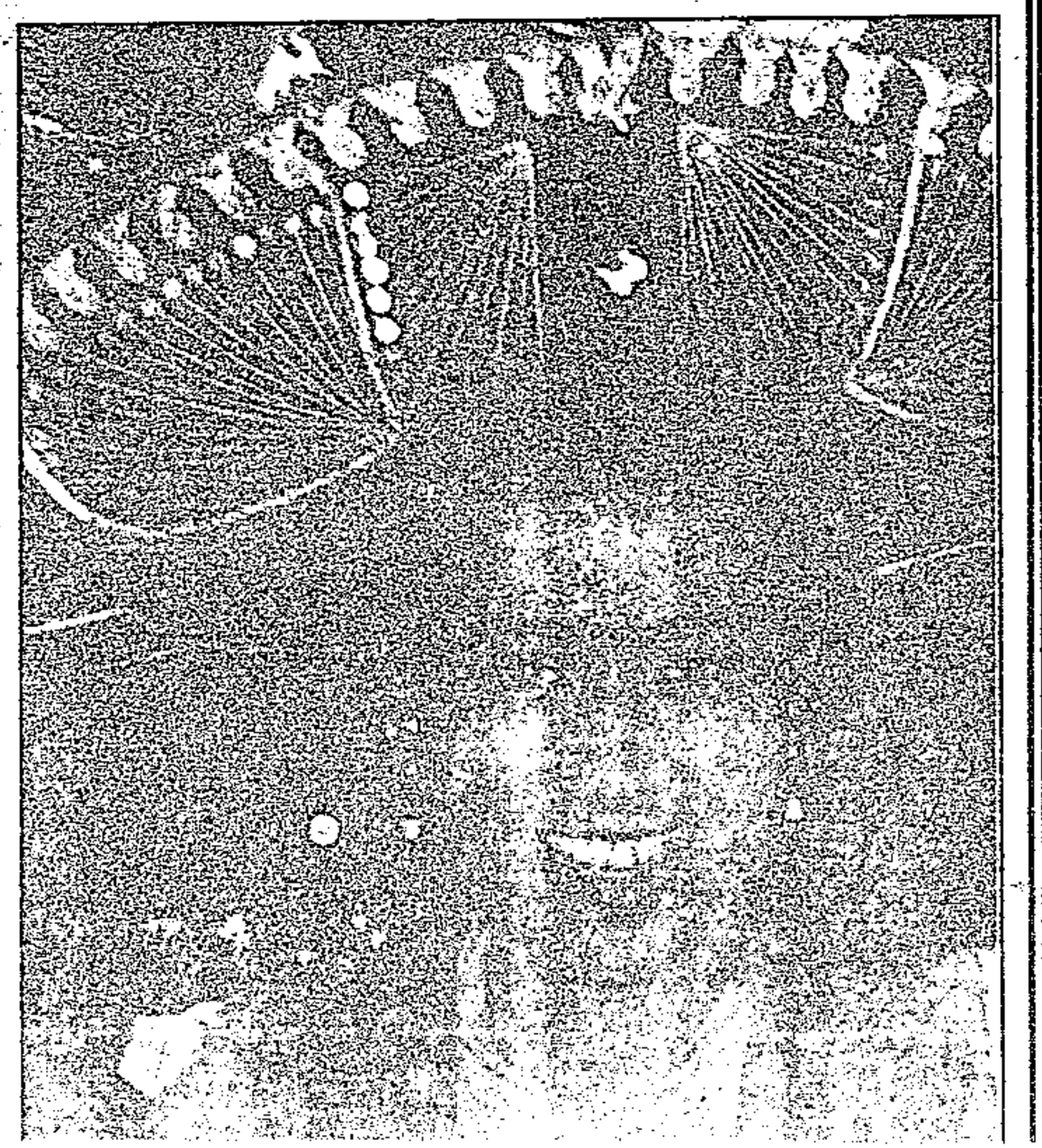
Thobela told *City Press* his public appearances with Pinky have been nothing more but promotional stints to celebrate his international victory.

More recently the hunk and the graceful cover girl were seen together at the airport when he was welcomed home after winning the world title.

"People must stop these rumours. Yes, it's just that – promotion but nothing beyond it," Pinky said this week. "I must add we are good friends though, but not close ones. There is no intimate relationship. We are not going out together and we hardly phone each other."



Asked why she was often seen in Dingaan's company recently, Pinky



Growing fear toxic drips could have killed more

By DES BLOW

SCORES of black babies who died mysteriously over the past few months in hospitals could have been killed by contaminated intravenous drips supplied by leading pharmaceutical company Sabax.

Piet Wilkens, TPA liaison director told *City Press* at least five provincial hospitals where black babies are known to have died are under investigation.

He said all Transvaal provincial hospitals were supplied with products from Sabax, manufacturers of the drip.

Possible deaths caused by the contaminated drip include the 23 infant deaths at the Ga-Rankuwa Hospital north of Pretoria – which is under investigation by the Cillie Commission.

The other hospitals are Tembisa, Coronation, Bokburg-Benoni and Kalafong.

"We do not have statistics on the babies who died at the five hospitals –

Who will succeed Zeph?

By SEKOLA SELLO

TWO men have emerged as favourites for the leadership of the Pan Africanist Congress following the death of its president, Zephania Mothopeng, this week.

They are acting president Clarence Mlamli Makwetu, 62, and the Tanzanian-based Johnson Mlambo, 50. Two "dark horses", Mark Shinners and Mahlubi Mbandazayo, are also said to be in the running, although the latter has dismissed these claims.

Mlambo, who is the organisation's chairman and commander of its armed forces, is an election favourite for the PAC national conference in

pitals were supplied with products from Sabax, manufacturers of the drip.

Possible deaths caused by the contaminated drip include the 23 infant deaths at the Ga-Rankuwa Hospital north of Pretoria – which is under investigation by the Cillie Commission.

The other hospitals are Tembisa, Coronation, Bokburg-Benoni and Kalafong.

"We do not have statistics on the babies who died at the five hospitals – and we do not know what actually killed them – but we intend to find out," Wilkens said this week.

It was reported that Baragwanath Hospital was not affected by the contaminated drips because it mixed its own drips.

Doctors fear the authorities and Sabax are attempting to cover up the full extent of the bacterial contamination that is believed to have killed at least 55 people – 51 babies and four adults – in clinics and hospitals throughout the country, attorney Peter Soller said yesterday.

Soller, who acts for the families of people who died or were affected by the drip, slammed as "unacceptable" the report released by Adcock Ingram, holding company of Sabax, this week.

According to the report, contamination had only so far been found in two batches of the drip – "potassium admixture" – supplied to two private clinics where new-born babies had died.

The statement to the Department of Health Services referred only to supplies to the Park Lane Clinic in Johannesburg and the Morningside in Sandton.

But Soller said doctors feared there was a cover-up because it was not revealed how big the batches were, how widespread the distribution had been and the source of the contamination.

"There could be scores of black babies – including the unexplained 23 deaths at the Ga-Rankuwa Hospital – who have died as a result of the contamination.

He asked: "Why was there so much delay in making scientific tests and why only at the clinics where the Press had revealed babies had died?

"The authorities and

To Page 2

and Mahlubi Mbandazayo, are also said to be in the running, although the latter has dismissed these claims.

Mlambo, who is the organisation's chairman and commander of its armed forces, is an election favourite for the PAC's national conference in December.

See Page 6

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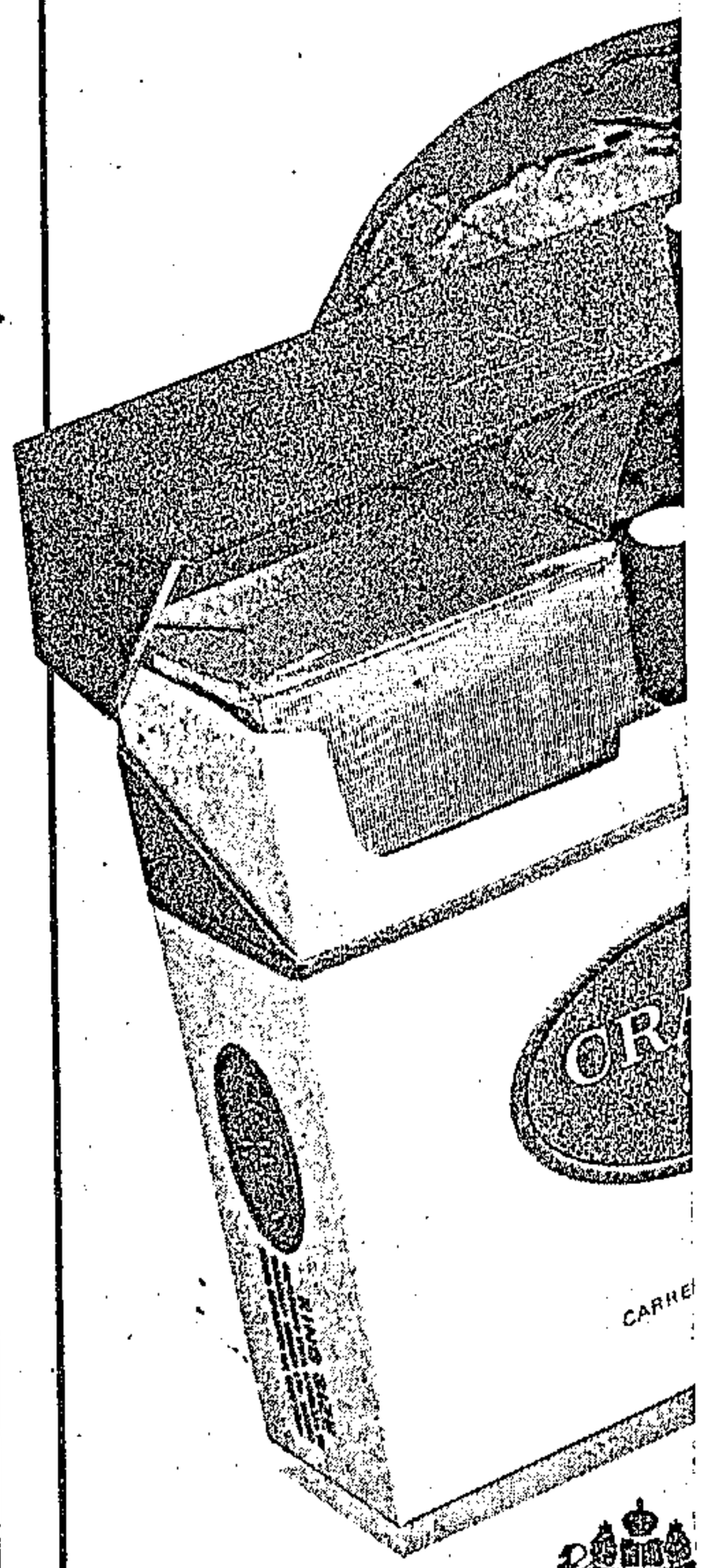

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Craven "A" cigarettes are made in Europe

Toxic drips could have killed more

C Press 28/4/90 98

From Page 1

Sabax are still attempting to confine it to the two clinics, when it is more widespread. My firm alone has been approached by families of victims of 55 unexplained deaths in hospitals. There could be scores more, especially among blacks."

There is also outrage at the Department of National Health and its Medicine Control Council – the State's watchdog on drugs and pharmaceutical products – for ignoring reports on the deaths and making no move to investigate Sabax.

There are suspicions that the infected drip could have been distributed from as early as April.

Private hospitals, the TPA and Sabax could be sued for millions of rands if they are found liable for the deaths of the 55 people.

Health Minister in the House of Assembly, Sam de Beer, on Friday asked Justice Minister Kobie Coetsee to appoint a judge to investigate the widely reported deaths in terms of the Inquests Act.

He also submitted statements from the families of victims and their legal representatives to the Attorney-General of the Witwatersrand with the request that inquests be held urgently.

Adcock Ingram says in its report this week it could not find the source of the contamination.

The report said further investigations were going ahead and gave the assurance that the batches sent to Park Lane and Morningside had been recalled.

Diary of death

CHRONOLOGY of known baby deaths at clinics and hospitals: ST Times 28/10/90 (98)

MARCH/APRIL 1990

Ga-Rankuwa hospital reports 23 dead babies. Sabax finds Glycerol in drips sent for analysis. The deaths are subject to a commission of inquiry headed by Mr Justice P M Cillie.

Morningside clinic reports three baby deaths due to klebsiellla infection. Sabax not informed.

Garden City clinic reports one baby death and several infections. Sabax informed of suspect drips.

MAY 1990

Garden City clinic reports klebsiella infection, but babies survive.

AUGUST 1990

Morningside clinic reports one baby death due to klebsiella. Sabax products withdrawn from use.

Park Lane clinic reports five baby deaths, closes down neo-natal unit and investigates. Sabax informed drips suspect.

SEPTEMBER 1990

Park Lane clinic reports two baby deaths due to klebsiella.

Baby deaths: now who's telling the whole truth?

ST Times 28/10/90 (98)

By MARK STANSFIELD

MEDICAL supply company Sabax finally confessed this weekend that their products are linked to the deaths of two babies.

But their admission — a week after telling the Sunday Times no contamination had been found in "intact and unused" bags returned for testing — leaves a myriad of unanswered questions.

Peter Soller, the lawyer acting for at least 55 people claiming deaths in their families caused by contaminated drips, has labelled Sabax's interim report "unacceptable".

He says families will continue to press for a judicial inquiry or a mass inquest into the deaths. "The report fails to address itself in any manner whatsoever to the abnormal delay in the duration of the investigation."

While Sabax says "units in two batches of the potassium admixture — distributed only to Park Lane and Morningside clinics — were contaminated" they fail to address the drip problems experienced by Ga-Rankuwa Hospital and Garden City Clinic in April.

Last Friday, Don Bodley, group chief executive of Sabax holding company Adcock Ingram, said they had tested drips sent from Ga-Rankuwa in May and "detected glycerol, the source of which was unconfirmed".

In response to questions from the Sunday Times this week, Mr Bodley confirmed five units had been returned from Ga-Rankuwa.

"Three of these units were returned opened and testing revealed very high concentrations of glycerol. Two units were sealed and intact and testing revealed traces of glycerol, compared to control units."

Glaring contradictions and unanswered questions remain:

● On October 19 Garden City Clinic said it had tested Sabax drips during a klebsiella outbreak in April/May and found them infected "with the same bacteria as found in the babies". Sabax, it claims, was informed of its suspicion.

Bacteria

● On the same day Adcock-Ingram was asked to give details of the incidents and what action was taken by the company.

Mr Bodley said Sabax representatives had visited the clinic in May but that Garden City Clinic management had been unable to supply patient or intravenous drip details.

● However, on Friday, Adcock-Ingram, when asked for additional details about the Garden City incident, replied:

"We responded immediately and the clinic subsequently advised us that they had the admixtures in question tested by an independent laboratory who found the bags to be clear of contamination."

Reported

On Friday, Barney Hurwitz, chairman of Clinic Holdings group, which owns Garden City Clinic, said: "Rubbish. We still have the batch numbers and other relevant information available. Sabax never followed up the complaint."

He said the matter was reported to the health authorities by the clinic. Sabax, on the other hand, admits that it did not inform the health authorities of the incident.

● On October 12, Morningside Clinic stated it had recorded three deaths due to klebsiella between March 19 and April 18. Its neo-natal unit was closed for a week while procedures were renewed. Neither Sabax nor the health department was informed.

In August, after another death, note was taken of Park Lane Clinic's investigation into contaminated drips and Sabax products were removed from shelves.

● On October 12, Park Lane Clinic responded to questions about deaths at the clinic as follows:

Bags

"During August and September an incidence of infection . . . occurred in the neonatal unit. We closed the unit and investigated. The unit opened on September 10.

"When infections were again discovered in two more babies further investigations were undertaken."

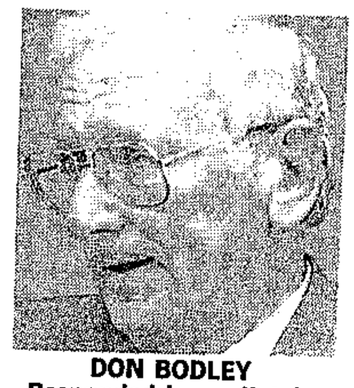
Park Lane Clinic tested Sabax drips and found klebsiella contamination. Sabax was informed and drips returned.

The following questions remain unanswered by the interim report:

● Why did Sabax earlier deny any contamination of its drips?

● When were they withdrawn from circulation?

● When was the admixture unit closed down? In April, following the Garden City Clinic scare, or only now when it has finally been admitted that products were contaminated?



DON BODLEY
Responded immediately

Dog could be link in Sabax probe

PATHOLOGY reports confirm that a pedigreed boxer bitch was infected with klebsiella in February after receiving a Sabax drip during a caesarian operation.

The disclosure means that Carla — who almost lost her life and those of her nine puppies through a klebsiella infection — may have been a victim of a contaminated drip.

This could be vital to investigations now being conducted into the source of drip contamination, which allegedly killed 55 babies in Reef clinics and hospitals.

Tests being conducted on a Sabax sodium chloride drip administered to Carla could prove that drip contamination was not confined to Sabax's Admixed laboratory.

Adcock Ingram's group chief executive, Don Bodley, declined to comment on the allegations.

But Peter Soller, the lawyer acting on behalf of [redacted] parents who lost [redacted] babies allegedly due to drip infection, sent information relating to Carla's case to Health Minister Rina Venter this week.



CANINE VICTIM: Carla, who almost lost her pups, with her owner

New proposals to extend health care

B/Day 29/10/90

LESLEY LAMBERT

PROPOSALS for a new health care system which would meet both First and Third World needs in SA are made in a comprehensive study by Andersen Consulting's health care specialist Maurice Goodman.

The proposals recommend co-operation between the public and private health sectors in a system aimed at broadening the scope of private hospitals and relieving state hospitals of worsening space and financial constraints.

Goodman argues that if private hospitals receive state subsidies on behalf of people who cannot afford health care, they will be able to broaden their scope from the essentially curative, First World niche they occupy and lift some of the pressure off limited state resources.

Contracts

He says the study has attracted the interest of both ANC medical experts and government because it recommends a compromise between a fully socialised health care system and the existing one. Although the present system incorporates both the public and private sector, it is neither cost effective nor comprehensive enough.

The proposed system is based on a "capitation principle" — widely applied in the US — where the state contracts with a hospital, clinic or even a major corporation to provide health care to a certain section of the population. The provider receives a fixed fee based on the number of patients it serves.

Goodman argues that this would inevitably lead to greater involvement by the private sector in primary health care — an area which the Health Department is committed to assisting — and it would encourage greater efficiency as hospitals would have to develop strategies to contain costs.

He says existing financing systems such as the fee-for-service and Diagnosis Related Group schemes, both of which are based on reimbursement, discourage the private sector hospitals from providing primary and preventive services because they are unprofitable.

Reimbursement systems are also not cost effective because they provide an incentive to do "as much as possible" to increase the number of services rendered.

The best known capitation-based system is the Health Maintenance Organisation (HMO) which provides health care services to more than a third of the American population.

HMOs are not allowed in SA because of legislation restricting group practices and the private sector employment of doctors.

The recommendation of deregulation is likely to be resisted by many doctors who are concerned that in an HMO-type system, health care ethics could be compromised by business decisions.

Ultimately, says Goodman, "the chosen system will only be implementable if it is both attractive to the private sector and cost effective for the state".

Hospitals may have given up to 40 babies contaminated admixture

B/Day 29/10/90

TANIA LEVY

HOSPITALS may have fed up to 40 babies with admixture from batches found by manufacturers Sabax to be contaminated.

The admixture was definitely administered to two babies who died at the Park Lane Clinic.

And Health Services and Welfare Minister Sam de Beer has asked Justice Minister Kobie Coetsee to appoint a judge to head urgent inquests after reports of more than 50 baby deaths which may have been due to "unnatural causes".

Sabax has not yet established the source of contamination in two batches of potassium "cocktail" dispensed by its admixture pharmacy on July 25 and August 17 this year.

The batches, containing a total of 70 units, had been distributed only to the Park Lane and Morningside clinics in Johannesburg.

However, at least 40 bags from these batches were not returned to Sabax, Adcock Ingram CE Don Bodley said.

There were 13 bags which had been returned and found to be contaminated with klebsiella bacteria.

Sabax knew of reported contamination in a further 16, he said.

One bag had been discarded by a hospital before it could be tested.

The balance of the two batches, a total of 40 bags, was not returned to Sabax for testing and no records were provided by hospitals to show whether or not they had been contaminated.

98

Investigations

Except in the case of the two babies who died at the Park Lane in September, hospital records had to date not allowed Sabax to match patient records with batch records.

Despite UK microbiologist Andrew Bill's finding that Sabax's admixture dispensing pharmacy, procedures and staff could not be blamed for the contamination, the unit will remain closed until investigations are complete.

Sabax and independent investigators such as the SA Bureau of Standards and the SA Institute for Medical Research will continue testing in an attempt to find the source of contamination.

Sabax drip unit closed on Oct 1

By Carina le Grange
Medical Reporter

The Sabax unit implicated as the origin of drips allegedly connected to the deaths of at least 25 babies in Johannesburg clinics has been closed since October 1 and no danger existed to patients, the Department of National Health and Population Development has disclosed in a statement.

Sabax has also reported that so far the source of the infection has not been established.

The National Health Department issued its statement after receiving an interim report from Sabax on Friday reflecting the company's internal investigation.

The statement added that all other medicines from the implicated pharmacy had been withdrawn.

The Minister of Health Services, Welfare and Housing, Sam de Beer, responsible for private clinics, said in a separate statement he would request the Minister of Justice, Kobie Coetsee, to appoint a judge to head inquiries into the deaths of the babies in terms of the Inquests Act.

Clinic strikers 'torturing' non-strikers

By Brendan Templeton

Striking workers at the Sandton Clinic have been accused of abducting and torturing non-strikers.

Police spokesman Captain Eugene Opperman, said yesterday that 39 statements alleging kidnapping, assault or intimidation were being investigated.

Police units would be used if necessary to rescue non-strikers allegedly being held by those on strike.

Two day-patients from the clinic told The Star a nurse had been abducted yesterday by striking workers and tortured.

Captain Opperman confirmed the kidnapping and said the nurse, as well as other workers who refused to heed a National Health and Allied Workers Union call to strike, had been forcibly removed from buses en route to Sandton.

"They were allegedly beaten severely with sjamboks and plastic piping," he said.

They were then taken to a building in Johannesburg where the alleged torture continued and were released only once it was made clear to them that they should not return to work.

"The police wish to make it very clear that this sort of barbarism will not be tolerated. We will do whatever it takes to apprehend the perpetrators of these crimes," he said.

The clinic management yesterday refused to discuss the alleged abductions.

The strike was sparked by the dismissal of two workers. All the strikers were fired last week and a Supreme Court interdict was obtained preventing them from intimidating non-strikers or from being on company premises.

Wildcat strike over sackings at Tygerberg

By SHARON SOROUR
Labour Reporter

TYGERBERG Hospital workers are on a wildcat strike to protest against the dismissal of three Health Workers' Union shop stewards.

According to union spokesman Mr Dale Forbes about 300 general assistants at the hospital went on strike at 7am.

But a hospital spokesman said "about 100 workers are not at their posts at the moment".

Mr Forbes said the strike followed the dismissal of three shop stewards who took part in a demonstration at the hospital on July 20.

The union held "urgent talks" with the Cape Provincial Administration yesterday.

"We asked them to reconsider their position as a protest action by workers would seriously disrupt the hospital and would jeopardise the relationship which has been built up between management and the union.

"They were unreasonably intransigent and insisted on the dismissal of the shop stewards."

B/Day 2/11/90

Sacked workers arrested outside Sandton Clinic

LINDEN BIRNS

98

SIX dismissed Sandton Clinic workers were arrested yesterday after gathering with other dismissed colleagues outside the clinic to receive copies of court orders from clinic management representatives.

The Supreme Court order confined picketing workers to pavements opposite the clinic and prohibited them from obstructing clinic operations.

The workers were fired after taking industrial action. Clinic spokesman Sonja Velleman said they had refused to accept the court order when it was issued by the Witwatersrand Supreme Court on Saturday.

National Education, Health and Allied Workers' Union (Nehawu) educational secretary Neil Thobejane said yesterday the arrests were the result of a trap set up by the clinic's management in collaboration with the SAP.

Velleman said that if people had been arrested, "it's on the grounds of intimidation".

Nehawu organiser Sam Pholotho dismissed a police claim that some of the sacked staff had abducted and tortured clinic staff in a Johannesburg building, challenging police to name the place and time at which the alleged torture took place.

On Wednesday SAP Witwatersrand liason officer Capt Eugene Opperman said in a statement that "some supporters, if not members of Nehawu" had kidnapped, intimidated and assaulted clinic employees.



Sandton Clinic management yesterday handed out copies of a Supreme Court order to dismissed workers gathered outside the clinic. The order restricts picketing and prohibits the obstruction of any clinic operation.

Picture: LINDEN BIRNS

Hospital strike appears in ill health

By PETER DENNEHY

THE Health Workers' Union (HWU) and the Cape Provincial Administration (CPA) were at odds yesterday over whether or not a non-medical workers' strike was underway at Tygerberg Hospital.

When the Cape Times arrived at the hospital about three dozen workers were in or around a small union office. They said "about 500 workers" out of a workforce of 1 500 were on strike, but most had gone home after a meeting. The union had a membership of over 1 000, they said.

CPA spokesman Mr Van Heerden Heunis said later that there had been no strike at all. About 100 workers had discussed the dismissal of three workers, but they had gradually returned to work, he said.

"No services whatsoever were affected," he said.

The dismissal of the workers had been the result of an incident on July 20 last year when "general assistants" had occupied the office of the medical superintendent and threatened him, Mr Heunis said.

One of the dismissed workers, Mr Ockert Jansen, who is also chairman of the local Health Workers' Union branch, said yesterday that about 300 people had taken part in the initial demonstration "against the hard-line attitude which management adopted in refusing to talk to us".

Four workers, including the chairman, vice-chairman and secretary of the union branch (Mr O Jansen, Mr C Arendse and Mr B Scholtz) were subsequently charged with disruptive and provocative behaviour, using abusive language and being absent from their posts without permission. The fourth man charged was Mr J Winnar.

Workers felt it was unfair that these four had been charged, as many more had taken part, Mr Jansen said.

Why has the medical row centred only on one clinic?

Biggest and plushest gets the blame

W|Mail 2|11-8|11|90

CRITICAL CONSUMER

Pat Sidley



THE deaths of between 25 and 30 newly-born babies have been linked to infected intravenous drips — the figure may be as high as 50.

Death certificates reflect causes which appear natural, thus no inquests take place. And the culprit, which looked increasingly like the drip manufacturer, Sabax, went on producing a defective product.

The initial story told by the Park Lane Clinic to this newspaper — that only one baby died and no wards were closed — was the prime reason for parents contacting the press to say that their babies had died, apparently under the same circumstances.

It was then discovered that babies had died in other clinics.

The Park Lane Clinic, through its own investigations, found bacteria in the drip bags and alerted the authorities who did not deem it fit to investigate at an appropriately early stage. Eventually Sabax was forced to admit some of its liability.

However, despite the apparently admirable reaction of the Park Lane Clinic to investigate thoroughly, and point a finger in the right direction, the public has reacted sharply to the knowledge that babies died in the clinic's wards.

Several other clinics and hospitals have had the same problem — and kept even more silent than the Park Lane Clinic. And they have apparently not instituted investigations into why the babies died.

Several paediatricians around Johannesburg lost their tiny patients without alerting anyone to the fact that something gross had gone wrong.

There are only two large pathologists firms in town which must have noticed the increase in Klebsiella-caused infections. But they said nothing.

So why has the Park Lane Clinic, the biggest, plushest and probably best maternity clinic in the country, been lumbered with this public view?

Well, for one thing, it is very big and very expensive. But despite this, people who pay for a feeling of exclusivity are not going to get it — there is a production line atmosphere in the Park Lane Clinic.

And the financial aspects probably bother people even more. To have a baby at the Park Lane Clinic means the patient must first pay a deposit. However, the amount depends on the patient's medical aid scheme.

Then the patient signs documents which effectively give the clinic the right to follow virtually any medical procedure they want, disclaim any responsibility for the results and make sure the patient is responsible for the payment of their high rates — and their costs in chasing him/her into the debtors court.

According to the clinic's admission form as it was quoted in *The Sunday Times* recently: "... should I default in payment of any amount due to the clinic, the clinic shall be entitled to recover in addition to such amount due, all costs disbursed by itself to its attorneys in securing my compliance, which costs may be taxed and recovered on the scale as between attorney and own client and shall include the costs of all necessary attendances, tracing fees and opinions given, whether action has been instituted or not".

Bills are sent out and followed quickly (10 days) with reminders. Then, said Barney Hurwitz, the chairman of Clinic Holdings which owns the Park Lane Clinic, "we request payment and ask patients to come in and see us to discuss difficulties they may be having. If this is ignored, we sue them".

The Park Lane Clinic has also been accused of billing for items that perhaps should not have appeared on the account. In the case of one of the dead infants, the parents said they appeared to have been charged for items incurred after their baby died.

One thing runs in common, a general belief that the Park Lane Clinic squeezes its consumers hard. This is not ameliorated by knowing that Hurwitz occasionally treats charity cases free.

To be sure, the clinic is a business and it has to be profitable. But perhaps it needs to look at the manner in which it deals with the patients' money, their right to know, and general sense of individual rights.

●The Park Lane Clinic, through its public relations firm, wanted a chance to reply to this article. The article was held back for more than a week to give the clinic an opportunity to reply but none was forthcoming.

Hospital workers back on the job at Tygerberg

Labour Reporter

TYGERBERG Hospital workers who stopped work to protest against the dismissal of three Health Workers' Union shop stewards are back on the job, a hospital spokesman said.

"There is no work stoppage at the hospital this morning," he said.

Union organiser Mr Dale Forbes said more than 200 general assistants were still on a wildcat strike yesterday afternoon but this was disputed by Cape Provincial Administration spokesman Mr Van Heerden Heunis.

"About 100 workers discussed the matter in groups and gradually returned to work," Mr Heunis said.

"There was not a real strike at any stage and no services of the hospital were affected at all."

Mr Heunis said the shop stewards were dismissed after an incident in July when the workers occupied the office of one of the medical superintendents and, with another worker, threatened him.

"A disciplinary investigation into their conduct followed in August but the workers were not interested in putting their case forward. The hearing led to one worker being reprimanded and three were dismissed."

They were found guilty of serious misconduct, Mr Heunis said.

Mr Heunis said the date of the disciplinary hearing had been postponed for three weeks to enable the workers to lodge an appeal.

Saflife's interim dividend up 150%

B Day 6/11/90

SAFRICAN Life Investment Holdings (Saflife), the life assurance group in the IGI fold, has declared a 150% increase in its interim dividend for the six months to end-September on a 90,7% rise in earnings a share.

A dividend of 12,5c (5c) was declared on a reduced dividend cover of 1,8 (2,4) times.

Chairman Mike Lewis said the life assurer had managed to perform extremely well despite deteriorating economic conditions.

During the period the group had focused on consolidating its position within the market place. Cost increases were also curtailed.

Lewis said Saflife had increased its market share during the period.

The board had decided to reward shareholders with a significant dividend increase as it was confident the growth in premiums would continue in the second half. A further increase

LINDA ENSOR

in the final dividend was likely.

Attributable profit for the six months to end-September rose 90,3% from R3,5m to R6,7m, generating earnings a share of 22,5c (11,8c).

Gross recurring premium income rose to R96,5m (R47,4m) and net recurring premium income to R93,8m (R44,6m). Gross and net premium income from single premium business fell from R23,3m to R200 000, giving total gross premium income of R96,7m (R70,6m) and total net premium income of R94m (R67,9m).

Lewis said Hosken Consolidated Investments' (HCI's) bid to take over Crendall Investments — formerly the R42m Arwa cash shell — was at an advanced stage, but approval still had to be obtained from the Registrar of Insurance. The deal would increase HCI's stake in Saflife from 11% to 75%. The deal would be ex Saflife's interim dividend.

Presmed income leaps by 96%

B Day 6/11/90

MARIETTE DU PLESSIS

IMPROVED occupancy levels at most of the hospitals and day clinics helped to boost President Medical Investments' attributable income by a whopping 96% to R1,15m (R587 000) in the six months to end August 1990.

Results released today show a 120% increase in operating income to R3,8m (R1,7m) while earnings rose 49% to 10c a share compared to 6,7c for the same period last year.

This followed Presmed's acquisitions of an 80% stake in the Cape-based Jan S Marais Clinic. The subsequent conversion of 2,82-million compulsorily convertible preference shares to ordinary shares on March 1 1990 increased Presmed's total issued share capital to 11,52 million shares.

MD Carl Grillenberger said improved occupancy levels, special attention to collection of debtors and strict cost control helped Presmed's performance. He was optimistic present margins would be maintained.

He said Presmed hospitals and day clinics would remain contracted in to medical aid schemes despite tariff increases.

Hospital guidelines criticised

PRETORIA — New guidelines for provincial hospital superintendents allowed them to continue implementing racial segregation, the National Medical and Dental Association (Namda) said yesterday. (98)

Regional executive member Dr Jonathan Broomberg said the guidelines appeared reasonable on the surface, but they could legitimise the maintenance of segregated hospitals. B1Pay 6/11/90

This was despite the recent abolition of hospital apartheid and the scrapping of the Separate Amenities Act.

The management model for handling patients was drawn up by the four provincial administrations and the National Health and Population Development Department after hospitals were opened to all races earlier this year.

The intention was that the model would "lay down the law" to hospital personnel who were reluctant to admit blacks.

However, the document, which was circulated to all provincial hospital superintendents two weeks ago, allows them to exclude patients on the grounds of limited resources.

EDYTH BULBRING

The document states that all people in SA must have access to adequate health services and sets guidelines for treatment.

The document states that when a patient is admitted to a hospital, consideration should be given to the availability of beds and whether the necessary manpower, funds, equipment and expertise are available.

Broomberg said that under these guidelines, a superintendent could still give preferential treatment to white patients and then claim a shortage of resources prevented the admittance of blacks.

The document states that when allocating a bed, various factors should be taken into account, including the patient's state of health; administrative considerations

☐ To Page 2

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☐ From Page 1

and practical hospital arrangements; and private patients' special requests, provided the institution has the means to accommodate such requests.

Precedence should be given to patients living in the immediate vicinity of community and regional hospitals. Academic hospitals should accept only referred cases, as far as possible.

Broomberg said community and regional hospitals, previously reserved for whites, were not built in the townships. This meant that precedence was likely to be given to white patients.

The document states that the superintendent has to keep in mind the patient's interests.

Broomberg said the guidelines fell short of their aim, which was to ensure equal access to and care at hospitals.

"The guidelines fudge the issue completely and in effect give the superintendents the power to do whatever they want," he said.

Babies inquests not likely this year

(98)

6/11/90

Sowetan

ANY action in the "baby death" cases is unlikely before the end of the year.

The lawyer representing most of the families whose babies were victims of contaminated drips, Mr Peter Soller, said the Attorney-General of the Witwatersrand, Mr Klaus von Lieres, was studying the information before setting a date for an inquest.

Soller said Von Lieres had not made up his mind about when to hold an inquest but had said it would not be before Christmas.

On the question of payouts, Soller said he had not discussed sueing for compensation with the parents.

He said the parents wanted money to pay for the hospital bills and other expenses resulting from the deaths of their babies. - *Sapa.*

Hospital workers ready for arbitrator

By SHARON SOROUR
Labour Reporter

THE Health Workers' Union will suspend all industrial action at Cape Provincial Administration hospitals if the disputed dismissal of three Tygerberg Hospital shop stewards is referred to arbitration.

Union organiser Mr Dale Forbes said this was decided at a weekend union meeting.

CPA spokesman Mr Van Heerden Heunis said union secretary Mr Hassan Mohamed had telephoned with the proposal.

"The proposal will be considered when we receive it in writing."

The development follows a one-day work stoppage last week when scores of general assistants at Tygerberg Hospital downed tools in protest over the dismissals.

Mr Forbes said similar action at other Peninsula hospitals had been postponed pending the CPA's decision.

Mr Heunis said four shop stewards had taken part in a protest on July 20, occupying the office of the medical superintendent and threatening him.

A disciplinary hearing had found the workers guilty of misconduct.

Three had been dismissed and one had been reprimanded. An appeal for their re-instatement had been rejected by the Administrator, Mr Kobus Meiring.

'FAIR HEARING'

"The workers were given a fair hearing by an impartial committee. They chose not to be present for the full duration of the hearing.

"They were given an opportunity to state their case but chose not to do so. They were given three weeks to submit their appeal."

The workers had been dismissed on October 31 and had been paid their November salaries.

Strike-hit hospitals discharge 500 patients

Sowetan 9/11/90

By MATHATHA TSEDU

MORE than 500 patients were this week discharged prematurely from Siloam and Tshilidzini hospitals in Venda following work stoppages by nursing staff and other workers.

At Siloam Hospital less than 200 critically ill patients, including children, have been put into one ward as the almost total sit-in by labourers, nurses, clerks and paramedics entered its fourth day yesterday.

Soldiers and policemen and other volunteers have been called in to assist with cooking, cleaning, laundry and feeding, acting superintendent Dr GM Maritz said yesterday.

Other patients were transferred to Donald Fraser Hospital, about 70km away, he said.

The workers at Siloam are demanding that the appointment of two Dutch immigrant doctors last week be rescinded and the posts advertised.

They also accuse the hospital authorities of racism. Maritz denied this and said the two doctors would not be dismissed because there was a shortage of doctors.

The Director-General of the Department of Health, Dr JP McCutcheon, has called on relatives of patients at the hospital to either fetch them or volunteer to assist with feeding. The work stoppage affects only nurses.

McCutcheon has warned the strikers that their action is illegal, that they will not be paid and that should patients die because of lack of proper care, the organisers of the strike may be sued.

He also warned nurses that their participation in the sit-in was "an offence in terms of nursing legislation".

The two hospitals join a list of other northern Transvaal medical centres currently affected by industrial action.

More than 12 hospitals in Lebowa have been discharging patients since Saturday following strikes over wages, allegations of racism and dismissals of union activists.

Help needed by Bara committee

(98)
Sowetan
12/11/90

By PEARL MAJOLA

THE Beds for Bara Action Committee, a small organisation which has helped Baragwanath Hospital buy enough beds for its patients, is looking for more members.

The committee, presently comprising of only three members, Cecilia Moloantoa, Beauty Malete and Michael Murphy, was started about two years ago. Since then the organisation has raised about R13 000, some of which has already been used to buy 25 units for the hospital.

Each unit contains a bed, mattress and a locker and costs about R600.

"I joined the committee soon after it was formed and we started raising funds through bring-and-buy sales and some companies donated some money as well," said Murphy.

"We do not actually buy the beds ourselves, but we send the money to the Hospital Board Fund and they in turn buy the number of beds needed."

"This also helps us because since the money is deposited into that Fund. We do not have to have a fund raising number. One of the problems we have at the moment though is that we do not have enough people on the committee to handle all the work that needs to be done," he continued.

"We have wonderful ideas on what we can do to get money and we are even thinking of starting a Bara Help Fund, a sister account which will be used to buy necessary equipment and its maintenance.

Donations

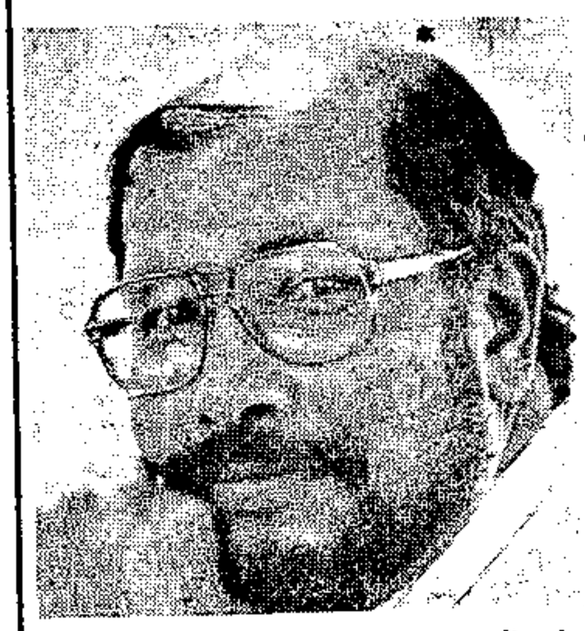
"We are also going to write letters to more companies asking for donations," he concluded.

The problem for the hospital presently seems to be space more than beds, so the organisation plans to divert its attention from beds to other projects that might be relevant.

If you wish to assist, join or know more about the organisation, Michael Murphy can be contacted at 635 0241 or 614 7895 after hours.

Children's hospital 'swamped'

Argus 12/11/90 (98)



Dr Gilbert Lawrence, medical superintendent: "We cannot shut our gates."

By VIVIEN HORLER, Staff Reporter

RED Cross War Memorial Children's Hospital, the only children's hospital in southern Africa, is in crisis and superintendent Dr Gilbert Lawrence says if there are further budget cuts he does not know how they will get through next year.

This year the hospital had to cope with an effective 15 to 20 percent budget cut, in spite of an increase in admissions and no increase in staff.

The hospital, known for its excellence in treating paediatric burns, trauma, children's cancers and for open-heart surgery on newborn infants, is being swamped by patients streaming in for treatment of what Dr Lawrence calls "lumps and bumps and coughs and colds".

"I don't blame them. You don't know th an ailment is a minor one until it's been diagnosed. And without adequate alternative facilities closer to home for these patients, we cannot shut our gates."

Among the major problems he listed are:

- A shortage of nurses, such as those trained in intensive care;
- Too few beds, especially neurosurgical and tracheostomy beds;
- Patients sometimes being discharged sooner than the medical staff would choose because of pressure on beds;
- Rapidly deteriorating equipment;
- Insufficient hospitals and clinics in the townships;
- Swamping of the outpatients department by patients with minor ailments;
- Lowering of staff morale;
- Lack of accommodation for mothers staying overnight; and
- Lack of time for doctors to teach and do essential research.

"In the face of an escalating population and patient load — something like 40 percent of the population of the Western Cape is under 15 — our situation is static in terms of development and deteriorating in terms of facilities and staff morale. We're in crisis — we're staggering," Dr Lawrence said.

The hospital was built in 1956 and intended as a referral and training hospital for the University of Cape Town's medical school. It officially has beds



Megan Kammies, 2, of Manenberg, in the drip room at the Red Cross Children's Hospital, with her mother Debbie. Behind Megan is six-month-old Jeremiah Kasi of New Crossroads, with his mother Nomekisi. Megan and Jeremiah have gastro-enteritis.

3 die, 6 hurt in W Cape violence

By DALE KNEEN
Crime Reporter

THREE people died and six were injured in a wave of violence in the Western Cape at the weekend.

A woman was killed in a bizarre ritual murder in Kraaifontein, a retired air force commander was bludgeoned to death with a rock in Somerset West and a policeman was killed in a grenade attack.

A taxi-driver was shot in the mouth and arm, gunmen injured four guests at a party and a Paarl man was stabbed by robbers.

Various incidents of arson and damage to property of policemen and town councillors were reported.

Human torch runs near Queen

Dunhill brings a new dimen
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Among the major problems he listed are:

- A shortage of nurses, such as those trained in intensive care;
- Too few beds, especially neurosurgical and tracheostomy beds;
- Patients sometimes being discharged sooner than the medical staff would choose because of pressure on beds;
- Rapidly deteriorating equipment;
- Insufficient hospitals and clinics in the townships;
- Swamping of the outpatients department by patients with minor ailments;
- Lowering of staff morale;
- Lack of accommodation for mothers staying overnight; and
- Lack of time for doctors to teach and do essential research.

"In the face of an escalating population and patient load — something like 40 percent of the population of the Western Cape is under 15 — our situation is static in terms of development and deteriorating in terms of facilities and staff morale. We're in crisis — we're staggering," Dr Lawrence said.

The hospital was built in 1956 and intended as a referral and training hospital for the University of Cape Town's medical school. It officially has beds for 227 patients, but the actual number is 347. It offers sophisticated treatment and, ideally, should be used only for the sickest children, yet a lot of it functions as a day hospital.

Dr Lawrence believes the hospital is a victim of its own reputation.

"People say 'Red Cross is where they treat children. We'll go there in case our child needs to be admitted'. Our excellent reputation is part of our problem."

A rapidly increasing population on the Cape Flats, particularly in the Khayelitsha-Blue Downs area, without a matching increase in health-care facilities, means that people bring their children straight to Red Cross.

"We're always available, being open 24 hours a day. We're accessible and on both the bus and combi-taxi routes and parents know that every patient will see a doctor.

"At one stage we tried to screen patients and redirect the less ill to more appropriate centres, but that took up so much time that eventually we went back to the system of every patient being seen by a doctor. At least that way we won't inadvertently miss the very ill."

In 1985 the hospital treated 250 000 outpatients and 16 000 inpatients. Last year there were 300 000 outpatients and a staggering 26 000 inpatients.

New hospital

Dr Lawrence said the major needs to lessen the burden on his hospital were:

- A new hospital in the Khayelitsha-Blue Downs area with about 200 paediatric beds.
- An increase in the number of day hospitals, particularly in Khayelitsha and Mitchell's Plain — these and more of the existing day hospitals, open at night and at weekends.
- Funds for the planned redevelopment of the hospital. Current planning for 400 beds is not enough unless additional hospital beds are provided elsewhere.
- More funds to pay more staff more.
- A better allocation of resources.



Megan Kammies, 2, of Manenberg, in the drip room at the Red Cross Children's Hospital, with her mother Debbie. Behind Megan is six-month-old Jeremiah Kasi of New Crossroads, with his mother Nomekisi. Megan and Jeremiah have gastro-enteritis.

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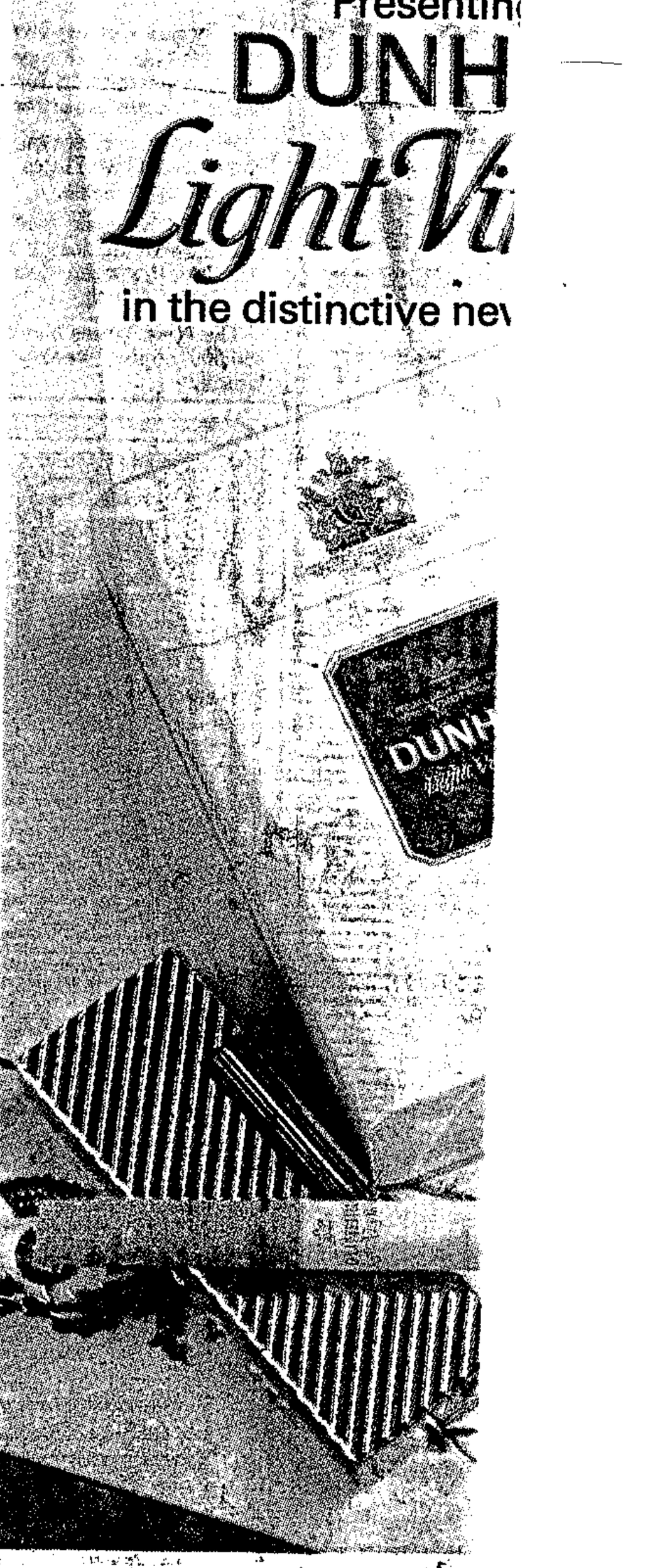


Budget cuts affect patients

98

Sawefan 13/11/90

By VIVIEN HORLER

THE Red Cross War Memorial Children's Hospital in the Cape is experiencing serious financial problems.

This year the hospital had to cope with a 20 percent budget cut despite an increase in the number of patients admitted and no increase in staff complement.

The hospital's superintendent, Dr Gilbert Lawrence said all posts at the hospital had been frozen in the bid to save money.

Lawrence said if there are further budgetary cuts as they expect them again next year, "we might be forced to cut-off the service".

The hospital, known for its excellence in treating paediatric burns, trauma, children's cancers and also for open heart surgery on newborn infants, is being swamped by patients streaming in for specialist treatment.

Among major problems that Lawrence listed was;

* Shortage of nurses, especially those trained in intensive care.

* Very few neurosurgical and tracheostomy beds.

* Patients being discharged before time ecause of the shortage of beds.

* Outdated equipment.

* Lack of hospitals and clinics in the townships, and

* Lack of accommodation for mothers staying overnight and

The Red Cross Hospital was built in 1956 and intended as a referral and training hospital for the University of Cape Town's medical school. The 227-bed hospital presently accomodates 347 patients.

"A rapidly increasing population on the Cape Flats, particularly in the Khayelitsha-Blue Downs area, without a matching increase in health care facilities, means that people bring their children to us, even for minor ailments," Lawrence said.

"At one stage we tried to screen patients coming in and redirect the less ill to more appropriate centres, but that took up so much time that eventually we went back to the system of every patient being seen by a doctor."

Emergency unit again closed by gang terrorism

Argus 13/11/90 98

By VIVIEN HORLER
Staff Reporter

THE mobile emergency trauma unit operating in Guguletu on Saturday nights has been closed for the rest of the year after staff were terrorised by a knife-wielding gang early on Sunday.

The decision was taken today by the executive director of hospital services in the Cape, Dr George Watermeyer, on the recommendation of the director of emergency medical services, Dr Alan MacMahon.

It is the second time this year that the unit, which treats about 2 000 trauma cases and emergencies a year, has been closed. On the first occasion a staff member was stabbed.

Dr MacMahon said that soon after midnight on Sunday an armed gang of about six men brought a badly stabbed man to the unit. He had lost a lot of blood and "was in a bad way".

'TOO RISKY'

The gang, carrying knives and knobkerries, told the staff that if they did not save the patient's life they would kill everyone in the unit. The patient was treated and sent to hospital.

"It's just too risky," said Dr MacMahon.

"It's a hazardous time of year. I'm not talking about unrest: it's unruliness, good old mayhem and drunkenness. I'm not saying we'll shut down permanently, but we won't have another look at this until the new year."

The unit relieves pressure on the trauma units at hospitals.

'HUGE PROBLEM'

"Assaults are a huge problem in the Peninsula. There are probably about 60 000 cases treated in hospitals a year, and the ambulance service alone carries about 27 000 cases a year," said Dr MacMahon.

"So this little unit is a band-aid, really, but it does help. About 30 percent of the cases seen there are relatively minor, needing perhaps a couple of stitches and an anti-tetanus shot, and then the patients can be discharged, which keeps them out of the major hospitals."

The burden on the hospitals was highlighted this week when the medical superintendent of the Red Cross Children's Hospital, Dr Gilbert Lawrence, said his staff was being swamped by people needing treatment for minor ailments.

Dr Watermeyer said today that between eight and 10 clinics and day hospitals would be opened on the Cape Flats within the first six months of next year.

'Funds crisis hampering Cape health services'

CAPE TIMES 13/11/90 98

By VIVIEN HORLER, Staff Reporter

THE hospital and health services department in the Cape is "strapped" for funds, and all hospitals are overburdened and understaffed, according to the executive director, Dr George Watermeyer.

"We are just about making ends meet, but with difficulty. And there is precious little room for expansion, despite a vast and growing population," he said.

"We have huge numbers of people coming into the Western Cape metropolitan area, as well as into the Port Elizabeth, East London and Kimberley areas, and we just don't have enough funds to develop facilities appropriately.

'No quick solution'

"All the hospitals are overburdened and understaffed.

"We all worry and toss and turn about it, but I don't think there is a quick and easy solution.

"It's difficult to get involved in long-term planning when you don't know how the population is going to increase. This problem occurs throughout the world where there is rapid urbanisation."

Dr Watermeyer was commenting on a statement by Dr Gilbert Lawrence, the head of Red Cross Children's Hospital, who said the hospital was swamped by patients with minor ailments, people suffering from "lumps and bumps and coughs and colds".

"Red Cross *is* swamped, that's true," said Dr Watermeyer. "The day-hospital organisation and community health care centres have not been deployed sufficiently because of lack of funds. The result is that Red Cross does not function just as a teaching hospital where major surgery is performed, but also provides primary health care to a lot of people."

Dr Watermeyer said today that between eight and 10 clinics and day hospitals would be opened on the Cape Flats within the first six months of next year in an effort to relieve this load.

The problem of a shortage of primary health care facilities such as clinics and day hospitals was "one on which we are going to move, and move fast".

About 20 day hospitals and clinics would be opened across the Cape, of which half would be in the Western Cape. Some, like the existing Khayelitsha Day Hospital, would be open after hours.

"One way of dealing with the problem of people streaming to the big teaching hospitals is to limit direct access to two categories: people with acute emergencies, and people who have been referred from somewhere else.

"But we can't do that until alternatives, where people can go for minor ailments, are available.

"I believe the government is aware of the problem, but it's a matter of the necessary resources."

Dr Watermeyer said unrest and violence in the Cape Flats townships had contributed to the problem of swamping the major hospitals.

"Recently the Khayelitsha and Crossroads day hospitals have been closed because of the threat to staff.

"And today I approved the closure of the mobile emergency unit stationed in Guguletu because the staff were threatened by an armed gang at the weekend."



EMERGENCY . . . Red Cross patients and Professor Boet Heese, who has accused bad government for the crisis at his hospital Picture: TERRY SHEAN

Health cutbacks killing my hospital

S/Times 18/11/90 (98)

A WORLD famous children's hospital — built as a lasting memory to Second World War victims — is facing disaster because of government cash cutbacks.

By JANICE HILLIER

Cape Town's overcrowded and understaffed Red Cross War Memorial children's hospital, which treats 250 000 patients a year, has lunged from crisis to crisis for more than a decade.

Now, says its paediatric and child health chief Professor Boet Heese, the hospital is in "a chronic situation" because of the government's 15 percent cut in hospital budgets.

Firsts

"Unless the crisis is dealt with immediately it will have disastrous effects on child care and academic health-care systems," he warned.

Among some of the achievements which have won the Red Cross Hospital world fame for its pioneering work in paediatrics are:

- 1959 — first open-heart surgery performed on a 12-year-old girl;
- 1966 — first successful separation of Siamese twins;
- 1973 — first fitting of a nuclear-powered pacemaker in a five-year-old boy;
- 1976 — a bone-marrow transplant was performed on a six-year-old girl, the youngest person to receive this treatment in South Africa;
- 1987 — a liver transplant on a six-year-old.

In an interview this week, Professor Heese said that the hospital was originally intended as a referral and training centre for the University of Cape Town's medical school.

"It was built in 1956 as a memorial to all who had suffered in the Second World War. It was felt that this should be of lasting service to humanity.

"And because there was an acute shortage of accommodation for children in hospitals, it was decided that no worthier memorial could be erected than a children's hospital."

Officially, the hospital has beds for 227 patients, but the present number is 353.

"For the first 10 years the hospital developed into a highly specialised facility but then crisis after crisis started to occur."

Morale

Professor Heese said that when he joined the hospital in 1970 he made an urgent appeal to authorities to increase the number of beds to 550.

"Nothing was done then and 20 years later still nothing has been done to upgrade the hospital."

Some of the major problems now facing the hospital are:

- Overcrowding;
- Overworked doctors who do not have enough time to teach and carry out specialised treatment;
- Low staff morale;
- Few beds;
- Shortage of nurses;
- Rapidly deteriorating equipment.

"The hospital cannot perform its true function — which is giving specialised care and training medical staff — under present conditions," said Professor Heese.

He said he was worried about the long-term effects of the crisis on training and health care.

"This will cause our specialist services to go downhill and some might even have to close. The hospital will not be able to train specialists and sub-specialists for the needs of the country.

"Imposing a 15 percent cutback is disastrous and unrealistic. Health authorities need to define what we are supposed to do and then give us the means to do it."

Burden

He said the hospital's good reputation was part of the problem, because patients with minor ailments were arriving for treatment.

He said the rapidly increasing population in areas such as the Cape Flats added to the hospital's burden.

"People in these areas do not have adequate health care facilities and this means they come to Red Cross.

"Despite the crisis we will never turn patients away. We pride ourselves on being open 24 hours a day."

He said the hospital's nursing staff were among the hardest hit by the crisis.

"It is expected that the staff will continue to care for children the best they can in spite of conditions and increasing pressures," he said.

Records show that in 1979 4 500 patients occupied the 20 beds in the emergency ward. Ten years later, 7 500 patients a year moved through the same amount of beds in the emergency ward.

Infection

Last year's records show that a staggering 16 000 inpatients and approximately 250 000 outpatients were treated at the hospital.

The busy out-patients department has been housed in a prefabricated building since 1968. When it opened it treated fewer than 1 000 children a month — now, more than 23 000.

Professor Heese said many patients suffered from Third World diseases such as infection and nutritional disorders.

He said the solution to the problem was to provide adequate health facilities in the Cape Flats and enough funds to help the hospital to fulfill its role as a teaching centre.

Professor Marius Barnard, who worked at the Red Cross children's hospital from 1967 to 1980, said hospitals throughout the country were suffering from bad government planning and use of funds.

"Ten years ago the Red Cross was suffering from insufficient funds and so I founded the Friends of Red Cross Association to involve the public.

"After 40 years of being a doctor the most rewarding and productive times were the 13 years which I spent at the Red Cross Children's Hospital."

Medi-Clinic profits begin to feel tax bite

REMBRANDT-controlled hospital group Medi-Clinic posted a 36% increase in earnings per permanent unit of capital to 3,8c (2,8c) a share in the six months to end September.

The increase is based on a calculation of the 1989 earnings on a fully-taxed (50%) basis so comes off a low base. No tax was paid last year due to accumulated tax losses while the tax rate at interim stage was 24,5%.

Profit available for distribution increased by 2% to R9,8m while the distribution on permanent capital increased by 31% to R5,7m.

The company maintained the return to profitability which began late last year after reporting large losses in the two years previously.

MARCI KLEIN

Pre-tax profit grew by 34,5% to R12,9m (R9,6m) on a 57,2% increase in turnover (42,9% last year). However the move into a tax paying position saw income after tax only 1,6% higher at R9,75m (R9,6m).

An interim dividend of 1,5c a share was declared. No interim dividend was declared last year but a full year maiden dividend of 3c at the March 1990 year-end was declared.

Medi-Clinic has a contracted capital commitment of R4,4m (R3,4m) and R2,8m (R2,3m) authorised but not accounted for.

Directors said occupancy rates of hospitals in the group were satisfactory.

Although tariffs of medical schemes were adjusted in August, this was insufficient to compensate for the sharp increase in nurses' salaries due to such increases in government hospitals.

The group had applied to the Representative Association of Medical Schemes for increased tariff structures to fund proposed salary increases for its nursing staff.

CT unsafe, say medics

THE streets of Cape Town's townships are becoming unsafe for ambulance drivers and gang wars in Gugulethu have forced the closure of the mobile Metro emergency service unit. (98) (Sep) C/Item 25/9/90

The Gugulethu unit was closed for the rest of the year after a knife-wielding gang of six terrorised staff two weeks ago.

This was the second time this year that the unit – which treats about 2 000 trauma and emergency cases a year – has been closed. On the first occasion a staff member was stabbed.

This week, Cape Town ambulance chief Rod Douglas appealed to community leaders to support his staff on mercy missions to save lives in high crime areas.

His call follows incidents last weekend when the lives of ambulancemen were threatened.

Groote Schuur: A mini UN of visiting students, doctors

Argus 26/4/90 98



Picture: LEON MULLER, The Argus.

FOREIGN FOURSOME: "No better place than Cape Town," say, from left, Helmut Kowolik, Dr Dieter Boehm, Fiona Boyd and Jonathan Fanburg.

By ESANN van RENSBURG
Medical Reporter

THE University of Cape Town and its affiliated teaching hospital play host and educator to an average of 250 foreign student doctors every year.

Groote Schuur's mini United Nations consists of students from all over the world who come to the hospital for a unique experience of medicine which their own countries cannot provide.

The experience gained through exposure to a wide variety of diseases is one of the main reasons why they chose to come to Groote Schuur for practical work.

Heart transplant

"Here we learn to treat Third-World diseases with First-World medicines," said German student Helmut Kowolik.

"At Munich University where I come from, everybody knows about Groote Schuur because the first heart transplant took place here. It is popular to come here for a couple of months of experience," he said.

Helmut first came to Groote Schuur two years ago and is doing part of his housemanship at the hospital.

"My brother did some of his training here and told me about it, so I decided to come," he said.

Scottish student Fiona Boyd's father visited and lectured at Groote Schuur and Red Cross Children's hospitals and encouraged her to come to Groote Schuur for a semester of practical experience.

Word of mouth seems to play an important role. American student Jonathan Fanburg said South African doctors working in America encouraged him to come to Groote Schuur.

"This is one of the spots in the world where one can apply a First-World education to Third-World disease.

"Disease also goes a lot further here than in America. People walk through the door with further stages of a disease and one sees a higher ratio of certain diseases," Jonathan said.

Treatment at Groote Schuur was very good, but different from that in America because of the greater emphasis placed on technology overseas.

Jonathan also made use of the opportunity to join Shawco — the University of Cape Town's health and welfare committee.

"The experience of treating people in the townships was unique and valuable," he said.

Although none of these three doctors plan to spend many months in South Africa, it often happens that student doctors get hooked on both the hospital and the city as German Dr Dieter Boehm can prove.

He has been at Groote Schuur for two years and plans to spend at least a further three years at the hospital to further his specialist training in cardiac surgery.

"Groote Schuur is a very good hospital at which to get experience in cardiac surgery. Here, one can apply the theoretical background received in Germany," Dr Boehm said.

Excellent standards

Groote Schuur's trauma unit was a favourite with all the students.

They said they thought South African standards of medical services were excellent.

"The problem is money and one can see it affecting academic facilities and research," said Helmut.

Clinic Holdings achieves growth forecast

MARIETTE DU PLESSIS

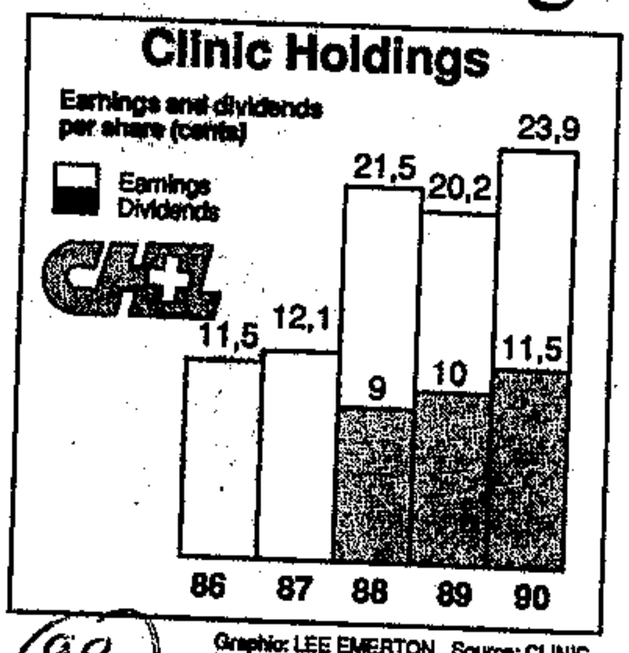
SA's largest private hospital group, Clinic Holdings, achieved its forecast growth in earnings with attributable income 18% higher at R23,7m (R20,2m) in the 12 months to end-September, according to results published today.

Earnings rose 18% to 23,9c a share compared with last year's 20,2c.

A final dividend of 7c a share has been declared, bringing the total for the year to 11,5c (10c) a share, up 15% and covered 2,08 times.

MD Jeffrey Hurwitz said the results were in line with management expectations, with growth exceeding inflation, but profit margins suffered because of a hike in rent and continuing salary demands.

However, from the 1991 financial year, rental increases would be proportionate to increases in turnover, allowing for more stability in operating margins.



"We indicated earlier that our capital expansion programme will start paying off this year and we are pleased that those goals were realised," he said.

The group, which controls Garden City Clinic, Park Lane Clinic and Milpark Hospital, among others, increased earnings a share by a dramatic 77% at the end of its first year as a listed company in 1988 while earnings declined by 6% in 1989.

Hurwitz expected a similar 18% growth in earnings in this financial year, with profit growth in excess of inflation through continued strict cost control.

Clinic shares are tightly held, with about 70% in the hands of the directors and their family interests and a further 7,5% held by Southern Life.

Patients at strike-torn hospitals sent home

Sowetan 27/11/90

98

OVER 500 patients have been prematurely discharged from Siloam and Tshilidzini hospitals in Venda this week after a strike by nurses and general workers.

By MATHATHA TSEDU

At Siloam Hospital, Nzhelele, less than 200 critical patients, including children have been grouped into one ward as the almost total sit-in by labourers, nurses, clerks and paramedics entered its fourth day yesterday.

Soldiers, policemen and other volunteers have been called in to assist with cooking, cleaning, laundry and feeding patients, acting superintendent, Dr GM Maritz said.

Other patients were transferred to Donald Fraser Hospital about 70km away. An ambulance carrying critically ill patients from the hospital - driven by soldiers - collided with a defence force vehicle at Sibasa on Wednesday. None of the patients was seriously injured.

The patients, who were on their way to Tshilidzini, were re-routed to Donald Fraser after the accident when news of the strike by nurses at Tshilidzini was received.

Siloam workers are demanding that the appointment of two Dutch immigrant doctors last week be rescinded and the posts advertised. They also accuse the hospital authorities of racism. Maritz denied the latter accusation and said the two doctors would not be dismissed because there is a shortage of doctors. At Tshilidzini, nurses allege that allowance amounts, a thorny issue for which they went on strike earlier last month, were incorrectly calculated and paid out at the end of October.

The Director General of the Department of Health, Dr JP McCutcheon, has called on relatives of patients at the hospital to either fetch them or volunteer to assist with feeding.

McCutcheon has warned the strikers that their action is illegal, that they will not be paid, and that should patients die because of lack of proper care, the organisers of the strike may be sued.

More than 12 hospitals in Lebowa have been discharging patients since Saturday following strikes over wages, allegations of racism and dismissals of union activists.

WIN A 5 STAR WEEKEND See bottom

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Patients die as hospital services lack

Sowetan 28/11/90

AN unknown number of patients, mostly old people suffering from heart disease, have died because of lack of treatment at Venda's strike-hit Siloam Hospital.

By RUSSEL MOLEFE and MOSES MAMAILA

Venda's director-general for health, Dr JP McCutcheon, said he was aware of "some deaths" at the hospital following the four-week-old strike.

He said, however, he had no official details of the death toll.

McCutcheon described the situation "as very serious" but denied the services at the hospital had been on the brink of collapse during the strike.

He said some of the workers had returned to work.

The industrial action, which brought the hospital to a virtual halt, ended with management firing two workers for organising the stoppage.

Strike

The hospital's superintendent Dr E Helms, said yesterday the strike ended last Friday. All the people had resumed work except for two - a clerk and a technician - who were suspended.

The strike was sparked by the appointment of two Dutch doctors, Dr RR Zeilstra and Dr MJ Versteeg. Workers alleged their appointment was irregular.

Public sector doctors say they'll quit

Cape Times 6/12/90

98

Own Correspondent

DURBAN. — More than 40% of doctors at South African medical schools are considering emigrating while about 76% planned to move to the private sector, according to the Medical Association of SA (Masa).

Masa, in a shock statement, said that health services in the public sector were deteriorating and expressed concern that standards of academic medicine in this country were declining.

They have lodged an urgent appeal with President F W de Klerk to give priority to the 1991 health-care budget.

Reasons cited for the deterioration of public health services were the loss of personnel to the private sector and to posts abroad because of low pay, stressful working conditions, outdated equipment and the lack of career incentives at state hospitals.

Secretary-general of Masa Dr Hendrik Hanekom said that the vast majority of South Africans were totally dependent on state health-care services.

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health of these patients.

DAY, Friday, December 7 1990

Public health faces crisis over specialists' grievances

B Day 7/12/90.

B Day 7/12/90

MATTHEW CURTIN

AT LEAST 80% of full-time medical specialists intend leaving the public health service within two years if conditions do not improve, says a survey by specialist associations.

A spokesman for the Association of Specialists of the University of the Witwatersrand (ASUW) said yesterday the survey, based on the anonymous responses collected from 25% of SA's full-time specialists to two questionnaires, found nearly one in 10 specialists were considering leaving the medical profession.

When doctors with 15 years training were prepared to abandon their profession because of poor working conditions, it showed the critical condition in which academic medicine in SA found itself, he said.

By the end of 1990 Johannesburg Hospital would be without any neurosurgical specialists, sistopathologists, and half the necessary complement of anaesthetists, while there were reports half of Baragwanath's senior surgeons were about to resign.

The spokesman said of the specialists interviewed, 96% felt "very strongly" that salaries were inadequate and 80% said provincial administrations did not sufficiently appreciate academic medicine. There was also inadequate time for medical research.

But 93% of the doctors said if they were allowed to generate private income while still fulfilling stringent medical audits for the public service they provided, it would recompense them for their poor salaries.

Reconstruction

The Medical Association of SA (Masa) presented the survey's finding to National Health Minister Rina Venter at a meeting in Pretoria on Wednesday.

Venter said yesterday the government was "fully aware" of the problems raised by the survey.

It was for these reasons that government had embarked on a health services "reconstruction programme", but she warned "adjustments cannot be made immediately".

In the statement Venter said some steps had been taken already. There had been "much progress" in drafting a "management model for academic hospitals" and the Ministry was reviewing the salaries and career opportunities of all hospital staff.

The SAUW spokesman shared the minister's concern and hoped action would be swift to avert a deepening of the crisis.

Sapa reports Medical Association of SA secretary-general Hendrik Hanekom said yesterday the association had made an urgent appeal to President F W de Klerk to give priority to the health care budget for 1991.

He said the fact personnel were being lost to the private sector and to foreign posts was due to inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at hospitals.

There was serious cause for concern over the "the deterioration of health services in the public sector".

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health care of the vast majority of people who were totally dependent on state health care services.

Masa plea to De Klerk

Sowetan 7/12/90

Own Correspondent

THE Medical Association of South Africa has appealed directly to President FW de Klerk to give priority to the health care budget next year.

In a statement released in Pretoria, Masa says that it has "expressed its serious concern over the deterioration of health services in the public sector."

The deterioration included a loss of personnel to the private sector and to posts overseas due "to the inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at State hospitals".

Masa says 76 percent of doctors who are members of the Full-time Specialists Association at the University of the Witwatersrand, planned to move to the private sector while 41 percent were considering emigrating and nine percent planned a career change.

Dr Hendrik Hanekom, the association's secretary-general, pointed out to the State President that the vast majority of South Africans were dependent on State health care services and "a further decline in the standard of medicine practised at State hospitals would have a serious negative impact on the health of those patients".

Right wing attacks fear at hospital

Sowetan 11/12/90 (98)

By MATHATHA TSEDU

FEAR of right wing attacks has gripped black patients in the newly opened multiracial Pietersburg private hospital after a white man attempted to gain entry into a female ward on Saturday night.

Although the hospital's director, Dr A Tonkin, yesterday played down the incident and said it was "probably a prankster", black patients told *Sowetan* that security was non-existent.

Windows are not barred and only one security guard is on duty at night, they said.

The Saturday incident happened in a ward occupied by black patients. The woman who was in the ward was awakened when she heard noises at the window. She screamed when she saw a man climbing through the window.

The man jumped out and ran away. He fled from the scene on a motorbike, they said.

The hospital is situated in the Pietersburg town, where until recently the town council was controlled by the Conservative Party.

Tonkin confirmed the incident and said the man was wearing a white helmet. He discouraged the fears and said it must have been a prankster.

There had been no racial incidents at the hospital since its opening earlier this year, he said.

Windows were not barred to avoid giving the wards a "prison outlook". He said security was adequate as the hospital was linked to the police station and the fire brigade, both of whom could be reached by merely pressing a button.

He said another incident had occurred on Sunday night at the main entrance, where people tried to gain entry after 9.30pm.

Tonkin also discounted rumours that the Saturday incident could be linked to attempts to get drugs from the hospital's dispensary.

700 workers on strike at Reef hospital

Sowetan 13/12/90

ESSENTIAL services were paralysed yesterday when about 700 black staff at Boksburg-Benoni Hospital went on strike.

The workers downed tools because of alleged discrimination against them by hospital authorities.

Those on strike are general workers normally classified as labourers, porters, drivers, assistant nurses and clerks.

The workers have vowed they will resume work only after Minister of Health and Population Registration Dr Rina Venter had addressed them.

The strike follows a

By IKE MOTSAPI and GRACE RAPHOLO

week-long defiance campaign by workers who invaded the whites-only dining hall.

The superintendent of the hospital, Dr L Kaplan, said essential services had been disrupted as a result of the strike.

He said patients had to wait in long queues to be attended to. Wards were not cleaned and a skeleton staff had to help with issuing out cards to patients.

A spokesman for the strikers said the action was justified because management did not want to accede to earlier demands made in April.

One of the demands was that all staff should use a common dining hall. "This was refused," he said.

The workers also claimed that:

* Discrimination based on race was practiced at the hospital;

* Job rotation was not implemented as promised. Black workers were not allowed to work at the white section;

* Certain wards were not in use in the white section while wards in the black section were overcrowded;

* There were still toilets reserved for white employees only.

Kaplan denied the allegations.

Strike probe is postponed

Star 13/12/90

The Cillie Commission of Inquiry into the causes of this year's strike at Ga-Rankuwa Hospital has adjourned to January 1991.

The adjournment was announced shortly after yesterday's evidence in camera by a nursing sister from the Ga-Rankuwa Hospital.

The commission is currently sitting at the Medical University of Southern Africa.

J W Olivier, TPA's director of Administration's branch of health services, is expected to give evidence when the commission resumes.

Evidence on the alleged death of a number of babies at the hospital during the two-week long strike by the entire black staff, is expected to start on January 24. (98) (99)

Strike disrupts essential hospital services

Own Correspondent

Essential services were paralysed yesterday when about 700 black staff at the Boksburg/Benoni Hospital went on strike. Star 13/12/90

General workers at the hospital downed tools because of alleged discrimination against them by hospital authorities.

The workers said they would resume work only after Minister of Health and Population Registration Dr Rina Venter had addressed them.

The superintendent of the hospital, Dr L Kaplan, said essential services had been disrupted.

A spokesman for the strikers said the action was justified because management had not acceded to earlier demands — made in April — including one that staff should use a common dining hall.

The workers also claimed that: 162 98

- Discrimination based on race was practised at the hospital.
- Job rotation was not implemented as promised, and black workers were not allowed to work in the white section.
- Certain "white" wards were not in use while "black" wards were over-crowded.

Dr Kaplan denied the allegations.

Health budget due to rise by 0,04%

B|Day 14/12/90

GOVERNMENT is expected to increase its health budget just 0,04% next year when the restructuring of health services will gain momentum.

National Health Minister Dr Rina Venter said yesterday the country's 13 academic hospitals would be rationalised as soon as possible in 1991.

She said Administration and Economic Co-ordination Minister Wim de Villiers would continue to probe hospital administration and was due to make his report next year on the high cost of medicine.

Although the 1991/92 health budget had not been finalised, a provisional R7,3bn had been allocated, a department spokesman said. This year's R7bn budget represented an 8% increase on that of 1989.

Venter said she had sent to the Commission of Administration a motivation for further salary increases for public sector doctors and nurses next year.

The resignation of top surgeons and strikes by non-medical workers revealed the extent of the crisis in state hospitals.

A recent survey by the Association of Specialists of Wits University showed about 80% of full-time medical specialists would leave the public health sector in the next two years unless pay and working conditions improved.

TANIA LEVY

Wits University doctors have proposed that teaching hospitals be rationalised into regional complexes and administered by boards of control representing universities, the state and the wider community. The boards would control hospitals' state funding which would be supplemented by private patient fees.

Almost half the annual health budget is allocated to academic hospitals.

Venter said a new model for academic hospitals was being developed in consultation with relevant parties.

Proposals for the revision of the 1967 Medical Schemes Act would be elicited next year but a draft Bill would only be put before Parliament in 1992.

Venter said the moratorium on the building of new hospitals would remain in place next year, although 50 primary health care clinics would come on stream.

Bed occupancy had not changed much after the desegregation of hospitals in April. The number of available beds was the same because of limited funds, although beds were avaialable to all races.

Government's newly formed Inter-departmental AIDS committee would meet on January 23 in Cape Town.

No proof of third force, says Vlok

LINDEN BIRNS

SOME of the elements involved in the recent township violence had an unusual degree of training and skills, but government still had no concrete proof that an alleged "third force" existed, Law and Order Minister Adriaan Vlok said.

In an interview with the Bureau for Information's RSA Policy Review Vlok was asked about the existence of an "orchestrated, professional terrorist offensive" by a so-called third force.

The SA Police, Vlok said, had no concrete evidence to substantiate these claims.

"It is, however, significant that some of the violent actions indicated a degree of training and skill which common criminals lack," he said.

In September ANC deputy president Nelson Mandela told journalists that President F W de Klerk had conceded that a third force existed. B|Day 14/12/90

However, De Klerk later denied he had said this.

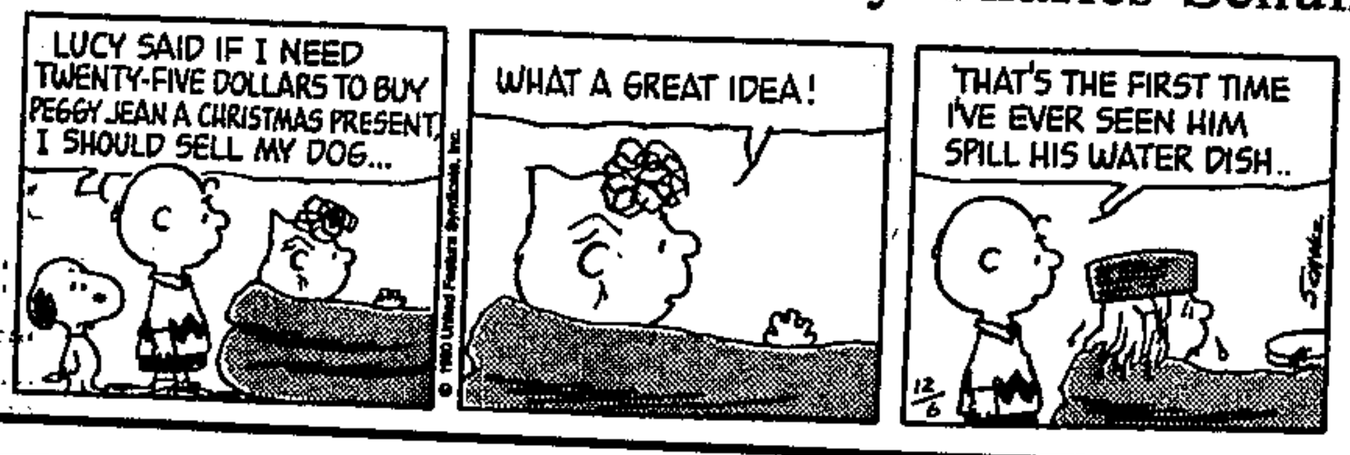
Vlok and his spokesman were unavailable for further comment last night.

In the interview Vlok said the wave of black-on-black violence "essentially has political objectives".

"Therefore a political solution is necessary to finally end it.

"Security action is, however, necessary to clamp down on rioters."

PEANUTS By Charles Schulz



A light in the heart of darkness

Star 14/12/90

In the midst of a war that metes out death daily in East Rand townships, there is a place where the wounded take refuge. HELEN GRANGE looks at Natalspruit Hospital.



Dying all around us, every day . . . but the staff at Natalspruit hospital have no time to keep count. Most of those who die, die of gunshot and stab wounds. Picture: David Sandison.

FOR more than six months, Natalspruit Hospital, nestled between Tokoza and Katlehong townships south of Alberton, has moved from one crisis to another.

The surgical wards, where traumatised victims of the ongoing township violence are treated, have been full to capacity for months — occupied mostly by young men suffering gunshot wounds and injuries from sharp instruments.

While doctors and medical staff work around the clock to save lives, thousands of refugees bed down nightly in the hospital foyer and corridors.

"The situation is chronic and has been since even before the first spate of violence in July," says acting superintendent Dr Ronnie Mitchell.

Deaths occur every day in the hospital, although there has been no time for the staff to count them. The patients die mostly of gunshot and stab wounds in their vital organs.

One of the most pressing problems facing Natalspruit Hospital is the availability of beds, says Dr Mitchell.

"We are trying to keep the patient numbers as low as possible in order to deal with the next stream of patients. Many of the patients get transferred to other hospitals," he says.

The hospital has also given overnight shelter to thousands of refugees. They sleep on the floors but hamper the movement of nurses and doctors.

Says Dr Christiaan Joubert, a temporary superintendent from Baragwanath Hospital: "The refugees cause enormous problems, but we cannot throw them out. We've got hearts, and we simply have to accommodate these poor people."

When possible, the hospital feeds the refugees.

For the overworked black staff, it is not only in the interests of the patients that the bloodshed must end.

Every day that they arrive at work to save the lives of others, they must cope with the impact of war on their own lives. Many fear that their children, left behind in the townships, will be killed by the time they return home.

"This situation has presented enormous strain on our staff, but they keep coming to work to treat the wounded. Medical people are a very special breed," says Dr Joubert.

There is no space for the faint-hearted in Natalspruit Hospital, where children as young as four must be treated for gunshot and hack wounds.

"The injuries are often messy and end in death. Obviously the victims are traumatised, but our staff are trained to deal with this," Dr Joubert says.

The futility of the war in surrounding townships is felt acutely by everyone in the hospital. There is no sense of division as patients, whether Xhosa, Zulu or any other ethnic division, are ushered together into wards.

"We are medical officers and exercise no discrimination with our patients. Our job is only to treat their wounds. When people are sick or injured, everything depends on us," says Dr Joubert. "I told (Nelson) Mandela this week that there must be peace here because we cannot cope with this indefinitely."

Natalspruit Hospital has, this year, coped with casualties of the most dreadful violence.

Figures released by the SA Institute of Race Relations have estimated that an average of 20 people die each day in fighting in the East Rand townships of Tokoza, Katlehong, Vosloorus and Tembisa.

In August, at the height of the bloodshed, Natalspruit Hospital had to cope with over 200 more patients than the 1 000 for which it is equipped.

"We have been living from one crisis to the next, not knowing when it will get worse. Monday and Tuesday this week were particularly bad days. At the moment, we have 760 patients," says Dr Joubert.

Despite the death and gloom, which doesn't appear to be lessening as Christmas approaches, there is still time for light-heartedness in Natalspruit Hospital.

"The fact is that once a hospital is built, it never closes its doors. I suspect we'll be busy for a long time to come," says Dr Joubert. □

Hospital in daily crisis

ARGUS 18/12/90

IN the midst of a war that metes out death every day in the East Rand townships, there is a place where wounded fighters and refugees from both sides take refuge. HELEN GRANGE looks at Natalspruit Hospital and how it is coping.

FOR more than six months, Natalspruit Hospital, nestled between Tokoza and Katlehong townships, has moved from one crisis to another.

The surgical wards, where traumatised victims of the township violence are treated, have been full to capacity for months, occupied mostly by young men with gunshot wounds and injuries from sharp instruments.

While doctors and medical staff work around the clock to save lives, thousands of refugees bed down nightly in the hospital foyer and corridors.

"The situation is chronic and has been this way since even before the first spate of violence in July," says acting superintendant Dr Ronnie Mitchell.

Deaths occur every day in the hospital, although there has been no time for the staff to count them. The patients die mostly of gunshot and stab wounds in their vital organs.

One of the most pressing problems facing Natalspruit Hospital is the availability of beds, says Dr Mitchell.

"We are trying to keep the patient numbers as low as possible in order to deal with the next stream of patients. Many of the patients get transferred to other hospitals," he says.

The hospital has also given overnight shelter to up to 10 000 refugees on its floors, in spite of the fact that they hamper the movement of nurses and doctors on night shift.

Dr Christiaan Joubert, a temporary superintendent from Baragwanath Hospital, says: "The refugees cause enormous problems, but we cannot throw them out. We've got hearts, and we simply have to accommodate these poor people." When possible, the hospital also provides food for the homeless.

For the overworked black staff of the hospital, it is not only in the interests of the patients that the bloodshed should come to an end.

Every day they arrive at work to save the lives of others, they themselves must cope with the impact of warfare on their own lives. Many fear that their children, left behind in the townships, will be killed by the time they return home.



DYING ALL AROUND: Staff at Natalspruit Hospital have no time to keep count of deaths. Most patients die of gunshot wounds.

"This situation has presented enormous strain on our staff, but they keep coming to work to treat the wounded. Medical people are a very special breed," says Dr Joubert.

There is no space for the faint-hearted in Natalspruit Hospital, where children as young as four years must be treated for gunshot and hack wounds.

"The injuries are often messy and end in death. Obviously the victims are traumatised, but our staff are trained to deal with this," Dr Joubert says.

The futility of the war in surrounding townships is felt accutely by everyone in the hospital. There is no sense of division as patients, both Xhosa and Zulu, are ushered together into wards.

"We are medical officers and exercise no discrimination with our patients. Our job is only to treat their wounds. When people are sick or injured, everything depends on us.

"I told (Nelson) Mandela this week that there must be peace here because we cannot cope with this indefinitely," says Dr Joubert.

Since February this year Natalspruit Hospital has coped with casualties of the worst concentrated violence in South African history to date.

20 die a day

Figures released by the Institute of Race Relations have estimated that an average of 20 people die a day in internecine fighting in the East Rand townships of Tokoza, Katlehong, Vosloorus and Tembisa.

In August, at the height of the bloodshed, Natalspruit Hospital had to cope with more than 200 more patients than the 1 000 it is equipped for. These patients were treated on the floor.

"We have been living from one crisis to the next, not knowing when it will get worse. Monday and Tuesday this week were particularly bad days. At the moment, we have 760 patients," says Dr Joubert.

In spite of the death and gloom, which doesn't appear to be lessening as Christmas approaches, there is still time for lightheartedness in Natalspruit Hospital.

"The fact is that once a hospital is built, it never closes its doors. I suspect we'll be busy for a long time to come," says Dr Joubert.

Hospital strike is settled

THE five-day strike at the Boksburg-Benoni Hospital has been resolved after intervention by officials of the Transvaal Provincial Hospital.

Everything is now in order and back to normal, according to a hospital spokesman.

The strike, which started nine days ago by 700 black general staff members because of alleged discrimination against them, is now officially over.

Those on strike were

By IKE MOTSAPI

general workers who are normally classified as cleaners, drivers, clerks, porters and nursing assistants.

A spokesman for the workers, who are members of Nehawu, said a day-long meeting was held last Thursday between them, the hospital management and officials of the PTA to try and resolve the matter.

Although most of their demands were not met the staffers are happy that they will be addressed in future.

He said the concession reached was that the dining-halls should be opened to all the staff members.

He said the white staff members have elected, among other things, to use their wards for tea.

The disturbing factor is that the blacks were classified.

The black nursing staff were separated from the other fellow black workers.

Health care apartheid is still intact researcher

98

TANIA LEVY

APARTHEID in health care remained largely intact despite government's statements that it had been abolished, the Wits Centre for the Study of Health Policy found.

In practice little had changed since National Health Minister Rina Venter's announcement that hospitals were open to all races and beds were to be used according to need, said research officer Johnathan Broomberg.

Venter's statements had left too many loopholes to ensure real integration, he said.

Many public hospitals in the country were not exclusively black or white but had separate wards, different entrances, segregated outpatient and casualty wards and sometimes even separate X-ray and theatre facilities for black and white patients.

Business Day 20/12/90

Segregated

The new policy did not require that segregation within hospitals be abolished, he said. And Venter's announcement did not extend to local authority services.

Broomberg said most previously segregated hospitals continued to serve only one population group because they were the most conveniently situated for the local communities.

He said the administration of health services by racially separate own affairs departments and 10 homeland health departments was "administratively irrational and economically inefficient". He said it perpetuated racial inequality.

For example R23,04 per person was spent in Lebowa compared with R149,51 per person in the Transvaal.

Dismantling hospital apartheid required a clear unambiguous public policy from Venter.

Gang warfare threat to hospital

By VUYO BAVUMA, Staff Reporter

FIGHTING between armed rival gangs could lead to the Khayelitsha Day Hospital closing at night during weekends because medical staff fear for their lives.

They are threatening to close the hospital after dark on Saturdays and Sundays because of the threat of violence and a lack of security.

In the latest incident, two Saturdays ago, a gang tried to force nurses to treat their injured members ahead of other patients.



The rival groups, who came from the Section C and D core house areas, were armed with pangas and knives.

Three youths were injured when fighting broke out in the hospital, a source said.

A doctor in charge of the Khayelitsha Hospital said a nurse was stitching head wounds on a youth when gangsters burst into the emergency room.

"They ignored our pleas to get out because they were hindering our work. One of the youths pushed the patient away from the chair as the nurse was attending to him. He told the nurse to attend to another who had been stabbed.

"Although the nurse was terrified, she ignored his demands. Shortly afterwards, fighting broke out between the gangs."

Patients fled in terror. A doctor said the front door was damaged after being struck with stones during the fight.

Police were called and an ambulance organised for the injured.

"Later, the staff decided to close the hospital as they feared for their safety. Police arrested some of the youths."

Staff say patients are often escorted to the hospital by members of the public who are drunk, rude and abusive.

Other patients want to be given "preferential treatment", hindering work at the hospital.

Mr Michael Mapongwana, chairman of the Western Cape Civic Association, has promised his organisation will do all in its power to protect the medical staff.

The situation started after the six security guards employed by the Lingelethu West Town Committee were "chased away by unknown people" in August.

There has been no security since then.

One nursing sister said: "There are three guards but they don't help much as they armed with sticks. These aggressive youths sometimes also threaten them."

Special workout for top racehorse

By GRAHAM POTTER

A SPECIAL workout was arranged at Kenilworth Racecourse today for one of the top entrants in the Queens Plate on January 29, Dynamite Lady, after a dismal performance at her last outing in Transvaal.

The performance was so poor by her standards that her owner, Cape Turf Club steward Mr Aleq Tross, insisted the filly be thoroughly examined.

His decision follows a report from Transvaal this week stating that trainers were suspicious that horses were being "nobbled" on the highveld. There has been a call for pre-race dope tests to be introduced.

Mr Tross said that prior to her last race — which caused him great concern — the filly "had never been better" but ECG and other examinations had not produced an explanation for her poor performance.

"If anything is wrong, it should manifest itself. If not, we can go into this year's Queen's Plate knowing she is well," Mr Tross said.

A vet and a member of the Stipendary Board were due to attend this morning's gallop.

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Cape Times 98

Whites and blacks shun workers

JOHANNESBURG. — Two canteens at the Boksburg-Benoni Hospital were closed last week after white staff and black nurses refused to share their facilities with general workers.

This had led to two days of protest which was resolved after meetings between black general workers, hospital authorities and black nursing personnel, black workers' spokesman Mr Reuben Nkosi said yesterday.

"When we confronted management, we were told both canteens were closed because the white staff and black nursing personnel refused to share the facilities with the general workers.

"The whites had chosen to eat in the wards rather than share their whites-only dining room.
— Sapa

Health care apartheid is still intact — researcher

TANIA LEVY

APARTHEID in health care remained largely intact despite government's statements that it had been abolished, the Wits Centre for the Study of Health Policy found.

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Venter's statements had left too many loopholes to ensure real integration, he said.

Many public hospitals in the country were not exclusively black or white but had separate wards, different entrances, segregated outpatient and casualty wards and sometimes even separate X-ray and theatre facilities for black and white patients.

Segregated

The new policy did not require that segregation within hospitals be abolished, he said. And Venter's announcement did not extend to local authority services.

Broomberg said most previously segregated hospitals continued to serve only one population group because they were the most conveniently situated for the local communities.

He said the administration of health services by racially separate own affairs departments and 10 homeland health departments was "administratively irrational and economically inefficient". He said it perpetuated racial inequality.

For example R23,04 per person was spent in Lebowa compared with R149,51 per person in the Transvaal.

Dismantling hospital apartheid required a clear unambiguous public policy from Venter.

Hospital race row worsens

Sowetan 20/12/90

THE whites-only dining hall at Boksburg-Benoni Hospital has ceased operating because white employees would rather have their meals in the wards than mix with their black counterparts, it was claimed yesterday.

Spokesman for the hospital's black staff Mr Reuben Nkosi also alleged that black nursing staff are refusing to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants.

This had led to a protest last week, which was resolved after talks between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday after both the white and black dining halls were suddenly closed," Nkosi said.

"When we confronted hospital management we were told both canteens were closed because the white staff and black nursing personnel were refusing to share the facilities with the general workers."

However, the black nursing staff had denied they had refused to share the dining hall with other workers.

About 700 protesting general workers agreed at a meeting with management to return to work on condition they were allowed dining hall facilities.

They were then allowed to use the black dining hall, with the white canteen remaining unused.

Nkosi said they would hold future meetings to discuss racial discrimination at the hospital.

The hospital's superintendent, Dr L Kaplan, said the matter had been resolved amicably and declined to comment further. - *Sapa.*

E Rand hospital canteen strike resolved

The former whites-only dining hall at Boksburg-Benoni Hospital ceased to operate because white employees would rather have their meals in the wards than mix with their black counterparts, black workers' spokesman Reuben Nkosi claimed yesterday.

Black nursing staff had also refused to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants, he alleged.

This, Mr Nkosi confirmed, had subsequently led to two days of protest action last week which was resolved after deliberations between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday (December 10) after both the white and black dining halls were suddenly closed," said Mr Nkosi.

"We were told both canteens were closed because the white staff and black nursing personnel refused to share the facilities with the general workers."

He said black nurses denied they had refused to share the dining hall with other workers.

The estimated 700 protesting general workers then agreed to return to work on condition they were allowed dining hall facilities.

The entire black workforce was then allowed to make use of the black dining hall, with the white canteen remaining unused. White workers were by yesterday still reportedly having their meals in the wards.

Boksburg-Benoni Hospital superintendent Dr L Kaplan said the matter had been resolved amicably. — Sapa.

Capt Times
21/12/90

Doctors ask for chief to be moved

By GLYNNIS UNDERHILL

A DEPUTATION of 16 doctors from four government hospitals has met senior officials of the Cape Provincial Administration to request the removal of the medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser.

The deputation was expecting an answer from the Cape Provincial Administration (CPA) yesterday, but was disappointed.

Grievances about the administration of four hospitals — False Bay, Victoria, Lady Michaelis and Princess Alice — were first raised in October, according to a source who declined to be named.

The CPA deputy director-general of health and hospital services, Dr George Watermeyer, said he was not prepared to comment on internal staff arrangements.

There had been no new appointment and the medical superintendent of the South Peninsula Hospitals Group was still Dr Andrew Loubser, according to a CPA spokesman.

Dr Loubser said yesterday that he had to be "cautious" about speaking to the press. "Anything I might say could cause problems," he said.

Secrecy surrounded the formation of the deputation to the CPA to call for the removal of the medical superintendent.

Professor Ian Learmonth of the orthopaedic surgery department at Princess Alice Hospital and Professor Brookes Heywood, the head of orthopaedic surgery at the University of Cape Town, both declined to comment on the matter.

The issue first came to the public's attention when general practitioners on the hospital advisory committee at False Bay Hospital resigned in October because they felt that the hospital was not being run properly.

"We were supposed to give advice to hospital authorities about the way it should be run, but nothing we said, advised, did or warned them about, was taken note of," according to a committee member.

He said they hoped the matter would be cleared up with the cooperation of top-level CPA hospital officials.

Hospice holiday crisis

By Carina le Grange
Medical Reporter

The Hospice Association of the Witwatersrand is finding it difficult to meet the needs of terminally ill people and their families over the holiday season, says chief executive officer Stan Henen.

He said many members of the medical staff and volunteers could only go away during the school holidays and at this time of year we experience a dramatic increase in need for our service.

Although hospice would continue to operate throughout the Christmas and New Year period on a 24-hour basis to present patients, this time of the year was historically a crisis period, he said.

"Christmas is family time, when people deal with increased emotional situations where the terminally ill are concerned. Often it is the last Christmas a loved one will be there.

"This leads to people needing additional support through counselling, as well as medical nursing, while we have diminished services."

ROW over Somerset bid to sell hospital

A ROW is looming over a plan to sell one of South Africa's oldest hospitals to raise funds for building a township hospital.

At the centre of the dispute is the 128-year-old Somerset Hospital in Green Point, Cape Town, which is a national monument.

The Cape Provincial Administration, which last year spent R20-million on restoring the Somerset, says it is "exploring" the possibility of selling the hospital, but that no decision has been made.

Cape Town city councillors, strongly opposed to the plan, believe the CPA is determined to go ahead with a sale.

By GLENDA NEVILL

The proposal was revealed in a letter from the Cape's assistant director general of hospital services, Dr J C Stegmann, to the medical superintendent of the hospital, Dr P J W Roux.

He said the CPA wanted to "test the market" to see what kind of response selling the hospital would get, and how much it would fetch if put on the market.

The money, his letter added, would be used to finance an 800-bed hospital in the Driftsands area of Khayelitsha.

Full

But Dr George Watermeyer, the CPA's deputy director general of health and hospital services, has denied that the hospital was up for sale in the "foreseeable future".

"All that is happening is that we are conducting a market survey of the hospital — it is simply an exploratory action," he said.

"We have no plans to dispose, alter or do anything to change the hospital."

Dr Watermeyer added that his department was looking at all hospitals on the Peninsula which were not used to their full capacity.

He said that the Tygerberg, Groote Schuur and Red Cross hospitals were seriously overloaded as there were no "filtering" hospitals in the Cape Flats area.

Illogical

But the Somerset hospital board and city councillors say the CPA is "deadly serious" and that it is "clearly their intention" to sell the hospital.

A source told the Sunday Times that two agents from a major financial institution had visited the hospital last week.

"The idea is irresponsible, illogical and insensitive," said Sea Point city councillor Dr John Sonnenberg.

"We are not opposed to the idea of a hospital in Khayelitsha as there is a desperate need for one there, but to sell the Somerset to finance a new hospital is ludicrous."

He said that the hospital treated thousands of patients every year including a large population of pensioners in Sea Point and an increasing number of AIDS patients at its AIDS clinic.

Dr Sonnenberg said the CPA and its health planners had "woken up a bit late" and had not done much planning for primary health care facilities on the Cape Flats.

He said it was "glaringly obvious" years ago that such facilities would be needed in the area.

Zenobia du Toit, chairman of the hospital board, said the members were unanimous in condemning the CPA's plans.

"We will leave no stone unturned to prevent the proposal from succeeding," she said.

The board has requested a meeting with the Administrator of the Cape, Dr Kobus Meiring, but has not yet been given an appointment.

"The hospital is being fully utilised by the local community and is rendering a sophisticated and valuable service to the area — it is not true that the hospital is mostly used by people from other areas," Mrs Du Toit said.

Somerset Hospital statistics show that during 1989/90 it treated 158 000 out-patients and 18 950 in-patients and that 3 455 babies were born.

Groote Schuur uses guard to deter gangsters

By DANIEL SIMON

THE possibility of gang violence erupting on hospital premises has prompted Groote Schuur Hospital to place a security guard at the entrance to an intensive-care ward.

A gang had threatened to "finish off" a rival gang member who was hospitalised there, medical superintendent Dr D J Adams said last night.

He said the incident occurred late last week, when an injured gang member was admitted to the hospital's D13 surgical intensive-care ward.

Dr Adams disclosed this, following a tip-off from an anonymous caller who said the hospital had resorted to "padlocking" the D13 ward to prevent gang members carrying out the threat.

"I don't have all the details, but what happened is that threats were received that a gang would finish off an injured man who was brought in for treatment," said Dr Adams.

"We placed a security guard at the ward while the person was being treated there. It was purely a precautionary measure," he said.

He said he could not comment further as the issue was sensitive.

"We don't want to draw the attention of the rival gang. We want to keep the issue low-key."

HEALTH + DISEASES — HOSPITALS + CLINICS

1991

JANUARY — JUNE.

Natal health workers concerned over council probe into strike action

The Argus Correspondent

DURBAN. — Nurses and workers at Prince Mshiyeni Memorial Hospital are concerned that the Nursing Council will hold a disciplinary inquiry in February regarding their involvement in a strike last September.

Disciplinary inquiries of strikes in Maritzburg's Edendale and Grahamstown's Settlers Hospitals will also take place during the year.

Spokesman for the National Education Health and Allied Workers' Union Mr Themba Nxumalo said yesterday that when the strike was resolved, the Kwazulu Department of Health and Prince Mshiyeni hospital workers reached an agreement that no disciplinary action would be taken against them.

The department had gone against their word when they allowed the council to continue with the hearing, Mr Nxumalo said.

'VICTIMISATION'

Deputy secretary for the Kwazulu Ministry of Health, Mr Phillip Putter, said management and the hospital workers agreed that no striker would be subjected to either victimisation or disciplinary action — be it arbitary transfers, suspensions or unfair dismissals.

"As far as an inquiry is concerned we do not have any authority to intervene in the Nursing Council's decision.

"The council is a statutory body which controls the interests of the public and promotes health standards. Therefore, nurses are expected to follow the council's rules," Mr Putter said.

'UNETHICAL'

Legal assistant of the Nursing Council Miss Annelie Van Zyl said the strike at Prince Mshiyeni was not only illegal in terms of the Nursing Act but unethical as well.

"The hospital workers were on duty and did not have any permission to go on strike leaving patients unattended to," she said.

Miss Van Zyl said the nurses and workers who went on strike laid themselves open to disciplinary action by the Nursing Council.

"The council is obviously concerned when health services are affected," she said.



CLIFTON BEAUTY: Sally C
who turned heads in the N



Major Clinic capex programme should help future earnings

B1Day 4/1/91 (98)

ROBERT WICKS

CLINIC Holdings, the parent company of SA's largest surgical and medical private hospital group, recently embarked on a major capital expenditure programme which should contribute favourably to future group earnings, executive chairman Barney Hurwitz said in the annual report.

Substantial investments were made in the year under review in the area of sophisticated medical equipment, and numerous improvements were undertaken at four hospitals around the country.

The group's institutions include Garden City Clinic, Park Lane Clinic and Milpark Hospital in Johannesburg, St Augustine's Hospital in Durban and City Park Hospital in Cape Town.

Hospitals run by Clinic Holdings provide more than 2 480 beds in total.

Directors were confident that the capital expenditure programme would have a positive effect on the group's earnings. Barring unforeseen circumstances, increases in earnings ahead of the rate of inflation would be achieved in the current financial year, Hurwitz said.

From the 1991 financial year, rental increases would be proportionate to increases in turnover, allowing for more stability in operating margins.

Hurwitz said the group was able to maintain its policy of distributing between 40% and 50% of profit after tax in the year to end September. Earnings a share amounted to 23,9c and the dividend to 11,5c.

Excellent results were obtained from the group's training hospital in Durban.

In early 1989, the group opted out of the medical aid societies' scale of benefits scheme, but had nevertheless been able to contain its cost increases to patients below the increases in the Consumer Price Index.

In the three years since the group was listed on the JSE, an average annual compound growth in earnings in excess of 25% had been achieved, Hurwitz said.

Earnings a share increased by 77% at the end of its first year as a listed company, while earnings declined by 6% in 1989.

Clinic shares are tightly held with about 70% in the hands of the directors and their family interests with a further 7,5% being held by Southern Life.

Hospital fails its patients

98

By ELIAS MALULEKE C/Pleb 6/11/91

PATIENTS at Thulamahashe day-care hospital in Gazankulu's Bushbuckridge are being sent away when there is a power failure because the hospital has no emergency electricity generator.

Maria Nkwinika, a young pregnant mother, said when she reported to the hospital on New Year's day, she was told to go to the distant Tintswalo Hospital in Acornhoek or Mapulaneng Hospital in Graskop because there was no electricity.

"It was fortunate I only had minor complications or I would have been in serious trouble during childbirth."

Mathews Masiya, recently married, said he took his young wife to the hospital at about 9pm on New Year's day when there was a power failure.

"To my surprise, the nurse left her unattended and went to search for a candle. On her return, the nurse handed my wife a few tablets and said she should return the following day because there was a power failure."

Masiya added that he had overheard the sister in charge instruct a security guard to refuse admission to any more patients.

"They should install an emegency electric generator because people could lose their lives.

"Imagine what would happen if there were a blackout while a woman was delivering a baby," he said.

Sister GD Silinda – who is in charge of the hospital – confirmed that there was no emergency generator at the hospital.

She added, however, that hospital authorities were intending to install one.

Only serious cases were referred to other hospitals during blackouts, she said.

"We are able to cope with certain cases by using a gas lamp.

"This centre is less than two years old and the authorities are still working on improvements.

"A generator is on the list of top priorities," Silinda said.

C

'Racism still practised at TPA hospital'

Argus 7/1/91

The Argus Correspondent

JOHANNESBURG. — Segregation and racism were still practised at the Witbank Hospital despite the Transvaal Provincial Administration's assurances that its hospitals are multi-racial, a doctor has said.

"What is happening here makes a mockery of government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals," said Dr Atul Patel.

Black patients were treated in overcrowded wards or corridors permanently in use while metres away beds lay empty in a spacious white section which displayed a large "Europeans only" sign at the lifts.

Dr Patel said that on December 8 40 patients were squashed into the eight-bed black maternity wing. Mothers in labour had to lie on the floor.

That night, he says, there were five empty beds in the white maternity ward.

TPA DENIAL

In a statement commenting on Dr Patel's allegations the TPA said no patient had been treated on the floor at that hospital for the past two years.

Dr Patel said that black private patients and white private patients are charged R170 per day — confirmed by the accounts department.

White patients received private rooms with every available facility and convenience while black patients were treated in a dormitary-type ward with beds so close together it hindered nurses.

Racism rife at Witbank Hospital, claims doctor

(98)

Star 7/11/91

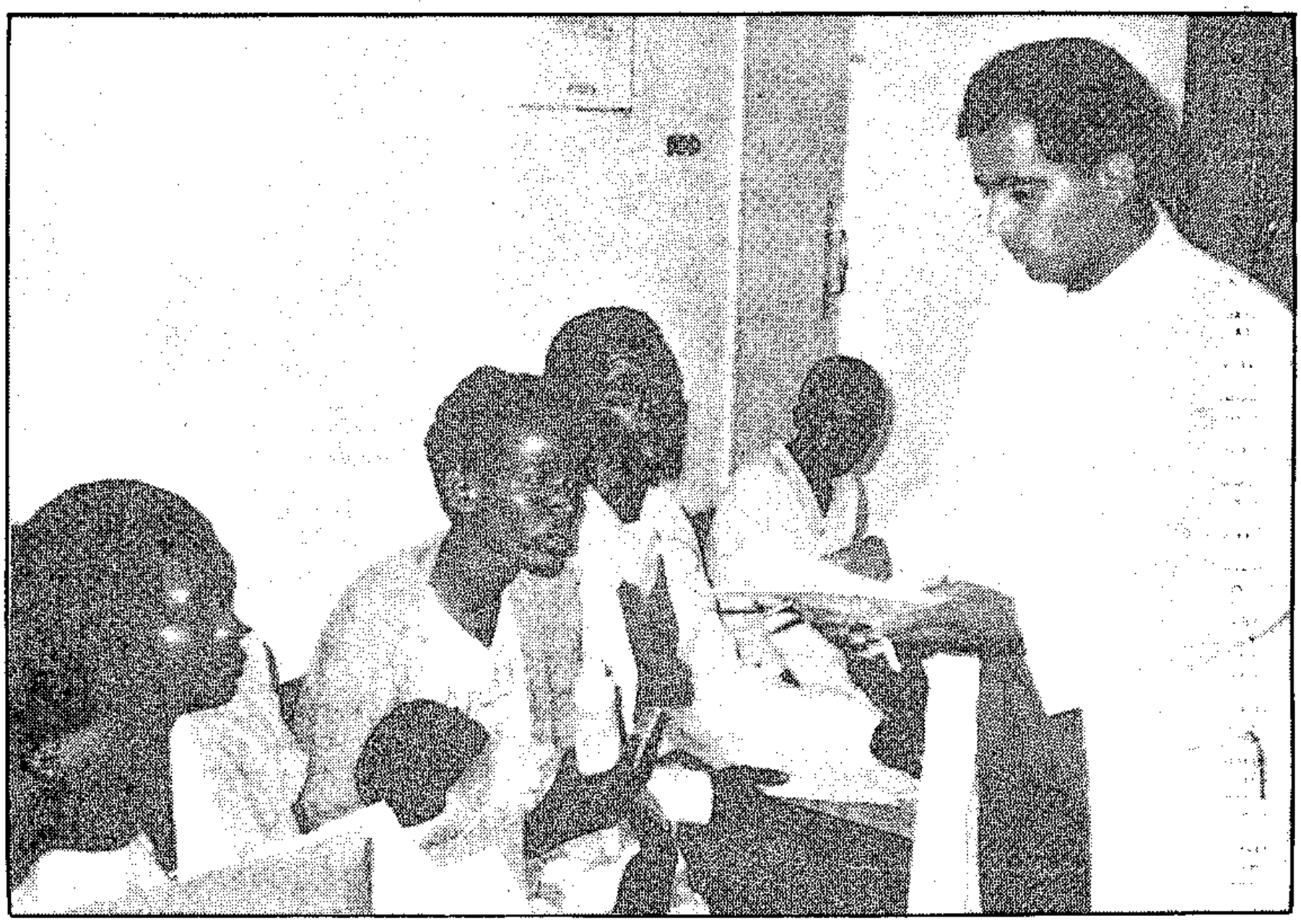
By Therese Anders
Highveld Bureau

Several months ago a young black child was admitted to the Transvaal Provincial Administration's Witbank Hospital with a fracture. He died in hospital, of measles.

The youngster had been cross-infected. He had been put in the primitive, hopelessly overcrowded and under-staffed black children's ward where there are no isolation facilities for contagious deseases such as measles, gastro-enteritis and meningitis. Under these conditions the nursing staff is unable to practise "barrier nursing" to prevent the spread of disease.

On December 8, 40 black patients were crowded into the eight-bed maternity wing. Women in labour were forced to lie on the floor, while the mothers of premature babies in incubators lay outside on the corridor floors.

Meanwhile only a few metres away from this Third World nightmare, modern, spacious, well-equipped wards remained relatively empty in Witbank Hospital's white section.



Nothing has changed . . . Dr Atul Patel attends to patients at the Witbank Hospital where, he says, racism and segregation are still rife. Picture: Therese Anders

Despite the scrapping of the Separate Amenities Act and the Minister of Health's announcement in May that all State hospitals no longer discriminate on racial grounds, "nothing has changed at Witbank Hospital", alleges Atul Patel, a doctor at the hospital.

Dr Patel (30), who is leaving the hospital this month, said he had decided to speak out about the continued racism at Witbank Hospital to expose what was going on "behind the charade that apartheid in our hospitals is dead".

He alleges that:

- Black private patients are charged R170 a day — the same as white private patients — yet receive the use of greatly inferior, crowded facilities.
- Indian and coloured patients are always put into the overcrowded black wards, even when white wards stand empty.
- The overcrowding is so great in black wards that corridors are permanently used as an extension of wards.
- In the black male ward there are two baths for 55 beds. When The Star visited the hospital, no baths in the black section had plugs. In the female ward there is one toilet for 40 beds.
- There are three "high care" beds in the black section but eight in the white section.
- The out-patient department, which last year treated 14 600 patients, is inadequate. Doctors are squashed elbow-to-elbow in two small rooms. There is no privacy when patients are examined. The white out-patients department, which is believed to treat no more than 15 to 20 patients a day, has two large private examination rooms.
- The black children's ward has only half the number of staff required for professional care.
- The black casualty section has only three beds compared to the white section's five.

On a personal level Dr Patel said he was refused permission to work in the white section, despite repeated requests to the superintendent, Dr Willie Snyman, after the scrapping of the Separate Amenities Act.

Compelled

Although he has been barred from treating white patients, Dr Patel said he was once compelled to give anaesthesia to a white woman during an emergency caesarean because there was no white doctor available.

"The hospital makes use of black doctors when it is convenient for them," he said.

The South African-born, India-trained specialist surgeon took a Star reporter on a comprehensive tour of the hospital. However, he was unable to walk through the white wards. Not only is he not allowed to work there, but there is a "Europeans only" sign on the lift.

Another racist feature of the hospital was the on-site staff creche, available only to the children of white employees.

Dr Patel said: "There is so much to say about what is happening here. It makes a mockery of Government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals."

In a statement commenting on Dr Patel's allegations, the TPA said: "We unfortunately do not have the facts about the patient who allegedly died of measles in the children's ward.

"The medical standpoint on cross-infection is that the problem is a universal one which may occur in any hospital.

"For the past two years no patients at Witbank Hospital were ever treated on hospital floors. This perception may possibly have developed because black mothers visit the maternity ward to breast-feed their babies and, according to traditional ways, they then sit on the ground.

"It should be pointed out that there have always been enough beds in the division where black patients are usually admitted and that no one has ever been refused admission.

"There is an arrangement that if there should be too many patients for the black maternity ward, they should be transferred to the women's ward, which usually has available beds.

"All TPA hospitals are desegregated."

The statement said it had always been policy to accept any patient, with the local superintendent's approval. His decision was based on bed availability, personnel, facilities and expertise.

The TPA pointed out that the Witbank Hospital was currently being upgraded and extended in line with TPA policy.

"Understandably the decision is irreversible because improvements had already been made before the latest announcement (on the scrapping of segregation at government hospitals) by the Minister of National Health and Population Development in May last year.

New ward

"The R3,4 million improvements at Witbank Hospital will include extensions to the children's ward, the men's ward, operating theatre and women's ward. Also included is a new maternity ward and extensions to the out-patients department.

"We wish to point out further that the assignment of staff to a hospital depends on the work load, communication and other practical considerations.

"It is, however, provincial policy that doctors of all races may treat a patient of any race if the patient agrees.

"We need to point out that Dr Patel's qualification as so-called specialist surgeon is not recognised by the SA Medical and Dental Council and Dr Patel is therefore obliged by the council to do another year's internship in South Africa."

Hospital services under fire

SEGREGATION and racism were still practised at the Witbank Hospital according to a local doctor despite the Transvaal Provincial Administration's assurances that its hospitals are open to all races. Sowetan 7/1/91

Said Dr Atul Patel: "What is happening here makes a mockery of government utterances that the Separate Amenities Act is dead and apartheid no longer exists in hospitals."

Patel said black patients were being admitted to overcrowded wards and even corridors which were now being permanently used as ward extensions. 98

Meanwhile only metres away many beds lay empty in the spacious modern white section of the hospital.

Outcry grows over proposed sale of hospital

98 Cape Times 15/1/91

By TOSH LEVETT-HARDING

THE proposal being considered by the Cape Provincial Administration to sell Somerset Hospital and build an 800-bed hospital on the Cape Flats for Khayelitsha residents has brought a storm of protest from Green Point and Sea Point residents. Elderly citizens are urging their local councillors to take action.

Chris Joubert, a city councillor and member of the Hospital Board at Somerset Hospital, said: "A strong delegation may be formed, led by the two local members of Parliament Mr Colin Eglin and Mr Tiaan van der Merwe, and with the six ward councillors, to seek an interview with the CPA authorities. I am quite prepared to organise this if any more pressure is brought to bear to close the hospital."

'On bread line'

Elderly folk bombarded councillors with complaints after a letter appeared in the Cape Times from Mr Alan Barnard of Plumstead, who wrote: "The senior citizens of Green Point and Sea Point using Somerset Hospital are mostly higher income, medical aid patients who have access to other facilities — both private and state.

"The same cannot be said of the majority of residents of the Cape Flats where a CPA hospital is required to provide a service to people who cannot afford services, let alone expensive transport."

Mr Norman Feitelberg, vice-chairman of the Green Point and Sea Point Traders Association, said: "It is an illusion that only wealthy people live in Sea Point."



BATTLE CRY: Hospital Board member Mr Chris Joubert, who is ready to fight to save Somerset Hospital.

Mr Feitelberg, a pharmacist, said he had many pensioners among his customers and he knew that they could not afford to go to expensive private hospitals but were utterly reliant on Somerset Hospital.

He added: "Let's not lose sight of the fact that Somerset Hospital does a sterling job for the black and coloured people. There is a large number working in Green and Sea Point, in hotels and blocks of flats, and they are grateful for the help from the local hospital."

Mr Joubert, supporting this view, went further by saying many elderly people in Sea Point were "living on the bread line".

"Many sweated it out as workers and as ratepayers they helped to keep the Somerset Hospital alive. Today many of them do not have medical aid and are entirely reliant upon this hospital's services."

He stressed that Green and Sea Point consisted of people of all colours and creeds who used Somerset Hospital's services.

'Valuable asset'

He said: "This hospital serves the whole of the Atlantic seaboard and the City Bowl and is such a valuable asset that we will fight tooth and nail to retain it."

Dr W E Sutton of Sea Point felt that the hospital belonged to the local people. He asked in a letter: "What is to happen to the 80 000 people the hospital serves at the moment, as many are senior citizens, the frail who can hardly walk?"

He pointed out that this generation of taxpayers had, during its productive years, helped to support the hospital.

"Where are they expected to go for medical treatment to which they are morally entitled ... to the Cape Flats perhaps?"

But Mr Alan Barnard maintained that Dr Sutton wanted merely to "maintain the status quo whereby the people of Green and Sea Point retain a facility for their benefit to the detriment of others who are in a greater need".

Clearly the elderly in Green Point and Sea Point are going to put up stiff resistance to the closure of this facility.

Star 17/11/91.

Clinic going from strength to strength (98)

Diagonal Street

LYNNE PEACH

The cyclical nature of the industry in which hospital group Clinic Holdings operates is reflected in its latest set of results and this factor, together with the improved financial strength of the group, is expected to produce another above-average performance this year.

In the annual report, executive chairman Barney Hurwitz says the effects of the group's recent capital expenditure programme are set to have a positive effect on earnings.

He adds that trading results in the first quarter of financial 1991 are encouraging.

Clinic is an investment holding company and through its subsidiaries carries on business as SA's largest surgical and medical private hospital group, providing an extensive range of general and specialised medical care services countrywide.

There are twelve hospitals within the group.

In the year to September, group turnover climbed 33 percent, which follows a 25 percent increase in the previous financial year.

After net interest expense of R636 000, compared with the previous year's net interest income of R725 000, and other cost increases, pre-tax profit rose 19 percent from R40,1 million to R47,6 million.

Mr Hurwitz says the reduced profit margins were occasioned primarily by the ongoing salary demands, coupled with the budgeted increase in rent payable.

A marginal increase in the effective tax rate from 50,1 percent to 50,3 percent resulted in attributable profit increasing 18 percent from R20 million to R23,7 million.

Earnings per share improved from 20,2c to 23,9c.

The dividend for the year was 11,5c a share, compared with a payout of 10c in the previous financial year.

The balance sheet discloses an improvement in gearing from 42 percent to 39 percent and an increase in cash holdings from R4,4 million to R5,3 million.

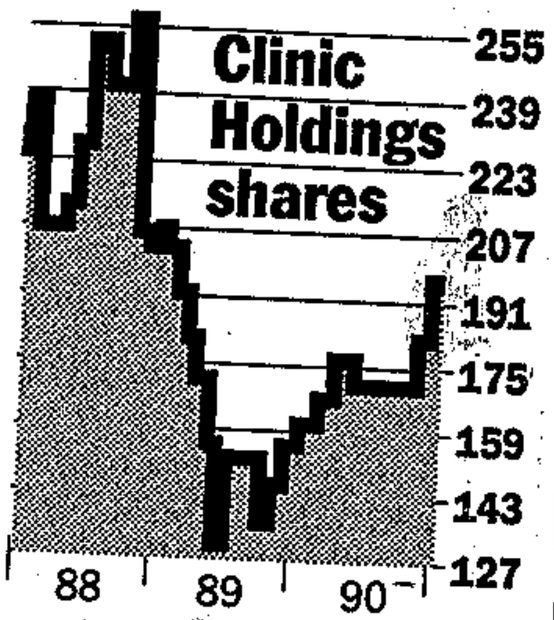
Over the year, net asset value has appreciated 24 percent from 52,6c a share to 65,0c.

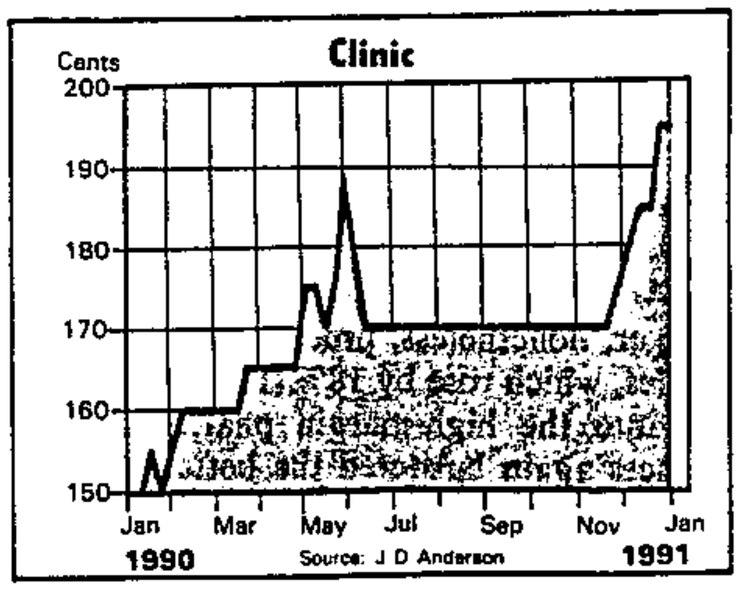
Clinic, priced at 195c, is trading on a P/E ratio of 8,2 and provides a dividend yield of 5,9 percent.

In view of the favourable prospects for the group, accumulation of the share is recommended.

COMMENT: Clinic's share price has been in an uptrend since mid-1989 and over the past six weeks the price has risen steeply from 170c to 195c.

The share has been outperforming the JSE industrial index for more than a year.





year.

With 12 hospitals under its control — including Garden City and Park Lane clinics in Johannesburg, St Augustine's Hospital in Durban and Pretoria's Jakaranda Hospital — Clinic is the largest provider of private health-care services.

Since the listing in 1987, earnings have grown at a compound rate of close to 25%. A 6% dip in EPS in 1989 was largely brought about by an adjustment in the tax rate to the current level of 50%.

In the 1990 year earnings were up by 18% and turnover — the value of which, regrettably, remains undisclosed — climbed 33%. Operating margins, weakened last year by salary and rent adjustments, are expected to improve this year with rental increases more in line with projected turnover growth.

Prospects for companies in the private health-care market look good. More people are making use of private clinics, medical aid membership is growing, particularly among blacks, and the possibility remains that parts of the health service could be turned over to the private sector.

Clinic appears to be particularly well placed. The dozen hospitals it operates have been expanded and modernised as part of a R250m capex programme conducted by its landlord, Clinic Property Holdings — a company owned by some of Clinic's major shareholders. The leases on these properties are renewable indefinitely and only the tenant can terminate them.

By leasing all its property, Clinic has kept debt to a minimum. Gearing consists of a R25m loan, repayable in 2002, which is used to pay the company's annual rent in advance. This, says financial director Stan Berger, was a prerequisite set by the property company before it would invest additional capex.

The long-term loan, which currently bears interest of 20,5%, made Clinic a net payer of interest for the first time since listing. However, interest and leasing cover stood at a very high 75,8 at year-end. Though working capital at end-September was 64% up on the previous 12 months, the company continued to finance expenditure on medical equipment — R14m last year — out of cash flow. This policy is unlikely to change in the current year, says Berger.

The company has implemented formal negotiating procedures in an effort to avoid a recurrence of last year's industrial action by its domestic workers. Berger says the dispute had no material effect on performance.

Clinic, he says, is on target to achieve its earnings projection. Shareholders can thus expect EPS for 1991 of close to 28c, with the dividend climbing to around 13,5c.

The share still looks attractive at 195c, where the historical p:e of 8,2 is higher than those for competitors Medi-Clinic (6,5) and Presmed (5,3).

Simon Cashmore

CLINIC FM 18/1/91

STAYING HEALTHY (98)

Activities: *Operates private hospitals.*
Control: *Directors 70,4%.*
Chairman: *B Hurwitz; MD: J L Hurwitz.*
Capital structure: *99m ords. Market capitalisation: R193m.*
Share market: *Price: 195c. Yields: 5,9% on dividend; 12,3% on earnings; p:e ratio, 8,2; cover, 2,1. 12-month high, 195c; low, 150c. Trading volume last quarter, 320 000 shares.*

Year to Sep	*'87	'88	'89	'90
LT debt (Rm)	—	—	22	25
Debt:equity ratio	—	—	0,34	0,31
Shareholders' interest	—	0,45	0,35	0,36
Int & leasing cover	—	—	—	75,8
Return on cap (%)	—	38,8	26,3	26,7
Turnover (index)	100	134	168	224
Pre-int profit (Rm)	24,7	36,1	39,4	48,2
Earnings (c)	12,1	21,5	20,2	23,9
Dividends (c)	—	9	10	11,5
Net worth (c)	30,5	42,3	52,6	65

* Pro-forma.

With the recession putting pressure on earnings across the board, companies that can buck the slump can still find favour with investors. A case in point is Clinic Holdings, whose shares are trading at a 12-month high of 195c. Executive chairman Barney Hurwitz believes private hospitals are immune from the business cycle and he forecasts earnings will outpace inflation in the 1991

FM 18/1/91 (98)

Bara gets world class burn unit

By LULAMA LUTI Apress 20/1/91 (98)

PATIENTS admitted with burns to Baragwanath Hospital can soon expect specialised treatment following the opening this week of a new burn treatment unit.

The R3-million unit, sponsored by a leading healthcare company, is believed to be one of the best in the world.

Said Dr Igor Demitriadis, chief of the trauma unit: "The unit will be staffed by well-trained nurses under the supervision of chief nurse, Sister Collette Maseko, who has been trained in the US."

Demitriadis said the new unit will be fully operational next month.

The unit, which will operate independently of other sections of the hospital, also has a specialist operating theatre for skin grafts.

There will be 20 to 28 beds in the new facility, with four beds in the intensive care unit, and a physiotherapy room.

Demitriadis said the hospital is concerned at the rate at which people are admitted for burns despite an ongoing education programme.

Asked what should be done when people were burnt, he advised: "Remove the source of the burn and remove the person's clothing. Then cool him or her by wrapping in a clean cloth before going for medical help."

State must draw on private health care sector

Bloan 22/11/91

JEFFREY HURWITZ

WHEN President F W de Klerk changed the political face of SA on February 2 last year, we all knew that the political changes would affect the hospital industry. Predictably, health care quickly emerged as one of the most sensitive issues on the political agenda.

Already, changes have been made. Public sector hospitals were opened to all races (private hospitals of course have been nonracial for a long time), and the recent move to bring the House of Assembly Department of Health Services under the management of National Health Minister Rina Venter was a logical next step.

While the process of integrating the myriad other health departments into the National Health Department is up to the politicians, a more urgent case must be made for involving the private sector in the state's health care planning process.

That this has not yet been done to a meaningful degree can, on the one hand, be ascribed to the rash of health care brush fires that demanded attention, but perhaps also to a lack of understanding of the role of the private health care industry.

Speaking at the opening of the Krugersdorp Hospital recently, Venter pointedly referred to the cost of private health care. This is a bone of contention for many people who detest the notion of "luxury hotels for the sick". The fact is that private hospitals now play a vital role in maintaining and increasing standards of medical care.

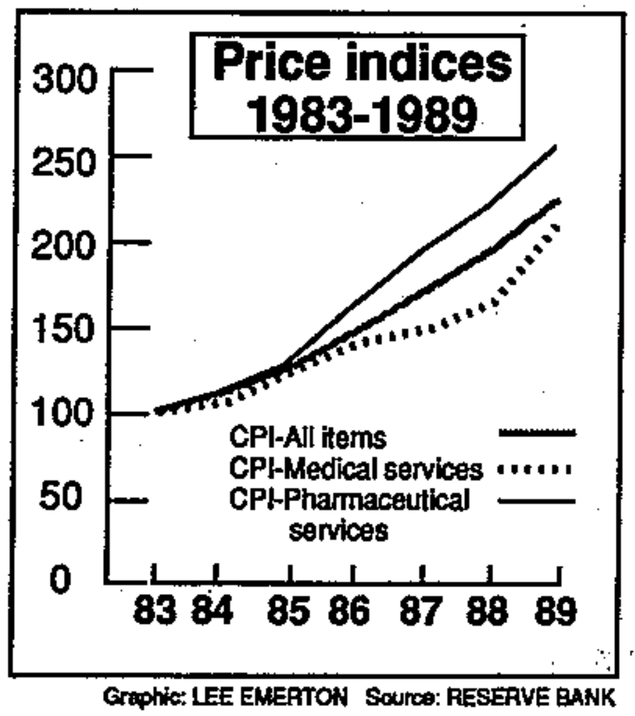
SA, as the Minister pointed out, has long been at the cutting edge of medical advances. The state is patently no longer able to carry that burden by itself. Increasingly, private hospitals are providing the environment, the technology and the money to enable medical and health care practitioners to keep SA in the forefront of advanced medicine.

The question is, do we need it? The answer is a resounding yes.

Apart from the fact that SA medical care standards are still high because a major portion of the population is willing to pay for those standards, private hospitals have become significant earners of foreign exchange, with thousands of foreign patients coming here for treatment. Now that the world is opening up to us, the flow of patients will undoubtedly increase. With private hospitals earning foreign currency, local patients benefit too.

Also, private hospitals play a vital role in ensuring that some of our best medical specialists remain in the country. For example, a prominent heart surgeon and academic recently revised his decision to emigrate because a private hospital was able to provide him with the facilities and advanced technology he needed to continue practising in SA.

Knocking private hospitals because they are profit-making businesses is short-sighted. The profit motive ensures efficient and effective management. Prof Jan Hupkes of Unisa's School of Business Leadership demonstrated this in a recent study where he found that health profession cost increases over the past six years were below the consumer price index.



Graphic: LEE EMERTON Source: RESERVE BANK

This finding may come as a surprise to consumers who may have believed that high and rising medical, dental and hospital fees are a contributory cause of high inflation in SA. Unfortunately, the same does not apply to pharmaceutical products (mainly medicines) where price rises averaged more than 20% a year over the same period. As a result the medical aid schemes have seen fit to demand a 10% discount on these items from private hospitals.

Private hospitals do not cost the state a single cent. Many private hospitals actually treat state patients at a reduced rate, where the state hospital cannot supply a particular specialised service.

Private hospital groups also contribute increasingly to education and training. Rand Afrikaans University recently opened a R250 000 high technology training centre for nurses, funded by Clinic Holdings. Private hospital groups run their own training colleges and programmes. Again, standards are high.

At the Durban nursing college, run by St Augustine's Hospital, students regularly win gold medals for academic achievement.

Clearly then, the private hospital industry is an asset to SA health care. What is needed is closer co-operation between the state and the private health industry. The urgency is demonstrated by the fact that, for instance, the neuro-surgical department at the Johannesburg General Hospital has closed down. When an indigent patient needs urgent surgery, where do they go?

Certain private hospitals have excellent facilities for such an operation, but who will carry the cost? Right now, a patient in Johannesburg who develops a brain tumour and who does not belong to a medical aid scheme has nowhere to go.

Private hospitals must be drawn into the system without delay. There is no reason why the state cannot pay for such patients to receive treatment at private hospitals. The urgency is apparent.

The time has come to create a mechanism which will allow private hospitals to assist the state in its planning and to contribute to health care management. As the Minister said: "The state and the private sector are partners."

☐ **Hurwitz is MD of Clinic Holdings.**

LETTERS

Hospital crisis over trauma 'avalanche'

Cape Times 25/11/91

Staff Reporter

THE avalanche of trauma cases at tertiary hospitals has reached crisis proportions, according to reports in the latest SA Medical Journal.

Violent behaviour and violent crime are at an all-time high and this was responsible for a "totally unacceptable level of death and injury due to trauma", the journal says.

The editorial, by editor-in-chief Dr Nick Lee, highlights the growing problem under a banner reading "Combating violence" and stresses that "the cost to the country is enormous, and the toll in human anguish immeasurable".

The article in the journal, by Dr Johan van der Spuy and Dr Blanche de Wet, claims that 145 000 patients attended state hospital services in the Cape Peninsula with fresh injuries in 1988 — 50% due to assault.

According to the article, 80% of trauma cases occur after office hours, when a lot of services have shut down and a massive load of cases consquently hits the larger hospitals.

The article said the main "brunt" of trauma management in the country will continue to fall on the state.

"In terms of injury prevention, the gap between what can be achieved and what has been accomplished remains wider than for any other disease group," said the authors.

We'll look into hospital – TPA

THE Transvaal Provincial Administration in Pretoria has announced an investigation into allegations by Earthlife Africa that Natalspruit Hospital had dumped unincinerated medical waste at the Kathlehong municipal dump.

TPA spokesman Jan van Wyk said the waste removal at all Transvaal Provincial hospitals was the responsibility of the relevant local authority. In the case of Natalspruit, Kathlehong municipality had a subcontractor remove its waste.

Human tissue was incinerated at all TPA hospitals except Baragwanath, where it was removed for incineration elsewhere.

Earthlife Africa alleged this week that Natalspruit Hospital was illegally depositing unincinerated medical waste, including blood bags, used needles, plaster casts and medicine bottles.

Experts believed this waste could cause the spread of hepatitis and Aids, as the dump was unfenced and a mere 30 m away from residential houses, Earthlife said. — Sapa.

Bara cracks theft racket

By CHARLES MOGALE

SOWETO's Baragwanath hospital has cracked a massive racket in which more than R100 000 was allegedly siphoned from the hospital's funds into employees' bank accounts.

Informed sources this week told *City Press* that six employees were involved and the police had been called in. The six are still at work pending charges of fraud brought by the Orlando police.

Baragwanath's public relations officer Annette Clear has confirmed the discovery of the racket, but said no further comment could be made "because the matter is still sub judice".

The hospital funds were allegedly systematically drawn from the hospital's coffers and credited to the accounts of the six employees over a period of three years.

According to sources, an employee in the salaries division of the hospital wrote out cheques monthly to members of his syndicate. The scheme was uncovered when he went on leave and a stand-in clerk could not balance the books.

Hospital authorities called in an auditor, who discovered the fraud. The police were then called in and the arrests followed.

Capt Joseph Ngobeni of the Soweto police has confirmed that six people have been charged and will appear in court soon.

Scheme to help Bara

Star 2/2/91

SOWETO's Baragwanath Hospital is again in need of funds to upgrade facilities which the hospital's Government-funded budget does not cover.

Mike Murphy, of Belgravia, this week contacted the Saturday Star in connection with resurrecting the "Beds for Bara" scheme.

The "Beds for Bara" project, which was publicised in this newspaper, arose out of the drastic shortage of beds at the hospital. And the scheme meant the public and private sector got involved in fundraising for the buying of hospital beds.

However, Mr Murphy said this time the project would be called Hospital, Equipment, Locks and Paint (Help) fund.

Hospital public relations

PAT DEVEREAUX

spokesman Annette Clear said: "The hospital needs some specialised beds for the sophisticated burns unit, which was recently opened.

98

Winter

"The trauma unit needs repainting and it would be nice to have tracksuits for child patients in winter," she added.

Anyone who wishes to get involved with the project can contact Mr Murphy at (011) 614-7894 (h) or (011) 635-0241.

Donation cheques should be made out to the Baragwanath Hospital Board Fund and posted to 17 Riemers Street, Belgravia, 2094.

Fraud case suspect leaps from 10th floor

Star 2/2/91 (98)

CRIME STAFF

A SUSPECT who accompanied policemen to a flat in Hillbrow yesterday died in a 10-storey fall after he jumped from a bathroom window, a Witwatersrand police spokesman said in a statement.

"At about 3 am police visited a flat situated at 1008 Nedbank Plaza, Pretoria Street," the statement said.

"The policemen were investigating a fraud case and they were accompanied by a suspect. The suspect, Ali Methsheng (age unknown), went into the bathroom. He then locked the door from the inside.

"While the police were still questioning the other occupants of the flat the suspect jumped from the window. He was killed instantly. The police are investigating the incident."

Transvaal hospitals still racist – union

(98)

Star 11/2/91

By Therese Anders
Highveld Bureau

The Transvaal Provincial Administration's Middelburg Hospital has been accused of " cutting corners on black patients' food to provide luxuries for whites".

A spokesman for the National Education, Health and Allied Workers' Union (Nehawu) said the TPA was charging patients the same fees irrespective of race.

Yet black patients received greatly inferior meals and facilities to those given to whites.

He said this was particularly unfair when black private patients were being charged R170 a day.

"Black private patients get exactly the same food and service as those paying R15 for their entire stay in hospital.

"For R170 a day they get soft porridge and dry bread and jam for breakfast, pap and vleis for lunch and soup and two slices of bread for supper.

"In the white wards private and hospital patients — who might only be paying R15 for their stay — get eggs and bacon, toast, butter and jam, a proper meal with vegetables, salad and pudding for lunch, and maybe macaroni and fruit for supper."

He said biscuits were served with tea for white patients, but not for blacks.

The spokesman said Nehawu had attempted to bring up the issue of patients' treatment during the union's latest meeting with Middelburg Hospital management and the TPA.

"We were told we could not discuss patients' grievances. The TPA representative said the plight of the patient was being aired in the media, so that is where we are turning."

He said the TPA's recent statement to The Star that all TPA hospitals were desegregated was "a joke".

"They have desegregated the prices but not the service.

"Middelburg Hospital has race signs at every turn and the hospital is strictly segregated.

"While private black patients lie mixed-up in over-crowded wards with hospital patients the white wards are half empty," the spokesman said.

There was a modern nursing home on the grounds which was available only to white nurses, and the hospital creche catered only for the children of white employees.

He said there were even separate entrances for the X-ray unit and dispensary.

The TPA's assistant liaison director Jan Loubser denied Middelburg Hospital was cutting corners with black patients to provide luxuries for white patients.

He said the hospital's superintendent had claimed that all patients received the same meals but black patients could choose western or traditional dishes.

If there was a demand by black nurses to use the presently whites-only nursing home they should apply to the superintendent and it would be considered, he said.

The same applied to those black staff wanting to send their children to the creche.

Black private patients 'are being robbed'

Highveld Bureau

Transvaal Provincial Administration hospitals in the platteland are continuing to put black private patients — at R170 a day — into crowded dormitory-type black wards while many rooms in white wards remain empty.

This has been alleged by the Middelburg branch of the National Education, Health and Allied Workers' Union (Nehawu).

Last month Atul Patel, a doctor at Witbank Hospital, made the same claim in a statement to The Star.

Dr Patel said black private patients, who are mostly people who belong to medical aid schemes or those covered by the Workmen's Compensation Act, received the use of "greatly inferior, overcrowded facilities", while modern well equipped white wards remained relatively empty.

A spokesman for Nehawu in Middelburg said the TPA was robbing black private patients.

"It is patently unfair to charge them the same as whites when the black patient gets third class treatment and facilities for his money.

"We demand that TPA hospitals be desegregated, and that black private patients be put into the empty luxury beds of what is presently the white section."

The TPA assistant liaison director Jan Loubser commented: "Patients are not purposely segregated on racial lines, but by cultural and language affiliation."

He said he believed black private patients "get a fair deal" paying R170 a day.

"If there is no bed available at the black side then there is no problem accommodating black patients with whites."

CPA denies plans to sell Somerset Hospital

Staff Reporter

SOMERSET Hospital has not been sold "nor is it the intention to sell or dispose of this hospital in the foreseeable future", the deputy director of Hospital and Health Services for the CPA, Dr G Watermeyer, said in a statement yesterday.

This decision was taken at a meeting last Friday and it was decided to issue a statement because of "speculation in the press regarding the alleged or intended sale" of the Green Point hospital.

A spokesman for the CPA however said in November last year the 128-year-old hospital — the oldest in the country — could be sold to finance the building of a new hospital on the Cape Flats.

This brought a storm of protest from local residents. The city council also strongly opposed the move.

Councillor Dr John Sonnenberg compared the move to "selling the family jewels" and called it a "ludicrous" proposal.

He said yesterday the CPA's statement "clearly indicates a change of heart and a reversal of their previous intentions. They had said at the time that they wanted to test the market on the sale of the hospital."

The provision of a hospital on the Cape Flats was of vital importance but was not linked to the sale of Somerset, he added.

Hospital may be closed

SILOAM Hospital in Venda may be closed at the end of February following a three-month-old a labour dispute that has resulted in most white doctors leaving the area.

Venda Director-General of Health, Dr JP Mccwutcheone, said of the eight doctors at Siloam Hospital two had left last month, three were serving notice, while two others would leave in April.

Mccwutcheone described the situation at the hospital as "grave and very serious" as the estimated 200 000 people served by the hospital were faced with a diminished health service, which could eventually collapse.

He said the doctors were leaving because nurses were no longer carrying out doctors' orders on the treatment of patients.

The hospital has been the scene confrontation between management and workers since last November. - *Sapa.*

Costs crisis hits Groote Schuur hard

CAPE TIMES 14/2/91

98

By GLYNNIS UNDERHILL
Medical Reporter

GROOTE SCHUUR Hospital is facing a financial crisis that is forcing it to cut costs by up to R1,5 million by the end of the financial year.

Chief medical superintendent Dr Jocelyn Kane-Berman denied claims by staff yesterday that the authorities were preparing to close beds in the new hospital within a week to meet the March 31 deadline.

The hospital was not intending to close any beds, she said.

"We have not made any decisions. We need to reduce expenditure and we are considering a wide variety of options," she said.

The closure of beds was just one of the suggestions made at a "think-tank" meeting, said a hospital spokesman who declined to be named.

Emergency meetings of heads of staff were called to discuss the savings operation, a hospital source said.

"They are now deciding which beds would be the least traumatic to close and have asked for the co-operation of the staff," said the source.

The spokesman for Groote Schuur said the inquiry by the Cape Times was "premature".

"It is not a plan — it has only been suggested and is being considered."

The spokesman confirmed that department heads had held a "think-tank" to decide how to save money and many suggestions had been made.

He also confirmed that the amount to be saved before the end of the financial year was around R1,5m.

A supreme effort would be made to reduce the costs, he said.

The Cape Provincial Administration spokesman, Mr Van Heerden Heunis, said an announcement would be made "in due course".

"No final decision on the curtailment of the health and hospital services has been taken so far," he said.

400 workers at Lesedi Clinic strike over pay

ABOUT 400 workers, including nurses, went on strike at Soweto's Lesedi Clinic early yesterday morning support of a demand for higher wages, a union leader said.

A spokesman for the clinic said the stoppage was illegal and accused the National Education, Health and Allied Workers' Union of negotiating in bad faith.

The strikers gathered outside the clinic about 6.45am, singing and dancing. Mr Alfred Motsa, a Nehawu spokesman, said the strike would go on until demands for a R950 minimum wage and reinstatement of several dismissed nurses had been met. Sowetan 15/2/91

Dispute

"Workers are not at their posts this morning," said Mr J Neshehe, manager of the clinic yesterday.

"We are still trying to find out what is happening." 98

Neshehe said the clinic was not in dispute with the workers, saying negotiations which began in November were still in progress.

"I can't divulge contents of confidential negotiations with the union. If they (union) divulge, they're negotiating in bad faith. It's an illegal work stoppage," he said. - *Sapa*.

Top doctor moved, files court action

Cam-Times 15/2/91 (98)

Medical Reporter

THE former medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser, has been replaced — and he is taking the matter to the Supreme Court.

Dr Loubser has been transferred to the Western Cape regional office of the hospital and health services branch, according to a spokesman for the Cape Provincial Administration.

He had been replaced by Dr P G Morris, the spokesman added.

An application by Dr Loubser had been made to the Supreme Court and is to be heard on March 8, he said.

Dr Loubser would not confirm yesterday that he was contesting his transfer. He refused to give details of his application to the Supreme Court.

A deputation of doctors from four government hospitals in the group allegedly asked last year that Dr Loubser be removed.

Complaints about the administration of False Bay, Victoria, Lady Michaelis and Princess Alice hospitals were first made in October, according to a source who declined to be named.

Medical Reporter

Hospital debts crisis to be raised with Watermeyer

REGIONAL hospital authorities are to meet the deputy director of health and hospital services, Dr George Watermeyer, today to discuss the looming financial crisis that see cuts in health services.

"Drastic savings" need to be made at provincial hospitals to clear arrears before the end of the financial year, according to hospital sources.

Each hospital would trim services according to its level of overspending, they said.

A doctor at a provincial hospital said inflation in medical services was nearing 20%.

Natalspruit hospital crippled by strike

By BULI SIWANI

NATALSPRUIT Hospital on the East Rand has been crippled for nearly a week, after the entire black workforce went on strike on Tuesday.

The workers – including several nurses, clerks and cleaners – downed tools on Tuesday following an incident the day before when a worker was shot by security guards.

Hospital worker Dan Nyawo – who is also a spokesman for the National Education, Health and Allied Workers Union – said the latest action has its roots in a 1987 strike.

After the strike was resolved workers were promised unconditional re-employment, he said.

"However, whenever we apply for housing loans and promotions, there is always victimisation of shop stewards and other workers who led the 1987 strike."

Nyawo said he tried to point out the seriousness of the situation to the authorities by staging a sit-in on Monday at the office of the hospital's secretary, H de Wet, but was locked in for six hours.

When security staff were called in to evict him, Isaac Mmotong was shot.

Workers started their strike the following day.

Hospital authorities were not available for comment.

Cape Times 18/2/91

Cape hospital beds could still be closed

By GLYNNIS UNDERHILL
Medical Reporter

IT was "not impossible" that hospital beds in Cape provincial hospitals would be closed to save money before the end of the current financial year, the administrator of the Cape, Mr Kobus Meiring, said yesterday.

Mr Meiring met health and hospital authorities on Friday to discuss the drastic savings needed to clear hospital arrears before the end of March.

He declined to give any indication of the decisions taken at the meeting and said an announcement on the looming cost-cutting measures would be made later this week.

"We won't close any beds before we make it public," he said.

Asked if this indicated that beds could be closed to save money, Mr Meiring said this was "not impossible".

He said the meeting had been an "in-house affair" and clarity on financial issues was still being sought.

Mr Meiring defended the management of the academic hospitals.

He said the reason for the present financial crisis in Cape provincial hospitals was the large size of the province and the vast urbanisation taking place.

Thousands of people were streaming into the metropolitan areas, he said, causing a strain on hospital management. Efforts would be made to improve the situation in the future.

He said the possible cutback in services was not the beginning of a decline in the standards of medicine in the Cape.

"We cannot allow South African medical standards to degrade as they did in many African states," he said.

● The Transvaal MEC for hospital services, Mr Fanie Ferreira, said yesterday hospitals in the province would be able to carry on all services until the end of the financial year.

Counter Officer
Mail Handling Officer
General Clerk
Sorter
Typist
Exchange Superintendent
Telcom Assistant
Telephonist
Clerk
Assistant Administrative Officer
Security Officer
Postman
Part-Time Branch Postmaster
Part-Time Sorter
Senior Telcom Electrician
Technician
Telcom Officer
Assistant Telcom Officer
Senior Telcom Assistant
General Assistant, 1
General Assistant, 2
General Assistant, 3
Cook
Senior Superintendent
Telcom Electrician

(2) No. No need exists in this regard as no official's services will become redundant.

SAP action

*8. Mr P H DE LA REY asked the Minister of Law and Order:†

Whether members of the South African Police took any action against the persons who, on the day on which Mr Oliver Tambo arrived at the Jan Smuts Airport, allegedly removed the flag of the Republic and replaced it by an ANC flag; if not, why not; if so, what was the nature of the action taken?

B71E

The MINISTER OF LAW AND ORDER:

No, not against any particular person or persons, because those concerned could not be identified in the large crowd.

On 13 December 1990 at approximately 13:17, the South African Police noticed that the flag of the Republic in front of the Jan Smuts Airport Building was being replaced by an ANC flag. With the help of, *inter alia*, the Dog Unit, the Police moved into the crowd of approximately 7 000 to 8 000 people and lowered a small ANC flag and replaced it with the flag of the Republic.

Petrol/dieseline: amount received

*9. Mr P H DE LA REY asked the Minister of Finance:†

What total amount did the State receive from the sale of (a) petrol and (b) dieseline in the Republic during the latest specified period of 12 months for which figures are available?

B72E

The MINISTER OF FINANCE:

In the period 1 January 1990 to 31 December 1990 a net amount of R4 389 million accrued to the State from the sale of petrol and diesel. Itemization amounts cannot be furnished as the Petroleum Products Act 1977, (Act No. 120 of 1977) prohibits the disclosure of sale statistics of individual petroleum products.

Paul Kruger Memorial Hospital: alterations

*10. Dr W J BOTHA asked the Minister of National Health:†

Whether any alterations of and/or extensions to the section for Blacks at the Paul Kruger Memorial Hospital in Rustenberg are being planned; if so, (a) what progress has been made in this regard, (b) what total amount has already been appropriated for this purpose and (c) when will these alterations and/or extensions be commenced?

B73E

The MINISTER OF NATIONAL HEALTH:

Yes, planning for extensions is taking place,

(a) the Bill of Quantities is nearly completed and the planning is therefore just short of the tender stage,

(b) no amount has been appropriated in the current financial year for this purpose and

(c) if funds are available, probably 1992/93.

Certain person: retirement benefits

*11. Dr W J BOTHA asked the Minister of Foreign Affairs:†

(1) Whether a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, received any retirement benefits from the State when he left the Public Service; if so, what retirement benefits;

(2) whether these benefits were paid in terms of existing regulations; if so, in terms of what regulations; if not,

(3) whether any special arrangements were made in respect of the payment of these benefits; if so, what are the details of these arrangements?

B74E

The MINISTER OF FOREIGN AFFAIRS:

(1) No, he did not receive retirement benefits from the State, but he did receive a resignation benefit.

(2) The resignation benefits was paid in terms of Regulation 13(1) of the Government Service Pension Act, 1973 (Act 57 of 1973);

(3) Not applicable.

Pollsmoor prison: purchase of land

*12. Mr J H MOMBERG asked the Minister of Correctional Services:†

(1) Whether it is the intention to purchase land in Tokai with a view to expanding the Pollsmoor prison; if so,

(2) whether this land has already been purchased; if not, why not; if so, when are the building operations expected to be commenced?

B79E

The MINISTER OF CORRECTIONAL SERVICES:

(1) There is no intention of purchasing land in Tokai. Application was made however to retain land at Westlake, which currently belongs to other State Departments, for the Department of Correctional Services should those State Departments decide to withdraw. No purchase transactions will be involved but only transfer of land.

(2) No, no land was purchased in Tokai. Land was however purchased in Retreat (Steenberg) during 1970. Building works will, in all probability and if funds are made available, commence during 1991/92.

Suburban trains: crime

*13. Mr J H MOMBERG asked the Minister of Law and Order:†

(1) Whether there has recently been an increasing tendency in crime on suburban trains between Simonstown and Cape Town; if so, what are the relevant details;

(2) whether any steps are being taken to combat this crime; if so, what steps?

B80E

The MINISTER OF LAW AND ORDER:

(1) No, during the three months from 1 November 1990 to 31/January 1991, 51 serious crimes were committed on trains between Simonstown and Cape Town, in comparison with 73 crimes during the corresponding period a year previously. This represents a decline of 69,86%.

The details are as follows:

	Nov 89	*Dec 89*	*Jan 90*	*Nov 90*	*Dec 90*	*Jan 91*
Theft	1	2	3	2	—	—
Theft from person	5	7	7	3	5	5
Rape	—	2	—	—	—	—
Robbery	12	8	18	6	18	7
Attempted robbery	—	—	—	—	—	3
Armed robbery	1	—	—	—	1	1
Attempted murder	—	—	1	—	—	—
Sodomy	—	—	1	—	—	—
Assault with intent to do grievous bodily harm	—	3	2	—	—	—
	19	22	32	11	24	16

(2) In addition to the deployment of mobile units of the South African Police on this, as well as other rail trajectories countrywide, the Rail Commuter Corporation, in co-operation with the South African Police, is at present safeguarding Rail Commuter Stations, which will ensure more effective access control, in order to more effectively keep criminal elements off trains.

Extradition of certain persons

*14. Mr L FUCHS asked the Minister of Justice:

(1) Whether a request has been received from the Namibian Government for the extradition of (a) Mr Leonard Veenendal and (b) Mr Darryl Stopforth; if so, with what result;

(2) Whether he has received a request for indemnity against prosecution from certain persons, whose names have been furnished to the Minister's Department for the purpose of his reply; if so, (a) what was the outcome of the request and (b) what are the names of the persons concerned;

(3) whether he will make a statement on the matter? B91E

The MINISTER OF JUSTICE:

(1) Yes.

In terms of the Extradition Act, 1962 (Act 67 of 1962), the court must hold an enquiry to establish whether the persons referred to are extraditable or not. The enquiry has been postponed until 22 February 1991.

(2) Yes.

(a) The applications are currently being considered but no final decision has as yet been taken.

(b) Leonard Veenendal, Darryl Stopforth and Arthur Archer.

(3) A statement is not necessary.

State lottery

*15. Mr M J ELLIS asked the Minister of Finance:

(1) Whether any investigation has been undertaken by his Department into the potential benefit of a state lottery or bonus bond system in finding additional funds for health, welfare, education or housing; if so, what were the findings of this investigation; if not,

(2) whether such an investigation is envisaged; if not, why not? B99E

The MINISTER OF FINANCE:

(1) No.

(2) No, since it is not policy to seek funds from state lotteries or bonus bond systems.

New hospitals: moratorium

16. Mr M J ELLIS asked the Minister of National Health:

(1) Whether a moratorium was placed on the building of new hospitals; if so, (a) when and (b) in respect of what categories of hospitals;

(2) whether the moratorium is to be lifted this year; if not, why not; if so, which new hospital projects are to be given priority? B100E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) 6 December 1989 and

(b) community hospitals, regional hospitals and academic hospitals;

(2) The building, and commissioning of new hospitals are subjected to the availability of funds. The optimal utilization of existing facilities is first priority. The moratorium is applicable as long as funds are not available. Because determining of needs in respect of all hospitals deliver sufficient proof of the necessity that there is a need for these hospitals, it has been decided to proceed with the planning phase of the following hospitals:

Ermelo Hospital
Soweto Hospital
Red Cross Hospital
Durban Academic Hospital.

As soon as funds are available the projects can be proceeded with.

The planning phase of Garankuwa Hospital, Bothaville Hospital and Botshabelo Hospital has been completed. As soon as funds are available the projects can be proceeded with.

SAP: current strength

*17. Mr A J LEON asked the Minister of Law and Order:

(a) What is the current strength of the South African Police Force, (b) how many persons have joined the Police Force for the first time since 1 June 1990 and (c) in respect of what date is this information furnished? B104E

The MINISTER OF LAW AND ORDER:

(a) 90 945 members, including members of the Municipal Police, Special Constables and National Servicemen.

(b) 13 876.

On the other hand the South African Police lost 4 060 members due to deaths, discharges, retirement or medical unfitness and completion of national service.

(c) Until 12 February 1991.

FSAB: report

*18. Mr A J LEON asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether he has received a report from the Free Settlement Areas Board concerning its investigation in 1990 into the desirability of proclaiming certain Johannesburg suburbs, including portions of Houghton, Yeoville, Hillbrow and Joubert Park, as free settlement areas; if so,

(2) whether he will comment on the findings of this report; if not, why not; if so, what were the findings;

(3) whether the report will be published; if not, why not; if so, when? B105E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(1) Yes.

(2) No. The report is a confidential document which contains information to enable the State President to take a decision in terms of section 2 of the Free Settlement Areas Act, 1988.

(3) No, for the reason stated in (2) above.

Elizabeth Donkin Hospital: investigations

*19. Mr E W TRENT asked the Minister of National Health:

(1) Whether investigations are in progress with a view to closing the Elizabeth Donkin Hospital in Port Elizabeth; if so, (a) when and (b) to which hospitals or institutions will the patients be moved;

(2) whether the hospital buildings will be taken over by another Government Department; if so, what are the relevant details; if not, what steps will be taken in respect of these buildings? B107E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) in order to rationalize and improve services and

(b) the Provincial Hospital in Port Elizabeth, the Dora Nginza Hospital, the Tower Hospital and any other psychiatric hospital that is considered suitable;

(2) the take-over or letting of the hospital buildings are still under consideration.

Group Areas: persons prosecuted

*20. Mr L FUCHS asked the Minister of Justice:

(1) Whether any persons were prosecuted in terms of the Group Areas Act, No 36 of 1966, in 1989 and 1990; if so, how many;

(2) whether he will furnish the House with the names of the persons so prosecuted; if not, why not; if so, what are their names;

(3) whether he will give the assurance that, prior to the repeal of this Act, no further prosecutions will be instituted against persons contravening it? B146E

The MINISTER OF JUSTICE:

(1) Yes.

1989	1990
67	10

(2) The required information in respect of 1989 is not readily available in the Department. To obtain the information, various records will have to be examined, which is not economically feasible.

In respect of 1990—yes. The names are as follows:

L N Ngema
V Manamela
O Skosana
A M Mhehtar
J Lubamba
D Comyn
M J da Silva
I A S Bemath
P Kahtz
R R Weyer

(2) Whether he has received a request for indemnity against prosecution from certain persons, whose names have been furnished to the Minister's Department for the purpose of his reply; if so, (a) what was the outcome of the request and (b) what are the names of the persons concerned;

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R R Weyer

Somerset Hospital 'absolutely crucial'

ACC 20/2/91

98

By SHARON SOROUR
Staff Reporter

PLANS to sell Somerset Hospital in Green Point were dismissed by the City Council as "illogical, insensitive and absolutely crazy".

Councillor Dr John Sonnenberg told this to a meeting of the Green and Sea Point Ratepayers' Association at the Sea Point Civic Centre last night.

He said the council thought the Cape Provincial Administration's decision to "test the market" in November by putting the hospital up for sale was "mad".

The CPA reasoned that the hospital was under-used and money was needed to build a new hospital in Khayelitsha.

Dr Sonnenberg denied claims that the hospital was under-used.

Net gain

According to statistics, in 1989, 158 000 people attended the hospital as outpatients, 19 000 people were treated as inpatients and 3 600 babies were born.

"Somerset Hospital makes provision for 758 beds. The Khayelitsha hospital would have provided 800 beds. So the net gain would have been 42 beds.

"The CPA has also spent R20 million upgrading the old and new sections of the hospital over the past three years — this was going to be thrown to the wolves. For what?" he asked.

Dr Sonnenberg said the CPA ignored certain other factors:

- Sea Point was becoming increasingly densely populated.
- The planned Victoria and Alfred waterfront development would bring thousands of people to the area.
- District Six was shortly going to be populated by at least 20 000 people.

"What is supposed to happen to the people who live in the area? A hospital is absolutely crucial here and it not only serves residents but the whole of Cape Town," he said.

Somerset Hospital was also conducting research into treating Aids.

While the CPA said it wanted to "test the market", people from certain financial institutions were asking "How much?" two days after the sale notice went out, he said.

Dr Sonnenberg said the hospital in Khayelitsha was necessary and still had to be built.

The decision to sell the hospital was reversed about eight days ago after a public outcry.

"This illustrates the power of the democratic process and it is a triumph for common sense and a victory for reason over bureaucratic decision," he said.

Sex abuse warning at hospital

By Henry Ludski

STAFF at a psychiatric hospital in Mitchells Plain, Cape Town, have been given a stern warning that cases of sexual abuse of patients will not be tolerated.

Future cases would be handed over to the police.

This week, the senior medical superintendent at Lentegeur Hospital, Dr Ahmed Gamieldien, confirmed that an "ethics committee" had been appointed on February 1.

From next week wards at the hospital — which since its inception six years ago were for both sexes — would be converted into single-sex wards, he said.

It is understood that these measures were introduced in an attempt to end incidents of sexual abuse, but Gamieldien denied this.

However, he confirmed that a circular had recently been sent to staff warning them of the seriousness of sexual offences.

Problem

"From time to time it becomes necessary to remind staff of certain clauses in the Mental Health Act, but the circular has nothing to do with a problem of sexual abuse at the hospital," said Gamieldien.

He said the single-sex units had been introduced in response to "requests from the community", sections of which were still generally conservative and who had reservations about mixed wards.

Gamieldien described the hospital, which has about 2 000 patients and staff, as a "small village" where "one can expect anything to happen".

However, "nothing alarming" was happening at the hospital.

He said the ethics committee had been introduced to "give staff a say" in cases where there are complaints against them and to look at disciplinary procedures.

Spokespersons for the Department of Health and Welfare in the House of Representatives and the Minister of Health and Welfare, Reverend Chris April, could not be reached for comment.



A PLACE TO STUDY. Some of the Transvaal pupils who have been registered at Zeekoevlei Secondary School PICTURE: YUNUS MOHAMED

More Soweto pupils at Cape schools

THE number of pupils from the Transvaal, mostly from Soweto, who have been brought down to Cape Town and accepted at Peninsula schools, has risen to 156.

The children have swopped schools because of the "education crisis in the Transvaal", according to Mr Anthony van Wyk, coordinator of a company involved in placing the children in Cape Town schools and providing them with accommodation.

"There is virtually no schooling in the Transvaal and the education system there is just not on track."

Van Wyk said 84 pupils had been registered at Glendale Secondary School in Mitchells Plain and 36 at Zeekoevlei Secondary School. The rest would be registered at schools in the Wynberg district.

Pupils are accommodated in newly-bought houses at Strandfontein Village.

Pupils pay up to R3 000 a year for accommodation and school fees.

Already 270 other prospective students have been turned away because of a lack of space.

Van Wyk said the Urban Project and Finance company was formed in Johannesburg last year.

Although it was a property development company, it had an "obligation" to ensure that children found a place in schools.

The company was also involved in plans to accommodate students who cannot find places in campus residences at the University of Cape Town and the University of the Western Cape.

"I believe there are many students squatting in places like Crossroads because of the residence crisis in local universities," said Van Wyk.

There were 370 students on the company's waiting list; 28 of these would be accommodated in houses in Strandfontein Village early next week.

Pamphlet smear against civic leader

SMEAR pamphlets hitting out at a Pietermaritzburg civic leader containing a fake front page article of SOUTH have been distributed in Pietermaritzburg.

The secretary of the Happy Valley Civic Association, Mr Mervyn Dirks, was never interviewed by SOUTH and the story had never appeared in the newspaper.

Until last week, Dirks was unaware that SOUTH existed.

Thousands of copies of the pamphlet, with the headline "People, Read This and Think!", were distributed last Monday and Tuesday.

Dirks said this week that the pamphlets were lying in the streets in four "coloured" townships last Monday.

On Tuesday morning, they were again distributed in the area where he lives, Happy Valley.

"I suspect who is responsible for the pamphlet, but I have no proof," he said.

"This is not the first time I have been attacked and I am not intimidated by these pamphlets."

Dirks said his wife was upset as her name has also been used in the smear pamphlet.

sion (HRC) in a press statement.

"It has been the experience over the years of the state of emergency that the veil of secrecy drawn across political detentions and arrests has had the effect of severely limiting the ability of monitoring groups like the HRC to record damage to property or mu

On Wednesday this wee 62 prisoners held under S the Internal Security Act rica, 52 under the Public in Transkei and 11 under Security Act in Ciskei.

Funds needed for ex primary reception ce

By Waghied Misbach

FUNDS are urgently needed to renovate a building bought recently to house returning exiles.

The St Anne's Home in Woodstock, Cape Town, formerly a home for single pregnant women, was bought by the Cowley House management committee for R440 000 earlier this year.

The building, with bed spaces for 100 people, will be used as a primary reception committee for the returnees, a spokesperson for Cowley House said on Tuesday.

But the home still nee renovations that would co gion of R200 000, acco National Coordinating Co the Repatriation of South iles (NCCR).

Regional Coordinator o Imam Hassan Solomons s his organisation had spok organisations about funds.

He said he was hoping be coming "quite soon".

"This primary reception vitally important as the ret is very near," Solomons s

Deadloc insuranc dispute

AFTER two weeks of st workers and manageme jor insurance company deadlock.

About 3 000 workers o politan Life Insurance cor striking when negotiations single central bargaining deadlock earlier this mont

The workers are member African Commercial, Cate lied Workers Union (Sacc

A Saccawu Western Cap son, Mr Leslie Appolis, s been no contact between and striking workers sin meeting on February 7.

Appolis said the only c when Metropolitan Life Supreme interdict to prev from having a sit-in at the offices in Cape Town.

Appolis said managemen to budge on the workers' single bargaining unit. T prefers decentralised bar sales representatives and respectively.

A spokesperson for Metro Mr Phil Solomon, confirm pany remained in deadlo union.

However, he said the co concerned about the "wave tion" that was taking plac branches.

Honour fo

ARCHBISHOP Desmon week was awarded an ho torate — his 36th — fr tional University of Ben nition of his role in enco growth of multiparty de South Africa.

A few days earlier he honorary doctorate from S versity in Florida, in the U

Health facilities are best available

TWO new medical facilities recently opened their doors, providing the far northern Transvaal region with modern and rapid emergency care.

One of the equipment and existing additions is a privately funded 100-bed private hospital in Pietersburg for medical aid patients.

With the opening of the new Pietersburg Provincial Hospital, the far northern Transvaal region has a 250 bed capacity, 10 operating theatres and three casualty sections.

This hospital serves most of the far northern Transvaal and is also the largest of the institutions with 864 beds.

Provincial Administration's Provincial Training Hospital, which has a 14-bed municipal isolation hospital.

The municipal runs a municipality also local region.

Services provided free of charge.

According to the latest statistics, more than 100 medical practitioners represented in every specialised practice in Pietersburg.

The majority of practices are in Pietersburg.

The majority of practices are in Pietersburg.

Rapidly

This has enabled to respond rapidly to emergencies from the only fully equipped helicopter service in the Transvaal are for medical

Pietersburg has a helicopter service in the Transvaal are for medical

Pietersburg has a helicopter service in the Transvaal are for medical

Pietersburg has a

Babies' deaths probe

ARGUMENT to the Cillie Commission of Inquiry investigating the eight-day strike at Garankuwa Hospital last year - which allegedly caused the deaths of 23 babies - will be presented on April 29.

Mr Justice PM Cillie adjourned the hearing on Wednesday for counsel to present their arguments.

The commission was appointed to formulate recommendations aimed at avoiding future strikes at provincial hospitals.

Bed charts

Earlier this month, the commission heard there was inadequate information provided on the bed charts of the premature babies who died during the strike in April last year.

This made it impossible to determine the exact causes of the deaths.

Dr Peter Cooper, head of the newborn babies unit at Baragwanath Hospital, told the commission that from notes available, it was impossible to draw any conclusion with confidence.

The head of the paediatrics department and senior lecturer at Medunsa, Dr Cornelia van Dyk, said most of the premature babies who died during the strike could have survived under normal circumstances.

She told the commission that X-rays were not done, food was supplied irregularly and that resulted in the deaths of the infants a few days after they were admitted.

Van Dyk also said that nurses were not concentrating on their jobs because of intimidation and stress. - *Sapa*.

Storm brews at hospital

A STORM is brewing at Gazankulu's Khensani Hospital in Giyani because the homeland's Department of Health has issued a circular telling health workers to speak only English when at work.

The circular was issued by director of heath services, Dr FR Maluleke.

All health workers were ordered to sign the circular.

Nurses believe the decision was taken to appease a foreign doctor who had complained that a doctor and some nurses who were telling jokes in Shangaan may have been doing so at his expense.

Dr Maluleke refused to comment.

into account and measured against the requirements set for a certain post when their suitability for such a post is being considered.

(2) No. Public Service bursaries are awarded with academic merits as the main criterion to determine the relative merit of each case irrespective of race or colour;

(3) No.

Own Affairs:

Bed occupancy rate

10. Mr M J ELLIS asked the Minister of Health Services:

What was the average bed occupancy rate in 1990 in each specified hospital falling under the control of his Department in (a) Natal, (b) the Orange Free State, (c) the Cape Province and (d) the Transvaal?

B103E

The MINISTER OF HEALTH SERVICES:

(a) *Natal*

Grey's Hospital	— 61,5%
Hillcrest Hospital	— 93,75%
Greytown Hospital	— 29,67%

(b) *Orange Free State*

Voortrekker Hospital	— 59,9%
Bethlehem Hospital	— 55,15%
Sasolburg Hospital	— 51,0%
Jagersfontein Hospital	— 43,58%
Zastron Hospital	— 21,52%

(c) *Cape Province*

PE Hospital	— 59,46%
Volks Hospital	— 39,30%
William Slater Hospital	— 30,71%
Walvisbay Hospital	— 38,08%

(d) *Transvaal*

Andrew McColm Hospital	— 40,6%
Bernice Samuel Hospital	— 38,6%
Bloemhof Hospital	— 42,1%
Brits Hospital	— 76,0%
Delareyville Hospital	— 28,8%
Duiwelskloof Hospital	— 50,6%
Edenvale Hospital	— 48,2%
Elsie Ballot Hospital	— 50,5%
Evander Hospital	— 46,6%
F H Odendaal Hospital	— 59,3%
Gen. De la Rey Hospital	— 40,1%
Groblersdal Hospital	— 41,2%
H A Grove Hospital	— 51,7%
Hendrik v.d. Bijl Hospital	— 59,9%
J G Strijdom Hospital	— 33,7%
Kempton Park Hospital	— 56,0%
Louis Trichardt Memorial Hospital	— 41,2%
Ontdekkers Memorial Hospital	— 41,5%
Paardekraal Hospitaal	— 54,0%
Phalaborwa Hospital	— 51,4%
Pretoria West Hospital	— 45,4%
Sannieshof Hospital	— 19,7%
South-Rand Hospitaal	— 40,2%
Sybrand van Niekerk Hospital	— 47,6%
Van Velden Memorial Hospital	— 53,8%
Ventersdorp Hospital	— 38,1%
Vereeniging Hospital	— 49,6%
Far East Hospital	— 45,0%
Voortrekker Hospital	— 51,9%
Warmbad Hospital	— 39,1%
Waterval Boven Hospital	— 44,9%
Willem Cruywagen Hospital	— 47,7%

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Aids: campaign

*1. Dr W J SNYMAN asked the Minister of National Health:

Whether she envisages or is implementing an extensive plan of action in the campaign against the spread of Aids; if so, what are the relevant details?

B341E.INT

*The MINISTER OF NATIONAL HEALTH: Mr Speaker, I welcome the opportunity to furnish details of the Government's strategy on the Aids Program.

Since the first two cases of Aids were reported in South Africa in 1982, Aids has been regarded as a high priority. Since then an on-going campaign has been conducted to combat its spread.

I want to point out, however, that the spread of the virus is a behavioural problem and not so much a medical problem. The Department of National Health and Population Development recently intensified its campaign. This includes *inter alia* the establishment of a subdirectorate for the combating of Aids, which was completed in 1990. The Aids strategy was recompiled and accepted by the health family.

The most important element in this strategy is the following: The establishment of an interdepartmental committee on which 167 Government departments are represented to co-ordinate the actions of the public sector. The committee has already met. Arising out of the interdepartmental committee meeting, a workshop was arranged for 4 March 1991.

As hon members know, the emphasis in 1990 fell on the woman and Aids. In 1991 the theme for combating this problem is the youth. At the workshop emphasis will be placed on educating the youth. Educational authorities and institutions, as well as parent and teachers' associations will be represented. The purpose is to devise an educational programme for use by schools.

Two educational videos for use in schools are also being produced this year. Aids information and training centres have already been established in 10 larger local authorities. Here people can receive applicable information, guidance and counselling. The project will be developed further during the course of the year.

Since 1985 blood and blood products have been safeguarded. South Africa was the first country in Africa to safeguard blood. South Africa even anticipated the initiatives of the World Health Organisation. The success of this programme is irrefutably demonstrated by the fact that since 1985 not a single case of Aids in South Africa has been the result of the infusion of contaminated blood.

At the end of 1990 a countrywide survey was made among pre-natal clinics as part of the on-going process of disease surveillance. The result will soon be available and will definitely be published.

The role of the private sector in the combating of Aids is realised. Later this year a forum for business leaders is being planned. [Time expired.]

*Dr W J SNYMAN: Mr Speaker, the sum total of what the hon the Minister said was that the issues were behavioural problems and information that had to be conveyed to the general public. Now that is precisely the problem I have with the hon the Minister's department.

The latest information pamphlet I saw was this one published by the Department of National Health. Below the caption is a colour photograph of babies varying from light green to dark green in the new South Africa, who could all possibly be Afrikaners in the words of the Nationalists. [Interjections.]

*An HON MEMBER: Like the hon member for Rissik on TV this morning.

*Dr W J SNYMAN: The point is this. I maintain that this information pamphlet of the Government is not only incomplete but in reality it is

Ministers:

Questions standing over from Tuesday, 19 February 1991:

Executions

*1. Mr D J DALLING asked the Minister of Justice:

How many persons in the Republic were (a) executed in 1990 and (b) awaiting execution as at the latest specified date for which figures are available?

B12E

†The MINISTER OF JUSTICE:

(Reply laid upon the Table with leave of House):

(a) No persons were executed in 1990. For the hon member's information it can be mentioned that the State President commuted the death sentences of 12 persons who were sentenced prior to the commencement on 27 July 1990 of the reform measures which were enacted in respect of the death penalty.

(b) To date 341 persons are in custody after they were sentenced to death. Of this number, 298 persons were sentenced to death prior to the coming into force of the said legislation on 27 July 1990 and 43 persons thereafter.

I now deal with the respective positions of persons sentenced to death after and before the commencement of the said legislation (namely 27 July 1990).

After 27 July 1990

During the opening of Parliament on 2 February 1990 the State President announced that all executions are suspended until Parliament takes a final decision on new proposals which were made in respect of the death penalty. These proposals were approved finally by Parliament last year and are contained in the Criminal Procedure Amendment Act, 1990 (Act 107 of 1990), which came into operation on 27 July 1990.

The most important provisions of the new measures do away with the compulsory imposition of the death sentence and vests the Supreme Court with a wider discretion to impose the death sentence in appropriate cases. A person who is sentenced to death now has an automatic right of

appeal to the Appellate Division. Measures were also introduced to expedite the appeal procedure. If a person's appeal is dismissed he still has, as in the past, the right to submit a petition for clemency to the State President for his consideration.

The first execution after the expiry on 27 July 1990 of the moratorium on executions will take place shortly. No announcement will be made about the exact date.

Since the commencement of the abovementioned legislation on 27 July 1990, 531 persons were convicted of murder, 43 of whom were sentenced to death. In the cases where the death penalty was not imposed, appropriate sentences of imprisonment were imposed. The following statistics in this regard are of importance:

Imprisonment for life	8
25 years	8
Between 20 and 25 years	23
Between 15 and 20 years	54
Between 10 and 15 years	147

Another person, who was convicted of rape, was also sentenced to death.

As far as life imprisonment is concerned, the principle was established by legislation last year that persons upon whom these sentences are imposed, are incarcerated for the rest of their natural life, unless special circumstances are present. The interest of society is the most important norm in this regard.

Before 27 July 1990

In accordance with the new legislation, provision is made that the cases of each person at present under sentence of death who did not enjoy the benefit of the new criteria which is now applicable with regard to the imposition of the death sentence will be reviewed by a panel of experts. This includes persons whose appeals were dismissed prior to the commencement of the new criteria. The Panel for the Consideration of Sentences of Certain Persons under Sentence of Death already commenced with its activities last year and will have its first session during March of this year.

Where the panel finds that the death sentence would probably not have been imposed by the trial court, the case is to be submitted to the State President with a view to his possible extension of mercy to the convicted person. Where the panel

finds that the death sentence would probably have been imposed by the trial court the matter will be referred to the Appellate Division for consideration in accordance with the said criteria. If the person's appeal is dismissed he still has the right to submit a petition for clemency to the State President for his consideration.

The panel, under chairmanship of the Honourable Mr Justice G Viljoen, Judge of Appeal, consists of four appeal judges, two judges and three legal academics.

The Appellate Division has since 27 July 1990 dismissed the appeals of 12 condemned prisoners whilst the appeals of 20 persons have been successful.

I also announce that the State President recently decided to commute the death sentences of 8 persons who were sentenced to death before 27 July 1990.

*2. Mr J A Jordaan — Law and Order.† (Question standing over.)

New questions:

Edendale Hospital: administration

*1. Mr R F HASWELL asked the Minister of National Health:

(1) Whether the Edendale Hospital is being administered by the KwaZulu Government; if so, in terms of what statutory provisions;

(2) whether the South African Government intends resuming control of this hospital; if so, when; if not, why not?

B108E

The MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

(1) Yes, in terms of section 1(2) of the Self-Governing Territories Constitution Act, 1971 (Act No 21 of 1971), read with Proclamation R. 275 of 1977;

(2) no, the Edendale Hospital is being administered in its own right by the KwaZulu Government.

Mr R F HASWELL: Mr Speaker, arising from the reply of the hon the Deputy Minister, I wonder whether he is aware that Edendale Hospital is, in fact, a health time bomb which is

waiting to explode. Even though it is administered by KwaZulu, when that explosion takes place, it will have disastrous consequences for hospitals in Pietermaritzburg which are under the hon the Minister's control.

The MINISTER: Mr Speaker, it sounds terrible, but I do not know. [Interjections.]

Aids: notifiable disease

*2. Mr R F HASWELL asked the Minister of National Health:

(1) Whether she intends declaring Aids a notifiable disease; if so, when; if not, why not;

(2) whether she has received any representations in this regard; if so, (a) from whom and (b) what was the nature of these representations?

B109E

†The MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

(1) No, the opinion till now was that AIDS should not be made notifiable as notifiability has never been shown to affect the course of the pandemic or made any difference to preventive efforts. No other venereal disease has ever been notifiable in the RSA. Infectious diseases are made notifiable to enable local authorities to take steps to protect the public, such as placing infected persons in quarantine, follow-up of contacts and immunisation. Infection with the Human Immunodeficiency Virus (HIV), however, does not lend itself to such measures. The follow-up of contacts is still dependent on the persons' willingness to divulge the information.

The spread of infection in South Africa is constantly monitored by all laboratories in the country doing HIV-testing, sending their information to an anonymous, confidential central national register kept by the South African Institute for Medical Research. It is unlikely that making the infection notifiable will provide additional information. The whole question of notifiability is at present being reviewed by the AIDS advisory group;

White clinics half empty

Political Staff

CAPE TOWN — Half the 34 hospitals falling under the House of Assembly administration for whites were less than half full last year.

Although hospital apartheid was officially abolished last year, the bed occupancy rates for white hospitals, given in Parliament yesterday by National Health Minister Dr Rina Venter, show that most were underutilised.

Venter said the least occupied hospital was Hillcrest in Natal with a bed occupancy rate of -93,75%.

Other hospitals with less than half occupancy rates included Grey's Hospital in Maritzburg (- 61,5%), three of the five hospitals in the Orange Free State, Port Elizabeth Hospital (-59,46%) and 11 of the 22 House of Assembly Hospitals in the Transvaal.

R35m medical complex is under construction

A NEW R35m medical institute, financially backed by the Eskom Pension Fund, is being built in Sandton by Basil Read Construction. (98)

The Sunninghill Medical Institute will have 230 beds, including 20 in an intensive care unit.

A rehabilitation section will be provided for disabled patients. B|Day 27/2/91.

There will be an advanced radiology department to support neurosurgical procedures.

Seven operating theatres and doctors' consulting suites will also form part of the complex.

Extensive research was carried out by Osmond Lange Architects and radiologist Dr Hilda Podlas who, with a group of specialist surgeons, came up with the idea.

Dr Elizabeth Pienaar is the project co-ordinator for the institute, with the operating company consisting of Sanmed, Eskom Medical Aid and Hilpo.

The bulk earthworks and foundations have been completed and building has begun.

Basil Read expects the project to be completed by March 1992.

Team is trying to keep Venda hospital open

Sapa 3/3/91

VENDA'S military ruler, Brig Gabriel Ramushwana, has sent a special team to Siloam Hospital to prevent it closing.

The hospital, serving 200 000 people in rural Venda, has been threatened with closure since workers allegedly chased out all resident doctors, whom they accused of racism.

The workers had also been on a go-slow for a year, said reports.

Government spokesman B du Toit said Siloam had been reduced to a clinic and that doctors had been transferred to hospitals as far away as KwaZulu.

The task force would investigate the crisis and try to find solutions.

Du Toit said disciplinary measures would be taken against workers "who have transgressed any regulations".

A police dossier had also been opened to investigate any criminal activities. – Sapa

CM Trip 4/3/91 (98)

Cuts to medical services

'Drastic' savings needed at Cape hospitals

By GLYNNIS UNDERHILL

Medical Reporter

AN announcement on cuts to medical services in Cape provincial hospitals will be made today or tomorrow, according to the Administrator of the Cape, Mr Kobus Meiring.

Drastic savings were needed to clear hospital arrears before the end of the current financial year and the "imminent" cost-cutting measures would affect all hospitals, Mr Meiring said yesterday.

The hospital "fraternity" would be called to a meeting with the administrator within a day or two, he said.

A press briefing outlining the measures to be taken would be held after the meeting with hospital heads, said Mr Meiring.

"We are on the point of finalising arrangements."

In an earlier interview Mr Meiring told the Cape Times that it was "not impossible" that hospital beds in Cape provincial hospitals would be closed to save money before the end of March.

"We won't close any beds before we make it public," he said.

The administrator has been meeting with health and hospital authorities to decide on a plan of action.

He said the reason for the present financial crisis in Cape provincial hospitals was the large size of the province and the vast urbanisation that was taking place.

the SA Communist Party in support of the ideology of communism in South Africa?

†The DEPUTY MINISTER: Mr Speaker, I have replied to the question, and the question was whether the SA Police are at present investigating such charge or case. The reply is no, a charge has not been laid, and if a charge is laid, it will be investigated in the same manner as any other charge. If the hon member therefore wishes to lay a charge, he can lay a charge. It will be handed over to the relevant attorney-general who must decide on it.

†Adv J J S PRINSLOO: Mr Speaker, further arising from the reply of the hon the Deputy Minister is he therefore saying that unless a member of the public lays a charge with the SA Police about an offence committed quite openly before the eyes of the SA Police, the SA Police will not investigate such offence?

†The DEPUTY MINISTER: Mr Speaker, if the hon member wants a reply to this question, I am saying to him that it is not the intention of the SA Police to lay a charge so that a contravention of the prohibition on promoting communism can be investigated. If he wishes to lay such a charge, he can do so and it will be investigated.

†Adv J J S PRINSLOO: Mr Speaker, further arising from the hon the Deputy Minister's reply, can he give us an indication of the extent to which this attitude of the Ministry of Law and Order relates to the undertaking by the SA Government, in the Pretoria Minute, paragraph 7(a), where the Government give the following undertaking to the ANC:

> The Government shall give immediate consideration to the repeal of all provisions of the Internal Security Act which refer to communism or the promoting thereof.

†The DEPUTY MINISTER: Mr Speaker, with due respect, I do not think the hon member is conversant with the Government's standpoint on this matter, because as early as 6 March last year the hon the Minister of Justice gave an explanation in this House of the Government's standpoint on this matter, and that standpoint still stands.

†Mr J H VAN DER MERWE: Well, you give an explanation now.

†The DEPUTY MINISTER: Mr Speaker, the hon member for Overvaal says I must give the explanation now, but he need only look up Hansard, Questions and Replies of 6 March 1990, col 301. He will get the reply there. [Interjections.]

†Adv S C JACOBS: Mr Speaker, further arising from the reply of the hon the Deputy Minister, is it the hon the Deputy Minister's standpoint, with reference specifically to the oath which he took in this respect as Deputy Minister, namely to honour the law of the Republic of South Africa and to see to it that it is honoured, that where an offence is commited *prima facie* before his eyes, he will not in consequence of that oath lay a charge with the SA Police or instruct that such offence be investigated?

†The DEPUTY MINISTER: Mr Speaker, if it is the standpoint of the hon member regularly to report offences which are committed in his presence to the SA Police, I want to suggest that he join the Neighbourhood Watch System because we need people like that there. If the hon member is of the opinion that I am breaking the oath that I took, he has free access to the hon the State President to convey it to him. [Interjections.]

†Mr H D K VAN DER MERWE: Mr Speaker, further arising from the reply of the hon the Deputy Minister, can I then infer from the hon the Deputy Minister's reply that he is no longer anti-communist? [Interjections.]

†The DEPUTY MINISTER: Mr Speaker, my standpoint on communism is that it must be fought. The standpoint of the Government is that it is now no longer necessary to fight it by means of legal and punitive measures, but that we can fight them from platform to platform. I invite hon members of the CP to fight against communism with us, and to stop fighting against fellow Afrikaners. [Interjections.]

The ACTING SPEAKER: Order! Hon members of the opposition parties sometimes complain that there is too little time available for putting questions, but if the hon members of the opposition waste the available time themselves, they must not complain if all the questions cannot be replied to.

*6. Mr J van Eck—Law and Order.† [Questions standing over.]

Mercury in tooth fillings

7. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has received any requests from individuals and/or organisations to ban the use of mercury in tooth fillings; if so, from whom;

(2) whether her Department is investigating the possibility of banning the use of mercury in tooth fillings; if so, why;

(3) whether she will make a statement on the matter?

B303E

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) no;

(3) no.

Medunsa: new teaching hospital

*8. Mr M J ELLIS asked the Minister of National Health:

(1) Whether the ground works for the new teaching hospital of the Medical University of Southern Africa have been completed; if so, (a) when and (b) at what cost;

(2) whether it is the intention to proceed with the construction of the new teaching hospital; if so, when will construction start; if not, why not?

B304E

†The MINISTER OF NATIONAL HEALTH:

(1) Yes, (a) June 1988 and (b) R6 396 050;

(2) yes, phase one of the Central and Oncotherapy blocks to the amount of R53 715 450 is ready to go out on tender. The Cabinet has decided that the planning phase of Ga-Rankuwa Teaching Hospital can be completed. When funds become available tenders can be asked for. In the present economic climate, funds are not available.

Additional teaching posts

*9. Mr K M ANDREW asked the Minister of Education and Training:

(1) Whether the additional teaching posts referred to in his reply to Question No 15 on 12 February 1991 have been filled; if not, why not; if so, at which schools;

(2) whether further posts, over and above those mentioned in his reply on 12 February 1991, are to be created in the Cape Peninsula this year; if not, why not, if so, (a) how many and (b) when?

B312E

The MINISTER OF EDUCATION AND TRAINING:

(1) Yes.

Primary Schools	Number of posts
Ebulumkweni	6
Imbasa	25
Bonge	1
Andile	12
Umnqophiso	2
	46

Secondary Schools	Number of posts
Luhlaza	6
Mvuzemvuze	5
Masiyile	1
Lagunya	1
Kaya Mandi	5
Langa	1
	19

Note:

(a) Applicants have already been interviewed and the appointments are being finalised.

(b) Since 12 February 1991 two additional posts have been created at Masiyile, which brings the total number of posts at secondary schools to 21.

(2) No. Not in the 1990/91 financial year. The possible creation of additional posts during the 1991/92 financial year will be considered once the Minister of Finance's budget suggestions are known.

Death of Mr W Ndadla: appeal against sentence

*10. Mr L FUCHS asked the Minister of Justice:

(1) Whether the State intends appealing against the sentence handed down by the

Volks Hospital: use of facilities

*6. Mr K M ANDREW asked the Minister of Health Services: (98)

Whether all facilities at the Volks Hospital in the Gardens, Cape Town, are being used; if not, why not; if so, (a) what are these facilities, (b) which persons qualify to use them, (c) what is the percentage utilisation and (d) what was the total cost of running the hospital in the 1989-90 financial year?

Hansard 5/3/91. B370E

†The MINISTER OF HEALTH SERVICES:

Yes;

(a) General medical services, a high care unit and a rehabilitation unit;

(b) All persons irrespective of race or sex;

(6) 61% at present;

(d) R3 488 000 for the 1989-90 financial year.

For written reply:

General Affairs:

Private health care 'a bargain'

B/Day 22/2/91

(98)

EDWIN HERTZOG

THE article by Dr Jonathan Broomberg on how "bad" private hospitals are for SA's health (Business Day, February 11) needs to be put in better perspective.

He calculates that in 1989 there was a R160m "public subsidy" for the use of private hospitals. This sum is derived from the fact that an employer's contribution to the company's medical scheme is not taxable. The employer normally contributes 50% of the total.

It is debatable whether or not taxing a service is the same as subsidising a service. If one considers all the items allowed as tax deductible company expenses (and thus as "subsidies"), medical scheme contributions of a company can certainly be regarded as highly meritorious.

It must also be remembered that it was only in 1988 that the Receiver of Revenue changed contributions to a medical scheme by employees to an after-tax expense.

Let us, however, assume that the state did subsidise private health care to the tune of R1bn in 1989 of which about R160m went to private hospitals. It must then be remembered:

☐ Employers and employees put in another R3,5bn without any form of subsidy for their private sector health care; and

☐ The state spent more than R7bn in that year (working on figures supplied for 1987 by Dr Broomberg's Centre for the Study of Health Policy as a basis) to provide health care for the remaining non-private, 80% of the population. This R7bn figure probably is a very conservative estimate, because cost figures released by the state are very often not related to real costs incurred as calculated by private sector accounting principles. This is especially true for the real costs of running public hospitals.

In these terms it can be seen that to "subsidise" private health care by R1bn and thereby achieve first world medical services for the economically active 20% of the population who belong to medical schemes, is a real bargain for the state.

If it is not available to them it will make SA a much less attractive country to live in.

To state that private hospitals employ large numbers of highly skilled staff all trained at public expense, without paying anything towards the cost of their training, is incorrect when seen in the following perspective: With an estimated turnover of about R1,6bn in 1991, the private hospital industry pays a huge amount of GST, personal tax and company tax.

If all these taxes are added up, the costs of training personnel for service in the private sector is probably a further bargain for the state. As Dr Broomberg stated, many private hospitals do train nursing and household personnel without financial assistance from the state.

It should also be asked why only the private health care sector should pay special levies for the training of personnel? What about all the attorneys, engineers, teachers, accountants, clerks, technicians and others who are also trained by state institutions and end up working in the private sector?

In a research study done in 1986, it was found that only 12% of all nurses who worked were employed by private hospitals.

It is true that prospective, fixed-fee systems lead to a lowering of health care costs.

However, it also leads to less freedom of choice for patients and doctors as well as possible under-servicing by doctors and hospitals. If a fixed amount of money is available to treat certain conditions, the incentive is to use the cheapest possible treatment. This saves money but very often also lowers standards.

In overseas countries these systems have proved to be quite unpopular to people who can afford the existing fee-for-service system.

The fee-for-service system may well lead to over-servicing, but it is not without checks and balances.

Dr Broomberg referred to the great number of MRI scanners found in the country. These machines are bought by radiologists and placed in private hospitals. Neither one of these parties, however, is in a position to refer patients to make use of the machine. Patients are referred for MRI scans by independent general practioners and clinical specialists.

If SA does have more MRI scanners than the UK it means that there is more convenience and a greater choice available to patients and doctors: every patient in the Transvaal does not need to travel to central Johannesburg to have a scan. And if there are more scanners than the market warrants, the state or other radiologists may soon be able to buy a good secondhand MRI scanner at a reasonable price.

I am not postulating that the existing private health care system in SA is without flaws. However, there are also good reasons why proposals aimed purely at curbing the cost of health care have proved to be unpopular among people who can afford more than the minimum adequate level of service.

Seeing that these people are paying for this privilege with their own money (or for at least about 80% of it in Dr Broomberg's terms) should they not be granted the system that they prefer?

☐ **Dr Hertzog is chairman of the National Association of Private Hospitals.**

LETTERS

Health cuts aimed at saving R50-m (98)

Star 5/3/91

Own Correspondent

CAPE TOWN — Cuts to hospital services in the Cape have been announced in an emergency effort to clear a R50-million deficit in the next 26 days.

And heads of hospitals have been told to cut back on services and staff by about a tenth next year to avoid an estimated R200-million deficit.

They have 13 days in which to come up with methods of cutting costs, failing which emergency measures will be extended.

Administrator Kobus Meiring yesterday summoned senior staff from the Department of Hospital and Health Services, representatives of hospital boards, regional offices, medical superintendents, senior nurses and related medical services to tell them:

- The admission of all non-emergency cases to all provincial hospitals in the Cape would be discontinued over the next four weeks.
- Out-patient visits to specialist and academic hospitals would be drastically curtailed.
- Certain specialised services, such as laboratory tests and magnetic resonance examinations, would be curtailed.
- Contracted patient transport in the Peninsula would be curtailed and all out-patient transport between rural local authorities and hospitals in Cape Town, Port Elizabeth, East London and Kimberley would be discontinued.
- "Superfluous and duplicated services" would be eliminated.
- Certain staff services, such as subsidised and free catering and transport, would be curtailed or discontinued.
- No vacant posts would be filled up to the end of the financial year on March 31.

Mr Meiring said if suggested methods for the 10 percent cutbacks had not been submitted by March 18, he would have to extend the emergency measures, currently being introduced, into the new financial year.

In addition to the proposed 10 percent cutback for next year, Mr Meiring announced other measures to help avoid the R200 million deficit. They included: private patient care at State hospitals to be reconsidered; child-care centres and accommodation for staff to be run with no subsidies; and various centres, such as the Carel du Toit Centre for Hearing-Impaired Children at Tygerberg Hospital, to be transferred "to more suitable bodies".

Row brewing over 'white side' in OFS hospitals

(98)

Star 5/3/91

By Esmaré van der Merwe
Political Reporter

A top Free State provincial official has told a meeting discussing desegregation in hospitals that black patients were "not yet psychologically ready to sleep on the white side".

This was despite the fact the province's hospitals were officially desegregated.

Provincial officials at yesterday's meeting walked out because they claimed the Goldfields Hospital Desegregation Campaign Committee "was talking politics".

The GHDCC said Free State's MEC for hospital services, R P G Dreyer, told the meeting that although hospitals had been officially desegregated black and white sections remained because blacks were not "yet psychologically ready to sleep on the white side".

The superintendent of Welkom Hospital, Dr G van Zyl, said black and white sections no longer existed, but had been transformed into "private" and "free" sides.

The GHDCC said continued racial practices at hospitals called into question the sincerity of reform.

Hospital services cut to beat debt of R50m

BDay 5/3/91

LESLEY LAMBERT

CAPE TOWN — Most non-emergency hospital services in the Cape Province will be suspended during the next four weeks as the province battles to recoup a R50m budget deficit before the financial year end.

Announcing this after meeting senior hospital representatives yesterday, Cape Administrator Kobus Meiring said additional emergency measures would have to be introduced during the 1991/92 financial year to curtail a deficit expected to be as high as R200m.

These would include a 10% cut in hospital staff and services, reducing services to private patients, contracting out child-care centres, staff accommodation and catering services to the private sector and the transfer of research organisations to academic institutions.

Meiring said provincial hospitals would be expected to implement the cost-cutting measures within six months. But he warned that if they had not submitted suggestions for rationalisation by March 18, he would be forced to continue the suspension of non-emergency services beyond the financial year end.

Immediate measures would include:

- ☐ The suspension of all non-emergency services provided by Cape provincial and province-aided hospitals;
- ☐ The curtailment of out-patient visits to specialist and academic hospitals with treatment limited to emergency cases where possible;
- ☐ The elimination or curtailment of other services and medicine supplies; and
- ☐ The freezing of staff posts.

Meiring said without additional budgetary support from government during this financial year, the deficit would have been R200m rather than R50m.

"It is very clear that, more than ever before in the history of health services in this province, drastic steps are now necessary to rationalise services to an affordable level," Meiring said.

It had become necessary for the Cape Provincial Administration to reconsider its responsibility to private patients, particularly since alternative facilities were available in the private sector.

"We are taking this step because we believe the prime responsibility of the state's health services is catering for the needs of approximately 80% of the population which is dependent on the state for health services," he said.

Slashing cuts will limit Cape hospital services

Argus 5/3/91 98

By VIVIEN HORLER
Medical Reporter

SLASHING cuts to hospital services in the Cape have been announced in an emergency effort to clear a R50-million deficit in the next 26 days.

In addition, heads of hospitals and other top officials have been told to cut back on services and staff by about 10 percent next year to avoid an estimated R200 million deficit.

HEALTH

They have 13 days in which to come up with methods of cutting costs, failing which the emergency measures will be extended.

The Administrator, Mr Kobus Meiring, yesterday summoned senior staff from the department of hospital and health services, representatives of hospital boards, regional offices, medical superintendents, senior nurses and related medical services to tell them:

● The admission of all non-emergency cases to all provincial hospitals in the Cape will be discontinued over the next four weeks;

● Out-patient visits to specialist and academic hospitals will be drastically curtailed in the next four weeks; only patients who have an appointment or have been referred will be treated as out-patients at academic and regional hospitals;

● Certain specialised services such as laboratory tests and magnetic resonance examinations will be curtailed;

● Contracted patient transport in the Peninsula will be curtailed and all out-patient transport between rural local authorities and hospitals in Cape Town, Port Elizabeth, East London and Kimberley will be discontinued;

● "Superfluous and duplicated services" will be eliminated;

● Certain staff services, such as subsidised and free catering, and subsidised transport will be curtailed or discontinued;

● No vacant posts will be filled up to the end of the financial year on March 31.

The trauma unit will not be affected.

Mr Meiring said if suggested methods for the 10 percent cutbacks had not been submitted by March 18, he would have to extend the emergency measures.

Cutback

In addition to the proposed 10 percent cutback for next year, Mr Meiring announced other measures to help avoid the R200-million deficit. They included:

● Private patient care at state hospitals to be reconsidered (although not entirely stopped);

● Child-care centres such as the Groote Schuur creche and accommodation for staff to be contracted out and run at market-related tariffs with no subsidies; and

● Various centres such as the Carel du Toit Centre for Hearing Impaired Children at Tygerberg Hospital, and the animal houses at Groote Schuur and Tygerberg to be transferred "to more suitable bodies forthwith".

'We have to be realistic'

By VIVIEN HORLER
Medical Reporter

SHOCKED senior medical personnel connected with the Cape's department of hospital and health services left their Wale Street head offices last night to figure out how to implement a demanded 10 percent cut in staff and services.

Personnel were also told to introduce sweeping emergency cuts in services immediately in an effort to make up a R50 million deficit by the end of the financial year in 26 days' time.

The emergency measures include stopping non-emergency admissions to all Cape provincial hospitals in the next four weeks and the drastic curtailment of outpatient visits. Emergency and trauma cases will not be affected.

'Sad day'

"It's a sad and solemn day," commented Dr Gilbert Lawrence, superintendent of Red Cross Children's Hospital.

Dr J G L Strauss, superintendent of Tygerberg Hospital, said he had not been surprised. "It's what I expected. I am just hoping that it is going to be a temporary thing."

A grim-faced Dr Jocelyn Kane-Berman, superintendent of Groote Schuur, declined to comment.

Without stringent measures, next year's deficit in real terms is expected to be about R200 million, an amount that was "totally unacceptable", according to the administrator, Mr Kobus Meiring.

"I cannot allow it or defend it."

The budget for Cape hospital services for the current financial year is about R2 billion, of which about half went to Groote Schuur and Tygerberg hospitals.

Discussing the announcement at a Press conference afterwards, Mr Meiring said the reaction of people at the meeting at had been "understanding and shock".

"Hospitals in the Cape, particularly the academic hospitals, are proud and justly so of the excellent service they have rendered over the decades. Naturally it is a shock to them, and it is not nice for me to have to convey the message. But I have faith in our senior hospital staff, the members of the faculties, and all the people there to use their acumen to get us through."



Dr Jocelyn Kane-Berman

Dr J G L Strauss

Mr Meiring said that a year ago he had warned that the Cape was likely to overspend its hospital budget by R200 million. The State bailed the department out with an additional R160 million budget allocation.

But it had been made clear, he said, that similar concessions would not be made in future.

"This additional allocation still leaves us with a budget deficit of about R50 million for this year. This we must clear before March 31, 1991. You will realise that, given the short four-week period and the extent of the budgeted overspending, drastic steps will have to be taken immediately."

Mr Meiring said that hospital services had traditionally been dearer in the Cape than in the other provinces.

This was partly because of the Cape's physical size, being half as big as the rest of the country, partly because of rapid urbanisation in the Cape, particularly the Peninsula, in recent years, and partly because of the "opening" of Cape hospitals, so that precisely the same service was provided to all patients.

Realistic

Escalating medical budgets was a worldwide trend. In South Africa 80 percent of the population relied on the State for their health services. He had seen how some hospitals had been allowed to deteriorate in Africa "and we can never allow our hospitals to go the way some have gone in Africa, but we have to make things work, to cut our coat according to our cloth and to be realistic about the future."

Mr Meiring and colleagues including Dr George Watermeyer, executive director of hospital sevices, emphasised the emergency measures would be applied with "insight, compassion and empathy". No one who turned up for a scheduled operation today was likely to be turned away.

Dr Hanna-Reeve Sanders, chief director of the department and a former superintendent of Groote Schuur, said technology had become too expensive and that health care had to focus on behaviour and lifestyle, as many illnesses were directly related to these factors.

She said her distress concerned whether the cutbacks would reduce the value of the investment already made in hospital services. She hoped expenses could be scaled down so that a breathing space could be provided, and that hospitals such as Groote Schuur, which was built for the 21st century, would be able to fulfil their tasks.

R50m CRISIS

Huge cutbacks for Cape hospitals

By GLYNNIS UNDERHILL

MASSIVE hospital cutbacks to save R50 million within the next four weeks were announced yesterday by the Administrator of the Cape, Mr Kobus Meiring.

At the same time the administrator announced a 10% cutback in hospital services and staff for the 1991/92 financial year — which is expected to be even more severe.

To save money, only emergency cases will be admitted to the provincial hospitals for the next four weeks and out-patient visits will be dramatically curtailed.

Mr Meiring outlined the cutback measures that will directly affect the public over the next four weeks:

● The admission of all non-emergency cases (in-patients) to all hospitals in the Cape Province will be discontinued.

● Out-patient visits to specialist and academic hospitals will be drastically curtailed. As far as possible only emergency cases or patients who have been referred should be treated. From now on an out-patient must be dealt with only on a referral and appointment basis at academic and regional hospitals.

● Specialised services such as laboratory tests and the supply of certain medicines must be curtailed.

● All out-patient transport services between rural local authorities and the Peninsula and the large specialist reference hospitals in the Port Elizabeth metropole, East London and Kimberley must be curtailed.

● "Superfluous and duplicated services" must be eliminated. The supply of medicines to old-age homes, for example, will be stopped.

● No vacant staff posts may be filled up to and including March 31 1991, unless a contract has already been drawn up.



BAD NEWS . . . Mr Kobus Meiring, Administrator of the Cape, announced the cuts yesterday with Mr B A Van Der Vyver of the CPA, beside him.

Mr Meiring had consulted with health and hospital authorities on the drastic savings needed to clear hospital arrears before the end of March — but the sweeping measures stunned medical academics and hospital heads who filed out of a boardroom meeting held with Mr Meiring yesterday.

The chief medical superintendent of Tygerberg Hospital, Dr J G L Strauss, said he hoped the measures were temporary but stressed that no assurances had been given. Dr Gilbert Lawrence, superintendent of the Red Cross Hospital, said it was a "sad and solemn occasion" and top medical experts warned of a mass exodus of First World-trained doctors from South Africa.

"We are heading for Third World medicine. I don't see how we can work under these conditions," said a specialist doctor, who asked not to be named.

To page 3

From page 1

Hospital cuts

Mr Meiring said the cabinet had bailed out the CPA by providing additional funds to reduce the expected overspending for the current financial year by about R160m.

"While the CPA has much appreciation for the government's understanding in this respect, government spokespeople have put it frankly that we should not expect concessions of this nature in future," he said.

Mr Meiring warned that the "serious problem" that the health and hospital services branch of the CPA had in remaining within its allocated budget for the 1990/91 period was expected to worsen for the next financial year when a deficit of at least R200m was expected.

He said the following additional cutbacks to health services in the Cape in 1991/92 would be made:

● A number of centres that do not belong to the hospital and health services branch in the Cape will be transferred to more "suitable bodies". Examples are the Delft Experimental Animal Farm, animal houses at Groote Schuur and Tygerberg hospitals which can be transferred to the universities of Cape Town and Stellenbosch, and the Carel du Toit Centre for hearing-impaired children at Tygerberg Hospital, which can be transferred to the "appropriate education department".

● Existing staff childcare centres and accommodation facilities will be contracted out without any subsidies.

● The administration is reconsidering its responsibility to private patients at its hospitals where alternative facilities are available in the private sector.

● The staff establishment will be cut back by about 10%.

Mr Meiring said the regional managements would have to formulate a plan of action and transmit details to the hospital and health services branch.

"Should effective suggestions for rationalisation not be submitted to me by March 18 1991, I will be forced to extend the emergency measures now being implemented for the 1990/91 financial year to the new budget year," he said.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Public servants: associations

*1. Mr J A RABIE asked the Minister for Administration and Economic Co-ordination:†

(1) Whether associations representing public servants from a single ethnic group will be prohibited in the new South Africa;

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

Hansard 6/3/91 C7E

†The DEPUTY MINISTER OF TRADE AND INDUSTRY AND OF NATIONAL EDUCATION (for the Minister for Administration and Economic Co-ordination):

(1) No, because it would infringe on the internationally recognised right of staff members to organise themselves in employee organisations of their own choosing as well as the right of freedom of association;

(2) no.

†Mr J A RABIE: Mr Chairman, arising out of the hon the Deputy Minister's reply, I should like to put a supplementary question to him, even though he is not the responsible Minister. I respect freedom of association, but all staff associations in this country are organised ethnically. My question is whether it is going to be prohibited in future for an association to write into its constitution that only Whites or only Coloureds or only Indians may belong to the association.

†The DEPUTY MINISTER OF TRADE AND INDUSTRY: Mr Chairman, the hon member's question has bearing on the Public Service. As far as I know, up to a few years ago there were four staff associations in the Public Service, namely the Public Servants' Association, the Public Servants' League of South Africa, the Public Servants Union and the Institute for Public Servants which, respectively, represented White, Coloured, Indian and Black public servants. All four of those staff associations opened up their membership voluntarily and without Government pressure and therefore, as far as I know, there is no staff association in the Public Service which is organised on ethnic grounds.

The second point I wish to mention, is that we attach great value to the principle of free association and it may be to the hon member's interest if I referred him to conventions of the International Labour Organisation, that is to say Convention No 87 of 1948 and Convention No 151 of 1978, which have a bearing on this matter. I should like to quote from Part 1 of Convention No 87, section 2: Hansard 6/3/91

> Workers and employers, without distinction whatsoever, shall have the right to establish, and, subject only to the rules of the organisation concerned, to join organisations of their own choosing without previous authorization.

I want to quote section 11 as well:

> Each member of the International Labour Organisation for which this convention is in force undertakes to take all necessary and appropriate measures to ensure that workers and employers may exercise freely the right to organise.

Teachers' associations: prohibited

*2. Mr J A RABIE asked the Minister of National Education:†

(1) Whether teachers' associations representing persons from a single ethnic group will be prohibited in the new South Africa;

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

Hansard 6/3/91 C8E

†The DEPUTY MINISTER OF NATIONAL EDUCATION:

(1) The right to associate freely will undoubtedly be guaranteed under a new constitution which has yet to be negotiated. This right will certainly also be applicable to teachers. Against this background the right to associate freely of persons from a single ethnic group cannot be prohibited. The exact needs of the teaching profession and the outcome of constitutional negotiations make premature announcements in this regard not proper.

(2) No.

New missions abroad

*3. Mr T ABRAHAMS asked the Minister of Foreign Affairs:

(1) How many new missions did his Department establish abroad during the latest special period of 12 months for which information is available;

(2) whether any South Africans of colour have been appointed to posts at such missions; if not, why not; if so, what are the relevant details?

Hansard 6/3/91. C13E

The DEPUTY MINISTER OF PLANNING (for the Minister of Foreign Affairs):

(1) In the 12 months ending 28 February 1991 four new missions were established, namely:
Lomé (Togo)
Abidjan (Côte d'Ivoire)
Port Louis (Mauritius)
Budapest (Hungary)

(2) Yes, Mr D Naidoo was appointed Assistant Trade Representative in Port Louis in Mauritius.

Port Elizabeth/Uitenhage area: hospital beds

*4. Mr W J DIETRICH asked the Minister of National Health: Hansard 6/3/91 (98)

How many hospital beds were (a) available to and (b) needed for patients in provincial hospitals in the Port Elizabeth/Uitenhage area as at 31 December 1990? Hansard 6/3/91 (98) C15E

†The MINISTER OF NATIONAL HEALTH:

(a) Authorised beds: 2 005
Actual beds: 2 540 and

(b) based on a realistic bed occupancy rate of 80% in respect of provincial hospitals in the Port Elizabeth/Uitenhage area, a provision of 2 490 beds will be sufficient for this rea.

Foreign funding: investigation

*5. Mr L T LANDERS asked the Minister of Justice: Hansard 6/3/91

Whether the foreign funding of any organisations has been scrutinised and/or investigated to date in terms of the Disclosure of Foreign Funding Act, No 26 of 1989; if not, why not; if so, (a) which organisations were affected and (b) what were the findings in respect of each of them? C16E

The DEPUTY MINISTER OF JUSTICE:

A report concerning the activities of the Registrar of Reporting Organisations and Persons will be Tabled in Parliament shortly. It is therefore appropriate to await the report.

Hospitals row: DP and ANC urged to see for themselves

B Story 6/3/91

TANIA LEVY

SENIOR DP and ANC representatives are to inspect three Free State hospitals on Monday after the provincial administration walked out of talks this week on the hospitals' desegregation.

The Goldfields Hospital Desegregation Campaign Committee has invited DP MP Robin Carlisle, ANC regional head Patrick Lekota and Tefko Gordhan of the ANC economics desk to see for themselves the continuing segregation of the Odendaalsrus, Welkom and Virginia hospitals.

Free State hospital services director Dr Jan Kruger said yesterday that despite Health Minister Rina Venter's announcements on desegregation of hospitals last year, they could not be fully integrated overnight.

His delegation had left Monday's meeting because the campaign committee had refused to listen to reason on its demand for total integration of the hospitals.

Saying some black patients used wards as toilets, Kruger added: "It's a matter of different civilisations."

He said integration had to evolve slowly and the process had begun with the admission of black private patients to white wards in the three hospitals.

But even when given this choice, most black private patients preferred to be among their own people.

A member of the campaign committee's delegation, Dr Rhett Kahn, said it was unacceptable that the hospitals had not been desegregated more than five months after the repeal of the Separate Amenities Act came into effect.

The committee consists of the Goldfields branches of the SA Health Workers' Congress, the National Medical and Dental Association, the SA Black Social Workers' Association and civic associations in the area.

Kahn said the committee's demand that hospitals be divided according to medical speciality rather than race was not just a matter of principle but was the quickest way to get rid of racial inequalities in the hospitals' services.

Blacks prefer segregated hospital wards – Dreyer

(48)

Star 6/3/91

By Esmare van der Merwe
Political Reporter

Blacks preferred to be treated "among their own people" in segregated hospital wards, the Free State's MEC for hospital services, Roelf Dreyer, said yesterday.

Defending racial practices in Goldfields Hospitals, Mr Dreyer said: "We all agree that there should not be discrimination. But desegregation is a gradual process.

"We had an example where a woman from Transkei used the corner of her ward as a toilet. We cannot allow such people to be accommodated in the same wards as sophisticated people."

Mr Dreyer this week led a walk-out of hospital officials from a meeting with the Goldfields Hospital Desegregation Campaign Committee, which has taken the provincial authorities to task on racial discrimination in hospitals in Welkom, Odendaalsrus and Virginia.

Although confirming black and white wards still existed, Mr Dreyer said official desegregation had been scrapped.

At one hospital, black people were asked if they wanted to be admitted to the north or south wings of the hospital.

"Everyone knows the north wing is the black side. And black people prefer that side."

Some beds could not be made available for "free" patients as they were reserved for patients needing specialist treatment.

"Beds are allocated to specialists so that they know there will be space for their patients. If we open these beds for 'free' patients, the specialists will leave Welkom."

Mr Dreyer conceded that the Welkom Hospital had only 80 percent bed occupancy while a nearby black hospital was overcrowded.

Emergencies only

Cape Times 6/3/91 98

Huge shutdown at Groote Schuur follows hospital cutbacks

By GLYNNIS UNDERHILL

CAPE provincial hospitals yesterday began cancelling all non-emergency elective surgery appointments booked over the next four weeks.

From today only emergency cases that have to be attended to immediately will be admitted to Groote Schuur Hospital and out-patients will be turned away unless they have a referral from a doctor, according to chief medical superintendent Dr Jocelyn Kane-Berman.

Those out-patients without referrals or appointments will be referred to their nearest day hospitals or community health centres, she said.

Groote Schuur plans to reduce its patient intake to a third during the month-long squeeze, she said.

Dr Kane-Berman said that a third of the hospital's 1 420 beds would not be occupied for that period.

Provincial hospital heads were reacting yesterday to the instructions issued by the Administrator of the Cape, Mr Kobus Meiring, that R50 million had to be saved within the next four weeks.

Non-emergency surgery appointments are being cancelled and will be rescheduled, Dr Kane-Berman said. The situation could be compared to the strike last year when only emergency operations were performed, she said.



Dr Jocelyn Kane-Berman

The Red Cross Children's Hospital also began cancelling all non-emergency surgery appointments booked during the next four weeks, according to chief medical superintendent Dr Gilbert Lawrence.

Dr Lawrence said that the hospital would experience "great difficulty" in complying with the instructions. There was a general unhappiness among the hospital staff who were shocked by the cutback measures, he said.

"Patients will be affected. Our current services won't be available to them and the patient will be compromised," he said.

Patients have not yet been turned away at the Red Cross, but Dr Lawrence appealed to people not to visit the hospital with their children if they can receive treatment at day hospitals or community hospitals.

The Red Cross Hospital will restrict the number of medicines given to each patient to a maximum of four per person, he said.

Dr Lawrence said that he would be forced to assess whether chemotherapy for cancer sufferers should be continued and whether physiotherapy for cerebral palsey patients needed to be cut back over the next four weeks, he said.

The heads of the Cape Provincial hospitals and academic medical staff were

Cape Times 6/3/91 98

From page 1

locked in meetings ye terday to evaluate th shocking news and d cide on a plan of actio

The head of Tygerbe Hospital, Dr J G Strauss, said that he wa going to try to formulat a modus operandi wit his medical staff.

Certain areas wer "vague" and had to b cleared up, he said.

Dr Strauss said that h wanted clarity on the po sition of admissions c private patients durin the four-week period.

He said that he regarc ed an emergency case a somebody who was i danger of losing his o her life or who would b permanently disabled i they don't have treat ment or an operation.

"All indigent patient are the responsibility o the state and will b treated," Dr Straus said.

Emergency and trau ma cases, whether pri vate or indigent pa tients, will be admitted he said.

Prof Barnard warns of exodus by best doctors

By GLYNNIS UNDERHILL

PROFESSOR Chris Barnard has warned of a brain drain of skilled doctors if financial restraints on hospital services continue.

"Doctors are like any other profession — they have to feel that they are gaining something," he said.

"If the scraping of the barrel continues, they will leave for other places."

Some of the best doctors had already left — a number because of political insecurity and others for better offers.

Political boycotts and disinvestment should be discontinued to allow the economy to build up, Professor Barnard said.

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"Usually the doctors who don't make the grade are the ones who will replace them."

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The chairman of the Federal Council of MASA, Dr Brian Mandell, said he trusted the measures taken by the CPA would be temporary, but warned that they should not be seen in isolation.

"These measures are another symptom of the tremendous pressure under which South Africa's healthcare system is operating," he said.

"Masa believes medical services should be accessible and affordable to all patients at all times."

The ANC's regional publicity secretary, Mr Trevor Manuel, said the problems with the health budget had been incurred by "gross maldistribution" of finances for essential services.

"The new crisis results from years of overspending on showpiece hospitals, to the detriment of primary health care," he said.

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Elderly and poor will suffer — DP

Political Correspondent

THE R50-million March cutback in health services in the Cape would severely pressurise many indigent and elderly people who relied on the state for their medical service and supply of medicine, the Democratic Party said yesterday.

DP health spokesman Mr Mike Ellis questioned why such dramatic measures had to be taken at such short notice when it was clear that the Administrator, Mr Kobus Meiring, had known for some time that the province's health services were running into financial difficulty.

"Rumours of expected cuts have been circulating for some time," he said in a statement yesterday.

"If the Cape Administration is guilty of overspending its monetary allocation then measures need to be taken to prevent this happening, but not at the expense of patients."

Mr Ellis said the urgent need to save R50m in the Cape highlighted the grave situation in which health services countrywide found themself in.

The measures taken by Mr Meiring were aimed at avoiding spending money on what were really essential services.

However, hundreds of millions of rands were wasted each year in keeping alive and propping up a fragmented and expensive health system.

"The time has really come for a complete revamp of the entire system," Mr Ellis said.

The crisis was a result of bad planning over a long period, Mr Eddie Trent (DP Port Elizabeth Central) said yesterday.

No strategic plan for health care in the Cape

98

7164S
8/3/91

The following statement on the Cape hospitals crisis was issued by the Faculty of Medicine at the University of Cape Town

WHILE acknowledging the importance of ensuring that the provision of health services in the public sector is cost-effective and directed at making optimum use of available resources, members of the Faculty consider it their duty to the public to place the following on record:

HEALTH

1. The present curtailment of services and those projected for the next financial year will cause extensive harm to a wide spectrum of patients, but most especially the poor and the elderly for whom primary and community health facilities are already inferior and overburdened.

2. As far as we can determine there is no strategic plan for health care services in the Cape Province (or the country) and our efforts, over many years, to contribute to planning a comprehensive health service for all South Africans have been consistently ignored.

3. We have responded in a professional manner to repeated requests to contain costs. Our success in achieving savings, while maintaining high standards of clinical, and academic work is clearly documented. We do not, however, have access to any evidence which suggests that cost containment has been achieved within major hospital services elswhere or within our health care bureaucracies which are fragmented, unco-ordinated and wasteful.

4. We object now, as we have repeatedly in the past, to the simplistic and arbitrary solutions that are being applied to the South African health crisis. Insufficient attention has been paid, by those responsible for the present policy, to the long term damaging effect that such arbitrary measures will have on the quality of South African medicine and on medical education.

5. While acknowledging the need for a private sector we reiterate our insistence that a comprehensive, equitable and non-racial national health plan be formulated without further delay so as to ensure that those patients who can least afford it are not the most heavily penalised.

6. We remain dedicated to doing the best for our patients, our students, and the practice of medicine. We will continue to co-operate with all reasonable measures aimed at cost-containment in the health services but we will resist any actions of the authorities which jeopardise our professional obligations to provide proper care for our patients. We regard the situation as critical for the future of medicine and health care in South Africa and, as such, as an urgent matter for public attention.

DEAN'S ADVISORY COMMITTEE on behalf of the Faculty of Medicine, University of Cape Town.
Professor J P van Niekerk (Dean)
Professor S R Benatar (Head, department of medicine)
Professor J Terblanche (Head, department of surgery)
Professor J Dommisse (Head, department of obstetrics and gynaecology)
Professor R Kottler (Head, Department of radiology)
Professor A Rose (Head, department of pathology)
Professor M James (Head, deparmtnet of anaesthetics)
Professor D Beatty (Head, department of paediatrics)

Ethics complaint in hospital racism row

Star 8/3/91 (98)

A formal complaint of unethical behaviour has been lodged with the Medical Association of South Africa (Masa) against Goldfields regional hospital superintendent Dr Gert van Zyl.

The complaint came a day after the ANC and Democratic Party called for the resignation of the Free State MEC for Health Services, Roelf Dreyer.

The Goldfields Hospital Desegregation Campaign Committee (GHDC) alleged in a letter to Masa's regional branch that Dr van Zyl was "acquiescing" to racial discrimination in the Welkom, Virginia and Odendaalsrus hospitals.

Responding to the charges, Dr van Zyl said he believed in nonracialism but had to follow the direction of his provincial medical superiors. Had it been his choice, he would have opened the hospitals.

Masa Goldfields chairman Dr J Goosen said an ethics committee of four doctors would meet on Monday to discuss the "unusual" racism complaint.

The committee has no disciplinary powers, but plays a mediatory role and could make recommendations to Masa.

Speaking in his personal capacity, Dr Goosen said Dr van Zyl had worked hard in a difficult situation to advance the opening of his hospitals to all.

The GHDCC argues that Dr van Zyl was bound by the ethics of the medical profession laid out in the 1947 Declaration of Geneva, in which a doctor promises not to "permit consideration of ... race ... or social standing to intervene between my duty and my patient".

Dr van Zyl is a member of Masa, which is in turn a member of the World Medical Association which drew up the declaration, the GHDCC letter said.

He could no longer claim SA law coerced him against his conscience to implement discrimination because the Separate Amenities Act had been scrapped five months ago.

"Despite this, Dr van Zyl has allowed the racial and social segregation of the hospitals under his management to continue," the GHDCC alleged.

On Wednesday, the ANC and DP in the region urged Mr Dreyer to resign with immediate effect so that genuine negotiations on hospital desegregation in the region could resume.

He was on Wednesday quoted as saying that though official hospital segregation had been scrapped, black and white wards still existed because "blacks want to be treated among their own people".

On Monday, Mr Dreyer led a walkout of senior hospital officials from a meeting with the GHDCC, which has spearheaded a drive to desegregate health services in the region.

The ANC-DP statement said they fully supported the GHDCC's stance. — Sapa.

Free State hospital boss could face ethics probe

B|Day 8/3/91

TANIA LEVY

THE Medical Association of SA (Masa) is to investigate an ethics complaint brought against the superintendent of three Free State Hospitals for practising or allowing racial discrimination.

The Goldfields Hospital Desegregation Campaign Committee lodged the complaint against Dr Gert van Zyl, regional medical superintendent of the Odendaalsrus, Welkom and Virginia hospitals yesterday.

This follows a walkout by Free State provincial officials including Van Zyl from a meeting called by the committee to discuss desegregation of the hospitals.

In its complaint to Masa, the committee said Van Zyl was bound by professional ethics contained in the 1947 Declaration of Geneva which stated doctors were bound not to allow consideration of race, religion, nationality, party politics or social standing to intervene between their duty and their patients.

Van Zyl could no longer claim that SA law forced him against his conscience to discriminate against patients because the Reservation of Separate Amenities Act had been repealed more than five months ago.

Masa Goldfields branch chairman Dr Jacques Goosen said an ethics committee would investigate the complaint. He said Masa was totally opposed to discrimination on any grounds.

The association was aware that there were administrative and logistical problems with the implementation of desegregation in Free State hospitals.

Goosen said the ethics committee at branch level had no disciplinary powers but acted as a mediating body.

Masa federal council chairman Dr Bernard Mandell said the matter would be referred to the SA Medical and Dental Council if it was felt that disciplinary action was needed.

Van Zyl said last night he had been singled out by the committee for a problem he did not control.

He said AWB supporters had threatened to kill him.

SA needs national health scheme, says researcher

B|Day 8|3|91

TANIA LEVY

THE Wits Health Policy Unit has called for a compulsory national health insurance scheme as a way to provide adequate health care in a future SA.

Speaking at an international marketing management meeting this week, unit researcher Dr Max Price said it was naive to believe that opening health facilities to all races would instantly solve financial inequalities and limitations in health care.

He was responding to a statement by National Party parliamentary standing committee on health chairman Johan Vilonel, that after apartheid had been removed blacks and whites would enjoy equal access to health care.

Price said in a new SA there would not suddenly be enough funds for health.

A future government would have to find additional sources of finance for health care and this was where a national health insurance scheme could come in.

All South Africans would have to contribute to the scheme which would pay for basic medical services. Additional care would have to be privately funded.

Government would have to contribute for indigent patients.

Dismantling apartheid in hospital services could take up to 25 years, he said.

Students begin varsity sit-in

TANIA LEVY

ABOUT 60 Wits University students occupied the offices of the vice-chancellor last night as part of a class boycott to demand action regarding accommodation shortages and exclusion of failed students. B|Day 8|3|91

Registrar Ken Standemacher issued the students with eviction notices and said they would face suspension and disciplinary action if they refused to leave.

However, vice-chancellor Robert Charlton said the students would be allowed to stay overnight if they chose to.

The Students Representative Council supported the boycott which was called by the Black Students' Transitional Committee (BSTC).

G Schuur cancels 65% of ops

98

Cape Times 8/3/91

By GLYNNIS UNDERHILL

GROOTE SCHUUR Hospital cancelled 65% of its scheduled operations yesterday to comply with instructions from the Cape Provincial Administration to assist in saving R50 million within four weeks.

Unhappy doctors at the hospital said they faced "a huge moral dilemma" in turning away patients who needed operations.

Cape administrator Mr Kobus Meiring told an Eastern Cape audience yesterday that the CPA, financially speaking, "had its back to the wall".

Opening a new community health centre at Motherwell, he said the needs of the community were increasing at a dizzying rate.

Hospital and health services were under unprecedented pressure and there was every indication that "this pressure will increase considerably in the future", he said.

A Groote Schuur medical expert said: How do you tell a patient that you can't operate when he needs treatment?"

Given medicines

The chief medical superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, said that staff were "battling with the problem" and doing their best to comply with the instructions.

"We have to make sure that we don't put any patient's life at risk . . . at the same time we do see that there is a great need to reduce costs," she said.

Out-patients at Groote Schuur who had been turned away and who could not receive treatment at a primary health care centre had been given an appointment next month, said a hospital spokesman.

The patients who had been attended to had been given medicines, she said.

Tygerberg Hospital chief medical superintendent Dr J G L Strauss said he had held meetings with his staff to discuss measures that needed to be taken. It had been unanimously agreed that cancer would be treated as an emergency, he said. The financial crisis in Cape hospitals underlined once again the costliness of the fragmented and duplicated structure of health services, the Democratic Party's health spokesman, Mr Mike Ellis, said yesterday.

CAPE TIMES 9/3/91 98

Hospital crisis talks today

THE Minister of National Health, Dr Rina Venter, will meet the four provincial administrators today amid a deepening countrywide hospital crisis.

Dr Venter said yesterday that the meeting would deal with the "total reconstruction" of the country's health services but it is understood that the more immediate problems, relating to the curtailment of medical services, will also be examined.

Dr Venter emphasised that no person with a serious injury or illness should be turned away from any hospital.

Meanwhile, the University of Cape Town Council has strongly criticised the state for its inability to avert a hospitals crisis or take heed of warnings of an approaching disaster, claiming the effect on the university's medical school had been disastrous.

The health service cuts were "arbitrary, unacceptable and inappropriate" and should be withdrawn, according to a statement issued by the UCT Council yesterday.

But Mr Van Heerden Heunis, spokesman for Cape Administrator Mr Kobus Meiring, said yesterday that no person whose life was in danger would be refused treatment at any CPA hospital.

He said the measures that had been taken in the short-term were an attempt to continue serving the most needy patients as well as possible.

Mr Heunis said the statement by the UCT Council was "noted and the issue is clearly understood".

However, in the light of the financial resources available to the CPA, it could not meet the commitments demanded of it, Mr Heunis said.

He said there would be further, extensive discussions between the authorities and those affected in the coming weeks.

In its statement yesterday, the UCT Council said: "The stringent curtailment of medical services in the Cape is a disaster of huge proportions. It is a sign of the inability of the state to maintain a service that has long been provided; that is vital for the health of the poor; that in better days has been a source of pride, and that is, in many respects, the right of South Africans to expect."

The doctors were treading dangerously close to or over the line that separates the ethical from the unethical behaviour of the medical practioner, according to the council.

"The tragedy of the present curtailments, retrenchments and withdrawals of service is that it was avoidable and has long been foreseen and warned against by members of the medical school."

The university had offered the assistance of its experts in the field of planning in order to avoid what has now occurred — but nothing happened to deal with the approaching crisis, the statement claimed.

The system should have proper care for the needy and a sound basis for the teaching of health care personnel, it said. — Political Staff and Staff Reporter

ANC, DP to visit 'racist' hospitals

Star 11/3/91. (98)

By Esmaré van der Merwe, Political Reporter

The Free State MEC at the centre of the Goldfields hospital "racism" row has agreed to let a senior delegation of medical professionals, politicians and trade unionists inspect alleged segregated facilities at three provincial hospitals today.

The tour of hospitals in Welkom, Odendaalsrus and Virginia will start shortly after 3 pm.

The delegation will include top officials of the ANC and Democratic Party which, in an unprecedented move last week, called for the immediate resignation of Free State MEC for hospital services Roelf Dreyer.

The ANC members of the touring group will include Free State leader Patrick "Terror" Lekota and Ketso Gordhan, of the department of economic policy. The DP delegation includes health spokesman Mike Ellis (MP Durban North) and Robin Carlisle (MP Wynberg).

Others in the party are Dr E W V Manzana, Goldfields chairman of the National Medical and Dental Association (Namda); Shadrach Motloung, Goldfields chairman of the SA Health Workers Congress; and J J Matlole, a representative of the SA Black Social Workers Association.

All the organisations are members of the Goldfields Hospitals Desegregation Campaign Committee.

The row over alleged discrimination erupted last week when the Free State provincial officials were challenged to explain and immediately scrap segregated facilities.

The campaign committee then reported Welkom hospital superintendent Dr G van Zyl to the Medical Association of South Africa on the grounds of unethical behaviour.

The MINISTER OF AGRICULTURAL DEVELOPMENT:

Yes.

(a) The Department of Agricultural Development receives enquiries from persons from time to time regarding alleged herbicide damage near main roads and railway lines. These enquiries are sporadic and originate from herbicide applications which allegedly pollute plots in the vicinity of a road or railway line.

Complaints were received in 1989 from the Southern Transvaal in the vicinity of Klipriver as well as Randfontein, Germiston and from the Jukskei-Broederstroom areas North-west of Johannesburg of alleged damage by herbicide.

(b) In general it was alleged that vegetable crops have been affected especially lettuce, green beans, chillies and cabbage crops.

(c) The Department was requested to diagnose and monitor.

(d) Competent officials investigated the allegations locally. In the area of the Witwatersrand, the crops of six farmers, identified by the National Vegetable Committee, were monitored for a period of six weeks on a weekly basis. Over this period no confirmation of hormone herbicide damage could be obtained.

Rainwater from the Klipriver area was analysed during the period August 1989 to March 1990 for the presence of hormone herbicide. All the samples tested negative.

Town Hill Hospital: take-over

*7. Mr M J ELLIS asked the Minister of Health Services:

(1) Whether her Department is engaged in negotiations with a view to taking over the Town Hill Hospital, which is under the control of the Natal Provincial Administration at present; if so, (a) why and (b) as from what date will the take-over be effective;

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

B447E

The MINISTER OF HEALTH SERVICES:

(1) Yes

(a) The Department has been engaged in negotiations for some time with the view to rationalize services by placing this hospital under the same psychiatric management as other psychiatric hospitals like Tara, the H Moross Centre, the Alexandra Care and Rehabilitation Centre and Cullinan Care and Rehabilitation Centre.

In view of the reconstruction of health services which is receiving the Government's attention at the moment, it has been decided to consider this matter against the background of the reconstruction plan. This investigation has not yet been completed.

(b) Falls away.

(2) No.

White old-age pensioners: means test

*8. Mr B B GOODALL asked the Minister of Welfare, Housing and Works:

Whether any steps are being taken by his Department to adjust the means test for White old-age pensioners; if not, why not; if so, what steps?

B457E

The MINISTER OF WELFARE, HOUSING AND WORKS:

The possible adjustment of the means test is continuously receiving the Department's attention. Any adjustment in this regard is however subject to the availability of funds.

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Average bed occupancy rate

66. Mr M J ELLIS asked the Minister of National Health:

What was the average bed occupancy rate in 1990 for each hospital falling under each of the provincial administrations?

B188E

The MINISTER OF NATIONAL HEALTH:

The bed occupancy of each hospital and institution for 1990 is listed in the attached schedules.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

Average bed occupancy rate in 1990 for each Hospital

Hospital	*Average percentage bed occupancy*
Universitas, Bloemfontein	56,89%
National	60,14%
Pelonomi	82,57%
Oranje	—
Voortrekker, Kroonstad	62,00%*
Boitumelo	99,69%
Bethlehem	60,00%*
Phekolong, Bethlehem	13,40%
Odendaalsrus	73,71%
Sasolburg	38,80%*
Virginia	66,10%
Welkom	85,48%
Botshabelo	280,00%
Bothaville	88,24%
Clocolan	113,86%
Ficksburg	59,83%
Frankfort	92,60%
Harrismith	60,10%
Heilbron	94,09%
Hoopstad	78,48%
Jagersfontein	57,54%*
	84,50%
Ladybrand	50,90%
Parys	91,52%
Reitz	77,13%
Senekal	—
Smithfield	67,17%
Vrede	75,20%
Winburg	66,30%
Zastron	30,94%*
	49,30%

Note: *Own affairs.

PROVINCIAL ADMINISTRATION OF NATAL

Average bed occupancy rate in 1990 for each hospital

Hospital	*Average percentage bed occupancy*
Addington	60,57%
Christ the King	98,93%
Clairwood	72,30%
Dundee	54,84%
East Griqualand and Usher Memorial	114,13%
Empangeni	59,56%
Eshowe	79,99%
Estcourt	65,48%
G J Crookes	72,96%
Greytown	48,54%
King Edward VIII	91,19%
Ladysmith	85,92%
Newcastle	48,74%
Niemeyer Memorial	53,57%
Northdale	89,02%
Port Shepstone	74,49%
R K Khan	54,95%
Stanger	70,82%
St Andrews	72,69%
Tayler Bequest	92,82%
Vryheid	53,97%
Wentworth	58,82%
King George V	81,65%

PROVINCIAL ADMINISTRATION OF THE CAPE OF GOOD HOPE

Average bed occupancy rate in 1990 for each hospital

Hospital	*Average percentage bed occupancy*
NON-ACADEMIC REGIONS	
NORTHERN CAPE REGION	
Barkly West	96,69%
Colesberg	87,43%
De Aar	59,47%
Douglas	74,98%
Hartswater	111,19%
Kakamas	67,69%
Kimberley	79,18%
Kuruman	83,17%
Noupoort	70,59%
Postmasburg	72,49%
Prieska	62,30%

Reivilo	117,12%
Upington	100,86%
Vryburg	68,53%
TOTAL: NORTHERN CAPE	79,92%
EASTERN CAPE REGION	
Aliwal North	70,58%
Barkly East	53,50%
Bedford	99,28%
Burgersdorp	116,35%
Cathcart	63,44%
Cradock	79,72%
Elliot	85,62%
Fort Beaufort	95,97%
Graaff-Reinet	72,05%
Grahamstown	83,14%
Humansdorp	98,50%
King William's Town	43,92%
Middelburg	56,03%
East London, Frere	92,76%
Port Elizabeth, Dora Nginza	119,07%
Port Elizabeth, Livingstone	131,92%
Port Elizabeth, Provincial	62,42%
Queenstown	71,17%
Somerset East	76,50%
Steynsburg	59,84%
Uitenhage	92,13%
Umtata, Sir Henry Elliot	39,78%
TOTAL: EASTERN CAPE	87,64%
WALVIS BAY REGION	
Walvis Bay	60,03%
WESTERN CAPE REGION	
Atlantis, Wesfleur	80,23%
Beaufort West	60,29%
Bellville, Karl Bremer	49,87%
Bredasdorp	90,90%
Caledon	54,46%
Calvinia	80,11%
Ceres	119,90%
Citrusdal	85,65%
Faure	18,34%
Garies	65,39%
George	69,67%
Green Point, Somerset & City	37,20%
Hermanus	82,40%
Knysna	88,78%
Ladismith	52,61%
Malmesbury	83,47%
Manenberg, G F Jooste	92,40%
Montagu	105,99%
Mossel Bay	92,07%
Oranjezicht, Volks	54,15%
Oudtshoorn	97,04%
Paarl	124,19%
Pinelands, Conradie	101,59%
Porterville	64,15%
Port Nolloth	87,71%
Riversdale	68,34%
Robertson	107,50%
Somerset West	139,46%
Springbok	92,53%
Stellenbosch	81,32%
SOUTH PENINSULA GROUP	
Eaton Rehabilitation Home	48,14%
Lady Michaelis	43,60%
Princess Alice	62,65%
False Bay	72,51%
Wynberg, Victoria	91,75%
SUB-TOTAL	66,26%
Sutherland	45,82%
Swellendam	76,15%
Victoria West	48,69%
Vredenburg	87,47%
Vredendal	97,84%
Woodstock	71,27%
Worcester	161,69%
TOTAL: WESTERN CAPE	69,62%
TOTAL: NON-ACADEMIC	77,88%
ACADEMIC REGIONS	
GROOTE SCHUUR REGION	
Groote Schuur	95,21%
Avalon Treatment	21,61%
Mowbray Maternity	56,64%
Peninsula Maternity	99,25%
TOTAL: GROOTE SCHUUR	90,91%
RED CROSS REGION	
Red Cross War Memorial Children's	158,08%
TYGERBERG REGION	
Tygerberg Hospital	107,93%
TOTAL: ACADEMIC REGION	102,91%
TOTAL: ALL HOSPITALS	83,43%
NORTHERN CAPE REGION	
Bray	61,85%
Carnarvon	74,85%
Griekwastad, Helpmekaar	92,48%
Hopetown, Wege	162,74%
Jan Kemp	140,23%
Keimoes	77,44%
Kenhardt	59,75%
Kimberley, Helen Bishop	129,88%
Olifantshoek	54,69%

Piet Plessis	83,30%
Pofadder	46,79%
Richmond	92,17%
Stella	165,70%
Warrenton	93,36%
TOTAL: NORTHERN CAPE	96,90%
EASTERN CAPE REGION	
Aberdeen	120,79%
Adelaide	98,74%
Aliwal North, St Francis	138,34%
Dordrecht	85,21%
Indwe	88,00%
Jamestown	140,68%
Jansenville, Sawas	119,57%
Kareedouw	110,22%
Kirkwood, Rita Coetzee	75,89%
Komga	80,15%
Lady Grey	78,93%
Maclear	152,01%
Molteno	77,79%
Sterkstroom	32,15%
Stutterheim	72,49%
Tarkastad, Martje Venter	59,95%
Willowmore	90,24%
TOTAL: EASTERN CAPE	92,88%
WESTERN CAPE REGION	
Brandvlei	58,00%
Clanwilliam	135,22%
Fraserburg	175,56%
Cape Town, St Monica's	58,16%
Laingsburg	51,72%
Loeriesfontein	94,25%
Murraysburg	47,02%
Piketberg, Radie Kotze	61,87%
Prince Albert	97,77%
Uniondale	189,54%
Williston	33,92%
TOTAL: WESTERN CAPE	83,81%
RED CROSS REGION	
Athlone, Sarah Fox	89,35%
Newlands, Maitland Cottage	85,42%
Philippi, St Joseph's	86,66%
TOTAL: RED CROSS REGION	86,93%
TOTAL: ALL HOSPITALS	91,56%

PROVINCIAL ADMINISTRATION OF TRANSVAAL

Average bed occupancy rate in 1990 for each hospital

Hospital	*Average percentage bed occupancy*
Amajuba Memorial, Volksrust	70,40%
Andrew McColm, Pretoria	39,40%
Baragwanath Complex	87,90%
Barberton	50,50%
Bernice Samuel, Delmas	36,70%
Bethal	66,40%
Bloemhof	44,30%
Boksburg-Benoni	74,40%
Brits	72,60%
Carolina	70,50%
Christiana	64,70%
Coronation	84,60%
Delareyville	28,10%
Dr A G Visser, Heidelberg	77,40%
Duiwelskloof	49,60%
Edenvale General	55,20%
Ellisras	63,80%
Elsie Ballot, Amersfoort	51,80%
Ermelo	75,10%
Evander	44,70%
F H Odendaal, Nylstroom	46,10%
Ga-Rankuwa	85,20%
Gen De la Rey, Lichtenburg	37,50%
Grobersdal	41,40%
H A Grove, Belfast	49,00%
Hendrik van der Bijl	58,00%
H F Verwoerd Complex	62,90%
Hillbrow, Johannesburg	90,30%
Itshelejuba	47,50%
J D Verster, Koster	131,10%
J G Strijdom, Johannesburg	32,50%
Johannesburg	81,60%
Kalafong, Pretoria	75,80%
Mamelodi	80,70%
Kalie de Haas, Potchefstroom	60,70%
Kempton Park	55,00%
Klerksdorp/Tshepong Complex	63,40%
Laudium	54,30%
Lenasia	38,90%
Louis Trichardt Memorial	34,20%
Lydenburg	55,70%
Middelburg	57,10%
Natalspruit	87,10%
Nic Bodenstein, Wolmaransstad	50,20%
Nigel	48,10%
Discoverers Memorial	41,50%
Paardekraal/Leratong	60,30%

Paul Kruger Memorial, Rustenburg	87,20%
Phalaborwa	50,20%
Pietersburg	64,40%
Piet Retief	96,40%
Pretoria West	40,30%
Rietfontein, Edenvale	77,80%
Rob Ferreira	76,40%
Sabie	60,60%
Sannieshof	19,10%
Schweizer-Reneke	72,80%
Standerton	59,60%
Sterkfontein, Krugersdorp	98,30%
South Rand	40,20%
Sybrand van Niekerk	48,30%
Tembisa, Olifantsfontein	66,30%
Van Velden Memorial, Tzaneen	58,10%
Ventersdorp	34,70%
Vereeniging/Sebokeng	72,70%
Far East Rand, Springs	72,20%
Voortrekker, Potgietersrus	48,00%
Warmbaths	38,70%
Waterval Boven	47,10%
Weskoppies, Pretoria	97,20%
Westfort, Pretoria	57,40%
Willem Cruywagen, Germiston	48,20%
Witbank	63,40%
Witrand Care and Rehabilitation Centre, Potchefstroom	90,10%
Zeerust	76,70%

Certain hospitals: beds/staff

85. Mr M J ELLIS asked the Minister of National Health:

(1) What was the (a) number of commissioned beds as at 31 December 1990 at the (i) King Edward VIII, (ii) Addington, (iii) Groote Schuur, (iv) Baragwanath, (v) Tygerberg, (vi) Johannesburg General, (vii) Coronation and (viii) Grey's Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of each of the above hospitals in 1990 and (c) staff establishment at each such hospital as at 31 December 1990 (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 1990;

(3) what was the monetary allocation to each of these hospitals for the 1990-91 financial year? B196E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Number of commissioned beds as at 31 December 1990 at the following hospitals:

Hospital	*No. of beds*
(i) King Edward VIII	1 913
(ii) Addington	746
(iii) Groote Schuur	1 550
(iv) Baragwanath	2 799
(v) Tygerberg	1 983
(vi) Johannesburg	938
(vii) Coronation	596
(viii) Grey's	497

(b) average bed occupancy rate — 1990:

IN TERMS OF:

Hospital	*Beds in use*	*Planned beds*
(i) King Edward VIII	96,6%	87,4%
(ii) Addington	64,1%	40,0%
(iii) Groote Schuur	87,2%	95,2%
(iv) Baragwanath	95,2%	148,2%
(v) Tygerberg	87,8%	107,9%
(vi) Johannesburg	76,0%	37,8%
(vii) Coronation	77,4%	141,1%
(viii) Grey's	65,8%	68,5%

and

(c) staff establishment as at 31 December 1990:

(i) total:

King Edward VIII Hospital	2 955
Addington Hospital	1 956
Groote Schuur Hospital	7 512
Baragwanath Hospital	7 552
Tygerberg Hospital	9 260
Johannesburg Hospital	5 774
Coronation Hospital	1 509
Grey's Hospital	1 139

and

(ii) (aa) medical staff:

King Edward VIII Hospital	244
Addington Hospital	128
Groote Schuur Hospital	623
Baragwanath Hospital	529
Tygerberg Hospital	830
Johannesburg Hospital	489
Coronation Hospital	149
Grey's Hospital	51,

(bb) nursing staff:

King Edward VIII Hospital	1 980
Addington Hospital	1 287
Groote Schuur Hospital	2 725
Baragwanath Hospital	4 181
Tygerberg Hospital	3 169
Johannesburg Hospital	1 864
Coronation Hospital	760
Grey's Hospital	744,

(cc) paramedical staff:*

King Edward VIII Hospital	116
Addington Hospital	104
Groote Schuur Hospital	292
Baragwanath Hospital	322
Tygerberg Hospital	352
Johannesburg Hospital	480
Coronation Hospital	84
Grey's Hospital	30,

(dd) administrative staff:

King Edward VIII Hospital	300
Addington Hospital	171
Groote Schuur Hospital	52
Baragwanath Hospital	518
Tygerberg Hospital	78
Johannesburg Hospital	679
Coronation Hospital	111
Grey's Hospital	95 and

(ee) other category of staff:

King Edward VIII Hospital	315
Addington Hospital	266
Groote Schuur Hospital	3 820
Baragwanath Hospital	2 002
Tygerberg Hospital	4 831
Johannesburg Hospital	2 262
Coronation Hospital	405
Grey's Hospital	219

*Paramedical staff in this context includes supplementary health professions, experts and other professional staff;

(2) vacant posts as at 31 December 1990:

(a) total:

King Edward VIII Hospital	16
Addington Hospital	151
Groote Schuur Hospital	741
Baragwanath Hospital	560
Tygerberg Hospital	974
Johannesburg Hospital	982
Coronation Hospital	115
Grey's Hospital	105 and

(b) (aa) medical staff:

King Edward VIII Hospital	1
Addington Hospital	3
Groote Schuur Hospital	54
Baragwanath Hospital	63
Tygerberg Hospital	81
Johannesburg Hospital	22
Coronation Hospital	13
Grey's Hospital	1,

(bb) nursing staff:

King Edward VIII Hospital	5
Addington Hospital	112
Groote Schuur Hospital	275
Baragwanath Hospital	311
Tygerberg Hospital	370
Johannesburg Hospital	434
Coronation Hospital	65
Grey's Hospital	83,

(cc) paramedical staff:

King Edward VIII Hospital	4
Addington Hospital	15
Groote Schuur Hospital	29
Baragwanath Hospital	63
Tygerberg Hospital	33
Johannesburg Hospital	136
Coronation Hospital	10
Grey's Hospital	3,

(dd) administrative staff:

King Edward VIII Hospital	1
Addington Hospital	4
Groote Schuur Hospital	4
Baragwanath Hospital	9
Tygerberg Hospital	9
Johannesburg Hospital	30
Coronation Hospital	0
Grey's Hospital	2 and

(ee) other category of staff:

King Edward VIII Hospital	5
Addington Hospital	17
Groote Schuur Hospital	379
Baragwanath Hospital	114
Tygerberg Hospital	481
Johannesburg Hospital	360
Coronation Hospital	27
Grey's Hospital	16,

(3) monetary allocation for 1990/91:

King Edward VIII Hospital	R159 613 200
Addington Hospital	R71 031 236
Groote Schuur Hospital	R358 182 827
Baragwanath Hospital	R187 258 400
Tygerberg Hospital	R319 700 062

Johannesburg Hospital	R189 164 900
Coronation Hospital	R49 474 500
Grey's Hospital	R39 005 000

Medical waste: disposal

86. Mr M J ELLIS asked the Minister of National Health:

Whether any changes were introduced in the 1990-91 financial year by hospitals falling under the control of the provincial administrations in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details? B211E

The MINISTER OF NATIONAL HEALTH:

Although the disposal of hospital waste (medical and clinical waste) is considered to be reasonably satisfactory, all provincial administrations undertook investigations to identify portential problems during the past year. These resulted *inter alia*, in the introductin of more uniform methods of disposal, increased use of standardised containers, renovation of incinerators and contracting professional firms for waste removal and disposal. However,

Johannesburg North: service applications

106. Mr P G SOAL asked the Minister of Mineral and Energy Affairs and Public Enterprises:

Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Johannesburg North constituency as at the latest specified date for which figures are available; if so, (i) how many in each suburb falling within this constituency and (ii) when is it anticipated that the backlog will be eliminated? B291E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(a) Yes, 512 as at 28 February 1991;

(i) and (ii) In addition to applications that are met on demand on a continuous basis where telephone numbers and cable leads are available, service will be provided as follows to waiting applicants in the areas indicated:

Exchange area	*Number of waiting applicants*	*When services are to be provided*
Bramley (includes the suburbs of Eltonhill, Winston Ridge, Kentview and Birnam)	77	Within the next three months as cable works are completed.
Rosebank (includes the suburbs of Fairway, Illovo, Melrose, Melrose North, Melrose Estate, Birdhaven, Dunkeld West, Parktown North, Parkhurst and Craighall Park)	209	Within the next five months as cable works are completed
Randburg (includes the suburbs of Craighall and Blairgowrie)	178	Within the next five months as cable works are completed.
Linden (includes the suburbs of Victory Park, Pierneef Park, Pine Park, Blairgowrie and Beaconsfield Estate)	48	Within the next five months as cable works are completed.

(b) Yes;

(i) 76 as at 25 February 1991 (Birnam Park 28 and Parkhurst 48).

(ii) The installation of additional private post office boxes at Birnam Park and Parkhurst is not possible because of the structure of the buildings. The waiting applicants at these centres can only be accommodated as and when existing boxes become vacant. Specific dates for the elimination of the backlog cannot, therefore, be furnished. It should be mentioned that vacant private post boxes exist at Saxonwold (28), Northlands (54), Bramley (449), Parklands (300) and Pinegowrie (975). The number of vacant post boxes at Northlands has increased since last year because some renters were allocated post boxes at the more conveniently situated Pinegowrie Post Office. By arranging that a number of renters at Craighall be provided with private boxes at more conveniently located offices, it was possible to provide all waiting applicants at that office with private boxes.

Immunisation programmes

123. Mr M J ELLIS asked the Minister of National Health:

(1) (a) What sum of money was allocated to immunisation programmes in the 1990-91 financial year and (b) what immunisation programmes were undertaken;

(2) whether these programmes could be implemented fully out of the sum so allocated; if not,

(3) whether additional funds were allocated for this purpose; if so, from what source? B213E

The MINISTER OF NATIONAL HEALTH:

(1) (a) R4 150 500 and

(b) expanded immunisation programme against tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus and measles,
immunisation of contacts of rabies and
immunisation against yellow fever for international travel purposes;

(2) yes;

(3) falls away.

Tuberculosis

129. Mr M J ELLIS asked the Minister of National Health:

In respect of each race group in each province in 1990, (a) how many cases of tuberculosis were (i) reported and (ii) hospitalised and (b) how many tuberculosis patients died? B361E

The MINISTER OF NATIONAL HEALTH:

(a) (i) Notified tuberculosis cases in the Republic of South Africa by Population Group and Province, 1990. (As on 27 February 1991. Notifications for 1990 are still incomplete.)

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	32	13 587	16 960	411
Natal	453	9 247	196	75
OFS	1	9 481	633	130
Transvaal	52	13 462	487	228

(ii) Admission in a hospital with tuberculosis

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	0	2 430	2 724	2
Natal	183	9 273	97	15
OFS	0	3 031	75	0
Transvaal	13	1 922	142	62

(b) Notified tuberculosis deaths in the Republic of South Africa by Population Group and Province, 1990. (As on 27 February 1991. Notifications for 1990 are still incomplete.)

POPULATION GROUP

Province	*Indian*	*Black*	*Coloured*	*White*
Cape	0	571	485	12
Natal	4	46	1	0
OFS	0	110	10	3
Transvaal	1	492	12	7

Own Affairs:

Sea Point: rent-controlled premises

11. Mr C W EGLIN asked the Minister of Welfare, Housing and Works:

(1) How many rent-controlled premises were there in the Sea Point constituency as at 31 December 1990;

(2) (a) how many such premises were decontrolled in 1990 and (b) what is the (i) address and (ii) description of each of the properties concerned? B154E

'Racism rife at OFS hospitals'

Star 12/3/91. (98)

By Esmaré van der Merwe
Political Reporter

WELKOM — The African National Congress and the Democratic Party have reacted angrily to racial discrimination at the Welkom Provincial Hospital.

ANC Free State leader Patrick "Terror" Lekota said yesterday: "This almost drives me berserk."

Mr Lekota and DP health spokesman Mike Ellis led a delegation which included medical professionals to investigate claims of racist practices at hospitals on the Goldfields — almost five months after the scrapping of Separate Amenities Act.

The delegation concluded that discrimination was rife at the hospitals and supported a call by the Goldfields Desegregation Campaign Committee's for the resignation of Free State MEC for hospital services, Roelf Dreyer, and the province's deputy director-general of hospital services, Dr Jan Kruger.

During the visit to the Welkom Hospital yesterday afternoon the delegation saw:

- Lines of black patients, some seriously injured, who had been waiting since early morning to be admitted.
- Children sleeping on concrete floors.
- As many as three children in one bed.
- Flies swarming around the children's heads.

In a hot corridor, a distressed black mother comforted her baby — who was clearly in pain from horrific burn wounds — for more than five hours before the child was admitted.

In contrast, the white section of the hospital was air-conditioned, with superior facilities and many vacant beds.

Mr Lekota became embroiled in an angry debate with superintendent Dr Gert van Zyl, who claimed that a lack of funds and rigid provincial regulations were the cause of segregated facilities.

He said: "I believe discrimination is criminal, not only against the patient but also against the doctors and nurses who have to work under these conditions."

Dr van Zyl said the AWB had threatened to kill him if the hospital were desegregated.

Mr Ellis said last night that the DP would put pressure on President FW de Klerk and Minister of National Health Dr Rina Venter to implement drastic changes.

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

Training of teachers: estimated cost

5. Mr M RAJAB asked the Minister of Education and Culture:

What is the estimated cost to the State of training a teacher at a (a) university on a non-residential full-time basis for four years and (b) teacher training college on a non-residential full-time basis for (i) three and (ii) four years?

D30E

The MINISTER OF EDUCATION AND CULTURE:

(a) The estimated cost (at the University of Durban-Westville) is between R23 000 and R25 000.

(b) (i) The estimated cost (at Springfield College of Education) for a three year course would be between R30 000 and R34 000. The three- year course has been discontinued.

(ii) The estimated cost (at Springfield College of Education) for four year course is between R40 000 and R45 000.

Qualified teachers: surplus

6. Mr M RAJAB asked the Minister of Education and Culture:

(1) How many qualified teachers were made redundant, retrenched or retired early because of a surplus of teachers during or at the end of 1990;

(2) how many teachers who qualified at the end of 1990 were unable to obtain posts from the beginning of 1991;

(3) (a) how many Indian student teachers have bursaries from the State at present and (b)(i) what is the annual cost to the State of such bursaries and (ii) in respect of what year is this information furnished?

D34E

The MINISTER OF EDUCATION AND CULTURE:

(1) Redundant : 12
Retrenched : Nil
Retired early : Nil

(2) : 75

(3) (a) : 658 students

(b) (i) : R1 230 362

(ii) : 1990

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Provincial hospitals: patients admitted

67. Mr M J ELLIS asked the Minister of National Health:

How many (a) Black, (b) White, (c) Coloured and (d) Indian patients were admitted in 1990 to each hospital falling under each of the provincial administrations?

B189E

The MINISTER OF NATIONAL HEALTH:

As listed on the attached schedules.

Provincial Administration of the Transvaal: Number of admissions in 1990 to each hospital

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Amajuba Memorial, Volksrust	4 075	1 674	0	21
Andrew McColm, Pretoria	37	6 259	6	7
Baragwanath Complex	172 354	12	425	161
Barberton	8 868	2 453	105	77
Bernice Samuel, Delmas	3	1 200	0	5
Bethal	11 126	3 064	100	34
Bloemhof	0	448	280	7
Boksburg-Benoni	22 975	8 701	2 883	412
Brits	1	4 364	26	20
Carolina	2 837	843	0	0
Christiana	1 780	632	200	0
Coronation	6 196	41	22 563	2 767
Delareyville	0	519	0	0
Dr A G Visser, Heidelberg	4 929	2 952	41	85
Duiwelskloof	0	1 231	0	0
Edenvale General	0	4 376	0	0
Ellisras	2 290	3 078	0	0
Elsie Ballot, Amersfoort	0	404	0	0
Ermelo	7 213	4 381	0	70
Evander	3	4 014	0	2
F H Odendaal, Nylstroom	5 482	1 927	6	12
Ga-Rankuwa	67 952	0	0	0
Gen De la Rey, Lichtenburg	0	1 954	37	10

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Groblersdal	3	1 209	0	1
H A Grove, Belfast	10	551	0	5
Hendrik van der Bijl	2	14 528	0	0
H F Verwoerd Complex	2 680	27 807	4 956	1 044
Hillbrow, Johannesburg	25 499	0	1 336	461
Itshelejuba	3 952	0	0	0
J D Verster, Koster	3 079	902	0	0
J G Strijdom, Johannesburg	685	8 844	334	134
Johannesburg	5 228	29 402	1 434	1 789
Kalafong, Pretoria	48 668	0	0	0
Mamelodi	13 193	0	0	0
Kalie de Haas, Potchefstroom	8 855	5 361	1 154	10
Kempton Park	0	12 695	0	0
Klerksdorp/Tshepong Complex	28 409	17 026	1 841	275
Laudium	1 545	2	72	1 145
Lenasia	572	5	477	877
Louis Trichardt Memorial	0	1 861	3	56
Lydenburg	4 495	1 876	97	30
Middelburg	12 505	7 840	637	123
Natalspruit	49 526	0	908	73
Nic Bodenstein, Wolmaransstad	4 678	1 142	303	13
Nigel	2 250	2 892	184	13
Discoverers' Memorial	40	5 612	12	1
Paardekraal/Leratong	47 745	10 712	1 441	34
Paul Kruger Memorial, Rustenburg	13 777	9 194	253	115
Phalaborwa	0	3 707	0	0
Pietersburg	22 140	10 660	531	212
Piet Retief	9 246	2 047	44	54
Pretoria West	0	6 037	0	0
Rietfontein, Edenvale	958	338	148	8
Rob Ferreira	7 120	9 922	255	106
Sabie	3 681	696	121	0
Sannieshof	0	330	0	0
Schweizer-Reneke	3 945	542	0	16
Standerton	6 154	2 538	280	133
Sterkfontein, Krugersdorp	2 111	1 002	288	59
South Rand	0	6 438	0	0
Sybrand van Niekerk	603	8 932	0	0
Tembisa, Olifantsfontein	44 538	0	351	1
Van Velden Memorial, Tzaneen	0	1 873	0	0
Ventersdorp	63	499	25	1
Vereeniging/Sebokeng	46 722	13 768	653	84
Far East Rand, Springs	29 076	8 382	651	138
Voortrekker, Potgietersrus	0	3 013	0	75
Warmbaths	0	2 061	0	0
Waterval Boven	23	362	0	12
Weskoppies, Pretoria	3 380	1 784	183	74
Westfort, Pretoria	961	0	0	0
Willem Cruywagen, Germiston	84	7 651	0	0
Witbank	11 810	12 739	245	38
Witrand Care and Rehabilitation Centre, Potchefstroom	173	901	1	0
Zeerust	4 278	1 329	54	26

Provincial Administration of the Orange Free State: Number of admissions in 1990 to each hospital

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Universitas, Bloemfontein	71	22 229	62	28
National	—	11 266	—	—
Pelonomi	34 802	0	5 126	3
Oranje	598	268	40	1
Voortrekker, Kroonstad*	—	5 218	—	—
Boitumelo	16 401	0	157	0
Bethlehem*	10	5 801	—	13
Phekolong, Bethlehem	10 409	0	119	8
Odendaalsrus	1 805	898	—	—
Sasolburg*	58	6 622	0	0
Virginia	5 543	5 404	—	—
Welkom	14 329	17 070	572	—

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Botshabelo	6 631	—	—	—
Bothaville	3 411	841	—	—
Clocolan	2 789	459	—	—
Ficksburg	2 767	695	61	13
Frankfort	2 334	617	—	1
Harrismith	2 623	1 216	22	7
Heilbron	3 571	882	302	—
Hoopstad	2 393	563	34	—
	*131	*28	*77	—
Jagersfontein	1 163	214	431	—
Ladybrand	1 656	531	103	11
Parys	4 786	1 884	—	—
Reitz	2 836	636	17	0
Senekal	565	647	—	—
Smithfield	932	17	48	—
Vrede	1 555	315	—	—
Winburg	2 236	728	41	0
		*324	*0	—
Zastron	1 877	0	55	0

Note: *Own Affairs.

Provincial Administration of Natal: Number of admissions in 1990 to each hospital

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Addington	1 609	14 213	9 213	2 083
Christ the King	8 549	93	104	32
Clairwood	25 372	1	21	381
Dundee	10 623	1 932	188	657
East Griqualand and Usher Memorial	8 200	393	326	5
Empangeni	1 172	4 099	173	499
Eshowe	11 956	1 164	173	173

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Estcourt	9 367	364	51	411
G J Crookes	10 775	1 026	56	524
King Edward VIII	92 240	4	35	3 732
Ladysmith	26 500	508	217	981
Newcastle	775	9 469	383	3 147
Niemeyer Memorial	3 035	325	64	0
Northdale	5 705	5	3 432	13 076
Port Shepstone	11 859	5 428	308	1 166
R K Khan	1 679	7	15	31 052
Stanger	20 241	48	163	2 505
St Andrews	6 918	61	211	49
Tayler Bequest	9 904	281	348	3
Vryheid	8 265	2 934	31	14
Wentworth	4 771	809	27	1 409
Greytown	7 713	620	25	256
Hillcrest	3	93	0	0
King George V	3 615	220	217	593

Provincial Administration of the Cape of Good Hope: Number of admissions in 1990 to each hospital

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Non-academic Regions Northern Cape Region				
Barkly West	1 926	339	1 202	0
Colesberg	1 577	335	942	0
De Aar	1 303	1 392	3 346	3
Douglas	654	331	1 596	0
Hartswater	3 974	898	663	0
Kakamas	516	401	2 451	0
Kimberley	12 507	8 296	9 576	0
Kuruman	1 860	1 112	704	0
Noupoort	644	296	629	0
Postmasburg	1 374	831	1 853	0

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Prieska	286	404	1 723	0
Reivilo	1 934	148	226	1
Upington	1 447	2 408	7 105	0
Vryburg	4 182	1 355	914	38
Eastern Cape Region				
Aliwal North	3 041	1 133	624	0
Barkly East	2 626	284	92	0
Bedford	1 455	168	570	0
Burgersdorp	1 914	537	317	0
Cathcart	3 537	288	81	0
Cradock	4 251	1 071	1 914	2
Elliot	2 588	241	32	0
Fort Beaufort	4 608	717	993	0
Graaff-Reinet	735	1 006	3 138	5
Grahamstown	6 088	1 852	1 140	32
Humansdorp	972	1 332	2 633	0
King William's Town	3 293	1 690	1 093	13
Middelburg	1 263	512	1 610	0
East London, Frere	21 188	10 701	3 623	209
Port Elizabeth, Dora Nginza	12 550	0	88	0
Port Elizabeth, Livingstone	26 617	1	18 112	151
Port Elizabeth, Provincial	621	21 260	830	107
Queenstown	7 922	2 231	836	5
Somerset East	4 230	757	2 465	1
Steynsburg	1 258	110	458	0
Uitenhage	9 440	7 217	6 580	219
Umtata, Sir Henry Elliot	588	339	123	8
Walvis Bay Region				
Walvis Bay	2 893	1 215	954	12
Northern Cape Region				
Bray	600	51	101	0
Carnarvon	0	204	1 635	0
Griekwastad, Helpmekaar	435	154	1 195	4
Hopetown, Wege	347	369	2 094	0

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Jan Kemp	2 314	689	389	0
Keimoes	62	363	2 335	0
Kenhardt	4	100	729	0
Kimberley, Helen Bishop	252	0	144	0
Olifantshoek	763	231	799	0
Piet Plessis	1 468	98	0	0
Pofadder	1	61	423	0
Richmond	850	168	1 347	6
Stella	2 534	323	0	0
Warrenton	1 834	587	464	2
Eastern Cape Region				
Aberdeen	162	140	1 043	0
Adelaide	3 204	612	764	1
Aliwal North, St Francis	1 331	0	140	0
Dordrecht	2 446	312	77	4
Indwe	1 260	78	25	0
Jamestown	535	48	18	0
Jansenville, Sawas	698	279	1 146	0
Kareedouw	1 298	595	2 645	0
Kirkwood, Rita Coetzee	1 533	323	705	0
Komga	1 599	89	26	0
Lady Grey	1 231	52	104	0
Maclear	3 707	120	36	0
Molteno	2 097	137	0	0
Sterkstroom	1 474	164	77	0
Stutterheim	3 564	414	61	0
Tarkastad, Martje Venter	1 241	105	242	0
Willowmore	79	206	1 465	0
Western Cape Region				
Brandvlei	0	47	471	0
Clanwilliam	66	452	2 015	0
Fraserburg	0	49	581	0
Cape Town, St Monica's	1 196	0	1 282	4
Laingsburg	34	128	636	0
Loeriesfontein	5	51	711	0
Murraysburg	119	102	759	0

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Piketberg, Radie Kotze	63	351	1 727	0
Prince Albert	37	297	1 544	8
Uniondale	82	147	1 563	0
Williston	0	75	517	0
Total: Western Cape	1 602	1 699	11 806	12
Red Cross Region				
Athlone, Sarah Fox	461	0	231	0
Newlands, Maitland Cottage	369	0	506	0
Philippi, St Joseph's	270	18	255	0
Total: Red Cross Region	1 100	18	992	0
Total: All hospitals	41 625	8 789	33 027	29
Western Cape Region				
Atlantis, Westfleur	16	0	2 863	0
Beaufort West	610	847	2 978	0
Bellville, Karl Bremer	178	6 233	2 248	0
Bredasdorp	63	562	1 966	0
Caledon	155	779	2 800	11
Calvinia	7	373	1 388	0
Ceres	552	909	5 629	0
Citrusdal	83	383	2 171	0
Faure	21	18	80	0
Garies	18	87	823	0
George	1 275	4 483	6 364	16
Green Point, Somerset & City	6 511	4 051	7 227	0
Hermanus	365	869	1 474	4
Knysna	1 572	1 496	4 254	1
Ladismith	56	150	1 079	3
Malmesbury	217	1 137	4 162	28
Manenberg, G P Jooste	1 167	0	2 489	2
Montagu	285	613	2 676	0
Mossel Bay	866	1 604	3 265	0
Oranjezicht, Volks	0	2 127	206	0
Oudtshoorn	485	2 840	8 130	0
Paarl	3 054	4 561	15 636	0
Pinelands, Conradie	7 903	1 313	6 284	0

Hospital	Admission 1990			
	Black (a)	White (b)	Coloured (c)	Indian (d)
Porterville	4	186	1 468	0
Port Nolloth	177	25	625	0
Riversdale	93	895	3 350	0
Robertson	288	644	2 951	0
Somerset West	1 068	2 783	6 921	0
Springbok	39	696	3 250	0
Stellenbosch	981	1 007	4 680	0
South Peninsula Group				
Eaton Rehabilitation Home	261	108	655	0
Lady Michaelis	99	57	485	0
Princess Alice	286	491	847	0
False Bay	334	1 610	1 722	0
Wynberg, Victoria	916	1 513	5 978	0
Sutherland	13	74	658	0
Swellendam	164	553	2 535	0
Victoria West	149	229	936	0
Vredenburg	164	926	3 238	0
Vredendal	145	1 000	5 198	0
Woodstock	765	726	2 474	0
Worcester	2 138	3 516	12 689	181
Academic Regions Groote Schuur Region				
Groote Schuur	30 515	8 777	56 011	0
Avalon Treatment	17	0	452	0
Mowbray Maternity	178	1 170	3 938	180
Peninsula Maternity	3 603	0	4 877	3
Red Cross Region				
Red Cross War Memorial Children's	10 414	11 166	14 562	8
Tygerberg Region				
Tygerberg	9 195	18 419	58 372	166

Provincial hospitals: patients turned away (98) Hansard 14/3/71

68. Mr M J ELLIS asked the Minister of National Health:

Whether any provincial hospitals turned patients away because they were members of a race group other than White; if so, (a) which hospitals and (b) for what reason? B190E

The MINISTER OF NATIONAL HEALTH:

No, the four provincial administrations have no knowledge of an incident where a patient was refused admission to a hospital on grounds of race.

(a) and (b) Fall away.

Own Affairs:

Medical waste

15. Mr M J ELLIS asked the Minister of Health Services:

Whether any changes were introduced in the 1990-91 financial year by hospitals under her control in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details?

B210E

The MINISTER OF HEALTH SERVICES:

Although the disposal of hospital waste (medical and clinical waste) is considered to be reasonably satisfactory, the provincial administrations, which run own affairs hospitals on behalf of Administration: House of Assembly, undertook investigations to identify potential problems during the past year. These resulted, *inter alia*, in the introduction of more uniform methods of disposal, increased use of standardised containers, renovation of incinerators and contracting professional firms for waste removal and disposal. However, most improvements planned are subject to the availability of funds.

White teacher training colleges: students

32. Mr M J ELLIS asked the Minister of Education and Culture:

How many students were studying at White Teacher training colleges (a) as at the latest specified date for which figures are available and (b) as at a corresponding date five years ago?

B476E

The MINISTER OF EDUCATION AND CULTURE:

(a) 6 511—March 1990,

(b) 10 987.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Certain foreigners: granted visas/work permits

2. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Home Affairs:

How many citizens of (a) India, (b) Mauritius and (c) Pakistan were granted (i) visas to visit South Africa and (ii) temporary work permits for South Africa in 1990?

D21E

The MINISTER OF HOME AFFAIRS:

(i) and (ii) The Department of Home Affairs does not keep statistics of visas and work permits issued to foreigners according to nationality.

The Central Statistical Services however publishes the numbers of foreigners visiting the Republic according to their country of residence; that is citizens as well as non-citizens that have residence in such countries.

According to the latest information from the Central Statistical Services the following numbers of foreign visitors from India, Mauritius and Pakistan visited the Republic from January 1990 to November 1990:

(a) India	2 026
(b) Mauritius	4 511
(c) Pakistan	775

31 March 1990	—	19 057
30 April 1990	—	20 108
31 May 1990	—	19 496
30 June 1990	—	18 751
31 July 1990	—	19 538
31 August 1990	—	19 236
30 September 1990	—	18 952
31 October 1990	—	19 440
30 November 1990	—	19 027
31 December 1990	—	21 807

Own Affairs:

Hospitals: patients turned away

13. Mr M J ELLIS asked the Minister of Health Services:

Whether any hospitals under her control turned patients away because they were members of a race group other than White; if so, (i) which hospitals and (b) for what reasons?

B191

The MINISTER OF HEALTH SERVICES:

No, no such cases were brought to my attention.

(a) and (b) Fall away.

Hospitals: patients admitted

14. Mr M J ELLIS asked the Minister of Health Services:

How many (a) Black, (b) White, (c) Coloured and (d) Indian patients were admitted in 1990 to each hospital under her control in each of the provinces?

B192

The MINISTER OF HEALTH SERVICES:

1. Orange Free State:

Hospital	Admissions			
	Whites	*Blacks*	*Coloureds*	*Indians*
Voortrekker	5 155	0	2	0
Bethlehem	6 144	26	0	0
Sasolburg	5 479	40	0	0
Jagersfontein	267	0	0	0
Zastron	387	0	0	0
2. Natal				
Grey	20 035	1 575	66	525
Hillcrest	102	2	0	0
Greytown	639	0	0	0
3. Cape Province				
PE Provincial	21 260	621	830	107
Volks	2 127	0	206	0
William Slater	411	0	0	0
Walvis Bay	1 215	2 893	954	12
4. Transvaal				
Andrew McColm	4 256	24	4	5
Bernice Samuel	822	3	0	3
Bloemhof	296	0	176	1
Brits	3 332	1	24	16
Delareyville	329	0	0	0
Duiwelskloof	819	0	0	0
Edenvale	2 887	0	0	0
Elsie Ballot	252	0	0	0
Evander	2 700	0	0	2
F H Odendaal	1 281	0	0	0
Gen De la Rey	1 161	0	27	6
Groblersdal	825	0	0	0
H A Grove	378	9	0	5

Hospital	Admissions			
	Whites	*Blacks*	*Coloureds*	*Indians*
Hendrik v d Bijl	9 982	2	0	0
J G Strijdom	6 085	547	272	111
Kempton Park	8 471	0	0	0
Louis Trichardt	1 259	0	2	40
Ontdekkers	3 736	57	7	1
Paardekraal	7 278	0	0	0
Phalaborwa	2 489	0	0	0
Pretoria West	4 493	0	0	0
Sannieshof	219	0	0	0
South Rand	4 435	0	0	0
Sybrand van Niekerk	5 960	293	0	0
Van Velden	1 226	0	0	0
Ventersdorp	337	43	18	1
Vereeniging	9 354	71	0	0
Far East Rand	5 604	0	0	0
Voortrekker	2 032	0	44	0
Warmbad	1 412	0	0	0
Waterval Boven	264	7	0	10
Willem Cruywagen	4 558	50	0	0

Masa joins OFS hospital race row

Star 13/3/91. (98)

By Esmaré van der Merwe
Political Reporter

The Medical Association of South Africa (Masa) has accused Free State provincial authorities of failing to eliminate discrimination in their hospitals.

But it has cleared the name of Dr Gert van Zyl, superintendent of hospitals in Welkom, Virginia and Odendaalsrus, after accusations of unethical behaviour over his role in continued racial discrimination in Goldfields hospitals.

This follows complaints of alleged racial discrimination laid against him by the Goldfields Hospital Desegregation Campaign Committee for allegedly "acquiescing to and/or practising" racial discrimination in the Welkom, Virginia and Odendaalsrus hospitals.

And in a cautious response — the first since the hospital racism row erupted a week ago — National Health Minister Dr Rina Venter yesterday ordered all four provincial administrators to investigate the implementation of the Government's policy guidelines "regarding the orderly management of hospital patients".

Acting on this announcement, Transvaal MEC for Health Services Fanie Ferreira yesterday ordered a survey at all hospitals in the province of the handling and admission of patients.

Masa's Goldfields branch said yesterday Dr van Zyl had in the three months since his appointment done everything possible within the financial and administrative constraints placed on him to eliminate any form of racial discrimination.

Innocence

"Considering the sensitivity of radical change in an area of potential conflict he should not be held personally responsible for the inequities of the past and the present failure of the provincial authorities to address and rectify these (discriminatory practices)."

Monday's ANC/DP tour of the Welkom hospital, organised by the Goldfields Hospital Desegregation Campaign Committee, and a meeting of Masa's ethical committee that night had proved Dr van Zyl's innocence and integrity, it said.

The meeting of Masa's Ethical Committee had been impressed with his integrity and commitment to a difficult task, and concluded he needed Masa's support rather than censure.

The touring party witnessed scenes of blatant discrimination against patients at the hospital's "black" section. The group was particularly horrified to see a black baby, suffering from severe burns, waiting for more than five hours to be treated.

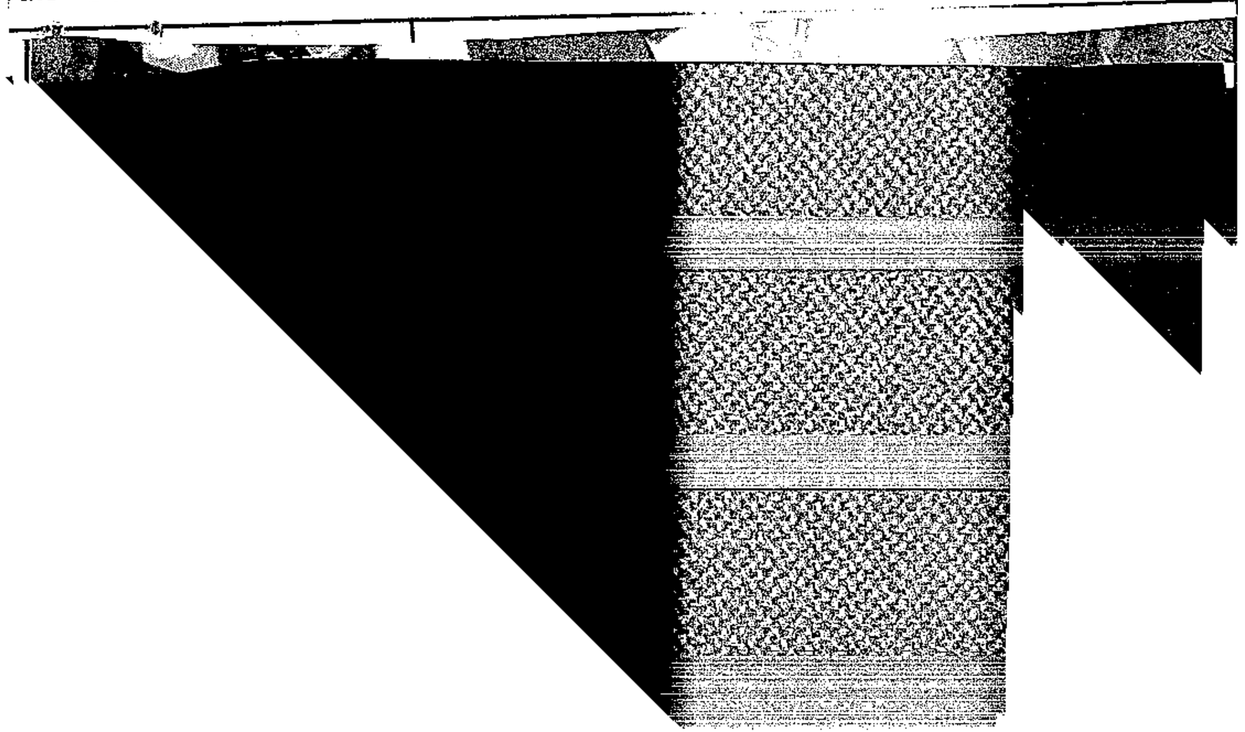
In a separate statement yesterday, Masa's national chairman, Dr Bernard Mandell, said the implementation of non-racial practices was being hampered by provincial guidelines.

He said the authorities had devolved the responsibility for the implementation of non-racial guidelines to medical staff at provincial hospitals.

"There is no support for the superintendents and within the wide-ranging communities which are served by hospitals, doctors are often confronted with large-scale intimidation and threats," he said.



Agony . . . this child, suffering severe burn wound for admission to the "black" section of the Welkom Provincial Hos Ken Oosterbroek



Hospital chief needs support rather than censure — Masa

WELKOM — Goldfields regional hospital superintendent Dr Gert van Zyl has been found not guilty of unethical behaviour by the Medical Association of South Africa (Masa).

This follows charges of alleged racial discrimination laid against him by the Goldfields Hospital Desegregation Campaign Committee. The committee laid a complaint last week against Van Zyl for, it alleged, practising racial discrimination in the Welkom, Virginia and Odendaalsrus hospitals.

Masa's Goldfields branch said in a statement that Van Zyl did not, in terms of general patient care, discriminate in his management of hospital patients.

He had inherited the enormous problems of a fragmented health care system and seemed to have done everything possible within financial and administrative constraints imposed on him.

A meeting of Masa's ethical committee on Monday had been impressed with his integrity and commitment to a difficult task, and concluded he needed Masa's support rather than censure.

In Cape Town yesterday, Health Minister Dr Rina Venter asked all four provincial administrators to investigate implementation of policy guidelines on the orderly management of hospital patients laid down by the National Health Policy Council.

She said in a statement this request was a result of media reports on admission of patients to the Welkom Hospital.

As a result of Venter's request, Transvaal MEC for Health Services Fanie Ferreira yesterday ordered a survey at all hospitals in the province regarding the handling and admission of patients.

Free State Health Services MEC Roelf Dreyer yesterday denied allegations that he was resisting instructions from the Health Minister to desegregate his hospitals.

He added he would not bow to calls for his resignation.

Dreyer insisted he was doing his best to carry out government's stated desegregation policy, but that it was a slow process. — Sapa.

CP man is jailed for two weeks

PRETORIA — Conservative Party chief secretary Andries Beyers was sentenced to 14 days' imprisonment in the Pretoria Regional Court yesterday after refusing to divulge the identity of a source in terms of a subpoena served on him under Section 205 of the Criminal Procedures Act.

He was, however, granted bail of R500 pending appeal.

Beyers was subpoenaed following an article in the February edition of CP mouthpiece Die Patriot, which said that a key state witness in the Winnie Mandela trial, Gabriel Pelo Mekgwe, had been kidnapped by the state's intelligence services.

Pretoria magistrate M Kilian said the submission that the President had given the assurance there had not been a kidnapping, and therefore no crime, did not hold water.

He said it was Beyers and his source who alleged there had been a crime, and only a full police investigation could determine if a crime had been committed.

Beyers refused to divulge the identity on the grounds that he had promised not to do so. — Sapa.

SMH

...he must have forgotten.

SUPREME MANUFACTURING HOLDINGS LIMITED

...mber 87/00962/06

AWB threatens 'hard hand' on doctor

Political Reporter Star 13/3/91

The Afrikaner Weerstandsbeweging threatened yesterday to "act hard-handedly" against a prominent medical practitioner who has been one of the main organisers of a campaign to eliminate discrimination at Goldfields hospitals.

AWB communications commander in Welkom, Blikkies Blignaut, said Dr Rhett Kahn, the "brain" behind Monday's ANC/DP tour of the Welkom Provincial Hospital, was a traitor who would land himself in deep trouble.

"We have given him plenty of time to see where he stands with relation to the ANC and the AWB. Now he has proved his true colours. We are going to tackle him," Mr Blignaut threatened.

He said the growing hospital racism row "and several other complex issues" were reaching boiling point in the town, where racial tension erupted into violent clashes between blacks and whites last year.

Mr Blignaut hinted that a planned protest march in Welkom on Saturday to highlight segregation, organised by the Goldfields Hospital Desegregation Campaign Committee (GHDCC), would unleash white anger "much worse" than last year's clashes.

"We are mobilised. We have spoken enough," he said.

Dr Kahn, the DP's Goldfields chairman, said yesterday the DP was prepared to talk to the AWB in an effort to find peaceful solutions.

"The AWB also has a place in South Africa. We are prepared to allay their fears, but we are not prepared to allow naked racism to continue."

● Welkom City Council has refused permission for the march on Saturday, but the GHDCC has asked to meet council officials tomorrow to resolve the issue.

GHDCC spokesman Shadrack Motloung said the communities of Meloding (Virginia), Kutloanong (Odendaalsrus), Thabong (Welkom) and Bronville (Welkom) would decide later this week whether to proceed with the march.

Referring to a walkout of provincial officials at a meeting last week to discuss grievances with the GHDCC, he said: "The Government says it is prepared to negotiate, but its own people walked out of the meeting. This leaves us with no other option but to continue with the march to highlight our grievances."

B (Pay B) 2/91

Hospital work starts in May

A NEW private hospital is proposed for Crown North, southeast of Johannesburg, at a cost of R17m, property consultant and developer Keystone Developments has announced. (98)

Construction on a 19 500m² site is scheduled to begin in May, and is expected to be completed within 11 months.

The hospital will have four operating theatres, 68 beds for general surgery and medical patients and four intensive care beds.

In addition, there will be specialist consulting rooms for visiting specialists, a radiology facility, laboratory and chemopathology facilities.

Government silent as race row rages on in Free State hospital

Sfew 14/3/91 (98)

The Goldfields hospital racism row has raised questions about the Government's commitment to the eradication of apartheid, writes Political Reporter ESMAREVAN DER MERWE.

NATIONAL Health Minister Dr Rina Venter's deafening silence on continued discrimination in provincial hospitals has emerged as the most striking feature of the Goldfields hospital racism row.

This week's tour of the Welkom Provincial Hospital by a top delegation of anti-apartheid groups left no doubt about continued preferential treatment for whites.

The best Dr Venter has come up with is to request provincial Administrators to investigate the implementation of policy guidelines "regarding the orderly management of hospital patients".

There has been no effort to take to task Free State hospital MEC Roelf Dreyer, who has shocked with remarks that blacks prefer segregated medical facilities and that "unsophisticated" patients could not be allowed to be treated among "sophisticated" ones.

There has been no condemnation of Mr Dreyer's remark that, while segregated wards are still operated, there is "no discrimination in the services rendered at our hospitals".

A tour of the "black" side of the Welkom hospital by the ANC, the Democratic Party, the Medical Association of South Africa (Masa) and a host of other organisations represented by the Goldfields Hospital Desegregation Campaign Committee (GHDCC) found:

- A prominent "blacks wards" sign displayed at the entrance of the hospital.
- A baby with horrific burn wounds cradled in its mother's lap for more than five hours before being admitted.
- A toddler's drip resting on a fire extinguisher.
- Up to three babies accommodated in a single cot.
- Ten beds pushed together in a men's ward, with no curtains to provide any privacy.
- Dilapidated furnishings with peeling paint and sagging mattresses accommodating sometimes two patients per bed in the women's surgical ward.
- Lines of patients waiting on narrow benches in dark, hot corridors for hours to be admitted.
- Babies playing on a thin blanket on a cold floor, some of them sleeping on the concrete.
- Flies swarming around the dirty faces of small children.

Metres away, white patients are treated in airy, sunny and well-equipped wards. White patients are confined to six per ward; many beds are empty.

The issue at stake is not the inferior medical facilities for blacks, of which worse examples can be found at township hospitals. At the core of the row lies the differential treatment for black and white patients at the same hospital.

The official explanation is that the hospital is divided into sections for State patients and medical aid patients. But although the odd black patient has been admitted to the "white" side, no "free" white patients have ever been admitted to the "black" side.

Provincial officials, repeatedly questioned on this practice, have not come up with an explanation.

Asked to explain why patients in the "black" section, with a 125 percent bed occupancy, could not be admitted to the "white" side, with an 85 percent bed occupancy, they explained that certain wards were reserved for specialists.

"If we put 'free' patients in those beds, the specialists will simply leave Welkom," said both Mr Dreyer and the superintendent of the provincial hospitals in Welkom, Odendaalsrus and Virginia, Dr Gert van Zyl.

Dr van Zyl said his life would be "heaven" if segregated wards were to be amalgamated. But his hands were tied by lack of funds and hospital regulations.

Medical officials have sympathy for Dr van Zyl — who during the tour denounced racism as "criminal" — saying the real villains were Mr Dreyer and the deputy director-general of health services in the province, Dr Jan Kruger.

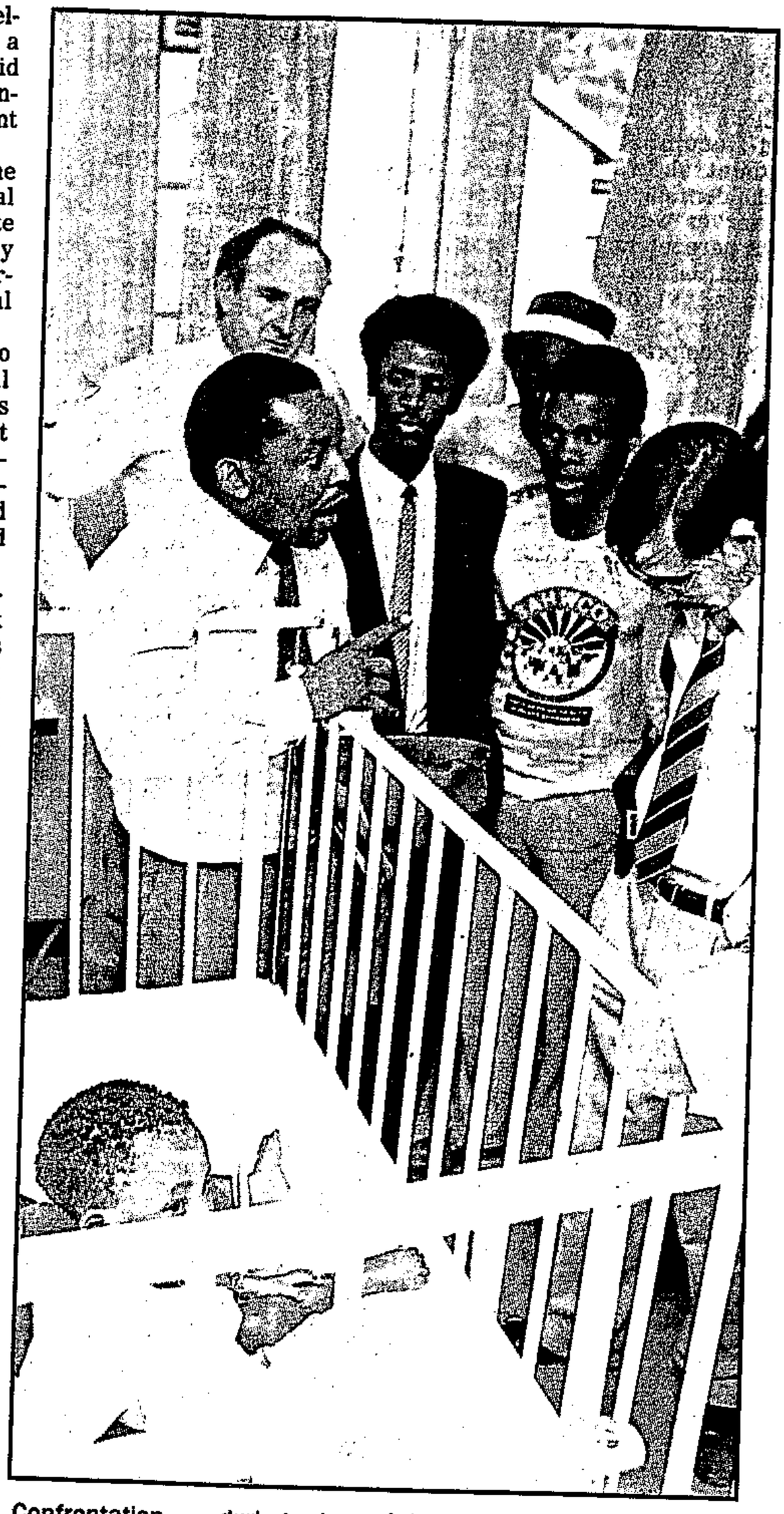
Mr Dreyer has laughed off calls for his resignation by the GHDCC, the DP and ANC. He dismissed their determined efforts to highlight discrimination as "playing politics".

In frank statements this week, Masa's national executive and its Goldfields branch directly pointed the finger at the provincial authorities.

The Goldfields Masa branch, during a hearing of its ethics committee, has cleared Dr van Zyl's name, saying he could not be held personally responsible for the failure of the provincial authorities to rectify racist practices.

Several actors in the continuing hospital drama have predicted that heads in the provincial administration will roll.

The ball is now clearly in the Government's court. □



Confrontation . . . during a tour of the Welkom Provincial Hospital, the ANC's Patrick Lekota lashes out at superintendent Dr Gert van Zyl (right). Looking on (from left) are Masa Goldfields chairman Dr Jan Goosen, the DP's Robin Carlisle and members of the Goldfields Hospital Desegregation Campaign Committee.

Apartheid 'alive at hospitals'

By Esmaré van der Merwe
Political Reporter

98 Star 14/3/91

Racial integration at provincial hospitals has been slow, inconsistent and uneven, a recent study has found.

The Centre for Health Policy (CHP) at the University of the Witwatersrand yesterday said apartheid was still very much alive at some provincial hospitals.

In the absence of a clear Government commitment to nonracial medical services, the process towards desegregating health facilities had been slow, with "extremely confused" lines of responsibility and accountability.

"Indeed, the question arises whether progress towards integration is not so uneven because everyone is ultimately able to deny responsibility," the CHP said.

It criticised National Health Minister Dr Rina Venter for never having committed her department to ending apartheid in hospitals, although her announcement in May last year that blacks would no longer be refused admission at "white" hospitals had been hailed as the scrapping of hospital apartheid.

In a document, released yesterday in the wake of evidence of naked racism at Goldfields hospitals, the CHP said the admission of black patients at formerly "white" hospitals was an exception to the rule rather than evidence of a trend towards genuine integration.

The CHP concluded: "The fact that some previously white hospitals have started to admit varying numbers of black patients should not be seen as the end of apartheid.

"There is still evidence of substantial segregation both betweeen and within many hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria."

At the time of conducting the study, the CHP found that:

- Rapid strides have been made in the admission of blacks at the Johannesburg and J G Strijdom hospitals.
- In December last year, the Edenvale Hospital had 63 white and eight black patients.
- By October, hospitals in Edenvale, Kempton Park and Pretoria West had not admitted any black patients.

Time to condemn this racist disease — Page 17

Keeping the doctor away with a cuppa fungus a day

South 14/3-20/3/91 (98)

Users of the "Black Tea Fungus", a supposed wonder-cure currently sweeping South Africa, claim it can lengthen life and cure a host of illnesses. But doctors dismiss it as a pyschological crutch. An intrigued Rehana Rossouw investigates:

HUMANKIND has been known to do strange things to retain good health, good looks and aspire to the mythical promise of longevity.

Countless people raised on fairytales yearn for the fountain of youth, from which one sip could lengthen life for decades.

Even the Bible records great feats of longevity. Methuselah, recorded in Genesis, lived to the ripe old age of 969 and fathered a child at 187 years.

Man's quest for the fountain of youth has taken a few strange turns. Modern-day methods include removing the thyroid gland from lambs and even tampering with human foetuses for implantation in ageing humans.

But the longevity fad of today, spreading throughout the country, is a fungus known as Mai Bai or "Tea Treasure".

Wonder-cure

Drinking the wonder-cure daily is supposed to lengthen life and cure a host of illnesses.

The jelly-like fungus, grown in a mixture of tea and water, regenerates over a period of five days.

It is sweeping through the country like a chain letter, passing on to the next person every five days.

A document accompanying the fungus explains its origins and its benefits.

The "Tea Treasure", also known as the "Black Tea Fungus", allegedly originated in a "longevity village" in the Caucasus region of the Soviet Union.

A Japanese woman visited the village earlier this century and found that most of the villagers had reached great ages.

"Many of them, over 100 years of age, could still work in the fields," the document reads.

"The most interesting observation was that about one-tenth of the aged could still get married and produce children.

"There was an example of a 130-year-old man who married an 88-year-old woman. Two years later the woman gave birth to a healthy baby boy."

Each family in the village had a large jar containing the "Tea Treasure", which was consumed daily.

The Japanese woman stole some of the plant material and liquor and returned to her country. The "treasure" was eventually spread throughout Japan and China and reached the rest of the world via visiting Americans.

It has now reached South Africa and has captured the hearts and minds of thousands of people, with more being introduced to its medicinal value daily.

Tests performed in South Africa indicate that the fungus consists of tissue with the scientific name of Saccharomycodes and the bacteria Acetobacter Xylinum. The liquid consists of metabolites with Vitamin C, antibiotics, lactic acid and a small amount of alcohol.

The beverage, which is consumed daily, has quite a pleasant, fermented taste, almost like apple cider.

The benefits of the "Black Tea Fungus", if consumed daily, are numerous, if you believe the document.

"It promotes longevity, regulates blood sugar and helps fight heart and coronary disorders," it reads.

"It removes skin blemishes, freckles and loosens wrinkles.

"It improves the limbs of the aged so that they can walk more easily.

"It relieves all sorts of bodily pain, aches and restores the proper function of the kidneys.

"It gives good appetite while reducing obesity, cures insomnia, cures dysentery, hepatitis and other liver problems, dissolves or removes kidney stones and gall stones and ensures healthy, attractive and tender skins."

Another benefit, yet untested except for the words of an unknown Japanese woman, is that the fungus "prolongs the period of male virility and female fertility".

Although none of the benefits have not been scientifically proven yet, users claim it has cured a range of ills.

In the Ocean View suburb of Cape Town, the fungus is growing in virtually every home.

"I'm really impressed with what the tea has done for me; my hot flushes have disappeared completely," claimed an Ocean View housewife.

"Black Tea Fungus" drinkers have added a range of superstitious beliefs to the process of growing, drinking and passing on the wonder-cure.

"You musn't break the chain, or else it won't work for you; you must pass it on after five days," warned one user.

"I say a prayer before I drink it, even though I'm not really religious — it makes the tea work better," said another.

"Never, ever bury the fungus; it will bring bad luck to your household," was the gloomy warning from a third.

A diabetic user said although the fungus was grown in a sugary mixture, her blood sugar levels had dropped considerably since she began drinking the tea five weeks ago.

A cardiac patient, who has been using the tea for two weeks, said it was passed on to her by her doctor, who had been drinking it to cure arthritis.

The attitude of the medical profession, though, seems to be one of amusement. Doctors practising in black areas report a high incidence of use among their patients.

"We are having a good laugh over this fungus," said a Woodstock doctor, who reported that every second patient seemed to be drinking the tea.

"I have been told it can cure anything from a septic ingrown toenail to an abortion. My patients swear by it."

The doctor said the stories she heard about the fungus were "incredible". One patient reported that she knew someone who had swallowed a piece which grew inside her and choked her to death.

Condemned

The medical profession has not yet condemned the use of the fungus, although they are not about to recommend it to patients, either.

"Our attitude generally to alternative medicine is that if it doesn't kill or harm the patient, we won't condemn it," said another doctor.

"The vast majority of patients who see a general practitioner don't need medication anyway, they need a psychological crutch, something that they believe will cure them.

"This fungus is most certainly one of the best psychological crutches I have seen — it inspires faith in most people.

"The most important ingredient in healing is faith, a belief that the cure will work," the doctor said.

Few blacks admitted in Transvaal

Apartheid in hospitals 'is still thriving'

98

B/Day 14/3/91

TANIA LEVY

HOSPITAL apartheid is thriving in the Transvaal almost a year after National Health Minister Dr Rina Venter declared hospital doors open to all, Wits University's Centre for Health Policy has found.

The centre's study of six PWV hospitals found there was still "substantial segregation between and within many hospitals" with few black patients being treated at white hospitals.

And our political staff reports from Cape Town that Venter told Parliament yesterday more than half the "white" hospitals which were officially opened to all races last year did not admit any "black" patients last year.

Of the 44 hospitals under the control of the House of Assembly administration, 21 did not admit any "patients of colour".

She said 27 of the hospitals under the House of Assembly did not admit any "black" patients last year.

But Venter said yesterday no hospital under her control turned away patients because they were members of a race group other than white.

"No such cases were brought to my attention," Venter said in reply to questions tabled by Mike Ellis (DP, Durban North).

The Wits briefing document, [illegible] to Business Day yesterday, said researchers at the centre concluded that the essential features of hospital apartheid in the province remained intact.

The centre says important progress has been made, but that this in no way represents the end of hospital apartheid.

"Admissions of black patients to white hospitals are exceptions to the rule rather than evidence of a trend towards genuine integration."

The document was released a day after Venter ordered all four provinces to investigate patient admissions following the exposure of continuing racial segregation at Free State hospitals.

Comparing data from a month before Venter's announcement to that gathered six months later, researchers found that at J G Strijdom admission of black patients increased from 5% of the total to 21% six months later. At Johannesburg the proportion went from 15% to 28%.

However, doctors working in Alexandra told researchers they experienced difficulties referring patients to the closest hospital, Edenvale Hospital, because it was considered to be for "whites only".

Tembisa Hospital staff claimed ambulances continued to bring black patients from as far as Alexandra and Sandton, bypassing the two "white" hospitals at Edenvale and Kempton Park along the way.

In Krugersdorp black patients were admitted to Leratong Hospital while whites went to Paardekraal Hospital, no matter where they lived or had been injured.

The Boksburg/Benoni and H F Verwoerd hospitals admitted patients of all races but housed them in separate wards.

The Far East Rand Hospital consisted of two hospitals, one for whites and the other for blacks, says the report.

A visit to the hospital showed one black person, a private patient, in the "white" hospital.

● See Page 2

Botha acts on hospital segregation

DARIUS SANAI

THE Free State Provincial Administration yesterday denied it had laid down guidelines for the racial segregation of hospitals and said specialists who were reluctant to open their wards to black patients were the main cause of continuing segregation.

Provincial Administrator Louis Botha said he had set up a multiracial committee to assess methods of desegregation in the wake of Monday's tour of Welkom Provincial Hospital by ANC and DP members, following claims of racial discrimination.

Meanwhile, Welkom GP and CP town councillor Dr Pieter van der Vyver, yesterday objected to mixing in hospitals.

"I have no objection to better-class black people, but blacks in SA are not cultivated. They have a different culture, and all kinds of diseases," he said.

The Medical Association of SA (Masa) yesterday said it stood for the abolition of hospital segregation, and would complain to provincial administrations. However Masa federal council chairman Bernard Mandell said the problem would be more difficult to solve than the ANC hoped.

Doctors were not racist, he said, but hospital specialists needed to reserve beds for private, mainly white, patients and if their wards were opened to all, patients and doctors would leave.

He said black private patients were admitted to the formerly whites-only orthopaedic ward on Tuesday.

Long delay before cutting hospital bill

Star 14/3/91 (98) 2869

The management of Milpark Hospital in Johannesburg has blamed a 10-month delay in reducing a Sandown patient's bill on staff changes and a possible slip-up.

Jeff Hurwitz, MD of the Parktown hospital, said Benjamin Joseph's long wait to have his account amended after he was overcharged almost R50 for medicines was possibly an oversight by a staffer.

Another reason was that the patient might have taken up the inquiry with a staff member who had left the hospital.

"Mr Joseph also could have walked out without taking his medicine with him but normally if a patient does not take his medicine home it is sent to the dispensary and the account is credited," Mr Hurwitz said.

Mr Joseph had maintained he could not have taken 30 pain killers and various other tablets for which he was charged during the three days he was hospitalised.

"I cannot recall taking any pain killers unless I took all 30 while in intensive care overnight after the operation."

He also said the staff did not inform him that he was allowed to take the unused medicine home and wondered if other patients were told this.

Mr Hurwitz said patients were not given their account on discharge in case it had to be amended. However if a patient was not satisfied with the account the complaint could be addressed to the manager.

The hospital is part of the Clinic Holdings Group which in turn belongs to the Representative Association of Private Hospitals.

A spokesman for the association described it as coincidental that the



Star Line

JOHN MILLER

body was only comprised of Clinic Holdings Group members.

The association did not have a specific code of ethics but "ethics was part of their reputation" the spokesman said, and because of the particular composition it was easier to prescribe to its members than other associations which have many more members.

The spokesman emphasised that it was not the group's practice to overcharge.

Gerald Lewis, secretary of the National Association of Private Hospitals, which includes clinics from the Afrox group and Medi-clinic group as well as other independent hospitals, admits that overcharging is a general problem within the industry but does not believe it is a regular occurence.

He said he was also aware of a certain public negativity about private hospitals.

He said his association has more than 10 000 out of the about 13 000 private hospital beds.

He welcomed any complaints to do with any of its members. These can be addressed to himself at PO Box 456, Stellenbosch 7600, or sent to the Department of Health in Pretoria.

Each of the hospitals within the association displays a plaque and code of ethics in the reception area.

Welkom health march delayed

By Esmaré van der Merwe

Anti-apartheid groups in Welkom, Virginia and Odendaalsrus last night decided to postpone a march on Saturday to protest against continued discrimination at Goldfields Hospital.

The chairman of the Goldfields branch of the South African Health Workers' Congress, Shadrack Motloung, said the decision to postpone the march had been taken to accommodate the Welkom City Council, which had said it could not meet representatives of the Goldfields Hospital Desegregation Campaign Committee today but was prepared to meet the group sometime next week.

Mr Motloung said: "We want to be seen to give negotiations a chance. But we are adamant that the march will take place at some stage." Star 14/3/91

The council had earlier refused permission for the march.

Commenting on the AWB's threat this week that protesters might incur right-wing wrath, the anti-apartheid activist called on the SAP to "take care of such insulting statements."

● More reports — Pages 8 and 17

No tea for doctors as hospitals try to save R50m

Cape Times 14/3/91 98

By GLYNNIS UNDERHILL

STAFF morale at provincial hospitals has reached an all-time low with doctors and nurses at some now having to bring their own tea and cups to work.

Doctors and staff at Somerset Hospital in Green Point have begun packing a flask for work as part of the effort by hospitals to save R50 million by the end of March.

"We have to bring our own tea-bags, milk and sugar — and even our own cups. But when they ask me to practise bad medicine, that's when I'll say no," said one staffer.

The Southern Peninsula Hospitals Group medical staff, which includes False Bay Hospital, will begin taking their own tea and sandwiches to work from next week, according to acting superintendent Dr Peter Morris.

A meeting to explain the reasons for stopping refreshments had been held with staff and they had been given time to allow them to make their own arrangements, he said.

Groote Schuur Hospital has avoided introducing this stringent measure and medical staff are relieved to see the tea trolley rolling in each day, according to a source.

Doctors are now acting as clerks by screening all patients who come to the provincial hospitals — before admitting them or sending them away, said medical staff.

Fears of closure

"We are trained to help people and not to cut them short. Can you imagine how those poor doctors feel?" said one doctor.

Medical staff at South Africa's top non-emergency orthopaedic hospital in Retreat, Princess Alice Hospital, are concerned that the internationally rated institution will close if the service cutbacks continue to April.

There is already a waiting list of seven to eight months for the specialist operations, and patients who were cancelled would still require the same treatment, said doctors.

But Dr Morris said the hospital was under no threat of closure as he did not foresee the stringent measures continuing beyond the end of March.

Only 66 of the 158 beds were occupied, he said.

● Groote Schuur is still investigating the death of an elderly Rondebosch man who died after being readmitted to the hospital with severe pneumonia just three hours after being discharged, according to a hospital spokesman.

The hospital is awaiting the autopy results on 81-year-old Mr Frank Armstead, he said.

● A reader has given R5 000 to the Teaching Hospitals Board in the Cape to "start a fund for the re-establishment of the hospital services". Readers who wish to contribute can send cheques to The Chairman, The Teaching Hospitals Board (Cape), c/o Groote Schuur Hospital, Observatory, 7925, Cape Town.

Elim Hospital accused of bias on tribal basis

(98) Sowetan 15/3/91

GAZANKULU's Elim Hospital has been plunged into a row following allegations of tribalism and rudeness against the institution's nursing staff.

The hospital's superintendent, Dr P Jacques, has dismissed the allegations as "untrue".

Several people have criticised the attitude of the hospital's staff

By RUSSEL MOLEFE

towards patients and general conditions at the institution.

Rude

They allege that non-Shangaan-speaking people were made to wait for long hours while nurses attended to other patients.

Some scriously ill people were turned away and referred to faraway clinics in Venda, it is alleged.

One patient, who was discharged from the hospital last week, also claimed that a five-year-old boy, who had his fingers crushed while playing, was turned back with his mother and referred to Venda hospitals.

The patient also described how nurses were rude towards sick people in the wards.

She claimed the nursing sisters assaulted a newly admitted patient who was restless and crying because of pain.

Hospital apartheid comes under fire (98)

A PROTEST march through Welkom to back demands for the desegregation of hospitals on the Goldfields will go ahead next Saturday.

The march will go ahead with or without permission, according to Goldfields Desegregation Campaign Committee chairman Dr Shadrack Motloung. Sowetan 15/3/91

Permission

Permission for a march tomorrow was refused by the Welkom Town Council, which asked the GHDCC to postpone to next week a meeting with them to discuss the refusal.

Motloung said the committee wanted to give negotiations over the fate of the march a chance, but would proceed with the march next Saturday, regardless of the council's final decision.

Patients

A monitoring committee established after Monday's joint African National Congress-Democratic Party tour of the Welkom hospital had reported black patients were being taken to the "white" side of the hospital for examination, but were being admitted on the black side.

This was an indication regional hospital superintendent Dr Gert van Zyl was trying to "shake a little" but was bound by pressure from provincial health authorities, Motloung said. *Sapa*

Tygerberg doctors' meals coup

By GLYNNIS UNDERHILL

TYGERBERG Hospital doctors have won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration over the privilege's being withdrawn.

The coupons were stopped on Monday.

The deputy chief superintendent of Tygerberg Hospital, Dr R T Truter, said he had heard about the problem only when the CPA told him unhappy registrar doctors were taking legal action.

The matter had been resolved "amicably" at an emergency meeting yesterday afternoon with 20 young doctors representing 160 registrars, Dr Truter said.

"We discussed it with the registrars and they said they found the stoppage of the coupons very inconvenient and irritating."

Tried to save

The meal coupons allowed all medical staff to buy subsidised meals from the hospital kitchen — until the authorities tried to save money by doing away with the subsidy. The privilege had been reinstated for medical staff because of the action taken by the registrars, Dr Truter said.

He said it was impossible to assess the savings that could have been effected by stopping the subsidised coupons. The hospital had been trying to comply with the CPA's order that hospitals introduce cost-cutting measures to save R50 million by the end of the month.

The registrar post-graduate doctors, who had completed a four-year specialist training programme at the hospital, were a "hard-working group with a responsible load", Dr Truter said.

They worked long hours and had the additional burden of studying.

"They play an important role in the daily goings-on in the hospital and an important role in patient care. They also help with the training of medical students."

A Tygerberg Hospital registrar, who asked not to be named, said yesterday that the withdrawal of the coupons had left the doctors no choice but to take legal action.

"Intensive-care unit doctors can work up to 36 hours on shifts and they are not allowed to leave the hospital premises while on duty," he said. "Unless you have someone who can supply you with food from outside, what do you do?"

Doctors said it would have been impossible to have taken four meals to work with them each day. "They can't expect us not to eat," they said.

A spokesman for the CPA said the deputy director of health services in the Cape, Dr George Watermeyer, was out of town. His office knew nothing about the threatened legal action against the CPA by Tygerberg Hospital registrar doctors, he said.

The Medical Association of South Africa has expressed concern about the curtailment of staff privileges, emphasising that this would amount to "enforced salary sacrifices".

"This would lead to increased discontent among medical personnel at a time when a strong possibility exists that an increasing number of doctors will leave the public health sector because of inadequate pay and unsatisfactory working conditions," Masa said.

Political Staff

HIGHLY trained doctors and nurses could not be expected to put up with the frustrations that the cutbacks in Cape hospitals had caused, the Democratic Party's health spokesman, Mr Mike Ellis, said yesterday.

Doctors and nurses could not be expected to not become disheartened and demoralised, he said.

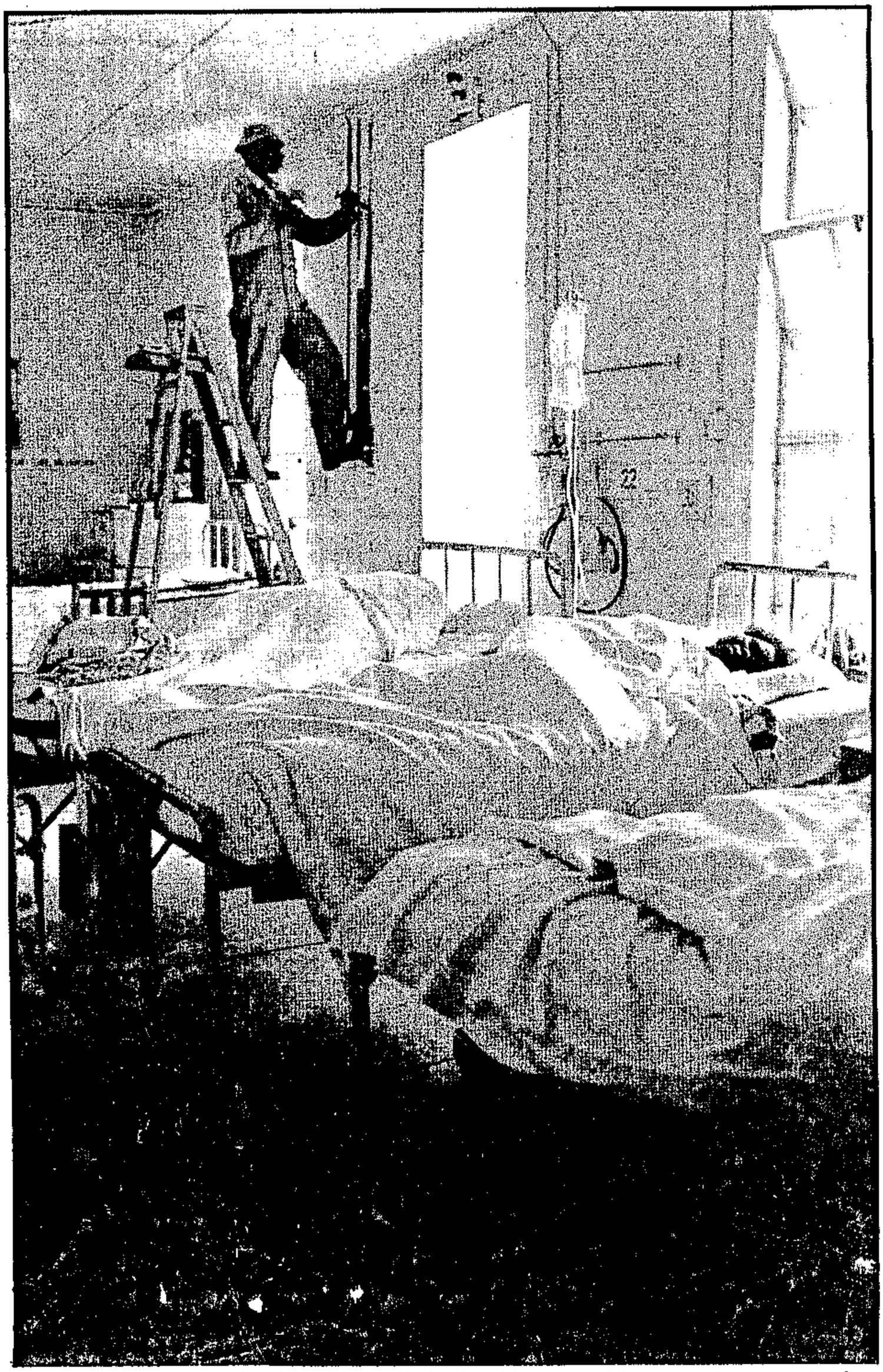
"This whole situation should have been avoided and the government's failure to avoid it may well lead to far greater and unfortunate consequences for our health care system than was at first apparent.

"We now face the danger of losing doctors and nurses from state hospitals to the private sector. We may even see another exodus of doctors overseas.

"One cannot ask doctors and nurses to turn patients away because only emergency cases can be treated, and not expect these professionals to seek to move out of a situation which they find immoral and contrary to their ethical code.

"Of equal concern is the news that many young medical registrars at the academic hospitals are now faced with having their services dispensed with.

"To cut back on these posts — held by the specialists of the future — would severely affect the patient care these hospitals offer," Mr Ellis said.



RISKY OPERATION? A worker chips away with chisel and hammer while patients lay recovering from major surgery. Authorities maintain there is no health hazard. ● Photograph: BRIAN HENDLER.

Doctors get death threats in race row

Star 16/3/91. (98)

ESMARÉ VAN DER MERWE, Political Reporter

TWO figures at the centre of the Goldfields hospital racism row have received death threats from extreme right-wing organisations in Welkom and Virginia.

Hair-raising accounts of animal poisoning, blatant death threats and shots being fired at the house of a prominent anti-apartheid medical doctor in Virginia were told the Saturday Star this week.

AWB threat

This week, as the hospital row grew, the Afrikaner Weerstandsbeweging openly threatened to "act hard-handedly" against Dr Rhett Kahn, the Democratic Party's Goldfields chairman and one of the driving forces behind the Goldfields Hospital Desegregation Campaign Committee.

His wife, Janet, also received threatening telephone calls after a high-powered visit by politicians, trade unionists and medical professionals to the Welkom Provincial Hospital, where naked racism has witnessed.

The superintendent of provincial hospitals in Welkom, Virginia and Odendaalsrus, Dr Gert van Zyl, has also incurred the AWB's wrath.

Last year, shortly before the abolition of the Reservation of Separate Amenities Act, an AWB delegation paid an "informal" visit to Dr van Zyl, threatening him that "traitors would be eliminated", according to the superintendent.

He feared that renewed pressures for the desegregation of these hospitals, spearheaded by the GHDCC, the ANC and the DP, might again release right-wing anger against him.

In Virginia, Dr Kahn and his wife — dedicated anti-apartheid activists — have been the target of severe harassment by the lunatic Right.

During last year's black consumer boycott of Virginia, during which Dr Kahn's help was called in to bring together businessmen and township leaders for negotiations, their home was shot at.

Police suspected that the notorious Blanke Veiligheid organisation was responsible, but the case was never solved.

A while later, the Kahn's dog and cat were mysteriously poisoned.

Virginia's only veterinarian — a well-known right-winger, according to Janet — refused to attend to the Kahn's other dog, which became seriously ill but did not die from the poison. The vet allegedly called Dr Kahn a "rubbish".

Sinister note

At the same time, a note was pinned onto the Kahn's garage door, threatening that the entire family would follow in the animals' footsteps.

Again, charges were laid. The case remains unsolved.

Continuous harassment, intimidating telephone calls and threatening messages have not changed the Kahns' commitment to non-racialism.

Post-op patients showered with debris

WHILE women patients were recovering from surgery in a crowded ward at the Witbank Hospital this week, a workman was chiselling into a wall, showering them with debris.

Many of the patients had just returned from major operations. They were covered in dust and some complained of having been hit by shards of brick.

But, according to the TPA's liaison officer Beyers Serfontein, their health was in no way in danger from the renovation work. "It is just a form of disruption that one has to live with," he said.

See Picture on PAGE 2.

The renovation was in the interests of the people of Witbank and the hospital was doing everything it could to ensure the safety of patients, said Mr Serfontein.

Meanwhile, only metres away, many beds lay empty in the spacious, modern white section of this Transvaal

ABBEY MAKOE and THERESE ANDERS

Provincial Administration (TPA) hospital.

It was the latest example of the type of complaint that has brought the hospital apartheid row to the boil.

Patients complained that the continual noise of the workman using a hammer and chisel above their beds was "driving them crazy".

When the Saturday Star news team arrived at the hospital on Thursday afternoon, it found a workman chipping out brick from a wall to make an electrical conduit in the women's ward.

Brick chippings were flying in all directions over the nursing staff and patients.

A ward sister told reporters: "Please put this in your newspaper. It is a disgrace that our people are being treated like this while there are empty beds over in the white wards.

"How can you bring a

● TO PAGE 2.

Hospital

● FROM PAGE 1.

patient back from theatre after a major operation and let her be covered in dust like this? We feel ashamed, but what can we do?"

One upset patient complained: "It would be better to be looked after by our relatives than have to suffer like this."

Mpho Mosotho, recovering from an appendectomy, said the chaos in the ward was aggravating her. "With this endless hammering there is no peace of mind."

Nursing staff in the women's ward also spoke of their fear about an overhead air conditioner, attached to a poorly constructed ceiling.

They said a similar machine had crashed to the floor during visiting hours recently in the children's ward, narrowly missing a child.

Other signs of racism at Witbank Hospital were:

- A "Europeans only" sign on a lift.
- An assistant at the hospital main casualty entrance told a black person — "You're not allowed in here; your casualty is around the back".
- Black patients had to bathe with cold water. "I've been bathing some of the patients for years now and we've never had hot water," said a nursing assistant.
- Clothing and bedding for black patients were changed infrequently, while those for whites were changed every morning, according to an employee on white wards.
- Black wards, with long rows of hospital beds, lacked privacy and were noisy, unlike white wards, with a small number of beds.
- White patients had access to a games room where they could enjoy snooker or darts, but no such games room was available for blacks.

But hospital apartheid was even more pronounced when it came to food.

For breakfast, for example, black patients had porridge and milk, according to a nursing sister, while whites had fruit juice, porridge, bacon and toast, coffee or tea.

All the above complaints were put to Mr Serfontein for TPA comment but by the time of going to press, no response was forthcoming.

Hospital doctors to fight cutbacks

CAPE TIMES 16/7/91

Staff Reporter

CONCERNED registrar doctors at Tygerberg Hospital resolved at a meeting yesterday to fight the hospital cutbacks that affect working conditions and patient care.

Earlier this week the registrars won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration.

Yesterday's meeting held to air grievances was attended by more than 90 registrar post-graduate doctors from the University of Stellenbosch.

The registrars said they would be appointing a lawyer to tackle issues affecting patient care and working conditions.

The current hospitals crisis in the Cape had been brought about by a disastrous mismanagement of funds, said one doctor. "We are doing a disservice when we send patients away," he said.

Distressed doctors claimed that their public image was deteriorating as a result of their having to turn patients away.

AWB's 'visit': Black nurses 'felt fear' . . .

WELKOM. — About 80 khaki-clad AWB members "visited" Welkom's Provincial Hospital, allegedly telling black people in "white" wards they did not belong there, and leaving black nurses fearing for their safety.

A nurse, who asked not to be named, said last night that the group — many of whom were armed — went to the white wards on Friday and told black patients they did not belong there.

The nurse said she and other staff felt threatened, and after the incident many of the black patients asked to be transfered to "black" wards.

"We felt threatened and very unhappy. We went to the black side," the nurse said.

BLATANT SEGREGATION

The hospital recently came under the spotlight after reports of blatant segregation, five months after the scrapping of racially seperate amenities.

Last Monday an ANC and Democratic Party delegation visited the hospital, condemned the racial segregation there, and called for the resignation of Free State Health Services MEC, Mr Roelf Dreyer, and Director General Dr Jan Kruger.

Welkom's AWB leader Mr Blikkies Blignaut confirmed that an AWB group had visited the hospital "in reaction to the visit by the DP and ANC, and the statement they made afterwards".

According to Mr Blignaut, the purpose of the visit was "to pay our white people a visit", and to ask if their safety was guaranteed.

Asked what posed a threat to white patients, he said he had knowledge of certain incidents, which he declined to disclose, but said he would discuss it personally with the health minister.

The AWB would act strongly against intimidation from the DP or ANC concerning hospitals, Mr Blignaut added.

Asked what he meant by intimidation, Mr Blignaut replied: "Listen, if there's an emergency in Welkom on any of the 20 mines here, the hospital won't be big enough to hospitalise the whites. If it's filled by blacks what is going to happen?

"If the ANC and DP continue making a political snowball out of the whole thing, we will react . . . we don't participate in party politics, we act for our fellow whites."

REMARKS

Mr Blignaut denied any remarks were made to black people during Friday's AWB visit, and said he forbade such action.

Welkom Police spokesman, Colonel Vic Stewart, confirmed that about 50 AWB members had visited the hospital, but had dispersed later without incident.

The hospital's superintendent, Dr Gert van Zyl, said about 80 uniformed AWB members had arrived at the hospital on Friday but had dispersed after he approached Mr Blignaut.

"I asked him not to bring his politics to the hospital anymore, and he said he would approach Dr Rina Venter about the issue," Dr van Zyl said — Sapa.

Hospice care comes to Soweto

Sowetan 18/3/91

A NEW service to help people with incurable diseases will be started in Soweto from April 1.

The project is called Hospice-in-Soweto which will treat about 60 to 80 patients who lie at Baragwanath Hospital awaiting death.

According to Mrs Rowena Murraybrown, development director of Hospice Association of the Witwatersrand, it is conservatively estimated that there are about 6 000 deaths a year due to terminal disease in the central Witwatersrand area.

SOWETAN REPORTER

"Of these, about 3 000 occur in Soweto. At this time, cancer is the biggest cause, accounting for over 85 percent of instances.

"However projections of AIDS cases intimate that by 1995, about 10 000 people in Soweto will die of this syndrome." she said.

Murraybrown said the incidence of AIDS was far higher among the black population and the emphasis was heterosexual rather than homosexual.

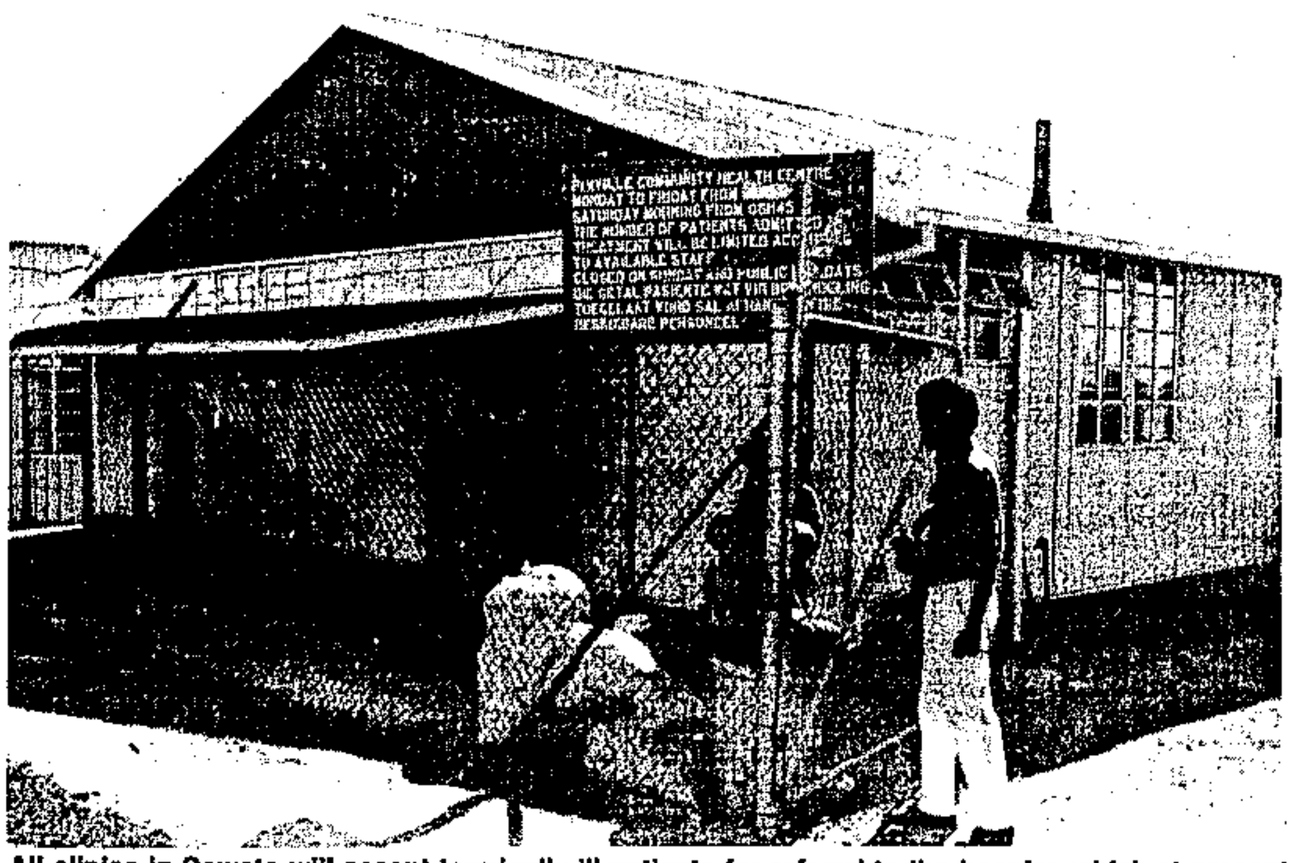
"Some 10 or more patients with AIDS are to be found at the clinics in black areas a week on average. Last year alone, some 600 to 700 babies at Baragwanath Hospital were HIV-positive at birth," she said.

Patients and families needing help from Hospice-in-Soweto can get in touch with Baragwanath Hospital, Hillbrow Hospital or Primary Health Care Centres (clinics) including the Alexandra Clinic.

The aim of the programme was to provide medical, nursing, pychological, emotional, social, spiritual, religious, economic or any other need that might arise in a family that has a terminally ill person.

Murraybrown said the service was provided on the basis of need and not on the ability to pay, to anyone regardless of race, religion or cause of condition.

The committee that is to run the Hospice-in-Soweto includes Mrs Pat Chakane, Mrs Adelaide Mahlakahlaka, Mrs Mildred Makhaya, Mrs Elizabeth Moseu, Mr Elias Ngema, Rev Paul Verryn, Mrs Christine Matli, Mrs Angie Mabena, Mrs Mildred Mdladlamba, Mrs Virginia Monnakgotla, Mrs Fikile Mtotshwa, Mr Phillip Nkwenga, Mrs Joyce Radebe, Mrs Zukiswa Shingenyana, Mrs Aggrinette Xulu and Mrs Dikgale.



All clinics in Soweto will accept terminally ill patients for referral to the hospice which at present is housed at Senaone Clinic.

Care

The idea of launching a Hospice-in-Soweto started from a need that arose from the people who held a public meeting in May 1990 at the Orlando Methodist Church.

Last month, Dr George Louw, superintendent of the Soweto Community Health Services, gave permission that the unused maternity wards at the Senaoane Clinic be used to house the Hospice-in-Soweto.

People wishing to attend as out-patients will be seen by a doctor, nurse and care worker at the clinic.

An extensive home care and support network will be stablished by upgrading existing district nursing services through training in terminal care.

Murraybrown said ordinary people who volunteer to assist terminally ill people can be trained to provide effective care and support "so very neccesary" when the family faces terminal disease and death.

She said: "We further believe that through the development of careworkers we will be providing the community with a new resource of persons imbued with specific skills which will have a widespread positive impact on the quality of life of all inhabitants of Soweto."

Scaredy fish

SYDNEY - A large shark approaching three swimmers off an Australian beach on yesterday was frightened away by a rescue helicopter that hovered low over the sea.

"We had to put ourselves between the shark and the swimmers, hovering low and creating turbulence in the water to scare it away," he said by telephone. - *Sapa-Reuter*

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GHOST — Patrick Swayze, Demi Moore (2-14) DAILY 9.30, 12.00, 2.30, 5.15, 7.45, 10.15
WILD ORCHID — Mickey Rourke, Jacqueline Bisset (2-19) DAILY: 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
MEN AT WORK — DAILY: 9.45, 12.15, 2.30
GOODFELLAS — DAILY: 6.00, 9.00
LAST EXIT TO BROOKLYN — Stephen Lang, Jennifer Jason Leigh (2-19) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00

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HAVANA — Robert Redford, Lena Olin (2-14) DAILY 9.30, 12.15, 3.00, 6.00, 9.00
THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY: 9.30, 12.00, 2.30, 5.15, 7.45, 10.15
LAST EXIT TO BROOKLYN — Stephen Lang, Jennifer Jason Leigh (2-19) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
THE GODFATHER III — Al Pacino, Andy Garcia (2-14) DAILY 10.00, 2.15, 5.30, 8.30
WILD ORCHID — Mickey Rourke, Jacqueline Bisset (2-19) DAILY: 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
GOODFELLAS — Robert De Niro, Ray Liotta (2-19) DAILY 9.30, 12.15, 3.00, 6.00, 9.00
MEN AT WORK — Charlie Sheen, Emilio Estevez (A) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
PROBLEM CHILD — John Ritter, Michael Oliver (A) DAILY 9.45 12.15 2.30, 5.15, 7.45, 10.00
GOODFELLAS — Robert De Niro, Ray Liotta (2-19) DAILY 9.30, 12.15, 3.00, 6.00 9.00
AMERICAN KICKBOXER — John Barrett (2-10) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
IMPULSE — Theresa Russell, Jeff Fahey (2-18) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00

NU METRO 1-2 BALFOUR PARK 887-8546

THE GODFATHER III — Al Pacino, Andy Garcia (2-14) DAILY 10.00, 2.15, 5.30, 8.30
THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY 9.30, 12.00, 2.30, 5.15, 7.45, 10.15

NU METRO 1-2 ALBERTON 907-2362

THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY 9.30, 12.00, 2.30, 5.15, 7.45, 10.15
THE GODFATHER III — Al Pacino, Andy Garcia (2-14) DAILY 10.00, 2.15, 5.30, 8.30

LEBA KLERKSDORP (018) 24564

HAVANA — Robert Redford, Lena Olin (2-14) DAILY 9.30, 12.15, 3.00, 6.00, 9.00
QUICK CHANGE — Bill Murray, Geena Davis (2-14) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00

VAAL VEREENIGING (016) 21-1339

THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY 9.30, 12.00, 2.30, 5.15, 7.45, 10.15
HAVANA — Robert Redford, Lena Olin (2-19) DAILY 9.30, 12.15, 3.00, 6.00, 9.00

MIDRAND CONSTANTIA (011) 805-4266

400 GOODFELLAS — Robert De Niro, Ray Liotta (2-19) MON-FRI 7.00, 9.30 SAT 4.30, 7.00, 9.30
150 AMERICAN KICKBOXER — John Barrett (2-10) MON-FRI 7.00 9.00 SAT 5.00, 7.00, 9.00

NU METRO HILLBROW 725-1095

HAVANA — Robert Redford, Lena Olin (2-14) DAILY 9.30, 12.15, 3.00, 6.00, 9.00
THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY: 9.30, 12.00, 2.30, 5.15, 7.45, 10.15
LAST EXIT TO BROOKLYN — Stephen Lang, Jennifer Jason Leigh (2-19) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
WILD ORCHID — Mickey Rourke, Jacqueline Bisset (2-19) DAILY: 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
MEN AT WORK — Charlie Sheen, Emilio Estevez (A) DAILY 9.45, 12.15, 2.30, 5.15, 7.45, 10.00
PROBLEM CHILD — John Ritter, Michael Oliver (A) DAILY 9.45 12.15 2.30, 5.15, 7.45, 10.00
GOODFELLAS — Robert De Niro, Ray Liotta (2-19) DAILY 9.30, 12.15, 3.00, 6.00 9.00

NU METRO RANDBURG 787-0340

THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18) DAILY 9.30, 12.00, 2.30, 5.15, 7.45, 10.15

7 ARTS NORWOOD 483-1680

THE MUSIC TEACHER — Extended run by Public Demand MON-THUR 12.30 2.30 6.00, 8.00 (A) FRI-SAT 12.00 2.00, 4.00, 6.00 8.00 10.00

NU WORLD CENTRE 1-8 494-3001 (Formerly Shareworld) Baragwanath Road ALL ADMISSIONS R4,00

DAILY 2.30, 5.15, 7.45, 10.00
THE GODFATHER III — Al Pacino, Andy Garcia (2-14)
THE ROOKIE — Clint Eastwood, Charlie Sheen (2-18)
HAVANA — Robert Redford, Lena Olin (2-14)
AMERICAN KICKBOXER — John Barrett (2-10)
ROCKY V — Sylvester Stallone, Talia Shire (2-10)
MEN AT WORK — Charlie Sheen, Emilio Estevez (A)
DEATH WARRANT — Jean-Claude Van Damme (2-18)
IMPULSE — Theresa Russell, Jeff Fahey (2-18)

MEGACITY NU METRO MMABATHO (0140) 2-3553

MON-SAT 9.45, 12.15, 2.30, 5.15, 7.45, 10.00 SUN 12.15, 2.45, 5.15, 7.45, 10.00
HAVANA — Robert Redford, Lena Olin (2-14)
MEN AT WORK — Charlie Sheen, Emilio Estevez (A)
QUICK CHANGE — Bill Murray, Geena Davis (2-14)
GHOST — Patrick Swayze, Demi Moore (2-14)

CINE MMABATHO SUN HOTEL (0140) 2-1144 EXT. 2830

NOW SHOWING:- Jean-Claude Van Damme A.W.O.L. ACTION (2-16)

SK STER-KINEKOR MOVIES

15 MARCH – 21 MARCH
ADVANCE BOOKINGS AT COMPUTICKET
ENQUIRIES (011) 331-9991 – ALL WELCOME

KINE ENTERTAINMENT CENTRE 331-3841/2

Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 8.00, 10.30 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14) NOMINATED FOR 7 OSCAR AWARDS!
Daily: 10.00, 1.30, 5.00, 8.30, 10.30 pm
DANCES WITH WOLVES (2-12)
Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
THE ROOKIE (2-18)
Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 8.00 pm
MARKED FOR DEATH (2-18)
Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 8.00, 10.30 pm
CAGE (2-16)
PREDATOR 2 (2-19)
WEEKEND AT BERNIE'S (2-14)
DEATH WARRANT (2-18)
HOME ALONE (ALL)

KINE HILLBROW 1-3 725-3134/725-2061

Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 8.00, 10.30 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14)
Daily: 10.00, 1.30, 5.00, 8.30 pm
DANCES WITH WOLVES (2-12)

SANDTON CITY 1-9 783-4430/1

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
AWAKENINGS (PG2-10)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14)
Daily: 10.00, 1.30, 5.00, 8.30 pm
DANCES WITH WOLVES (2-12)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
POSTCARDS FROM THE EDGE (2-16)
WEEKEND AT BERNIE'S (2-14)
Daily: 10.00, 2.15, 5.15, 8.00, 10.30 pm
GOODFELLAS (2-19)
Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.15 pm
REVERSAL OF FORTUNE (2-13) Sat 16 March – 10.00, 12.15, 2.30 pm HOME ALONE (ALL)
Daily: 10.00, 12.15, 2.30 pm
MEMPHIS BELLE (2-10)

CINE CARLTON 1-5 331-2332

Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
AWAKENINGS (PG2-10)
Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 8.00, 10.30 pm
MILLER'S CROSSING (2-16)
POSTCARDS FROM THE EDGE (2-16)
GHOST (2-14)
Daily: 10.00, 2.30, 5.15, 8.00, 10.30 pm
GOODFELLAS (2-19)

EASTGATE 1-6 622-3617/8

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.15 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
AWAKENINGS (PG2-10)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14) Sat 16 March – 10.00, 12.15 HOME ALONE (ALL)
Daily: 10.00, 1.30, 5.00, 8.30 pm
DANCES WITH WOLVES (2-12)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.15 pm
POSTCARDS FROM THE EDGE (2-16) Sat 16 March – 10.00, 12.15 THE NEVER ENDING STORY 2 (ALL)
Daily: 10.00, 12.15, 2.30, 5.30, 8.00, 10.15 pm
WEEKEND AT BERNIE'S (2-14)

SOUTHGATE MALL 1-7 942-2036/7

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
SLEEPING WITH THE ENEMY (2-18)
CAGE (2-16) Sat 16 March – 10.00 am THE KARATE KID 3 (ALL)
Daily: 10.00, 12.15, 2.30, 5.30, 8.00, 10.30 pm
AWAKENINGS (PG2-10)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14)
Daily: 10.00, 1.30, 5.00, 8.30 pm
DANCES WITH WOLVES (2-12)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
PREDATOR 2 (2-19) Sat 16 March – 10.00 am GHOSTBUSTERS 2 (ALL)
WEEKEND AT BERNIE'S (2-14)

WESTGATE 1-3 764-2530

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 9.45, 12.15, 2.30, 5.15, 7.45, 10.15 pm
AWAKENINGS (PG2-10)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14)
Mon-Thurs: 10.00, 1.30, 5.00, 8.30 pm Fri-Sat: 10.00, 1.30, 5.00, 8.30, 10.30 pm
DANCES WITH WOLVES (2-12)
Mon-Thurs: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm Fri-Sat: 10.00, 12.15, 2.30, 5.30, 7.45 pm
WEEKEND AT BERNIE'S (2-14)
Mon-Fri: 10.00, 12.15 pm Sat: 10.00, 12.15, 2.30 pm
HOME ALONE (ALL)
Mon-Fri: 2.30, 5.30, 7.45, 10.00 pm Sat: 5.30, 7.45, 10.00 pm
POSTCARDS FROM THE EDGE (2-16)

CINE HIGHGATE 1-5 474-2013 Tickets: Adults R7,00 Scholars R4,80

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
SLEEPING WITH THE ENEMY (2-18)
Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
THE ROOKIE (2-18)
Daily: 10.00, 2.30, 5.30, 8.30 pm
THE GODFATHER III (2-14)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
CAGE (2-16) Sat 16 March – 10.00 am JOCK OF THE BUSHVELD (ALL)
WEEKEND AT BERNIE'S (2-14)

PRETORIA

STERLAND 1-8 341-7568/9

Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.00 pm
SLEEPING WITH THE ENEMY (2-18)
CAGE (2-16)
MILLER'S CROSSING (2-16)
Daily: 10.00, 2.15, 5.15, 8.15 pm
THE GODFATHER III (2-14)
Daily: 10.00, 2.00, 5.30, 9.00 pm
DANCES WITH WOLVES (2-12)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45, 10.15 pm
WEEKEND AT BERNIE'S (2-14)
THE VENUS TRAP (2-19)
Daily: 10.00, 2.30, 5.00, 7.45, 10.30 pm
CYRANO DE BERGERAC (ALL) (FRENCH DIALOGUE – ENGLISH SUBTITLES)

SUNNYPARK 1-3 44-4069

Daily: 9.45, 12.15, 2.30, 5.30, 8.00, 10.30 pm
AWAKENINGS (PG2-10)
Daily: 10.00, 12.15, 2.30, 5.30, 7.45 pm
POSTCARDS FROM THE EDGE (2-16)
Daily: 10.00, 2.00, 5.15, 8.30, 10.30 pm
DANCES WITH WOLVES (2-12)

SK STER-KINEKOR DRIVE-INS

JULIA ROBERTS SLEEPING WITH THE ENEMY Veiskoen

SPEEDYS (SOUTH HILLS) 816-1444/813-4129

PREDATOR 2 (2-19) PLUS JEAN-CLAUDE VAN DAMME IN...
A.W.O.L. (2-16) Fri 22: KINDERGARTEN COP

BRAKPAN 816-1444/915-3907

PREDATOR 2 (2-19) PLUS JEAN-CLAUDE VAN DAMME IN...
A.W.O.L. (2-16) Fri 22: THE ROOKIE/ BODY SLAM

TOP STAR 412-1843/493-5877

THE GODFATHER III (2-14) PLUS – FASTER YOUR SEAT BELTS FOR A SCARY NIGHT!
FRIDAY THE 13TH PART 4 (2-18) Fri 22: LOOK WHO'S TALKING TOO

STERLIG (ROODEPOORT) 412-1843/764-2468

THREE MEN & A LITTLE LADY (ALL)
THE LITTLE MERMAID (ALL) Fri 22: WEEKEND AT BERNIE'S

SPRINGBOK (SPRINGS) 816-1444/813-4138

IT'S PURE DYNAMITE!
MARKED FOR DEATH (2-18) PLUS MEL GIBSON IN
AIR AMERICA (2-16) Fri 22: PREDATOR 2

STADIUM (MALVERN) 816-1444/615-1131

SUPER MAFIA AND COP DOUBLE!
GOODFELLAS (2-19)
IMPULSE (2-18) Fri 22: THE ROOKIE/ AIR AMERICA

KRUGERSDORP 412-1843/953-1959

SUPER ACTION DOUBLE!
PREDATOR 2 (2-19) PLUS VAN DAMME IN ...
A.W.O.L. (2-18) Fri 22: DARKMAN

GERMISTON 816-1444/902-1607/8

ACTION! ACTION! ACTION!
AMERICAN KICKBOXER (2-10)
DISORGANISED CRIME (2-14) Fri 22: SLEEPING WITH THE ENEMY

PANORAMA (MONDEOR) 412-1843/982-3411

IT'S PURE DYNAMITE!
MARKED FOR DEATH (2-18) PLUS JULIA ROBERTS IN
FLATLINERS (2-16) Fri 22: THE GODFATHER III

MEIRINGSPARK (KLERKSDORP) (018) 91660

PREDATOR 2 (2-19) PLUS JEAN-CLAUDE VAN DAMME IN ...
A.W.O.L. – ABSENT WITHOUT LEAVE (2-16) Fri 22: ROCKY 5

KEMPTON PARK 816-1444/976-4905

PURE DYNAMITE!
MARKED FOR DEATH (2-18)
ENEMY UNSEEN (4-12) Fri 22: PREDATOR 2/AIR AMERICA

Armed AWB group 'visits' OFS hospital

Star 19/3/91 (98)

WELKOM — About 80 khaki-clad Afrikaner Weerstandsbeweging members "visited" Welkom's Provincial Hospital at the weekend, allegedly telling black people in "white" wards that they did not belong there, and leaving black nurses fearing for their safety.

Armed

A nurse who asked not to be named said the group — many of whom were armed — arrived at the hospital at 7 pm on Friday and told black patients in white wards they did not belong there.

The nurse said she and other black staff felt threatened, and after the incident many of the black patients asked to be transferred to "black" wards.

The hospital recently came under the spotlight when reports of segregation surfaced — almost five months after the scrapping of racially separate amenities.

Welkom AWB leader Blikkies Blignaut confirmed that an AWB group had visited the hospital.

He said the purpose was "to pay our white people a visit" and to ask whether their safety was still guaranteed.

Asked what posed a threat to white patients, he said he had knowledge of certain incidents, which he refused to disclose, but said he would discuss them personally with Health Minister Dr Rina Venter.

A Welkom police spokesman confirmed that the visit had taken place but said the group had dispersed later without incident.

Hospital superintendent Dr Gert van Zyl said he had approached Mr Blignaut.

"I asked him not to bring his politics to the hospital any more, and he said he would approach Dr Venter about the issue," Dr van Zyl said.

Extra-parliamentary organisations yesterday condemned the visit.

ANC spokesman Saki Macozoma said that for a long time now there had been attempts in certain quarters of the country to portray violence as "a black issue" and that the AWB's visit to the hospital "utterly disproves that lie".

Mr Macozoma said it was a measure of social dislocation when uniformed and armed vigilantes could march into a hospital and do what the AWB was alleged to have done.

The ANC wanted to know what the Government was going to do about the incident and "right-wing violence in general".

Pan Africanist Congress foreign affairs secretary Patricia de Lille said the PAC condemned "racist interventions in public places".

Azapo spokesman Oupa Ngwenya said: "We are shocked that the degree of racism can go to an extent of robbing people the right to health." — Sapa and Political Staff.

King Edward VIII Hospital/Natal Medical School: vacant posts

*2. Mr M RAJAB asked the Minister of National Health:

(1) Whether any professional posts are vacant at the (a) King Edward VIII Hospital and (b) Natal Medical School; if so, (i) how many, (ii) in which departments and (iii) in respect of what date is this information furnished;

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

Hansard 19/3/91 D37E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes and

(b) yes,

(i) King Edward VIII Hospital: 14 posts
Natal Medical School: 10 posts,

(ii) *King Edward VIII Hospital*
Anaesthetics
Internal Medicine
General Surgery
Nursing
Physiotherapy
Occupational Therapy
Pharmacy
Social Work
Natal Medical School
Cardiothoracic Surgery
Orthopaedic Surgery
Urology
Anatomical Pathology
Virology
Human Anatomy
Psychiatry
Physiology
Medically Applied Psychology

and

(iii) 28 February 1991;

(2) no.

Mr M RAJAB: Mr Chairman, arising out of the reply of the hon the Minister, could she please tell this House whether she has any ideas as to the reasons why there are so many vacant posts?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, I am sorry, but I cannot explain the reasons for the vacancies.

Mr S PACHAI: Mr Chairman, further arising out of the hon the Minister's reply, could she tell us when these posts will, in fact, be filled, and if not, why not?

The MINISTER: Mr Chairman, we are phasing in a new management model for academic hospitals. By doing so, we hope to enable them to manage their own affairs within a specific budget. We hope we will be able to address the problems concerning the vacancies in this way.

Mr S PACHAI: Mr Chairman, further arising out of the hon the Minister's reply, could she tell us whether the quality of service at these hospitals is affected as a result of the present vacancies?

The MINISTER: Mr Chairman, I have stated on many occasions that I am not satisfied with the situation at the King Edward VIII Hospital. I presume, therefore, that the position will be affected because of these vacancies. However, we are doing everything in our power to address the problem.

Mr P C NADASEN: Mr Chairman, further arising out of the hon the Minister's reply, I firstly want to know if she is entrenching the own affairs system, and secondly, does she concede that there are disparities with regard to, for instance, the Natal budget?

The CHAIRMAN OF THE HOUSE: Order! I do not think the supplementary questions that were asked by the hon member bear any relevance to the reply given by the hon the Minister.

lost and the expenses incurred in the loss of capital and interest.

Administration: person employed

*3. Mr S PACHAI asked the Minister of the Budget and Auxiliary Services:

Whether a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, has been employed by the Administration: House of Delegates; if so, (a) in which (i) Department and (ii) capacity, (b) at what cost, (c) for what period, (d) what basis has been used to determine his remuneration and (e) what is his name?

D63E

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

Yes—a person has been contracted.

(a) (i) Local Government, Housing and Agriculture;

(ii) Financial Management Consultant;

(b) R150 per hour worked,

(c) Contract runs from 1 February 1991 to 31 May 1993,

(d) The current hourly rate for consultants in this field as published yearly in the survey of remuneration and tariffs are adjusted accordingly,

(e) Dave Hall.

Mr S PACHAI: Mr Chairman, arising out of the hon the Minister's reply, can he tell us, without any checks and balances, whether the cost to his Department, taking reasonable working hours into consideration, will be in the region of R30 000 a month? If one commutes that into yearly cost, it will be about R360 000. If one commutes that into two years, it will cost the department R720 000 over the period of the contract.

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES: Mr Chairman, the total cost is not known at present. However, should normal office hours be worked for the duration of the contract, it will be in the region of R617 000. The value of expenditure and assets to be managed during the same period is R154 million, which brings the remuneration to 0,4% vis-à-vis the accepted rate of 2,1% in the private sector.

The contractual employment of Mr Hall is in accordance with the Cabinet approval of 28 March 1990, which allows for consultants to be used, *inter alia*, to guide and support the identification and constitution of business units, to implement effective management information systems, to support with and guide in strategic planning and the compilation of budgets and to train departmental staff in financial management.

Mr S PACHAI: Mr Chairman, further arising from the hon the Minister's reply, can he tell us what additional costs will be incurred in providing Mr Hall with support in the form of secretarial services, office and telephone facilities, etc, over and above the R610 000 which he has mentioned to this House?

The MINISTER: Mr Chairman, I could not follow the question. Would the hon member please repeat it?

Mr S PACHAI: Mr Chairman, I want to know what the total cost will be to the department, including all the support which will be required. Has the person been given an office? Have telephone costs and travelling expenses been included? I would like the hon the Minister to tell us what the total cost over two years will be of running this office or consultancy, which is in fact that of the manager of the housing programme, over and above the R150 per hour which he has mentioned.

The MINISTER: Mr Chairman, it is difficult to give all those details, as I do not have them at my disposal now. As far as the office is concerned, he has an office in our building. That is about all he has.

Mr P C NADASEN: Mr Chairman, we are rather at cross purposes right now, because I found that during the Interpellation and Questions for Oral Reply, some very devious answers were given. Some of the people who made those . . .

The CHAIRMAN OF THE HOUSE: Order! The hon member must ask a supplementary question in response to the reply given by the

hon the Minister. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, I want to say first that the particular official that is being referred to—I think he was named as Mr Dave Hall—is known to me personally. I do not begrudge him the position . . .

The CHAIRMAN OF THE HOUSE: Order! The hon member must ask a supplementary question. He may not make a statement. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, looking at the documents I have in my possession right now, I feel that the House of Delegates is being rather lavish. R150 per hour amounts to approximately R20 000 per month. As the hon the Minister has stated, R670 000 . . .

The CHAIRMAN OF THE HOUSE: Order! What is the hon member's supplementary question? Does he have a supplementary question?

Mr P C NADASEN: No, Mr Chairman, this is not a supplementary question. [Interjections.]

The CHAIRMAN OF THE HOUSE: Order! I request hon members to refrain from laughing, and to allow me to help the hon member for Allandale.

Unfortunately this is not an interpellation, during which the hon member could have made a statement. This is a question which has been replied to and hon members are entitled only to ask questions arising from the replies given. In fairness, I would like to give the hon member one last chance. The hon member may proceed.

Mr P C NADASEN: Mr Chairman, all I would like to ask the hon the Minister, arising from his reply, is whether he could not have given that R670 000 that is to be paid over two years to our pensioners, who require it most. [Interjections.]

The MINISTER: Mr Chairman, I am aware of the hon member's great concern as far as social pensions are concerned, because he is very deeply involved in social welfare work. Unfortunately, however, we are dealing with a different field altogether. We require a specialised person to do this type of work. I think one must appreciate that our public servants—I say this with respect to our chief directors—are not qualified to do the type of job that is required in this field.

The director-general, who is the accounting officer, has a job of work to do, and as far as we are concerned, we are confident that the appointment of Mr Dave Hall will certainly save us millions of rands. We are certain that we will be able to do away with the very long delays that many hon members have been complaining about. I think we will be proved correct.

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

Clinic near R K Khan Hospital

10. Mr M ABRAHAM asked the Minister of Health Services and Welfare:

(1) Whether the clinic built near the R K Khan Hospital in Chatsworth has helped to relieve the pressure on the out-patients department at the said hospital; if so, in what way; if not, why not;

(2) what is the viability of this clinic;

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

D54E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) This clinic does not fall under the jurisdiction of the Administration: House of Delegates. I am therefore not in a position to answer the question. It is suggested that the question be directed to the Minister of Planning, Provincial Affairs and National Housing.

(2) Falls away.

(3) Falls away.

Hospital degrading patients, says ANC

Stew 20/3/91

By Therese Anders
Highveld Bureau (98)

The ANC has condemned the Witbank Hospital authorities and the Transvaal Provincial Administration for allowing renovation work to be carried out next to the beds of seriously ill black women when nearby "white" beds were empty.

The sick women, some of whom had just returned from theatre after major surgery, were covered in dust and coughing when The Star visited the ward last week.

Only metres away from the primitive black ward, many beds in the spacious white section of the hospital stood unused.

ANC regional secretary Joe Nkuna said: "We will not stand for these authorities degrading our people like this."

He said an ANC delegation planned to visit Witbank Hospital soon for an inspection of segregated facilities.

Free health clinics to bring relief to the poor

By MOKGADI PELA

THE Community Health Awareness Project has conducted a free health clinic in Dobsonville as part of its "aim to bring relief to the poor".

According to Chap official, Dr Oupa Mpe, 81 people aged between 51 and 80 were treated.

"A majority of patients had high blood pressure and sugar diabetes. The purpose of the clinic was to evaluate how well-controlled they were on their present medication.

"We also wanted to assess their understanding of medical problems and what difficulties can arise as a result of complications.

"The Chap team, which comprised of medical practitioners, nurses and paramedics delivered education about the importance of complying with therapy as prescribed by their doctors."

He said the team picked up three new cases of hypertensives which they referred for further evaluation and probable treatment. "Other complaints were associated with advanced age like joint pains and back-aches," he said.

"Chap believes that the elderly people should be given optimal health and good quality of life even in their old age.

"They deserve as much health as everybody else," Mpe said.

Solving Bara's crises

THE Beds for Bara Action Committee is to hold a general meeting in Jeppestown on Saturday in a new bid to recruit more members.

The organisation was started in 1988 to help Baragwananth Hospital maintain a sufficient number of beds for its patients.

Since then it has been able to raise funds to help the hospital equip some of its wards with beds, mattresses and lockers.

But the organisation is struggling to continue with its work because it does not have enough members.

Mr Michael Murphy, a spokesman for the committee, said: "We appeal to anybody who can offer us their time to come to the meeting on Saturday and find out how they can contribute to this worthy cause."

The meeting starts at 2pm at 17 Reimer's Street, Jeppestown.

For more information contact Murphy at (011) 614-7895.

'Open the hospital wards, Rina'

WMail 22/3-27/3/91 (98)

The government has never formally commited itself to desegregated hospitals. Now is the time to do so, say Wits medical researchers.

By PAT SIDLEY

MINISTER of National Health Dr Rina Venter has never properly called for an end to hospital apartheid.

This is the major finding of the University of the Witwatersrand Centre for Health Policy study on apartheid in South Africa's hospitals.

The report, released last week, outlines with figures from several hospitals how far hospital desegration has gone since the minister made an announcement on hospital segregation.

The report says this announcement was misinterpreted by the press as meaning apartheid in the health services was to end. Neither the minister's first statement on May 17 last year, nor her clarifying statements which followed, suggest that it is state policy to desegregate the hospitals.

According to the report, the minister "clearly created the opportunity for superintendents to maintain or establish segregated wards on the basis of certain ... communication problems".

The report quotes her saying: "Specific policy will be made available to all superintendents. The superintendent is empowered to decide whether a bed is available or not. If a hospital is full, it is full. Secondly, it must be decided whether a hospital has the facilities a patient requires.

"The superintendent has the right to allocate a bed. There are many sound reasons why certain patients can be grouped together or separated. These reasons could be purely medical reasons. It may also be in the interests of patients to be grouped together on the basis of certain religious practices or communication problems.

"In respect of community hospitals it is necessary for preference to be given to people in that community — all the people in that community."

The report points out that where "there are proportionately more hospital beds in white than in black areas, giving preference to members of the community where the hospitals are located is in fact discrimination against the residents of the black townships".

Venter did not say "apartheid was to



be dismantled or that those hospitals that currently run segregated wards would have to integrate them", according to the report.

It outlines the position at many white hospitals in the PWV area, pointing out that many hospitals were extremely slow in admitting black patients — although some had been quick to grab the space and admit black patients.

The report suggests that one of the reasons for this may be there is no clear line of accountability or responsibility.

Although the minister said the interpretation of the policy was up to the superintendents, for the most part they refused to be interviewed by the Wits team and said information had to be given by the provincial authorities, who in turn gave out some information but not all that was requested. The report questions this lack of public accountability.

The report comments: "The policy has been made, but it can hardly be said to have been implemented enthusiastically, except in those few hospitals which have made real progress. There has been no media campaign to ensure that the public understands the new policy and to advertise the opening of facilities. There is no formal grievance procedure for members of the public to follow if they perceive discrimination on the grounds of race. There appears to be very little attempt to monitor whether the opening of the hospitals is occurring in reality as well as in policy."

The report concludes that although the minister's statement heralded a change in policy, it fell short of a commitment to integrated hospital care.

SAP members: convictions

76. Mr A J LEON asked the Minister of Law and Order:

How many members of the South African Police were convicted of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm and (d) common assault in 1987, 1988, 1989 and 1990, respectively?

B218E

The MINISTER OF LAW AND ORDER:

(a) *Murder*

1987 — 3
1988 — 22
1989 — 27
1990 — 11

(b) *Culpable homicide*

1987 — 30 members (of which 11 were involved in motor collisions)

1988 — 48 members (of which 20 were involved in motor collisions)

1989 — 45 members (of which 14 were involved in motor collisions)

1990 — 35 members (of which 11 were involved in motor collisions)

(c) *Assault with intent to do grievous bodily harm*

1987 — 86
1988 — 119
1989 — 136
1990 — 77

(d) *Common assault*

1987 — 345
1988 — 420
1989 — 338
1990 — 295

Note:

Although there has been a drastic decrease in 1990, in comparison with 1988 and 1989, in the appearance of convictions against members for offences of this nature, the situation is still not satisfactory, and to the Commissioner, the South African Police and myself it remains totally unacceptable.

Steps are being taken to make members aware of this unacceptable state of affairs, to warn them against such deeds and the committing of such deeds, as well as to impress upon them the fact that it has a negative influence on the positive image the South African Police are striving at.

The conviction of these members, after the investigation was done by the South African Police is striking proof that such conduct will not be tolerated and that all investigations are done in a proper and impartial manner.

N3 toll road: cost/toll money

145. Mr W U NEL asked the Minister of Transport:

(1) In respect of the N3 toll road between Heidelberg (Transvaal) and Pietermaritzburg for the latest specified 12-month period for which information is available, (a) what was the total cost of (i) operating the toll plazas, (ii) maintaining the stretch of road in question and (iii) the further construction work on this section of road, (b) what total amount was collected in toll money and (c) what is the estimated monetary value of toll money forfeited through toll concessions to members of the public;

(2) whether, with reference to the above toll road and 12-month period, his Department paid over any money to a certain company, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) what is the name of this company and (b) how much was paid over in respect of (i) operating the toll plazas, (ii) maintaining the stretch of road in question and (iii) further construction work on this section of road?

B411E

The MINISTER OF TRANSPORT:

(1) (a) (i) The total cost of operating the three toll plazas situated on the N3 between Heidelberg (Transvaal) and Pietermaritzburg, ie Wilge Toll Plaza, Tugela Toll Plaza and Mooi Toll Plaza amounted to R3 397 142,00 for the 12-month period ended 30 June 1990. This figure excludes the allocation of any Head Office overheads and Route Office expenses not directly attributable to the toll plazas.

(ii) The cost of maintaining the stretch of road in question amounted to R2 709 026,00 for the 12-month period ended 30 June 1990.

(iii) Construction costs on this section of road amounted to R153 222 000,00 for the 12-month period ended 30 June 1990 and includes plaza construction costs.

(b) The total amount of toll money collected for the 12-month period ended 30 June 1990 amounted to R44 045 894,00 (after concessions and discounts).

(c) Toll money forfeited through toll concessions amounted to R1 270 060,00 for the 12-month period ended 30 June 1990.

(2) Yes, the Department of Transport did pay over money to the company mentioned in (2)(a).

(a) The name of the company which financed, constructed, operated and maintained certain sections of the N3 as a toll road as agents of the State, is Toll Road Concessionaires (Pty) Ltd (Tolcon).

(b) (i), (ii) In terms of the State's agreement with Tolcon an amount of R44 145 053,00 (equal to the toll income and sundry income collected on this section of road) was paid to Tolcon towards meeting their expenses incurred on the toll road for the financial year ended 30 June 1990.

The expenses incurred by Tolcon on this section of road are as follows:

— Plaza operating costs	R3 397 142
— Route overheads	R474 323
— Route maintenance	R2 709 026
— Route services	R629 024
— Share of corporate office costs	R2 228 895
— Share of promotional costs	R311 428
— Share of training costs	R528 667
— Share of interest costs	R34 860 747
	R45 139 252

The shortfall of interest was capitalised by further borrowings.

(iii) No money had been paid over to Tolcon by the Department of Transport in respect of further construction costs on the N3 toll road between Heidelberg (Transvaal) and Pietermaritzburg as construction costs are financed from money market loans procured by Tolcon as an agent of the State.

Military hospitals: bed occupancy rate

157. Lt-Gen R H D ROGERS asked the Minister of Defence:

What was the average bed occupancy rate in military hospitals in 1990?

B401E

The MINISTER OF DEFENCE:

54,4%

SA Co-ordinating Consumer Council

194. Mr L F STOFBERG asked the Minister of Trade and Industry and Tourism:†

(1) What amounts have been (a) voted to the South African Co-ordinating Consumer Council and (b) generated by this council itself since 1985;

(2) whether he is the only member of the Cabinet who is authorised to concern himself with the implementation of policy by this council; if not, (a) why not and (b) what other members of the Cabinet are authorised to do so;

(3) what procedure is adopted in appointing a chairman for the said council?

B547E

Hospital halts revamping

Star 25/3/91

By Therese Anders
Highveld Bureau (98)

WITBANK — Construction work has been temporarily suspended at Witbank Hospital's black wards following reports in The Star that patients had been hit by builders' debris and that dust was making patients and staff ill.

In a statement last night, Transvaal Provincial Administration director-general Andre Cornelissen said senior TPA officials had taken up the matter immediately and visited the hospital on Saturday.

Mr Cornelissen said the inconvenience suffered by patients was regretted.

A week ago The Star published a photograph taken at the hospital of a workman on a ladder chipping away brick with a hammer and chisel next to the beds of women who had just returned from major surgery.

A Saturday Star report quoted an ANC spokesman describing conditions in the hospital's black section as being worse than Witbank's SPCA.

A brick fell through the ceiling of a ward on to an empty bed on the day the ANC toured the hospital. Patients and staff complained of being hit by flying brick shards and suffering from continual dust and noise.

Staff said they were bitter that black patients had not been moved to empty beds in the hospital's spacious white section.

Mr Cornelissen said that as a result of the findings of the TPA's investigation team, instructions had been given that all upgrading work in the six wards be temporarily suspended.

A new maternity ward and a men's ward was to be finished as soon as possible. Once this had been done, patients would be transferred from wards which had still to be renovated.

In this way it would be possible to continue the upgrading.

Referring to segregation in the Witbank Hospital, Mr Cornelissen said: "Simply taking practical arrangements as regards culture, language and eating habits of patients into account, it is clear that the new policy regarding patient admissions cannot be introduced overnight."

Western Cape facilities for Aids patients

121. Miss M SMUTS asked the Minister of National Health:

Whether any facilities are available in provincial hospitals in the Western Cape for the (a) treatment, (b) counselling and (c) monitoring of Aids patients; if not; why not; if so, (i) what facilities, and (ii) at which hospitals, in each case? Hansard 26/3/91 B337E

The MINISTER OF NATIONAL HEALTH:

(a) Yes,

(b) yes and

(c) yes,

(i) see (ii) below, and

(ii) all provincial hospitals have a responsibility to treat, to counsel and to monitor all patients, including AIDS patients. The AIDS Treatment and Information Centre (ATIC) in Cape Town furnishes information services to HIV infected persons and persons with AIDS. In this regard they act as a specialized AIDS Centre.

Radiographers: vacant posts

166. Mr B B GOODALL asked the Minister of National Health:

(1) (a) How many vacant radiographer posts are there in all provinces and disciplines in South Africa and (b) in respect of what date is this information furnished;

(2) (a) how many students qualified in radiography in each province at the end of 1989 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1990? Hansard 26/3/91 B443E

The MINISTER OF NATIONAL HEALTH:

(1)

	(a) and (b)	
Provincial Administration of Transvaal		
Radiodiagnostic	171	7 March 1991
Radiotherapy	22	7 March 1991
Provincial Administration of Natal		
Radiodiagnostic	7	28 February 1991
Radiotherapy and Oncology	12	28 February 1991
Provincial Administration of the Orange Free State		
Radiodiagnostic	14	7 March 1991
Oncotherapy	6	7 March 1991
Nuclear Medicine	8	7 March 1991
Provincial Administration of the Cape of Good Hope		
Radiodiagnostic	24	28 February 1991
Radiotherapy	15	28 February 1991;

(2)

	(a) and (b)	
Provincial Administration of Transvaal	35	22
Provincial Administration of Natal	32	16
Provincial Administration of the Orange Free State	9	6
Provincial Administration of the Cape of Good Hope	77	25

Academic hospitals: cost per bed

168. Mr M J ELLIS asked the Minister of National Health: 98

What is the daily cost per bed for each recognized academic hospital in South Africa? Hansard 26/3/91 B449E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Transvaal

Baragwanath	R187,20
Coronation	R208,10
Ga-Rankuwa	R193,79
H F Verwoerd	R384,09
Hillbrow	R293,65
J G Strijdom	R544,70
Johannesburg	R400,07
Kalafong	R187,28

Provincial Administration of Natal

King Edward VIII	R276,00
Wentworth	R365,00

Provincial Administration of the Orange Free State

Bloemfontein Academic Hospital complex	R363,44

Provincial Administration of the Cape of Good Hope

Groote Schuur	R353,98
Tygerberg	R271,84

Drug-awareness programmes

179. Mr L FUCHS asked the Minister of National Health: Hansard 26/3/91

(1) Whether, during the latest specified 2-year period for which information is available, she or her Department allocated any funds for drug-awareness programmes aimed at (a) schools and (b) the general public; if not, why not; if so, (i) how much money was allocated for this purpose and (ii) to which organizations was it given;

(2) how many drug-related deaths and suicides occurred in each province during (a) the latest specified period of 12 months for which information is available and (b) the corresponding period two years previously;

(3) whether she or her Department plans to launch any drug-awareness programmes in the near future; if not, why not; if so, (a) what programmes and (b) when? Hansard 26/3/91 B492E

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) No, preventive programmes which include drug-awareness programmes in schools and for the general public are instituted by own affairs administrations and other government departments. Funds are also allocated to welfare organisations by own affairs administrations;

(2) (a) and (b) suicide and self administered poisoning

	1988	*1986*
Solids and fluids	171	147
Gasses in home use	10	1
Other gasses and vapours	9	3
Total	190	151
Total suicides	1 813	1 604
Drug and medicament related deaths		
Alcohol dependence syndrome	255	136
Drug dependence syndrome	1	3;

(3) (a) and (b) prevention is the responsibility of the entire population and the impact of a single programme does not have a measurable influence. The reduction in the availability of drugs should accompany a diminishing in the demand for drugs. The National Plan to Combat and Prevent Alcohol and Drug Misuse intends to co-ordinate all the actions. Progress is being made and many institutions and organizations work in closer co-operation in this respect. Further implementation is being undertaken.

Economically active persons

201. Mr P H P GASTROW asked the Minister of Home Affairs: Hansard 26/3/91

(a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector? B522E

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Rural hospitals: shortages

98. Dr W J BOTHA asked the Minister of National Health:†

(1) (a) At what medium-sized rural hospitals of approximately the size of the Paul Kruger Memorial Hospital at Rustenburg are shortages of (i) doctors, (ii) paramedics and (iii) administrative control staff being experienced and (b) what is the extent of these shortages, in each case;

(2) whether any action is being taken to fill vacancies in such hospitals so that it will no longer be necessary to refer patients to academic hospitals for treatment; if not, why not; if so, what action? B274E

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) At the Paul Kruger Memorial Hospital with 314 beds, there are no vacancies in the relevant categories. At other rural hospitals with approximately the same number of beds, the situation is as follows:

BARBERTON HOSPITAL

Number of beds: 298
Number of vacancies:

(i) medical: one post of Specialist for session allocation, 4 sessions per week

(ii) paramedical: one post of Radiographer

(iii) administrative control staff: no vacancy

KALIE DE HAAS HOSPITAL

Number of beds: 313
Number of vacancies:

(i) medical: no vacancy

(ii) paramedical: two posts of Physiotherapist

(iii) administrative control staff: no vacancy

MIDDELBURG HOSPITAL

Number of beds: 331
Number of vacancies:

(i) medical: four posts of Specialist for session allocation (altogether 17 sessions per week)

(ii) paramedical: no vacancy

(iii) administrative control staff: no vacancy

ROB FERREIRA HOSPITAL

Number of beds: 308
Number of vacancies:

(i) medical: no vacancy

(ii) paramedical: one post of Occupational Therapist

one post of Speach Therapist

(iii) administrative control staff: no vacancy

WITBANK HOSPITAL

Number of beds: 333
Number of vacancies:

(i) medical: four posts of Specialist for session allocation (altogether 14 sessions per week)

(ii) paramedical: one post of Radiographer
one post of Physiotherapist

(iii) administrative control staff: no vacancy;

(2) Yes, action is being taken to fill vacancies at such hospitals. Vacant posts are advertised regularly.

The Directorate Liaison Services of the Provincial Administration of Transvaal is also primarily involved in the recruitment of school pupils to undergo training in several occupations. Much input is annually made in this connection.

So, for instance, recruitment actions and

exhibitions were held at 70 schools in the Transvaal during the year, 1990. In addition, the Provincial Administration of Transvaal participated in Careers 2000 during May 1990 at the Pretoria Showgrounds where thousands of pupils and national servicemen from across the whole Province could find out more about occupations in the Provincial Administration of Transvaal for a period of a week.

As far as written advertising is concerned, the following special actions were launched during 1990:

* Six pages on various medical occupations appeared in the publication "Careers Unlimited". The publication is specially directed at making known several careers.
* In *Sarie* of 21 March 1990, a detailed article appeared under the title "Modern nursing—a challenge".
* In *Rapport* of 30 September 1990, a similar article appeared under the same title.
* In *The Pretoria News* of 20 September 1990, several occupations in the Provincial Administration of Transvaal were made known in a special supplement on various occupations.
* A similar recruitment article also appeared in *Beeld* in 1990.

It should be pointed out that these type of recruitment actions take place on an ongoing basis. In addition to this many open days are held at provincial hospitals in order to propagate various supplementary medical occupations.

The establishments are constantly being reviewed where the workload justifies it and funds for this purpose are available.

Nursing crisis

120. Miss M SMUTS asked the Minister of National Health:

(1) Whether there is a nursing crisis in South Africa at present; if so, what steps are being taken in this regard;

(2) whether any of the recommendations made in the South African Nursing Association's Report on the Inquiry into the Nursing Profession, 1990, have been implemented; if not, why not; if so, which recommendations;

(3) whether nurses' salaries were improved recently; if not, why not; if so, what are the new salary scales;

(4) (a) how many nursing posts are vacant in provincial hospitals and (b) in respect of what date is this information furnished?

B336E

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) The South African Nursing Association did not publish a report with regard to the Nursing Profession. The Health Matters Committee did publish a report in May 1990 with regard to the investigation into the nursing profession. All the recommendations related to salaries and conditions of service have been implemented within the framework of available funds except the following for the reasons indicated—

— the introduction of a shift allowance—financial implication;

— the increase in overtime allowance—financial implication;

— the increase in uniform and shoe allowances—financial implication;

— contractual binding and post standstill measures are at present being investigated by the Commission for Administration.

Other recommendations regarding internal matters were referred to the relevant health authorities, the Department of Finance and the SA Nursing Council who are involved in the execution thereof;

(3) Yes, with effect from 1 July 1990. The disclosure of particulars in respect of the new salary scales is the prerogative of the Commission for Administration and information thereof can be requested from the relevant Minister;

(4) (a) 4 186 and

(b) 31 December 1990.

98

Khayelitsha faces overload

WHILE the number of babies delivered each month at the Peninsula Maternity and Neo-natal unit in Khayelitsha has doubled over the past three years, the unit is operating with reduced staff, according to hospital sources.

When the unit opened three years ago — as the only obstetrics facility in the township — it was anticipated that 200 babies would be delivered each month. The number has since doubled, according to Professor J Dommisse, head of obstetrics and gynaecology at UCT Medical School and Groote Schuur Hospital.

The increase was due to the large numbers of people moving into the area.

The staff supplied by Groote Schuur Hospital and Peninsula Maternity Hospital are straining to cope with the overload of baby deliveries in the unit, he said.

While the number of deliveries has doubled, the Khayelitsha unit is operating with only two-thirds of its normal staff component, due to a freeze on posts and shortage of nurses.

A large number of the mothers admitted with delivery complications are transferred to the already overloaded Groote Schuur Hospital and the Peninsula Maternity Home.

The unit faces a further 10% freeze on staff and subsidy, because of the hospital cutbacks in the coming financial year.

Groote Schuur Hospital has asked the Cape Provincial Administration to treat Khayelitsha as the responsibility of another regional organisation.

"The number of deliveries has increased to the extent that we will eventually be overwhelmed, and we believe with an expanding population like this, the area needs increased medical facilities," he said.

Doctors object to hospital cuts

Cape Times 26/3/98

Staff Reporter

DOCTORS and specialists in Somerset West have reacted to news that private patients could be turned away from the Hottentots Holland Hospital, by writing an open letter voicing their objections.

More than 60 signatories were responding to a letter from the Administrator of the Cape, Mr Kobus Meiring, who said that private patients may not be treated at the hospital — except in emergencies.

Grave concern was expressed about the welfare of the large percentage of private patients who could afford a private physician and medicine — but who did not belong to a medical aid and could not afford a private hospital.

All emergencies are treated at the hospital and the taxpayer is entitled to the best possible treatment, they said.

"We feel strongly that it would be immoral to deprive these people of the hospital services and further, the hospital will find it difficult to continue without their support."

Medical care of 80% of the population would suffer if specialised expertise and preparedness to help were withdrawn.

The quality of medicine would decline, they said.

Wards open, then again not MEC

(98)
Star 27/3/91

By Kaizer Nyatsumba
Political Staff

BLOEMFONTEIN — Free State MEC for health services Roelf Dreyer yesterday claimed that OFS hospitals were open to all races, yet he later contradicted this by saying that because of "problems" not all hospitals were desegregated.

Speaking during a debate in a session of the Free State Extended Committee of Parliament, Mr Dreyer claimed all hospitals in the province had been desegregated following the repeal of the Reservation of Separate Amenities Act.

Mr Dreyer was responding to questions from House of Delegates and House of Representatives MPs, who quoted recent findings by The Star that a number of Free State hospitals discriminated against black patients, who were kept in crowded wards when "white" wards were empty.

Mr Dreyer said: "We are having some problems, and as a result not all hospitals are at present desegregated. Desegregation of hospitals is a sensitive issue and has to be handled with care."

Desegregation was hampered by considerations for doctors who would leave hospitals if they became unhappy.

Health services in 'intolerable' situation

Political Staff Star 27/3/91

Health services in Natal, already in a state of crisis, have been placed in an "intolerable situation" this year as they face a R50 million cut in the Natal Administration's budget, the **Administrator of Natal, Con Botha,** said. 98

Addressing the Extended Parliamentary Standing Committee on Provincial Affairs yesterday, Mr Botha said financial stringency, paucity of funds, the effects of the population growth in the Durban Metropolitan areas and the escalation of violence had all contributed to the crisis situation which developed in Natal's health services during 1990 and 1991.

Mr Botha said despite the infusion of added funds to the Natal budget last year, the financial position of health services remained in dire straits.

"(For) 1991/92, the funds provided (are only) R15 918 million more than those provided in the original estimates for 1990/91 if the funds relative to the carry forward costs associated with the improvement of conditions of service are not taken into account," Mr Botha said.

"However, should the funds that were provided via the additional estimates for 1990/91 be taken into account, then it amounts to a decrease of R50 591 million."

With inflation, this in real terms represents a decrease in purchasing power in excess of R100 million, he said.

Also of grave concern in Natal was the severe cut in funds for the construction and maintenance of roads.

Cape's back to wall over health, says Meiring

The recently implemented short-term steps to cut back spending in the Cape's hospital services would have to be replaced by long-term measures in the coming financial year, **Cape Administrator Kobus Meiring** said yesterday.

Speaking in extended committee debate on the Cape Province's budget, he said he would make an announcement on this at a suitable time.

He stood by an earlier statement that the CPA had its back to the wall with regard to health services.

The CPA was starting the new financial year with R69 million, or 1,9 percent, less than the amount with which it was closing the 1990/91 financial year.

In its hospitals, in-patient days had risen by 34,5 percent in 1989/90 and out-patients by 16,2 percent, while the allocation had increased by only 13,6 percent.

Compelled

"We support Government's meritorious savings policy — we do our best to help. We want to deliver a good service to the people of the Cape, and we will make sacrifices."

MEC in charge of hospital services D E T le Roux said it had been "difficult, even heartbreaking" to implement the cuts.

The administration might be compelled by the realities of the situation to adopt "revolutionary" measures during the coming year.

The measures introduced to address the R50 million overspending during the current financial year had been effective and had brought about savings with only comparatively moderate disruption.

Mr le Roux said there was no truth to the claim that the CPA had no strategic health plan. — Sapa.

Hospital tariffs rise slammed

98

fo welfare 27/3/91.

ANGER has greeted the Transvaal Provincial Administration's hospital and ambulance fees increase effective from Monday, April 1.

By MOKGADI PELA and SAPA

The increases would be "an interim measure" before the introduction of national uniform tariffs in April 1993, said the TPA.

Private patients at academic hospitals, who earn more than R25 000 a year, would have to pay a levy of 30 percent R61.50 over and above the normal new daily of R205. The levy would cover some medical services previously not charged for.

These tariffs are in line with medical aids scheme rates which the TPA said were still significantly lower than fees of private clinics.

Patients in the highest category, H-3, who are not on medical aid and have a family income of between R19 000 and R25 000, will now pay R103 a day (previously R60) at academic and regional hospitals. At community hospitals these patients would pay R81 a day instead of R40.

Fees for patients without medical aid and on family incomes of between R13 000 and R19 000, will go up to R52 from R15 a day at academic and regional hospitals, and from R10 to R41 at community hospitals, according to MEC in charge of hosptals, Mr Fanie Ferreira.

He said ambulance fees would be R15 a trip for H1 patients and R20 for H2 patients and R30 for H3 patients.

Ransom

Commenting on the fees Dr Nchaupe Mokoape, deputy-president of Azapo, said health was not a saleable commodity because doing so was to hold society at ransom.

"It means those who don't have money will be literally excluded from health care facilities or at best given inferior care," Mokoape said.

Dr Fazel Randera, Southern Transvaal chairman of Namda, said the hikes in hospital tariffs were too high.

"In most instances the increases appear to be in the order of 100 percent or more. Undoubtedly, the cost of health care is increasing all the time but have the authorities taken into consideration that salaries have not kept in line with the rate of inflation."

Hardships

Dr Solly Skosana of the PAC said in the present economic hardships experienced by the dispossessed impoverished "Azanians", it was unacceptable to his organisation for medical tariffs to be raised.

Mr Rupert Lorimer of the Democratic Party said hospitals were under tremendous financial pressure leading to a deterioration in the quality of medical services.

Financial stringency will necessitate a cutback in dead wood, particularly in hospital administration.

Dr Willie Snyman of the Conservative Party said his organisation was shocked at the sharp increases which would contribute to the general increase in the inflation rate.

Parliament and Politics

Meiring warns of more cuts

Cape Times 27/3/91

98

Political Correspondent

FURTHER reductions in hospital and other provincial services in the Cape will be necessary this year as budgetary allocations had declined in real terms, Cape Admininstrator Mr Kobus Meiring warned yesterday.

The Cape Provincial Administration, currently implementing emergency cutbacks in hospital services, will start the new financial year with R69m, or 1,9%, less than the current year.

Addressing the extended public committee on the Cape budget in Parliament yesterday, Mr Meiring cautioned: "Our dilemma is that our budget amount is being reduced in real terms while the need for our services is rapidly escalating."

A 13,6% increase in the budgetary allocation for Cape Provincial hospitals fell far short of the demand for medical services reflected in the 34,5% growth in in-patient days last year and the 16,2% growth in out-patient visits, he noted.

Sacrifice

Mr Meiring issued an ominous warning that the financial crisis in Cape hospitals would continue this year and recent temporary emergency measures to cut spending would have to be replaced by long-term measures.

"We support the government's meritorious savings policy — we do our best to help and will have to make sacrifices — but we cannot make the impossible possible.

The CPA MEC in charge of hospital services, Mr Dawie le Roux added that the CPA may be compelled to apply "revolutionary" cost-cutting measures.

The temporary measures had been effective but could not be continued in their current form, Mr Le Roux said.

His department was investigating other methods of cutting spending, but would also look urgently at ways of increasing disastrously low revenue.

Mr Meiring also announced the scrapping of separate MEC portfolios for white, coloured and black councils, a move which signalled the end of non-racial local government.

A reshuffling of MEC portfolios would follow on April 1, Mr Meiring said.

Poor pay 'impeding conservation'

Star 28/3/91

Pretoria Correspondent

The "extremely unfavourable" salaries of nature conservation officials was "seriously impeding" nature conservation in the Transvaal, **MEC for nature conservation Fanie Ferreira** said yesterday.

In a document tabled before the extended Public Committee on Provincial Affairs, Mr Ferreira said while 15 percent of posts in the nature conservation branch were vacant, the main cause for concern were the numerous vacant senior posts.

"This must receive urgent attention in view of the ever-increasing environmental degradation and the serious consequences this has for the envisaged economic and social development programmes."

The goal of the TPA's nature conservation policies was to put 1,5 percent of the province's land under formal protection within five years. This meant about 35 000 ha of land had to be bought each year.

Hospitals can't open to all races overnight – MEC

Star 28/3/91.

Pretoria Correspondent 98

Guidelines have been formulated for the opening of provincial hospitals to all races, but "practical arrangements" have prevented full implementation of the new policy, says **MEC for health services Fanie Ferreira.**

Replying to a question from Jac Rabie, United Democratic Party MP for Reiger Park, during the provincial budget debate in Pretoria, Mr Ferreira said "culture, language and eating habits of patients" had prevented the opening of hospitals "overnight".

He said the process of implementation of the new policy guidelines was at an advanced, but transitional, stage.



Highway mayhem . . . even hours after n
yesterday's Ben Schoeman highway pile-up
10-kilometre long traffic jam.

24-hour (98) clinics for rape victims

STAR 28/3/91

Pretoria Correspondent

Clinics offering round-the-clock medical and legal assistance to rape victims will be established in Pretoria, Johannesburg and Soweto, MEC for health services Fanie Ferreira has announced.

Speaking during the provincial budget debate in Pretoria yesterday, Mr Ferreira said an investigation by the Human Sciences Research Council had shown that the handling of rape victims was not effective.

The situation in Pretoria and Johannesburg, where rape victims were examined by a district surgeon in medico-legal laboratories — in other words, morgues — was not acceptable, Mr Ferreira said.

The clincs will be manned by district surgeons and specially trained nurses on a 24-hour basis. Further assistance will be given by members of the SAP's rape unit and social workers of the Transvaal Provincial Administration.

Mr Ferreira said there was still uncertainty about the location of the clinics, but the clinic in Soweto would probably be at the Baragwanath Hospital and the one in Johannesburg would probably be in the Eaglemont complex.





Changing hands . . . Maxie-John de Jong, of Eldorado Park, is wheeled into the J G Strijdom Hospital after being moved from Coronationville Hospital. Picture: John Hogg

Jo'burg's joint hospital venture begins

By Carina le Grange, Medical Reporter

Coronationville Hospital's departments of surgery, orthopaedics, ear, nose and throat disease, plastic surgery and urology are mving to the J G Strijdom Hospital as a first step towards the amalgamation of the two hospitals.

The move started yesterday and is expected to be completed today.

About 150 beds, specialist staff and registrars of Coronationville Hospital will move to the former whites-only hospital.

Out-patients and emergency services are included in the move.

A spokesman for the J G Strijdom said wards would be fully integrated.

The Minister of Health Services, Welfare and Housing in the House of Assembly, Sam de Beer announced the move last year, which would increase the capacity of the J G Strijdom from 200 to about 350 in-patients a day.

The MEC for hospital services, Fanie Ferreira, said all other existing services rendered by Coronationvile Hospital for in and out-patients would continue as they had been doing in the past.

The University of the Witwatersrand withdrew from the J G Strijdom at the end of 1989 after the hospital's status was changed from a general affairs hospital to a white own-affairs hospital.

Conditions in hospital 'worse than prison'

Star 28/3/91

By Therese Anders
Highveld Bureau

'18

Conditions in prison were better than those in Witbank Hospital's black wards, ANC executive member and former Robben Island prisoner Ahmed Kathrada said yesterday.

Mr Kathrada led an ANC delegation on a tour of Witbank Hospital after reports in The Star that major renovation work was being done in busy wards where seriously ill black patients were receiving treatment under dust covering. Some patients had been hit by builders' debris.

Also touring the hospital were Dr Selma Browde of the National Medical and Dental Association, Dr Aslam Dasoo of the SA Health Workers Congress and senior Transvaal Provincial Administration officials led by chief director of hospital services Dr Pieter van den Berg.

The delegation also inspected the hospital's modern white wards.

Hospitals not cured of apartheid's ills

South 28/3 – 3/4/91 (98)

The fact that black patients can now be admitted to white hospitals has not signified the end of apartheid at hospitals, a recent study has concluded. Many decisions governing the treatment of patients are still being based on racial criteria. Chiara Carter reports:

A STUDY of hospitals in the Transvaal has questioned the extent to which apartheid measures have been removed from South African hospitals.

The investigation, conducted by the Centre for Health Policy at the University of the Witwatersrand, followed the announcement that hospitals would be open to all by the Minister of National Health and Population Development, Dr Rina Venter, in May last year.

In her announcement, Venter said there was a surplus of 11 700 beds in white hospitals and a shortage of 7 000 beds in black hospitals.

Excess beds

She said there were no statutory restrictions preventing any patient being admitted to any hospital and no patient could be refused hospital care on the basis of race.

The study points out that the statement did not commit the authorities to full integration or ending segregation in wards.

Instead, it said no black person could be turned away from a white hospital and excess beds should be made available to blacks if necessary.

Interpretation of the policy was left to the individual hospital superintendents.

The statement left open the option of segregated wards and by giving preference to people from the community where the hospital is situated, it means in effect that residents in townships could be discriminated against.

Evidence

Based on an investigation of six hospitals in the Pretoria — Witwatersrand area, the study argues that while there has been some progress in the admission of black patients to hospitals previously characterised white, the process has been "slow, inconsistent and uneven", and that there is strong evidence that apartheid is alive in several provincial hospitals.

While the Johannesburg and JG Strijdom hospitals made rapid strides with a noticable increase in the rate of admission of black patients, at Edenvale, Kempton Park and Pretoria West hospitals progress was extremely slow.

The study points out that the admission of black patients should not be seen as the end of apartheid at hospitals.



Rina Venter

The investigators found evidence of substantial segregation between and within many hospitals and that many of the decisions governing the treatment of patients were based on racial criteria.

The Boksburg/Benoni and HF Verwoerd Hospitals admit patients of all races but house them in racially segregated wards.

The Far East Rand Hospital is separated into two hospitals — one for whites and the other for blacks.

At both these hospitals, private black patients can be admitted to the white section and this makes it likely that patients in the white section receive better treatment than those in the black wards.

Separate

In Krugersdorp, black patients are admitted to a separate hospital to whites.

Doctors working in Alexandra township experience difficulty referring patients to Edenvale, the nearest hospital, because it is considered whites-only.

Staff at Tembisa Hospital claim ambulances continue to bring black patients from as far as Sandton and Alexandra to Tembisa, bypassing two white hospitals, Edenvale and Kempton Park, on the way.

The study concludes that except in a few instances like Groote Schuur, Johannesburg and JG Strijdom, admission of black patients to state hospitals in South Africa are the exception rather than the rule and where such admissions do occur, there are often other apartheid measures within the hospital.

The study says the process of implementing health policy is slow with extremely confused lines of responsiblity and accountability.

While the minister said the policy was immediately operative, she spoke of a management model which was only available in October.

Refused

The minister made it clear that policy interpretation rested with superintendents.

However, the superintendents refused to provide any information without the permission of the province, who in turn said the responsibility rested with the superintendents.

The study says the open hospitals policy has not been enthusiastically implemented; there has been no media campaign to ensure the public understands facilities are open; there is no formal grievance procedure for a member of the public to follow if discrimination occurs; and there appears to be little attempt to monitor whether hospitals are really being opened.

The study recommends that the Department of National Health and Population Development formally adopt and announce a policy of desegregation of all health facilities, including the wards and casualty departments.

The silent killers: Fear, ignorance and superstition

By PHILIPPA GARSON

A TIRED woman walks into the Hillbrow Hospital's breast clinic and patiently takes her place in the queue. Her face is drawn, she has travelled miles and she is ill — very ill. Wl Merit 28/3-4/4/91.

She has a lump in her breast so big that a mastectomy is surgically impossible. And the cancer has spread to other parts of her body.

She discovered the lump in her breast a long time ago but thought it came from keeping coins in her bra. She visited a sangoma who gave her a poultice. By the time she visited the clinic the cancer had spread dangerously.

Research shows this to be a typical case study among black women living in rural areas.

Breast cancer has become a killer because of a lack of knowledge about the essentially curable disease.

Medical practitioners say most black women with breast cancer wait until the disease is advanced before they seek medical help, do not return for follow-up treatment and are thus less likely to be cured.

Dr Lesley Seymour, based at the breast clinics at Hillbrow and Johannesburg hospitals, sees a marked difference between the patients at the two hospitals. "At Johannesburg (with mainly white and Asian patients) it is unusual to find women who have not had mastectomies. At Hillbrow, the disease has spread to the extent that it is too late for surgery."

Most of the Hillbrow patients arrive with cancer that has reached stage three (the lesion in the breast is over 5cm) or stage four (the cancer has spread to other parts of the body).

"Sometimes they have enormous tumours in the breast which are difficult to treat as they have grown into the chest wall, even through into the lung."

Seymour describes this condition as a "surgical nightmare".

Seventy percent of breast cancer sufferers at Hillbrow Hospital do not return for follow-up treatment due to socio-economic conditions. People from outlying areas are too poor to pay for transport and would rather not come for treatment than risk losing their jobs. Others think they are cured after a couple of treatments.

Sister Joyce Lehoka started the breast cancer clinic at GaRankua Hospital eight years ago and says only 10 percent of their patients come while the disease is at an early stage. The hospital services mainly rural areas.

Two years ago Lehoka researched the prevailing attitudes of 100 breast cancer patients.

Almost half of them thought the lump in their breast was an abscess which "would open up, release puss and heal". Roughly 35 percent were "unalarmed", taking no immediate action. The rest saw the lump as either caused by their baby burping on the breast during feeding, keeping coins inside their bra, or a witch's curse.

One woman, who had fought with her in-laws, believed they had sent the lump to her breast. She paid a diviner to remove the lump.

Ninety of the 100 patients first consulted traditional healers, churches or the clinics when the cancer was at an advanced stage. The clinics were often slow to refer patients to hospitals with cancer-treating facilities.

Many women believed their "abscesses" had to be "doctored" by traditional healers or home-made potions which would "spit out" the pain and poison.

They are loath to have mastectomies, fearing the ancestors will not accept them if they are buried without parts of their bodies or that the removal of the left breast will affect their hearts, says Lehoka. And Venda women often bare their breasts in the hot climate and during traditional dancing.

Prosecutor waives option to lead Winnie 'evidence'

B1 pag 28/3/91

SUSAN RUSSELL

EVIDENCE which the State alleges linked Winnie Mandela to two incidents of kidnapping and assault in 1988 would not be led after all, prosecuting counsel Jan Swanepoel has told the Rand Supreme Court.

"We have weighed up the possible advantages to the State against the prejudice to the accused and decided not to lead the evidence," Swanepoel told Mr Justice Stegmann yesterday.

He said they had decided not to lead the evidence in view of the judge's ruling that it would only be provisionally admissible.

The State's decision follows two days of argument earlier this month on whether the evidence should be allowed or not.

The judge ruled yesterday that a statement made by Mandela's driver, John Morgan, to the police after his arrest in February 1989 was admissible and could be submitted as evidence by the prosecution. The judge said he would give reasons for his finding later.

Morgan, 61, Mandela, 56, Xoliswa Falati, 36, and her daughter, Nompumelelo, 18, have pleaded not guilty to kidnapping Stompie Seipei, 14, and three others from the Methodist manse in Orlando West on December 29 1988 and assaulting them.

Mandela denies she took part in any assaults on the four or that she was present when any assaults took place.

Former Mandela United soccer coach Jerry Richardson was sentenced to death last year for the murder of Seipei.

The judge's ruling on Morgan's statement yesterday came after a "trial within a trial" to determine the admissibility of the document.

The State sought to submit it as evidence, but this was opposed by Morgan, who claimed he had been forced to sign the statement by the police.

Investigating officer Fred Dempsey told the court yesterday that after testifying at Richardson's trial, Brandfort teacher Norah Moahlovi was approached by police in connection with the present case.

At the Richardson trial Moahlovi testified that Mandela had visited her in Brandfort on the evening of December 29 1988 and slept there overnight.

Dempsey said police took a statement from Moahlovi after Mandela had been charged in which the dates of Mandela's visits to her differed from her evidence at Richardson's trial.

Picture: CATHERINE ROSS

Hospital bar in Cape lifted

98

B1 Pag 28/3/91

Political Staff

CAPE TOWN — The bar on the admission of non-emergencies at all Cape hospitals had been withdrawn, Administrator Kobus Meiring said yesterday.

But the restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinations and patient transport would remain in force.

Other steps for narrowing down services by 10% were being formulated.

A statement would be made about this matter in due course, Meiring said at the conclusion of the discussion in the Extended Public Committee on Provincial Affairs for the Cape.

All indications were that the short-term measures, put into operation on the instructions of the Provincial Administration, for saving R50m before the end of the 1990/91 financial year, had resulted in significant savings.

Hospital bar in Cape lifted

Political Staff

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Hospital cuts eased in Cape

PARL45 98 28/1/91

By MICHAEL MORRIS
Political Correspondent

THE Cape has lifted the cost-cutting suspension of non-emergency admissions to hospitals in the province.

Other restrictions and limitations on services remain in force and the Administrator has appealed to the people of the Cape to "temper their demands" and be prepared to make sacrifices "in the interests of the broader community".

Reasonable standard

Without a determined considerate attitude on the part of the public, the Cape would not be in a position to deliver services of a reasonable standard.

The controversial R50 million hospital expenditure cut announced earlier this year whipped up a storm of public and political protest, but the province insisted it was necessary.

Mr Kobus Meiring announced yesterday that "all indications" were that the short-term measures had resulted in "significant savings".

He said: "The extent of the savings will be made known as soon as all accounts have been paid and commitments have been fulfilled."

He lifted the suspension of non-emergency admissions to hospitals.

Still in place are the limitation of out-patient visits at specialist and academic hospitals to referred or emergency cases, restrictions on certain laboratory tests and special examinations, patient transport and specialist visits and measures to limit services to personnel and the handling of vacancies.

Mr Meiring also reconfirmed the decision that in cases where alternative facilities were available, private patients should be treated in private institutions.

He emphasised that the government's view was that the State's primary responsibility was to State-dependent patients.

Mr Meiring added: "No emergencies will be turned away. Medical superintendents will have to exercise their discretionary powers with understanding and sensitivity."

He also announced that "steps for narrowing down services by 10 percent are currently being formulated" and would be put into operation in due curse.

Hospitals' go-ahead for non-emergencies

CAPE TIMES 28/3/91 98

By BARRY STREEK

THE bar on the admission of non-emergencies at all Cape hospitals had been withdrawn, the Administrator, Mr Kobus Meiring, announced yesterday.

But the restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinations and patient transport will remain in force.

Additional steps for narrowing down services by 10% were currently being formulated and would be put into operation over time.

A statement would be made about this matter in due course, Mr Meiring said at the conclusion of the discussion in the Extended Public Committee on Provincial Affairs for the Cape.

All indications were that the short-term measures, put into operation on the instructions of the Provincial Administration, for saving R50 million before the end of the 1990/91 financial year, had resulted in significant savings.

"The extent of the savings will be made known as soon as all accounts have been paid and commitments have been fulfilled."

In terms of the short-term measures, "the call for suspending the admission of non-emergencies at all Cape hospitals is hereby recalled.

"In the case of specialist and academic hospitals, out-patient visits will remained limited to referred and/or emergency cases.

"The restrictions on certain laboratory tests and special examinations, such as magnetic resonance, remain in force.

"The same applies to restrictions of patient transport and specialist visits, the measures announced with regard to services to personnel, and the handling of vacancies."

"However, I would like to emphasise that no emergencies will be turned away, and that the medical superintendents will have to exercise their discretionary powers with understanding and sensitivity," Mr Meiring said.

● The root cause of the financial mess in which the hospital service of the Cape Provincial Administration found itself, was that the services were planned for the First World component of South African society and the needs of the Third World or developing componenet were neglected, MP for Port Elizabeth Mr Eddie Trent, said yesterday.

He was speaking during the debate on the Cape budget.

Mr Trent said during the past 10 years, the Provincial Administration had spent more than R657 million building and equipping new hospitals while it had spent just R11,46 million on new clinics.

Mr Trent said the tragedy was that with proper planning and "political foresight" far more clinics or community health centres should have been built — something the Administrator admitted when he said the R4,5 million allocated for clinics this year was "not nearly enough".

● The Cape Health and Hospital Services budget was being cut by 6,8% if compared to the total amounts allocated for the 1990-91 financial year, the MEC in charge of hospital services, Mr Dawie le Roux, said yesterday.

Replying to questions from the MP for Port Elizabeth Central, Mr Eddie Trent, the MEC said a total of 411 doctors and 2 579 nurses, had resigned from Cape provincial hospitals last year.

Asked whether a directive had been sent to all provincial hospitals — instructing or requesting them to cancel all surgery which was not emergency — Mr Le Roux said it had been sent out on March 4.

Withdrawal of the directive was under review, and was constantly being monitored.

Political Staff

THE Minister of National Health, Dr Rina Venter, says there is no nursing crisis in South Africa, but revealed that 4 186 posts were vacant in provincial hospitals at the end of last year.

She said various recommendations — including a shift allowance and an increase in other allowances — made by the Health Matters Committee last year to improve nurses' working conditions, could not be implemented for financial reasons.

She said, however, that other recommendations on salaries and conditions of service had been implemented "within the framework of available funds".

Doctors welcome lifting of ban

Medical Reporter

THE medical superintendents of Cape provincial hospitals have responded with relief to the announcement yesterday by the Administrator, Mr Kobus Meiring, that the ban on the admission of non-emergency patients has been lifted.

The superintendent of the Red Cross Children's Hospital, Dr Gilbert Lawrence, said that it would have been detrimental to health care to have extended the emergency measures.

Dr Lawrence said that he was concerned about the consequences of the reaffirmed restrictions.

The Administrator said yesterday that restrictions on out-patients at specialist and academic hospitals, on certain laboratory tests, special examinatations and patient transport will remain in force.

It was in the interests of both patients and the teaching hospitals that these patients should be admitted and treated, said Dr J G L Strauss, chief medical superintendent of Tygerberg Hospital.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, said that she welcomed the decision to lift the ban.

City in major hospital move

CAT Trusts 3/4/91 98 BAB

By GLYNNIS UNDERHILL

CAPE TOWN City Council has agreed to take over the administration of the House of Representatives' day hospitals in its metropolitan area in a major bid to provide a single cost-effective health-care system.

The House of Representatives has asked the council to act as "agents" for the day hospitals in its areas to provide a comprehensive primary health-care system that will tie up with the existing health clinics.

The move follows several months of negotiation between the Regional Services Council, the City Council and the House of Representatives, said Dr Michael Popkiss, the City Council's medical officer of health.

"It is a very encouraging move and it is the first step on the road to a logical rationalised health service," he said.

The City Council agreed to the proposal on the condition that it did not provide additional cost to the ratepayers, said Dr Popkiss. House of Representative funds for the hospitals would in time be channelled to the City Council and Regional Services Council.

The Mitchells Plain Day Hospital will be the first hospital to be taken over by the council. No date has been given for the handing over of the administration of the day hospitals, but it is believed that the City Council will eventually have responsibility for five day hospitals and the rest will become the responsibility of the RSC.

Primary health care must be accessible to the people and should be "top class", said Dr Popkiss.

Curative medicine would be introduced to the day hospitals, he said.

"This is the only way forward and the aim is a single South African health service."

Criticised

The Chief Director of the Department of Health Services and Welfare Administration: House of Representatives, Dr E I Jarodien, said it had decided to hand over its day hospital activities to local authorities "in a concerted effort to defragment and depolitise health care".

Substantial funds had been made available to the Housing Fund to enable local authorities to acquire the necessary funds for capital development and improvement of facilities, he said.

A condition of the agreement with local authorities was that services would be rendered where possible on a 24-hour and non-racial basis, said Dr Jarodien.

He criticised the Cape Provincial Administration for failing "John Citizen" by cutting its health services.

The service had been prohibitively expensive and not cost-efficient, said Dr Jarodien.

"It stands to reason that adequate outpatient and consultative specialist services should be made available closer to communities so as to relieve larger hospitals of their 'unfair load', " he said.

Day hospitals and municipal clinics were examples of "underutilised, understaffed, underfunded and fragmented health-care service facilities.

"If health-care services could be rendered there in a non-fragmented comprehensive manner with 24-hour availability and adequate manpower, medication and equipment supplies, they would be able to address most of the normal needs of our hard-pressed citizens in a much more cost-effective and personally satisfying way," said Dr Jarodien.

The Cape Provinical Administration deputy director of health services, Dr George Watermeyer, was unavailable for comment yesterday.

Hospital costs reach R358,2m

98
4/4/91
CM Tuts

By BARRY STREEK
Political Staff

THE annual running costs of Groote Schuur Hospital are higher than the cost of constructing the new hospital and renovating the old one.

The monetary allocation to Groote Schuur Hospital during the 1990/91 financial year was R358,2 million, while the total cost of the new Groote Schuur Hospital and the nurses' home amounted to R276,2 million.

The first phase of the renovation of the old hospital cost R10,2 million, and the second phase will cost R39,6 million.

This means the costs of the new hospital and the renovation of the old one are expected to amount to R326 million, R32,2 million less than the running costs of the previous year.

The Administrator of the Cape, Mr Kobus Meiring, said, in reply to questions by Mr Eddie Trent (DP, Port Elizabeth Central), that a further R165,5 million was spent on new equipment for the hospital.

The details about the running costs of Groote Schuur Hospital were given in Parliament last month by the Minister of National Health, Dr Rina Venter.

'Improved standard'

Groote Schuur was used for training doctors, nurses, professions allied to medicine such physiotherapists and social workers, medical technologists and other health care workers at both undergraduate and graduate levels.

"The new Groote Schuur Hospital has provided a greatly improved standard of accommodation and equipment, which allows adequate training relevant to the health needs of the Republic of South Africa," Mr Meiring said.

HEALTH CARE FM 5/4/91

AN OVERSUPPLY? (98)

Officially at least, there is a moratorium on the granting of private hospital licences, especially in the over-traded metropolitan areas.

Yet, inexplicably, the Department of Health and Welfare has recently granted hospital licences right in the heart of two of the most over-traded areas in the country, in Randburg and Goodwood near Cape Town.

Clinic Holdings, the largest private hospital group, was turned down when it applied for a hospital licence in Randburg, but a licence has been granted to an independent company which plans to run a facility at a former drive-in site within the Randburg municipality. An application to open a day clinic in Goodwood was also recently turned down on the grounds that the area was already well-served, but a full hospital is to be built nearby as part of the N1 City complex.

Existing hospitals in the vicinity of the new Goodwood clinic include the Libertas, Louis Leipoldt, Panorama and Jan S Marais, not to mention the large Tygerberg State hospital.

Says Dick Williamson, GM of Afrox Healthcare: "These decisions open the whole licensing policy to question. We have accepted the moratorium and have been unable to extend at least one of our hospitals as a result. In return, we expect the policy to be applied consistently."

It is widely felt, even in the private sector, that there should be some form of control over hospital licences. Ultimately, patients could find themselves paying higher fees to make under-used hospitals profitable if the situation is not brought under control.

Statistical solutions

Says Rob Speedie, executive director of the Representative Association of Medical Schemes: "There is a maldistribution of medical services, whether private hospitals, doctors or pharmacies and it may be wise not to exacerbate this by granting licences in over-traded areas. Government is aiming for an average of two beds per 1 000 patients, yet in Cape Town the ratio is in excess of 12 per 1 000."

The problem is hospital licensing does not form part of national health policy. It is still considered an "own affair" which is administered by the three "own affairs" Departments of Health.

The department does not give reasons why it accepts or rejects licence applications, but it makes exceptions to the moratorium when there is a "need." In other countries, such as the US, statistics are used to determine the need for a hospital in a particular area. These figures determine the need for specific facilities, such as geriatric care or maternity units, according to local conditions. In SA, however, a crude head count is applied.

Says John Cowlin, MD of the Zandfontein Clinic in Sandton, who has been turned down for several licences: "By its own admission, the department does not use detailed statistics. It has been offered access to statistics from the medical aid movement, which finances more than 90% of private healthcare, yet it turned this down on the grounds that the data was statistically insignificant." ■

Continue →

Cuts in hospitals budgets 'damaging'

CAPTIMES
ST 4/91
98

Staff Reporter

CUTS in the budgets of already-stretched Cape hospitals will do damage that may be difficult or impossible to repair, according to the dean of UCT's medical faculty.

Professor J P de V van Niekerk says in an editorial in the latest SA Medical Journal that although the government appears to be committed to unifying the country's health services and providing adequate primary health care, both of these issues have hardly been addressed yet.

"Until they have, a reduction in existing services holds the very real danger of damage that might be difficult, if not impossible, to repair," he says.

UCT's teaching hospital, Groote Schuur, had been fortunate in attracting and retaining good staff, but now it was coming under great pressure to reduce its staff complement.

"This is what is ultimately required to effect meaningful savings," the professor says. Groote Schuur is under greater pressure than other hospitals to reduce its staff because the others are already short-staffed.

Also, it is suspected in medical circles that part of the reason for next year's further 10% cut in the Cape medical budget had something to do with the authorities' knowledge "that there is a greater per capita expenditure on health care in the Cape than in the other provinces".

Recent "emergency measures", under which which only "emergency cases" were treated, raised some very contentious issues, Professor Van Niekerk says.

Relatively little money has been saved, and besides, "today's cold cases are tomorrow's emergencies", he says.

The public and the politicians are tempted to provide for short-term benefit. "Herein lies the danger, since teaching and research may be regarded as temporarily expendable, although they are essential for the future."

Stressed junior doctors consider 'work to rule'

Staff Reporter

OVERWORKED junior doctors may embark on a work-to-rule with a 60-hour working week — equal to five consecutive 12-hour days a week.

Dr Ivor Douglas, vice-chairman of the Junior Doctors' Association of South Africa, which was formed last year, reports this in the latest edition of the S A Medical Journal.

He says the plight of junior doctors has been described as "barbaric, scandalous and shameful", yet their circumstances seem unchanged from one decade to the next.

"The reality is that in addition to suffering chronic fatigue, junior doctors in hospitals are angry and resentful about their situation," he says.

"The work-to-rule model of a 60-hour week is an ethically controversial position which many junior doctors are at present debating."

He did not say what hours young doctors work, but a medical source in Cape Town who declined to be named said it was common for interns — newly graduated doctors doing their practical year — to work far more than 60 hours in a week for little more than R1 000 a month.

Dr Douglas says doctors are sometimes on call for 40 hours — all night, the next day, the whole of the next night and the next morning — in a single shift.

"The implications for junior doctors and their patients towards the end of a 40-hour on-call period are disastrous," he says.

Junior doctors in South Africa have no agreed terms of employment. Yet their counterparts in Britain have a fixed maximum number of official working hours, and if they work more than that they are paid for it.

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During 1990, 239 members stood trial in terms of Prisons Regulation 71(1)(hh) read together with section 53 of the Prisons Act, 1959 (Act 8 of 1959) on counts of assault on prisoners. Of these, 182 members were found not guilty whilst 57 members were found guilty and were sentenced in terms of section 53(2) of the Prisons Act.

In respect of 1 929 of the total number of complaints, no substance could be found after thorough investigation to lay charges against any member of the Department. Furthermore, the Attorney-General refused to prosecute in 477 cases. On 31 December 1990, the remaining cases were still being dealt with.

(2) (b) Inquiries in terms of the stipulations of Prisons Regulation 77(1) to determine the suitability of members to remain in service, inter alia led to the dismissal of respectively one (1989) and two (1990) members against whom offences of assault on prisoners were recorded.

(c) Besides sentences imposed in terms of section 53 of the Prisons Act, 1959 (Act 8 of 1959) during departmental trials, members were seriously warned against such actions and were made aware of the implications thereof on their careers. Furthermore, such inadmissible conduct is duly considered in the competence evaluation of such members.

Hansard 9/4/91

Medunsa: psychiatric hospital

206. Mr M J ELLIS asked the Minister of National Health:

Whether a psychiatric hospital has been built at the Medical University of Southern Africa; if not, what is being planned in this regard; if so, (a) (i) when and (ii) at what cost was it completed, (b) what is the average bed occupancy rate and (c) what are the future plans for this hospital? Hansard 9/4/91

B553E

The MINISTER OF NATIONAL HEALTH:

Yes,

(a) (i) a sixty-bed psychiatric unit was completed on 26 October 1989 and

(ii) R3 954 881,04,

(b) the unit is temporarily used as an exchange ward whilst upgrading of various wards in Ga-Rankuwa Hospital are being carried out and

(c) Branch Health Services of the Provincial Administration of the Transvaal proposes to commission this unit as soon as funds become available.

Ratio of beds per medical student

207. Mr M J ELLIS asked the Minister of National Health:

What is the ratio of beds per medical student doing clinical training (a) at the academic hospital complexes attached to the medical faculties in South Africa and (b) at each such hospital complex?

Hansard 9/4/91 Hansard

B554E

The MINISTER OF NATIONAL HEALTH:

	BEDS PER STUDENT
(a) Provincial Administration of the Cape of Good Hope	: 3,12
Provincial Administration of the Transvaal	: 6,60

	BEDS PER STUDENT
Provincial Administration of Natal	: 6,29
Provincial Administration of the Orange Free State	: 5,27 and
(b) *Provincial Administration of the Cape of Good Hope*	
Groote Schuur	: 3,38
Tygerberg	: 2,88
Provincial Administration of the Transvaal	
University of the Witwatersrand	: 8,80
University of Pretoria	: 4,30
Medical University of Southern Africa	: 6,60
Provincial Administration of Natal	
King Edward VIII	: 6,29
Provincial Administration of the Orange Free State	
Bloemfontein	: 5,27

Algoa Regional Services Council: investigation

223. Mr E W TRENT asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether the Finance and Administration Committee of the Algoa Regional Services Council instituted an investigation into the disbursement of funds in 1989 or 1990; if so, when;

(2) whether any members of staff are alleged to be implicated in any irregularities; if so, (a) in what irregularities and (b) what measures have been taken as a result?

Hansard 9/4/91. B588E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(1) No.

(2) Yes.

(a) A member of staff was involved in irregularities in connection with council funds.

(b) Legal steps were taken against the official involved. He was found guilty, convicted and discharged from the service of the Regional Services Council. Stricter control measures were introduced in that auditing of the financial books of the Council is done regularly on a monthly basis.

Military hospitals: bed capacity/occupancy rate

233. Mr R R HULLEY asked the Minister of Defence: (98)

What was the (a) total bed capacity and (b) bed occupancy rate, expressed as a percentage, of military hospitals as at the latest specified date for which figures are available?

Hansard 9/4/91. B551E

The MINISTER OF DEFENCE:

The information, as at 20 March 1991, is as follows:

	(a)	(b)
1. Military Hospital	623	47%
2. Military Hospital	293	46%
3. Military Hospital	173	56%

Afforestation applications

254. Mr M J ELLIS asked the Minister of Water Affairs and Forestry:

(a) How many afforestation applications were received by his Department in each province in 1990, (b) (i) how many of these applications were approved and (ii) for which areas were they approved in each case and (c) (i) how many applications were refused and (ii) for what reason was each application refused?

B673E

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B673E

Fees: Cancer patients hit hard

Cape Times 9/4/91 98

By GLYNNIS UNDERHILL

PRIVATE cancer patients needing chemotherapy at provincial hospitals are among those hardest hit by shock hospital tariff increases announced yesterday.

The increase will come into effect from May 1, Mr D le Roux, MEC in charge of hospital and health services, said yesterday.

Services would be rendered on a market-related basis as far as possible because of the high cost and the financial shortfalls being experienced by the province, he said.

Hospital tariffs increase annually in line with the rates of the Representative Association of Medical Schemes (RAMS), which increased by an average of 24% from January 1, 1991.

Hospital fee increases include:

- **Lower-income patients in the lowest tariff category, who at present pay R3 per out-patient visit, will now have to pay R5 per visit to a community hospital and R9 per visit to a regional/academic hospital.**
- **Lower-income in-patients, who now pay R3 per day, will have to pay a single payment of R17 at community hospitals and R21 at regional/academic hospitals.**
- **In-patient tariffs for private patients have been increased from R130 to R161 per day at community hospitals and R165 to R205 per day at regional/academic hospitals.**
- **Several other expensive services will in future be rendered at market-related rates.**
- **Chemotherapy for the private patient has shot up from R80 to R410.**
- **The use of a magnetic resonance X-ray machine for the private patient has shot up from R78 to R1 350.**
- **Peritoneal dialysate for home use for private patient renal sufferers has gone up from R80 to R820.**

Concessions that the Cape Provincial Administration has allowed include:

- **The income ceiling for maximum tariffs has been raised and is now based on family income.**
- **The out-patient tariff for private patients is unchanged.**
- **The medication tariff for out-patients has been reduced from R66 to R25 at community hospital and R41 at regional/academic hospitals.**

Tired medics may endanger patients

Sowetan 9/4/91

THE lives of patients in State hospitals may be placed in jeopardy as a result of being looked after by "exhausted" interns working up to 100 hours a week.

A document to be published this week says there is no doubt that the medical care which patients receive from interns is being seriously compromised.

The conditions of interns in the country's hospitals - where most work up to 70 hours a week and more often without supervision or adequate training - will be published in the *South African Medical Journal* this week.

An ultimatum has meanwhile been delivered to the the Minister of National Health and Population Development, Dr Rina Venter, by the majority of interns in the country to announce contract and salary amendments for interns or else face possible industrial action, in the form of a go-slow or work-to-rule.

This would bring the State medical system to its knees as interns carry the brunt of the workload in most hospitals.

98

Meetings

The vice-president of the Junior Doctor's Association of South Africa, a sub-group of the Medical Association of South Africa, Dr Ivor Douglas, said despite several meetings with the Director-General of Health, Dr Koen Slabber,

To Page 2

Medics' threat to take action

Sowetan 9/4/91

From Page 1

and the Minister herself the results had been "markedly unsuccessful".

"Our concern is that patient care is being seriously compromised because our working conditions often render us unable to provide proper care for our patients.

"While we wait for a formal statement from the Minister of Health, Judasa finds itself in a difficult position. Our members are angry and fed-up and they are demanding that something happens.

"If nothing has been finalised by the end of the month, although we find the thought abhorrent and against our ethics, we will be forced to listen to our members who are now considering working to rule or instituting a go-slow."

98

Key findings in the report are:

* The South African Medical and Dental Council's guidelines and rules to which interns have to complete their compulsory intern year in a hospital are to a large extent not being followed.

* Supervision is lacking.

* The high percentage of interns who have little or no supervision while giving anaesthetics and providing emergency care is especially serious.

* Information and guidance given to interns is conveyed in an unsatisfactory manner and in a large number of cases no proper information is given.

* From the information it is evident that the intern year with its various facets is not proceeding according to the rules.

* From this survey it is clear that the work- load is unacceptably high with most interns working between 60 and 70 hours a week.

* It is apparent that their work-load is an adverse factor in their decision-making abilities in connection with patients. - *Sapa*.

Govt may privatise health services – report

The Government is considering the privatisation of health services as a means to reduce costs and reduce its role in the provision of health care.

This is according to a report entitled "Finding a Cure" published by the Institute of Race Relations. Star 10/4/91

The report comments that although the privatisation issue was rejected by some anti-apartheid medical professionals and trade unions, some health care workers had begun advocating a subtler view, in the form of embryonic health care systems which could serve as models for a national health service.

"The evidence of this strategy is the new tariff structure introduced in provincial hospitals (98)

"It eliminates free services and imposes higher tariffs on patients as their income increases.

"The aim is to increase the proportion of recoverable costs from patients and to discourage patients able to afford private services from using State services," the report says.

The report also examines the option of contracting-out State services for lower-income patients to private companies. Under this system, the State would pay private operators the daily costs of running services.

"The Government would be wise in encouraging independent private health care groups and assisting them financially.

"The lack of effective liaison between independent groups and the Government is proving to be a stumbling block for the adequate provision of private health care," the report says. — Sapa.

HOSPITALS 98

"CULTURE, language and eating habits of patients" had prevented the opening of hospitals to all races "overnight", Transvaal MEC for Health Services Fanie Ferreira said in parliament. He said "guidelines" had been formulated for the opening of provincial hospitals.

Ilanga 5/4-11/4/81

Children targets of hospital cuts say angry medics

ARGUS 11/4/91

98

By VIVIEN HORLER
Medical Reporter

MORE than 60 professors and doctors who treat children in Peninsula hospitals have lashed out at the financial cuts at Cape hospitals ordered by the provincial administration.

Twenty paediatricians from Tygerberg Hospital, including department paediatric head Professor P B Hesseling, and 43 doctors from Red Cross Children's Hospital, including department head Professor D W Beatty, have signed letters in the latest edition of the SA Medical Journal deploring the cuts.

The Tygerberg doctors said it was "morally and ethically indefensible" to withdraw medical services from children when there were no alternative facilities in their communities, while the Red Cross doctors said primary health-care facilities for sick children in the Cape Town area were "seriously inadequate".

Backward steps

"At a time when substantial financial efforts are being made to equalise opportunities in education and housing it is tragically ironic that we are being forced to take two steps backward in the health sector," said the Red Cross doctors.

The increasing numbers of out-patients should be treated in primary health-care clinics rather than expensive hospitals like Red Cross and Tygerberg, they said, "but, until such time as primary-care facilities are adequate and available for children in our region, it is impossible for us to turn these children away".

Children who were dehydrated through gastro-enteritis — a common and dangerous complication in Cape Town in summer — should be put on a drip at local clinics. However, drip-room facilities were available only at Red Cross and Tygerberg.

The Red Cross doctors said financial deficits at Red Cross, Groote Schuur and Somerset hospitals were "a consequence of under-funding in relation to the services we have to provide for children in the region. The teaching hospitals of the Cape, over many years, have fought for and practised ... the application of an equitable service for all races in thi area.

"Because we have provided facilities for a wider section of the community we have been chronically underfunded and are now being penalised for this."

The Tygerberg doctors said they were concerned about children who lived in the country and for whom there were frequently no other facilities available.

Alternative services

The suspension of transport to the hospitals would be detrimental to children's health and even could be fatal.

"We would welcome a reduction in the flow of patients to tertiary hospitals, provided alternative services are established in the community," said the Tygerberg doctors.

Doctors from both hospitals expressed concern about the effects the cuts would have on academic standards and training.

CAPE TIMES 12/4/91

'SA medical crisis'

Top heart surgeon heads for America

By GLYNNIS UNDERHILL

ONE of South Africa's top heart surgeons, Dr Chris Knott-Craig, has become so disillusioned with the "appalling state" of academic medicine in South Africa that he has decided to take up a post in the United States.

The head of congenital heart surgery at Tygerberg Hospital, Dr Knott-Craig, with his team last year operated on a six-year-old Kraaifontein child who became the only known survivor in the world of this risky congenital heart operation.

But now South Africa is losing this 37-year-old surgeon, who will take up his new position as professor and head of congenital heart surgery at the University of Oklahoma next month.

Last night a hospital spokesman said they were "disappointed" that someone of his "stature" was leaving.

Yesterday Dr Knott-Craig said: "Academic medicine in this country is, for all practical purposes, dying."

The state's priority was no longer to maintain the standards at medical school by attracting good academics, said Dr Knott-Craig.

He feared that unless this trend was reversed, South African medical qualifications might soon not be recognised abroad.

"In the past we have always had a very good reputation. The standards of medicine and the standards of training have always been of the highest order. The implications of what is happening now are enormous for this country," he said.

Dr Knott-Craig said there were fewer academics teaching students — with the result that there would be generations of poorly trained doctors.

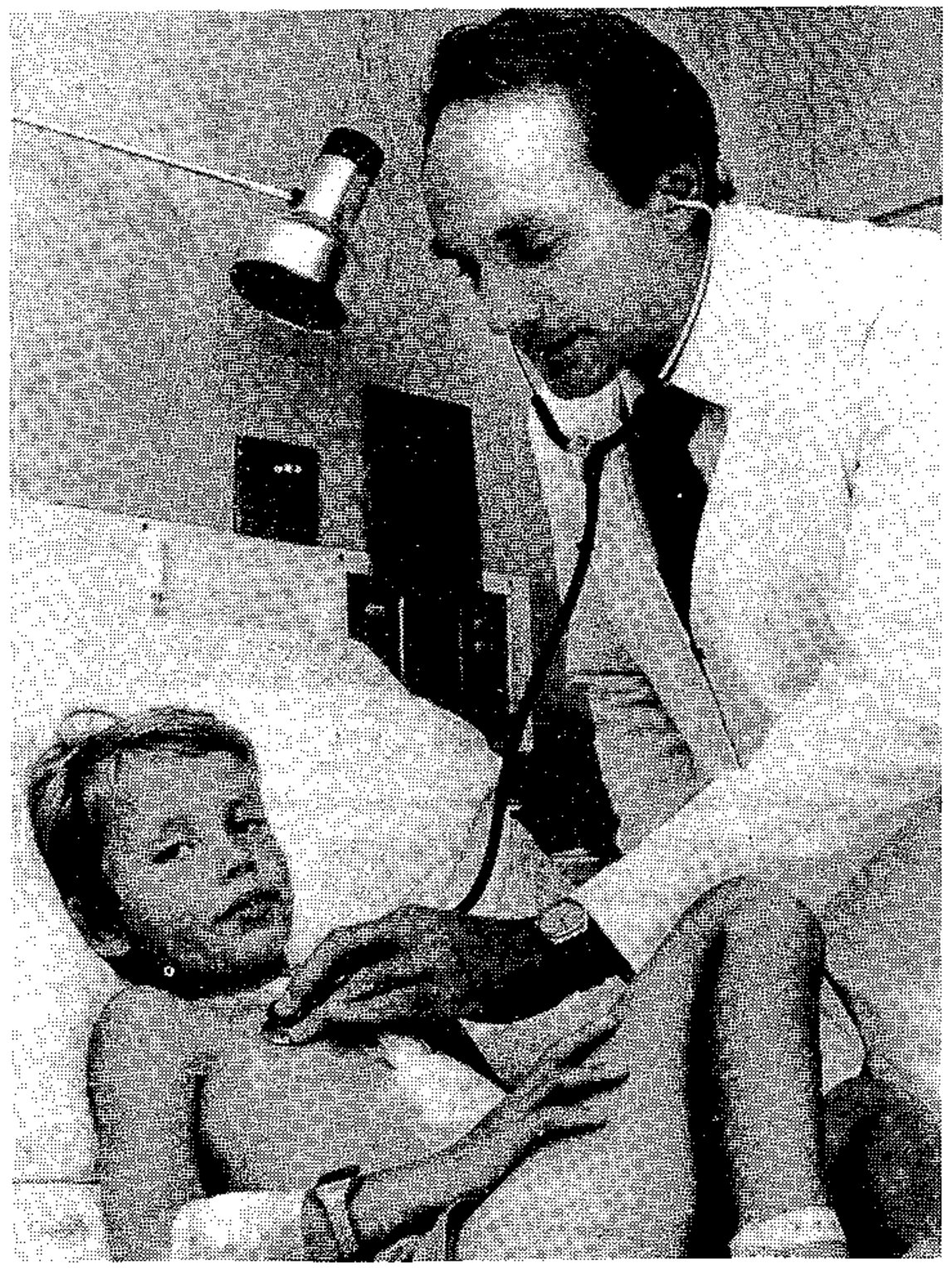
"Who's going to do this kind of surgery in future," he asked.

He criticised the government for being "short-sighted" by not maintaining academic-medical and technology standards.

Highly-skilled doctors at academic hospitals were making moves to take up posts abroad, or going into private practice.

The financial cuts to the medical service had made his own situation "untenable", he said.

Dr Knott-Craig has signed a contract for two years service at his Oklahoma post.



HEARTFELT THANKS . . . Seven-year-old Dewald Groenewald of Bellville underwent a risky congenital heart operation on Monday, under the knife of Dr Chris Knott-Craig and his Tygerberg Hospital team. The poor state of academic medicine in this country has prompted Dr Knott-Craig to head abroad.
Picture: BENNY GOOL

Blacks are barred from surgery loos

Sowetan 12/4/91 (98)

By MATHATHA TSEDU

AN Indian doctor in the Northern Transvaal runs a surgery which has no toilets for black patients, a *Sowetan* investigation has established.

Dr AS Moosa's surgery in Mooketsi, near Duiwelskloof, also has two separate waiting rooms - one for whites and the other for blacks.

The waiting room for whites has been furnished with cushioned rest chairs. The white patients, and a selected upmarket blacks, pass the time reading magazines which Moosa provides.

The other "waiting room", which is used exclusively

To Page 2

Do you still experience petty apartheid in the "new South Africa"? Tell the nation about it. Telephone Radio Metro DJ Tim Modise at the Rand Show today between 4.30 and 5pm. The hotline numbers are 494-2892 and 494-2893. Listen to the *Sowetan* Talkback programme on Radio Metro on mediumwave 576 KhZ.

Separate waiting rooms

Sowetan 12/3/91 (98)

From Page 1

by blacks, is an open space under a few trees where patients wait for their turn on broken asbestos chairs.

Approached for comment, Moosa blamed the Group Areas Act for lack of facilities. He said he could not make improvements on the surgery as he did not own it.

He said he was renting the building from a Mr Chambers.

"If the law is repealed and I can buy this place then I will provide the facilities. But don't blame me for this thing. I have done a lot for black people in this area.

"I have learnt their language and I assist many people. Now you go and pick on toilets and separate rooms and you want to crucify me," he said.

Moosa said he had tried to provide decent benches for black patients but they were all stolen.

Moosa, a Muslim, said he was not a racist. He was "troubled by his conscience for the inability to offer his black patients adequate facilities".

Although praising Moosa for being "good with children's diseases", patients spoken to said they were sometimes made to wait in the rain as they could not use the "whites-only" waiting room.

If they wanted to go to the toilet they had to go to the nearby shopping centre or use toilets at the railway station.

(a)	(b)(i)	(b)(ii)(aa)	(b)(ii)(bb)
VISITING SCHOOL	STANDARDS PLATOONING	NUMBERS OF PUPILS PLATOONING	NUMBERS OF CLASS GROUPS INVOLVED
Khulile	A, B, 1, 2, 3, 4, 5	1 076	18
Masangwana	3, 4, 5, 6	803	16
Sophakama	6, 7, 8, 9, 10	1 135	20
Gqebera	6, 7, 8, 9	962	24
Tyhilulwazi	6, 7, 8, 9, 10	956	23
Phakama	A, B, 1, 2	766	19
Sakhisizwe	6, 7, 8	1 013	19
Phakamisa	6, 7, 8, 9, 10	875	18
Spencer Mabija	A, B, 1, 2, 3, 4, 5	643	16
Ben Nyati	2	144	3
Ilitha	2	100	2
Daniels	A, B, 1, 2	495	12
Emsengeni	2	300	7
Funimfundo	1, 2	270	6
Charles Duna	1, 2	440	9
Lamani	1	147	3
Phakama	1, 2	75	2
Tubelihle	7, 8, 9, 10	1 165	18
New Brighton	3, 4, 5	654	19
Molefe	3, 4, 5	663	13
26		20 267	405

1 Military Hospital: doctors resigned

256. Mr P J GROENEWALD asked the Minister of Defence:†

(a) How many doctors resigned at 1 Military Hospital in Voortrekkerhoogte in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignation?

B681E

The MINISTER OF DEFENCE:

(a) 1988 : 23
1989 : 15
1990 : 28

(b) Numerous reasons but mainly the fact that serving doctors may not run private practices after hours, a lack of specialisation opportunities in the SA Defence Force and better earnings in private practice.

SADF: doctors resigned

257. Mr P J GROENEWALD asked the Minister of Defence:†

(a) How many doctors resigned from the South African Defence Force in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignation?

B682E

The MINISTER OF DEFENCE:

(a) 1988 : 75
1989 : 65
1990 : 72

(b) Numerous reasons but mainly the fact that serving doctors may not run private practices after hours, a lack of specialistion opportunities in the SA Defence Force and better earnings in private practice.

Registration of all teachers

269. Mr R M BURROWS asked the Minister of National Education:

(1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;

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

B743E

The MINISTER OF NATIONAL EDUCATION:

(1) No. The State President, during the opening of the present session of Parliament indicated that work is being done on the political and educational levels to reform the present education system. It is therefore desirable not to proceed with the establishment of a general registration body for teachers until a new statutory structure of education acceptable to all South Africans has been negotiated.

(2) No.

Own Affairs:

Colleges of education: utilisation

49. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether all student places in colleges of education falling under the control of his Department are filled; if so, how many such places are there; if not, (a) how many places are vacant and (b) why are they vacant;

(2) whether any arrangements have been made with any other departments of education for the utilisation of any colleges of education, or parts thereof, falling under the control of his Department; if so, what arrangements;

(3) whether any colleges of education, or parts thereof, have been disposed of in any way to any other Government Department or organisation; if so, (a) which colleges and (b) to which Government Department or organisation in each case?

B628E

The MINISTER OF EDUCATION AND CULTURE:

(1) No,

(a) 4 180,

(b) the annual intake is determined by the projected need for teachers in four years' time;

(2) no, but there is a formal agreement with the Department of Education and Culture: House of Representatives and the Kwa Zulu Education Department for a number of their teachers to undergo further training at the distance teaching college, the Natal College of Education. In addition to this and in accordance with an informal agreement B Prim Ed Courses are offered at Edgewood College of Education and Johannesburg College of Education which students of other groups enrolled at the University of Natal and Witwatersrand may follow. At Edgewood College of Education a further Diploma in Education (General Science) is offered to Black teachers.

(3) this information may be obtained from the hon the Minister of Welfare, Housing and Works.

Natal: closure/amalgamation of schools

59. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether the Executive Director of the Natal Education Department has instituted planning programmes for the (a) closure and/or (b) amalgamation of schools and other education institutions falling under his control; if so, (i) what are the names of the (aa) schools and (bb) other institutions involved in each case and (ii) when will the intended or suggested action be taken;

Doctors slate plans to cut hospital beds

Star 13/4/91 98

PLANS for a drastic cut in the number of "academic beds" (under the control of academic doctors) in teaching hospitals were revealed yesterday.

The existence of the plans — as yet unwritten and informal — emerged at a meeting of more than 100 senior doctors at Baragwanath Hospital.

Dean of the University of the Witwatersrand medical school Professor John Milne later confirmed to the Saturday Star that Wits was "discussing rationalisation" of the academic beds to pre-empt a move by the Department of National Health and Population Development.

Doctors at the meeting were told by Baragwanath Medical Advisory Committee chairman Professor Cyril van Gelderen that Wits was considering reducing the number of academic beds, but that there was

CARINA LE GRANGE

"no official confirmation that this is required".

Professor van Gelderen said that according to his information, the total of 6 000 Wits academic beds would be cut by 50 percent.

Doctors attending the meeting said the move would lead to a further deterioration in the country's health care system.

Baragwanath is an academic hospital with 3 000 beds. Mooted plans would cut academic beds to 1 000. The 2 000 other beds would possibly no longer be under the care of academic doctors, which raised fears over the care these patients would receive.

When the plan is put into operation at an unknown date, another 1 500 beds would be allocated to the Johannesburg Hos-

● TO PAGE 2.

'Beds must stay'

98

● FROM PAGE 1.

pital and a further 500 to the Coronation/J G Strijdom hospitals.

Professor Milne said the cuts mentioned were "rough figures which are being looked at" for the rationalisation.

He said there was as yet no formal written instruction, but it would affect teaching hospitals throughout the country.

The Department of National Health and Development has said academic beds would be cut, but moves discussed at present had "nothing directly to do with the State or the province; it is the university which is trying to pre-empt what may come".

Doctors at the meeting questioned on what grounds Wits allocated only 1 000 beds to Baragwanath.

They asked whether the Government would accept responsibility for the medical care of patients in non-academic "service" beds, and what kind of service would be rendered.

The number of academic beds also affected the number of academic staff appointments, which in turn influenced the number of doctors attracted to the hospital for training purposes, they said. The doctors believed any status change would mean "a decrease in service".

Doctors attending the "sort-of protest meeting" said the move could seriously affect the standard of health care at the hospital, which served the "sub-economic population" in Soweto.

Doctors were attracted to State-funded hospitals for the training opportunities and facilities. Remuneration was significantly lower than in private practice.

It was pointed out that there were not enough doctors and that two-thirds of the surgical staff were from abroad. The change would mean a total loss of this complement of staff.

Professor van Gelderen stated that "Bara could not contemplate a reduction in services to Soweto". He said Baragwanath had a relationship with and a duty to Soweto, that it could not "wash its hands" of the community and that he knew Wits could not either.

Star 13/4/91

The doctors' meeting ended with consensus that they resolve to ask for information and clarification on the matter, but that they would not accept anything that would reduce services.

Professor Milne said no indication had been given with regard to the extent of the nationwide cuts. He said Baragwanath, like other hospitals, would have to "take some of the knocks" in the reduction of academic beds, and that Wits was trying to protect all the teaching hospitals.

"We would not let Baragwanath collapse ... We would only push forward a scheme that we think is workable.

"At present only 10 percent of the service at Baragwanath is spent on academic medicine," he said.

jealous lover who [illegible]

Refugees from the womb

C/Pres 14/4/98

By SOPHIE TEMA

THE scourge of baby-dumping at Baragwanath Hospital in Soweto is putting the hospital's welfare division under heavy pressure.

Last week alone, eight children were abandoned at the hospital and their parents cannot be traced. Some of the children are picked up in the streets, while some are just dumped in the corridors before the parents disappear.

A spokesman for the Child Welfare Society said newborn babies were abandoned "everywhere". Some were left in rubbish bins, others at the sides of the streets and others were taken into hospital for treatment and the parents never fetched them.

The parents gave hospital authorities false names and addresses – making it impossible to trace them once the child was ready to be discharged from hospital.

Those who were admitted to hospital without names were given names by the welfare officers for record purposes.

Welfare workers at the hospital said there were various reasons why parents dumped their babies. These ranged from poverty to homelessness.

The hospital is also trying to trace the relatives of several adults who were admitted with loss of memory and cannot remember their history after their recovery.

Hospital apartheid lives on

By SOPHIE TEMA Citizen 14/4/91 (98)

A VISIT by Tumahole Civic Association and a local ANC delegation this week found apartheid alive and well in the Orange Free State's Parys Hospital.

Black and white patients are still separately accommodated at the hospital even though physical conditions at the hospital are approaching equality.

Black patients, as do whites, have a varied diet although the menu is not the same for all.

The visiting delegation witnessed black patients being served mealie-rice, mashed carrots, gem squash and minced meat at the same time as whites were eating rice, cauliflower with white sauce, gem squash and chicken pie.

The delegation also met with hostility and rudeness from white staff, according to Democratic Party delegate Irene Menell.

She complained on behalf of the delegation to Parys Hospital superintendent JS Russouw about staff hostility during their visit.

Russouw replied he had no specific mandate to throw open the wards to all races and was waiting for instructions from the Orange Free State Provincial Administration in Bloemfontein.

"If I get instructions from Bloemfontein to open the hospital to all races I will have no choice but to do so," he said.

White patients told the delegation that they would "have a problem" if they had to share wards with black patients.

Patient WE Schoeman, said: "I would not feel happy if a black patient was to lie next to me in a hospital ward, but I have no qualms about being looked after by black nursing staff."

Matron Connie Bouwer told the delegation: "We are busy with the orientation process but cannot introduce it overnight."

The delegation warned Russouw and Bouwer it would monitor the situation at the hospital to "ensure the process of desegregation was implemented as soon as possible".

According to a study conducted by the University of the Witwatersrand, hospital apartheid has not been eradicated.



Sick leave ... matron Connie Bouwer with Irene Menell of the Democratic Party and Ace Magashule of the Tumahole Civic Association. ■ Pic: TLADI KHUELE

Parys patients separate and unequal

It recommends the National Health and Population Development Department should "formally adopt and announce a policy of desegregation of all health service facilities".

The Wits Centre for Health Policy also found evidence of segregation in a recent investigation of six PWV hospitals.

"There is still evidence of substantial segregation both between and within many hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria," it reported.

Its report added that the announcement by National Health and Population Development Minister Dr Rina Venter, on May 17 last year, that hospitals would be desegregated was "a far cry from a commitment to end apartheid in hospitals".

"Certainly the minister's statemement does not commit the authorities to full integration, or even to ending segregation in the form of separate wards for whites and blacks.

"All it says is that no black person can be turned away at the door of a previously whites-only hospital.

"Dr Venter's statement falls short of a commitment to integrated hospital care and to dismantling all manifestations of apartheid in hospital care."

In reality, the process of opening hospitals to all races has been extremely uneven, the report stated.

"The extent to which integration has occurred is a result of the desire to integrate by the staff of a particular hospital or as a result of the pressure experienced in particular hospitals.

"It is not the result of enthusiastic implementation of the policy by the various health authorities.

"Hospital apartheid has not been eradicated," the report concluded.

It recommended that the Department of National Health and Population Development should:

- Formally adopt and announce a policy of desegregation of all health service facilities;
- Set a timetable for the process of full integration and monitor this programme;
- Publicise the policy and encourage people to make use of hospitals previously closed to them on the grounds of race; and
- Invite interested parties, including political groupings and health sector bodies, to sit on a Joint Monitoring Commission to monitor the progress towards hospital desegregation.

Doctors slam high cost of health care

Cape Times 15/4/91 (98)

By GLYNNIS UNDERHILL

TOP doctors in Cape Town have criticised the "exorbitant cost" of private health care in South Africa, which they say is rising way beyond the rate of inflation and has more than doubled in the past five years.

Private hospitals were being run as commercial ventures and could charge what they liked for services, said one doctor.

Many patients were being forced out of the government-subsidised health system into private medical care, but could not afford the high costs involved, said doctors.

Patients covered by medical aid — or those who earn R15 000 or more a year or whose families have an annual income of R25 000 or more — immediately qualify as private patients.

Some provincial hospitals have been ordered to refuse to treat these patients unless it is an emergency.

"The rich can care for themselves and the poor are taken care of by provincial hospitals," said one doctor. "The medium-income group is a large body of people that has become extremely vulnerable.

Private doctors' fees are controlled by the recommended tariffs laid down by the Medical Association of South Africa, but private hospitals charge for their services according to market forces, said unhappy doctors.

"In the past there was not this awareness of the commercial opportunity in medicine," said a doctor.

The National Association of Private Hospitals claims to control the ethics and standards of nursing care in 95 private hospitals in South Africa.

Mr Boks du Toit, a director of the association, said its hospitals set their rates according to the guidelines of the Representative Association of Medical Schemes, but they did have to stay within these limits.

"A private company is run as a commercial company. It must make a profit. In no ways is it subsidised by the taxpayer," he said.

Mr Du Toit said that private hospitals treated an estimated 20% of the population in South Africa. Complaints of overcharging were investigated by the National Association of Private Hospitals, he said.

One doctor in private practice claimed that some private hospitals were charging excessive fees and in some cases were overcharging.

Education on Aids planned

Political Correspondent

THE government is drawing up an Aids education programme for black teenage schoolchildren.

The Minister of Education and Training, Dr Stoffel van der Merwe, said the sexual guidance programme would be presented to teenagers after school on a voluntary basis.

"Parents have to give permission for their children to attend," Dr Van der Merwe said in a written reply to a question from the Democratic Party's health spokesman, Mr Mike Ellis (DP Durban North).

Hospital apartheid still exists — report

JOHANNESBURG. — Hospital apartheid still existed and the National Health and Population Development Department should formally adopt and announce a policy of desegregation of all health service facilities, according to a study conducted by the University of Witwatersrand.

The Wits Centre for Health Policy investigated hospital segregation at six PWV hospitals. The results of the investigation were released on Friday.

"There is still evidence of substantial segregation both between and within many hospitals, and many decisions governing the treatment of patients in these hospitals are still based on racial criteria."

The report added the Minister of National Health and Population Development, Dr Rina Venter's announcement on May 17 last year to desegregate hospitals was "a far cry from a commitment to end apartheid in hospitals".

The minister's statement did not commit the authorities to full integration, or even to ending segregation in the form of separate wards for whites and blacks, the report said. — Sapa

(c) Indian
(i) 5 (ii) 5
(d) Black
(i) 179 (ii) 179

(bb) LEGAL TRAINING
(a) White
(i) 195 (ii) 175
(b) Coloured
(i) 5 (ii) 3
(c) Indian
(i) 3 (ii) 3
(d) Black
(i) 6 (ii) 5

Sterkfontein Psychiatric Hospital: patients missing

239. Mr P G SOAL asked the Minister of National Health:

(1) Whether any patients went missing from the Sterkfontein Psychiatric Hospital during the latest specified period of five years for which information is available; if so, (a) how many (i) male and (ii) female patients and (b) how many such patients were classified as (i) dangerous and (ii) aggressive;

(2) whether any steps have been taken to ensure that patients do not go missing from the said hospital; if not, why not; if so, what steps;

(3) whether she will make a statement on the matter?

B624E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes,
(i) 443 male and
(ii) 70 female
The above include patients who have escaped, broken out, absconded and ones that were allowed to go out on leave, but did not return and

(b) (i) and (ii) the relevant information is not readily available;

(2) yes, dangerous patients are locked up. All others are attended to in open wards and may move about freely. The hospital has no guards patrolling the grounds; neither does it have security fencing or gates. The reason for this is that hospitals must not be looked upon as prisons;

(3) no.

Academic hospitals: bed occupancy rate

251. Mr M J ELLIS asked the Minister of National Health:

What is the annual bed percentage occupancy rate at each academic hospital in South Afria?

B658E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope:	*Percentage Bed Occupancy*
Groote Schuur	95,21
Tygerberg	107,93
Provincial Administration of Natal:	
King Edward VIII	91,20
Provinial Administration of the Transvaal:	
Baragwanath	86,40
Coronation	83,50
Ga-Rankuwa	86,40
HF Verwoerd	63,80
Hillbrow	80,10
JG Strijdom	31,70
Johannesburg	80,80
Kalafong	76,00
Provincial Administration of the Orange Free State:	
Pelonomi	91,57
Universitas	65,89
National	60,14

Malaria/typhoid/cholera

255. Mr M J ELLIS asked the Minister of National Health:

(1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic in 1990; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;

(2) whether any persons died of these diseases during this period; if so, how many

in each race group in respect of each disease;

(3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

B674E

The MINISTER OF NATIONAL HEALTH:

(1) (a), (b) and (c) No;
(i), (ii) and (iii) fall away;

(2) yes,
notified deaths of Malaria in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group	*Number of deaths*
Indian	0
Black	27
Coloured	0
White	3
TOTAL	30

Notified Deaths of Typhoid fever in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group	*Number of deaths*
Indian	0
Black	28
Coloured	0
White	0
TOTAL	28

(3) yes,
Malaria:
— Disease surveillance.
— Case finding.
— Health Education.
— Encouragement to take prophylactic treatment.
— Vector control.
— Treatment of persons suffering from malaria.
— Notifiable disease.

Typhoid:
— Disease surveillance.
— Case finding: Treatment and isolation of cases to save lives and reduce further excretion of organisms.
— Tracing of carriers and contacts to prevent infections and reduce further excretion of organisms.
— Immunisation is indicated in certain circumstances, examples being exposure to a carrier, outbreaks of typhoid in a community or institution and in the case of groups such as military forces in field conditions.
— Health Education.
— Advice with regard to environmental factors
— Participation in Interdepartmental Committee, providing advice to the authorities responsible for service.
— Notifiable medical condition.

Cholera:
— Disease surveillance.
— Tracing of source.
— Case finding.
— Health Education.
— Treatment of cases.
— Notifiable medical condition.
— Co-ordinated action with all health services to prevent crossborder spread of cholera.

Care of patients by community health workers

259. Miss M SMUTS asked the Minister of National Health:

(1) Whether a senior official of the Department of National Health and Population Development stated in June 1990 that up to 60 per cent of patients treated at hospitals in South Africa could be cared for by community health workers; if so, (a) on what evidence was this statement made and (b) what is the rank of the official concerned;

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

B685E

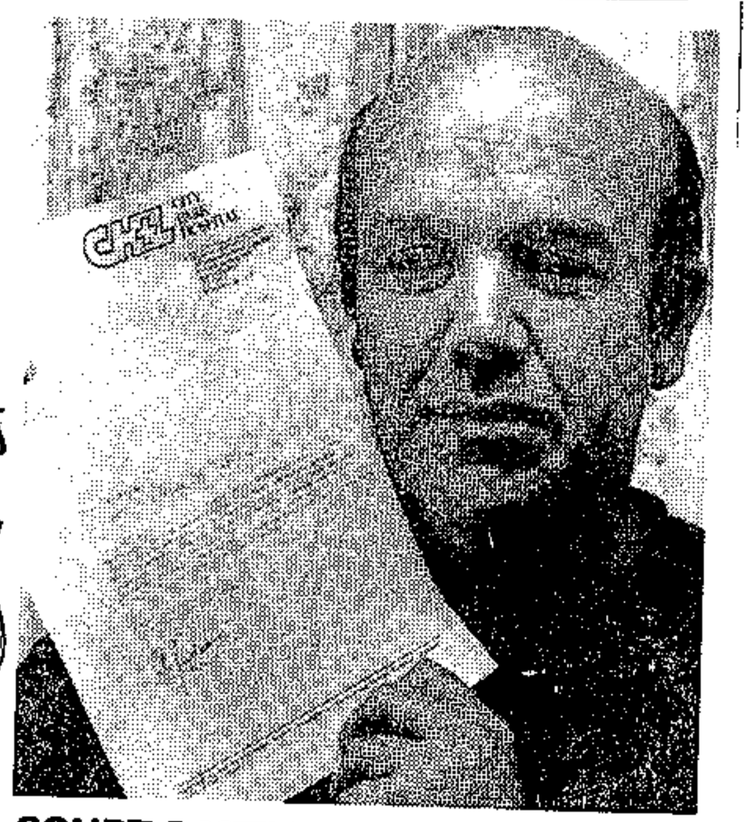
The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) Dr H J Steyn, Deputy Director-General of the Department of National Health and Population Development, said, during a seminar in June 1990, that the work load of a clinic nurse, could be alleviated by up to 60% by the use of community health workers and voluntary workers. This statement was based on a study carried out at a clinic where community health workers did the follow-up visits at the homes of tuberculosis and family planning clients so that the nurse could carry out her clinic functions;

(2) no.

Clinic, patient battle over big bill

Cape Times 26/4/91 98



COURT BATTLE . . . Mr Chris Attridge who is involved in a court battle over a hospital bill.

Staff Reporter

A CAPE TOWN teacher who was treated for a day and half at a private city clinic was presented with a bill of R16 000 — and now the clinic has taken him to court for payment of R9 000 owing them.

But Kommetjie resident Mr Chris Attridge, 38, who was unemployed and not on medical aid at the time he was treated nearly two years ago, is refusing to pay City Park Clinic.

Mr Attridge claims that he did not have the capacity to consent to treatment after suffering from a cardiac complaint because he had been given morphine and other drugs and has no recollection of giving his consent and signing the hospital admission form.

He also claims to have expected to be treated at a provincial hospital.

The landmark case was first heard in Cape Town Magistrates' Court in January and continued on Monday. Judgment is expected within a few weeks.

The question of "informed consent" and cost of the treatment he was given has been widely debated in court.

According to earlier evidence, Mr Attridge took ill in the early hours of the morning on June 8, 1989 with a cardiac complaint. He was admitted to the False Bay Hospital and transferred to the City Park Clinic.

Mr Attridge underwent two surgical procedures performed by a cardiologist and was discharged from the hospital the following day.

He was charged a total of R16 000, of which City Park Clinic claims R9 000 is due to them.

The total hospital bill itself has not been contested by either parties.

Some of the costs billed to Mr Attridge are: one band aid — 11c, ambulance charges — R164, radiology fees — R1 833 and catheterisation — R8 500.

Mr Richard Penwill represented City Park Clinic while Mr Robin Palmer represented Mr Attridge.

The case continues.

CPA hospital cuts: Patient nearly dies

CAPE TIMES 16/4/91 98

By GLYNNIS UNDERHILL
Medical Reporter

A PREGNANT Strandfontein woman who was miscarrying came close to death at the weekend when she was referred to a private clinic because a provincial hospital did not see her case as an emergency.

Under new stringent budget cuts imposed on CPA hospitals patients who have medical aid are only treated in emergencies.

The distraught woman — who has asked not to be named — was found in a serious condition by an anaesthetist at the Gatesville Medical Centre in Athlone on Sunday.

"I walked in to find her in a very bad state. The machine couldn't record any blood pressure," he said yesterday.

The anaesthetist, who cannot be named for ethical reasons, said the woman had been sweaty and in a state of shock.

"There was no doubt that if she had been left any longer she could have died," he said.

The woman, who was recovering from her ordeal at home yesterday, said she was bleeding "a lot" when she arrived at Victoria Hospital on Sunday morning.

"At Victoria Hospital they were already worried about me because my blood count was dropping," she said.

The woman said she was told that she would have to be moved to a private clinic because she was covered by medical aid.

The acting superintendent for Victoria Hospital and the South Peninsula Hospitals Group, Dr Peter Morris, confirmed that the three-month pregnant woman had been brought to the hospital on Sunday.

A local private doctor doing a session at the hospital had examined the woman and found a slight bleeding, he said.

"The doctor had examined the patient and found her to be in a stable condition. Her blood pressure was normal," he said.

Dr Morris said the doctor had put up a drip for the patient and she had been taken by private ambulance to a private hospital.

"The standard hospital regulation is that if there is an emergency, the patient is not to leave the hospital. But the doctor felt that the woman was in a stable enough condition to transfer to the care of her own private gynaecologist," he said.

The gynaecologist who treated the woman at Gatesville Medical Centre said she had been stable on arrival but half an hour later she had begun bleeding profusely and he had organised for her to be taken to theatre.

Dr tired, court told

A DOCTOR who operated on the stomach of a Guguletu man who died of internal bleeding at Groote Schuur Hospital told an inquest court yesterday he had been tired from a 25-hour shift, but had been satisfied with the patient's condition on leaving the hospital.

Dr T S Brown, who assisted Dr D Black in a two-hour operation on Mr Mputumi Kuse, 25, in April 1988, said under cross-examination by Mr B Stephens, who appears for three pupil nurses, that he had checked on Mr Kuse in his ward shortly after surgery.

He said Mr Kuse, who was operated on because he had been stabbed in the stomach, appeared to have stabilised.

He said half-hourly post-operative observations were important instructions issued by Dr Black to nursing staff, as there was a possibility of the patient bleeding internally.

The inquest to establish whether Groote Schuur nursing staff were negligent in failing to observe Dr Black's checking instructions, was adjourned to April 26.

Cabinet must come to aid of hospitals

CT Times 16/4/91 98

From Professor G EVERINGHAM, Chairman, Teaching Hospitals Board (Cape Town):

PUBLIC concern about hospital cutbacks has raised a number of issues.

Teaching hospitals such as Groote Schuur and Tygerberg are more expensive to run than general hospitals. Teaching hospitals, *inter alia*, deal with the most complex medical problems, use more sophisticated equipment, employ top specialists and train doctors, nurses and other health care professionals for health services throughout the country (including the private sector). This, inevitably, makes them more expensive.

Salaries and related costs make up just under 60% of the costs of running Groote Schuur. This makes it extremely difficult to cut costs at short notice.

As such a high proportion of the costs of running state hospitals is fixed (like salaries), the additional costs of admitting private patients are less than the revenue generated. It is thus not only unfair, but also financially questionable, to exclude private patients, who effectively pay their way.

The responsibility for financing Cape provincial hospitals ultimately rests with the Minister of Finance and the Cabinet. The money is simply channelled through the Cape Provincial Administration, which has itself very limited powers to raise money (mainly car licence fees and hospital fees, making up perhaps 10% of the province's budget).

It is difficult to compare costs at Cape hospitals with those in other provinces. Racial segregation and the consequent discrimination in standards has historically been far less pervasive in Cape hospitals than elsewhere in the country.

At Groote Schuur, there has been a concerted effort to contain costs for several years. Inevitably, there will be wastage. Many staff are poorly paid and there is an element of pilferage. Sadly, we have been encountering increasing vandalism in recent years. Nevertheless, the statistics show that, after adjusting for the effects of inflation, costs are being contained. Costs per in-patient have actually fallen in real terms over the past five years.

The report in Wednesday's (April 3) Cape Times correctly mentioned that our 1990/1 budget allocation was R358,2m, more than the costs of building and equipping the new hospital. The latter costs, however, were incurred over a number of years, mostly the late 1980s, and would represent more than a year's running costs in today's terms. It may be of interest to know that the 1989/90 allocation was R331,3m; last year's R350,2m is thus a nominal 8,1% more. In real terms, ie in terms of what we can buy, our allocation went backwards last year.

It appears that our 1991/2 budget will be less than last year's. It will require a significant cut in consumables and operating costs (eg medicines, bandages, X-rays, electricity). This is utterly unrealistic as most of these items are essential.

We can only hope that our Administrator, Mr Meiring, will be able to convince the Cabinet of the need for more equitable funding for our hospital services. It must, however, be clearly understood that the ultimate responsibility for our hospital services lies with the Cabinet and not at Mr Meiring's door.

The Teaching Hospitals Board acts as an "umbrella" to collect funds from the public to assist with staff and patient amenities. More recently, we have co-ordinated fund-raising efforts for equipment and have raised almost R3 m for this purpose. The general public has responded magnificently and we are very grateful for this.

(1) Whether his Department has investigated, or has ordered an investigation into, the possible conversion of the Vaal Triangle campus of the Potchefstroomse Universiteit vir Christelike Hoër Onderwys into a university for Blacks;

(2) whether any official or unofficial communication has been made to this university or staff members of the university; if so, what are the relevant details?

B651E

†The MINISTER OF EDUCATION AND CULTURE:

(1) No;

(2) no.

Expenditure on personnel

*2. Mr K M ANDREW asked the Minister of Education and Culture:

What percentage of the total expenditure on personnel is spent on (a) educators, and (b) all personnel in his Department, who are above the level of school principal?

B663E

The MINISTER OF EDUCATION AND CULTURE:

*(a) 87%,

(b) 0,15%

*In respect of public ordinary school education.

Schools: new model

*3. Mr K M ANDREW asked the Minister of Education and Culture:

Whether, since his reply to Question No 5 on 12 February 1991, any additional schools that have voted on one of the new models and have subsequently requested permission to adopt a new model, have been refused permission to do so; if so, (a) which schools, (b) why and (c) when?

B664E

†The MINISTER OF EDUCATION AND CULTURE:

Yes,

(a) Clapham High School,

(b) the required percentage of votes in favour of an alternative model was not obtained,

(c) 13 March 1991.

Eastern Cape School: principal's letter to parents

*4. Mr S P VAN VUUREN asked the Minister of Education and Culture:

(1) Whether the principal of a certain school in the Eastern Cape, the name of which has been furnished to the Minister's Department for the purpose of his reply, in an undated letter to parents on the official letterhead of the school advanced reasons why the school should be opened; if so, what (a) is the name of the school and (b) reasons were advanced by the principal;

(2) whether his Department endorses the (a) action of this principal and (b) reasons advanced by him;

(3) whether his Department has taken or intends taking any steps against the principal concerned?

B675E

†The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, on behalf of the Chairman of the School Committee who was not available when the letter was sent

(a) Piet Retief High School, Adelaide,

(b) the following reasons were advanced by the School Committee:

* As the status quo will not be maintained in future, it would be advantageous to open the school under its own provisions

* Pupil numbers at white schools are decreasing and this impacts negatively on schooling

* More financial support can be expected especially from large enterprises which will benefit technical education.

(2) (a) the Department has no problem with the headmasters' administrative handling of the matter at the request of the chairman,

(b) it is not the duty of the Department to endorse or not to endorse reasons formulated by school committees;

(3) no.

†Mr H D K VAN DER MERWE: Mr Speaker, arising out of the hon the Minister's reply, I want to ask him if, in the light of this reply, he supports the American system of bussing. [Interjections.]

†The MINISTER: Mr Speaker, that is absolutely ridiculous; I shall not reply to such a question.

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

Hospitals: beds/wards not utilised

61. Mr M J ELLIS asked the Minister of Health Services:

How many (a) beds and (b) wards were not utilised in 1990 in each hospital falling under her control?

B753E

The MINISTER OF HEALTH SERVICES:

	(a) Beds	*(b) Wards*	
Natal			
Greys Hospital	10	1	
Hillcrest Hospital	0	0	
Greytown Hospital	0	0	
Orange Free State			
Voortrekker Hospital	0	0	
Bethlehem Hospital	0	0	
Sasolburg Hospital	0	0	
Jagersfontein Hospital	0	0	
Zastron Hospital	0	0	
Cape Province			
P E Hospital	135	4	
Volks Hospital	32	7	wards
		1	single room
		1	double room
William Slater Hospital	0	0	
Walvisbay Hospital	0	0	
Transvaal			
Andrew McColm Hospital	66	3	
Bernice Samuel Hospital	8	0	
Bloemhof Hospital	0	0	
Brits Hospital	0	0	
Delareyville Hospital	0	0	
Duiwelskloof Hospital	0	0	
Edenvale Hospital	52	1	
Elsie Ballot Hospital	0	0	
Evander Hospital	0	0	
F H Odendaal Hospital	0	0	
Gen. de la Rey Hospital	0	0	
Groblersdal Hospital	0	0	
H A Grove Hospital	0	0	
Hendrik v.d. Bijl Hospital	0	0	
J G Strijdom Hospital	98	4	
Kempton Park Hospital	166	4	
Louis Trichardt Memorial Hospital	0	0	
Ontdekkers Memorial Hospital	20	1	
Paardekraal Hospital	69	2	
Phalaborwa Hospital	0	0	
Pretoria West Hospital	36	1	
Sannieshof Hospital	0	0	
South Rand Hospital	130	4	
Sybrand van Niekerk Hospital	142	6	
Van Velden Memorial Hospital	0	0	
Ventersdorp Hospital	0	0	
Vereeniging Hospital	40	1	
Far East Rand Hospital	111	5	

Voortrekker Hospital (98)	0	0
Warmbad Hospital	36	4
Waterval Boven Hospital	0	0
Willem Cruywagen Hospital	0	0

Great Trek commemoration: amount donated

62. Mr H D K VAN DER MERWE asked the Minister of Education and Culture:†

(1) Whether, with reference to his reply to Question No 48 on 22 March 1991, the FAK has reported to his Department on how the amount of R690 000 donated to it in respect of the commemoration of the Great Trek in 1988 was spent; if not, why not; if so,

(2) whether he will furnish details of the spending of this amount to the House; if not, why not; if so, what are the details?

Hansard 16/4/91 B779E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes;

(2) no, audited financial reports are, however, available for inspection at my office.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Matjiesfontein: funds budgeted

*1. Mr A ESSOP asked the Minister of Housing:†

(1) Whether funds were budgeted in the 1986-87 financial year for the upgrading of Matjiesfontein; if not, in what financial year were funds last budgeted for this purpose; if so,

(2) whether any delay is being experienced in the upgrading of Matjiesfontein; if so, for what reasons;

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

C59E

†The MINISTER OF HOUSING:

(1) No.

1989/90

(2) Yes

The principal reason for the delay in the upgrading of Matjiesfontein is that a suitable water supply must first be found.

(3) No.

Merweville: community centre

*2. Mr A ESSOP asked the Minister of Housing:†

(1) Whether his Department has rejected the establishment of a community centre at Merweville; if not, what are the relevant details; if so, for what reasons;

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

C60E

The MINISTER OF HOUSING:

(1) No.

The Central Karoo Regional Services Council, as the agent of the local authority does not see its way clear to negotiate a Housing loan to finance a community centre as they are convinced that the community will not be able to redeem such loan. The Development Board has already decided, in principle, to render assistance to smaller communities by giving consideration to the provision of a first and second phase of a basic community centre, dependant on the availability of funds, on condition that adequate contributions from other sources, to complete the facility for use, be available. The concerned local authority has meanwhile requested my Department to prepare cost estimates of the various phases of a community centre and only when these are available will the local authority decide if they will be in a financial position to proceed with such project.

(2) No.

New hospitals to cost R1,3bn

98 Bday 16/4/91

CONSTRUCTION will start this year on four hospitals which will eventually cost more than R1,3bn.

R37m allocated in this year's Budget for building hospitals will be spent on academic hospitals in Pretoria, Durban and GaRankuwa and on a 102-bed hospital at Botshabelo, near Bloemfontein.

A R30,1m hospital with 570 beds at Pholosong near Springs and additions costing R14,3m to Soweto's Baragwanath Hospital will be completed during the current financial year.

Finance Minister Barend du Plessis's allocation ends the moratorium on building hospitals imposed by National Health Minister Dr Rina Venter last year.

However, National Health director-general Dr Coen Slabber said yesterday no further hospitals would be built until more funds became available.

Planning would continue this year on a 800-bed hospital in Soweto, another in

TANIA LEVY

Ermelo and on additions to the Red Cross Children's Hospital in Cape Town.

He could not say how much these hospital would eventually cost.

Slabber said the academic hospitals in Durban, Pretoria and GaRankuwa would have more than 1 000 beds each and cost between R280m and R540m to build and equip at 1990 prices.

The final cost will be much higher because the hospitals will take between five and nine years to complete. Operating costs would be more than R100m a year.

The 102-bed hospital at Botshabelo was urgently needed and should be finished by 1993, Slabber said.

☐ The Transvaal Provincial Administration said yesterday tenders had been called for a R2,1m community health centre at Embalenhle, near Evander, and a R1,8m clinic at Khutsong, Carletonville.

Patient burns to death in his bed

Sowetan 17/4/91 (98)

By MOKGADI PELA

POLICE are investigating the death of a mentally ill patient whose bed was engulfed in flames at Millsite Hospital, Krugersdorp, last Friday.

Regional manager of the hospital Mr Hendrick Heydenrych said it was possible that the man - whose name is being withheld until his next-of-kin have been notified - was smoking in bed. He said an internal inquiry would also be held.

However, Mr Dan Matsobane, spokesman for the Azapo-linked Krugersdorp Health Awereness Project denied the patient was a smoker.

He said the hospital management was trying to cover up the shortage of nurses. He claimed the patient/nurse ratio was 231:1.

"One would think that because Millsite is a sanatorium, the patients would require extra care.

He said the fire would not have occurred at a white hospital because the patient/nurse ratio was far more acceptable.

Matsobane said KHAP and Azapo would campaign to ensure that black patients were treated according to World Health Organisation standards.

Hospital retrenches 160

Star 17/4/91

The Chamber of Mines Hospital has retrenched 160 people as a result of a consolidation in the provision of health services.

According to chamber spokesman Peter Bunkell, the decision was taken after the chamber decided to rationalise its hospital services.

Mr Bunkell said the chamber had two racially segregated hospitals — Cottesloe in Auckland Park and Rand Mutual in Eloff Street, Johannesburg.

This was wasteful and a decision had been taken to merge the two into one hospital. — Own Correspondent.

Health centre hosts open day

Star 17/4/91

Alexandra Health Centre is hosting an open day on April 19 to which all community organisations are invited.

The open day is the result of requests from bodies and individuals who realise that the many problems in the community need urgent attention.

The aim of the day is to facilitate co-ordination between different bodies and to inititate new activities to deal with community problems.

T8

Organisations may present stalls on their acitivities. Group discussions and workshops focussing on various problem areas will also be held.

Interested organisations can contact Willy Lekoloane or David Coetzee at (011) 440-1231.

— Staff Reporter.

Govt cannot 'bridge' health gap on its own

Dec 17/4/91

Medical Reporter

Greater co-operation between independent health care groups and the Government would make preventive and curative services more accessible to black communities, says researcher Joe Kelly.

Mr Kelly, a researcher at the South African Institute of Race Relations, is the author of the book "Finding a Cure: The Politics of Health in South Africa".

He believes that the Government on its own cannot bridge the racial gap in the provision of health care because, although it has the infrastructure and funds, it is viewed with suspicion by many people.

Government primary health care services,where provided, are often insensitive to the needs of a community, and where independent clinics are available, these are preferred to those of the State, Mr Kelly says.

Independent groups which provide health services, he says, are controlled by communities through voluntary or elected health workers. These groups have not been publicly acknowledged by the Government.

Mr Kelly suggests that the Government would be wise to take an interest in encouraging independent primary health care groups and to assist them financially as these groups aim at providing the cheapest possible services.

● "Finding a Cure: the Politics of Health in South Africa" is available at R20,08 (inclusive of postage, packing and GST) from the Publications Division of the Institute of Race Relations, Box 31044, Braamfontein 2017.

Welkom hospital 'still overcrowded'

Bloem 14/4/91 (98)

DARIUS SANAI

OVERCROWDED conditions in the former black section of the Welkom provincial hospital are set to persist as the province's administration and the local desegregation committee clash on future arrangements.

Free State Health Services MEC Roelf Dreyer said yesterday extra beds had been put in the former black section "so black patients do not have to sleep on the floor".

However, the basic problem of beds lying empty in the former white section while black patients queued for places in the other building, had not been resolved.

An ANC-DP delegation, which visited the hospital last month, found that it was still divided into racial sections, with "gross overcrowding" in the black section.

Free State Administrator Louis Botha said the problem was caused by specialist consultants who had threatened to leave if up to 85% of the beds in the former white section were not kept for private patients. A committee was looking into the matter.

However, medical sources said yesterday that the consultants, backed by the Medical Association of SA (Masa), were unlikely to compromise their demands.

Masa spokesmen were unavailable for comment yesterday, but the sources said the Goldfields Hospital Desegregation Committee was preparing for a showdown with Masa on the number of beds to be kept for private patients.

The committee reportedly wants 20% of the 236 beds in the former white section reserved for consultants.

'Too much spent on private health'

Star 18/4/91

By Carina le Grange
Medical Reporter

Private health care "directly undermines" public health care by consuming a disproportionate share of financial and human resources, Dr Jonathan Broomberg of the University of the Witwatersrand said in Johannesburg yesterday.

Dr Broomberg, attached to the Centre for Health Policy Studies, was delivering the closing address, entitled "Health care in a post-apartheid South Africa", at the Executive Seminars' cost-effective health care conference.

In 1989, 46,7 percent of total health expenditure was spent on private-sector care, covering little more than 20 percent of the population, he said.

The other 53,3 percent had to find the remaining 80 percent of the population.

Recent trends in public health expenditure, including the fact that the 1989 per capita expenditure was less than in 1984, suggested there was little room for budgetary expansion to health care.

"We cannot hope to improve the public health system to the required level without major increases in financial resources, and there is no possibility of getting this from the public budget. We will thus have to look at current expenditure in the private sector," he said.

Proposing an integrated public and private health care system through statutory national health insurance, Dr Broomberg said such a system would create substantial opportunities for collaboration between the public and private sectors to create equitable, affordable and appropriate health care for all.

back.

The R100m *St Helena*, fitted with a new engine, returns to service this month. The ship was heavily booked for its first few voyages but most reservations were cancelled. The *Lowland Lancer* accommodated some passengers after its troop messes were converted in Cape Town into cabins.

Cape chandlers are looking forward to the resumption of regular service becaue the business is worth hundreds of thousands of rands a year. ■

HEALTH CARE **FEATURE**

THE NOT-SO-FREE MARKET (98) FM 19/4/91.

It's bad enough that government meddles in the health care business by requiring licences for new hospitals and clinics and then turns down many of the applications. But government is now compounding the problem by ruling inconsistently on these applications — rejecting some for no apparent reason while approving others that are not as strong (*Business* April 5).

Medicor, for instance, applied for a licence to expand its hospital in Vereeniging, but was rejected earlier this year on the grounds that there were enough beds for all races in the area. Later, Medicor learnt that a licence was granted for a new hospital in Vereeniging with 76 beds for blacks.

Says Medicor MD David Horwitz: "I am amazed that a licence is still granted for a single race group. We intended to expand mainly to cater for the expanding number of black patients, but in a multiracial framework. The Department of Health & Welfare informed us that the new hospital had been approved because 'Transnet thought it would be a good idea.' Apparently Transnet had land to sell."

The hospital will be developed by the Medcom consortium, which runs the Meyerton day clinic, next to a proposed shopping centre on land bought from Transnet.

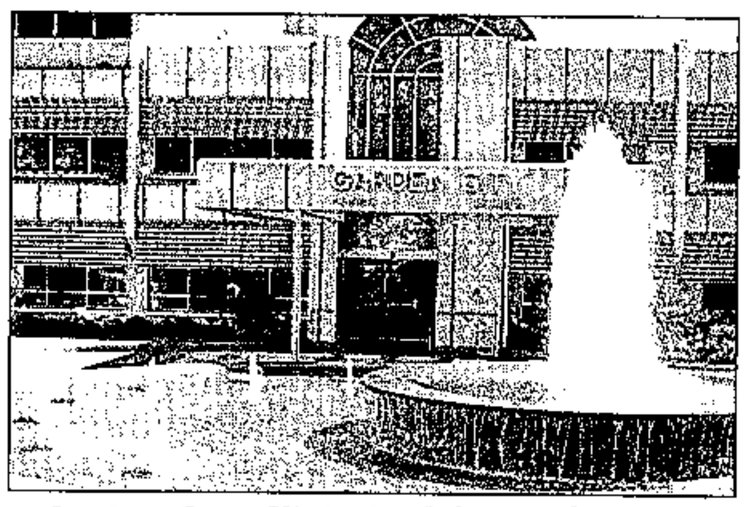
Horwitz says investors won't continue to spend R20m on a new hospital if a competitor gets a licence to open nearby. "The department must either open the market up or apply a restrictive policy consistently. If new competitors are allowed to open, then we must be allowed to expand our facilities."

But apparently the last thing the department wants to do is open up the market — that may actually reduce medical costs and provide better health facilities. The department's policy is to limit the number of licences if the building of new hospitals and clinics would lead to the under-use of existing facilities, according to department head Martin van Rensburg. The cut-off point is two beds per 1 000 residents; if an area has fewer beds there is no difficulty getting a licence, but if the area has more beds, a specific need must be identified.

Not surprisingly, the system is ripe for abuse. Duncan Reekie, professor of business economics at Wits, points out that whenever a body has wide discretion in granting a licence, there's a lot of room for patronage and arbitrary decisions.

An identification of a "need" convinced the department to license a new hospital, the Elizabeth, in overtraded central Cape Town, to an independent operator. Afrox, on the other hand, identified a "need" to expand a hospital on the East Rand, a much less-traded area, and was turned down.

One of the criteria for approving a facility is its accessibility to public transport and the availability of parking. Yet a site near downtown Randburg proposed by market leader Clinic Holdings was rejected last year in favour of a hospital in Olivedale, on the outskirts of Randburg, proposed by independent operator Guvon Investments.



Garden City Clinic in Johannesburg ... *Clinic Holdings' headquarters*

Says Clinic MD Jeffrey Hurwitz: "We were not given a reason why our application was turned down. The site was chosen to provide a community facility close to downtown, with easy access to public transport."

The specific need clause certainly gives the department great latitude. "Applications are considered on a first-come, first-served basis," says Van Rensburg, but only Guvon's rival application was deemed to "fulfil specific needs." Van Rensburg, in line with department policy, will not say what needs will be filled.

Guvon's Gustav Pansegrouw says the proposed 100-bed hospital will be a general clinic on the lines of the Sandton and Morningside clinics. "We will tend to emphasise maternity and gynaecology, as the area will have a young population, but otherwise a standard range of services."

Guvon was turned down for a licence several times since it first applied in 1983. Pansegrouw says the Randburg municipal council helped him to get his licence because the site had been identified for hospital development.

Edwin Hertzog, chairman of the National Association of Private Hospitals, says promises to fill a specific need — in other words, provide a special service — should be treated with caution. "In order to get a unit off the ground, an applicant often promises to offer an unusual service. For instance, Karstenhof in Midrand started as a plastic surgery hospital, but when it wanted to improve occupancy it was opened up to other patients. Newlands Clinic in Cape Town, which originally specialised in head and neck surgery, has expanded its scope."

Operators such as Hertzog, who is also vice-chairman of Medi-Clinic, have an obvious interest in showing that their facilities would suffer from new competition. In addition, it's to the hospitals' advantage to understate the occupancy figures they supply to the department. As Hertzog admits: "For all the attempts by our subcommittee on statistics, it has proved difficult to streamline occupancy information."

If the licensing system does occasionally allow a new hospital to get through, it's seemingly airtight against new clinics these days. Van Rensburg denies that there is any discrimination against day clinics: "Where there is a need for doctors and dentists to have access to a facility for minor procedures, licences for day clinic facilities would be strongly indicated."

But all recent applications have been turned down, even though clinics can perform 40% of surgical procedures at a much lower cost than private hospitals.

Day clinics are a particular bugbear of the established hospital operators. Hertzog says day facilities often are owned by doctors, which may lead to a conflict of interest. He argues that a doctor would have a vested interest in overservicing patients, and referring them primarily to colleagues in the hospital, rather than always the best qualified.

The SA Medical & Dental Council has ruled that doctors and dentists should declare their interests in hospitals and day clinics to their patients, though the Medical Association has asked the council to rescind its ruling.

"In any case, it is often more practical to add day wards to existing hospitals," Hertzog says. "Day surgery is slightly more expensive in these units, but there are distinct advantages in having any surgery done in a full-fledged hospital rather than a free-standing day clinic. Furthermore, there is a reduced rate for patients in hospital for less than five hours."

Ultimately the market, rather than bureaucrats, should decide what gets built. But until government stops listening to the special interests who already operate hospitals, that's not going to happen. *Stephen Cranston*

'Medical education will suffer'

Own Correspondent

JOHANNESBURG. — Medical education would suffer as a result of the exodus of specialists from the country's academic hospitals, medical professionals said at the weekend.

A spokeman for the SA Full-Time Specialists' Association (SAFTSA) said standards in medical training had dropped, as full-time specialists continued leaving "in droves".

In a recent survey the association found that 70% of its members considered moving into private practice within the next year. This would mean a loss of up to 2 000 academic doctors.

The standard of medical education had so far been maintained by excellent teachers and researchers who had stayed in their public posts, said Dr Martin de Villiers, of the Medical Association of SA.

But even they would be lost to private practice and overseas academic hospitals if nothing was done to alleviate the tremendous financial and work pressures to which they were exposed.

JOHANNESBURG. — Johannesburg Hospital closed its neurosurgery ward this week, after the specialist running the unit returned home to Poland.

Hospital superintendent Dr Trevor Frankish said the closure would last a few weeks, while the neurosurgeon was on leave.

But hospital sources expressed doubt about whether the Polish doctor, whom he declined to name, would return at all. If not, the unit had effectively been closed down.

During the closure, patients would be referred to Baragwanath hospital or treated by private neurosurgeons.

The SAFTSA spokesman said the 10% increase awarded to public sector doctors last year was the first in three years. This year a 6% increase was expected.

A senior specialist, who asked to remain anonymous for professional reasons, said the gap between public- and private-sector doctors' salaries had widened to unacceptable proportions.

At public hospitals, doctors earned between a third and a tenth of their earning potential in private practice, he said.

"The opportunity to practise academic medicine and do research should make working in the public sector worthwhile, but there simply isn't time to teach or study anymore."

Desegregation policy 'is a meaningless whitewash'

Bday 22/4/91

98

DARIUS SANAI

THE Goldfields Hospital Desegregation Co-ordinating Committee has dismissed the desegregation policy of the Free State Administration as "a meaningless whitewash".

Committee spokesman Dr Reg Khan also said that specialists who had threatened to leave the Welkom provincial hospital if the number of private beds were reduced were "incredibly selfish and mercenary".

The committee's comments came after Free State Health Services MEC Roelf Dreyer said at the weekend that a committee appointed by the administration to probe methods of desegregation had finished its research. The committee would submit a report to administrator Louis Botha within days.

Dreyer said the committee consisted of the medical superintendent of Universitas Hospital in Bloemfontein, the Free State Assistant Director of Health Services, the head of nursing in the Free State and a senior sister from Welkom, "who is a black lady".

Meanwhile, Medical Association of South Africa (Masa) president Dr Bernard Mandell called on government to "get rid of the men" in the provincial administration health departments if it wanted hospital conditions to improve.

He said the interests of patients would be served best by appointing local authorities to oversee health matters.

Kahn said he failed to see the purpose of the administration committee if it was appointed by and comprised the "same people who were responsible for administrating apartheid".

He also said that the current system in which more than half of the beds in the 370-bed hospital were reserved for private patients — mainly whites — was unfair.

Beds were still empty in the formerly whites-only private section, he said, while there was severe overcrowding in the free, formerly blacks-only, section.Extra beds had been wheeled into the free section "so that people don't have to sleep on the floor".

Dreyer said that if the number of beds reserved for private patients in the hospital were reduced to "around 20%" as the GHDCC demanded, specialist doctors "would not be able to earn a living and would leave".

Mandell said that Kahn was "not thinking straight" if he thought that specialists would accept having only 20% of Welkom beds.

OFS hospital desegregation probe called a whitewash

By Esmaré van der Merwe
Political Reporter

Goldfields anti-apartheid groups have dismissed as "a farcical white-wash" the provincial authority's investigation into the implementation of desegregation in State hospitals.

The Goldfields Hospital Desegregation Campaign Committee (GHDCC) said at the weekend that the province-appointed committee had completed its task without consulting any anti-apartheid health-services bodies.

GHDCC spokesman Dr Rhett Kahn said the investigation had been done in secret and the GHDCC had not been consulted about conditions at provincial hospitals in Welkom, Virginia and Odendaalsrus.

"The Nationalist Government is calling for multiparty talks, yet when it comes to dismantling apartheid, they want to do it themselves without any input from anti-apartheid groups," Dr Kahn charged.

National Health Minister Dr Rina Venter last month ordered all four provincial Administrators to investigate the implementation of guidelines on hospital desegregation. This was done largely as a result of the GHDCC's efforts to expose discrimination at Goldfields hospitals.

Free State hospital MEC Roelf Dreyer said on Friday the committee which had done the investigation still had to write a report which would be submitted to the Administrator. He said a black nurse had served on the four-person committee.

However, Dr Kahn said: "The black matron who served on the committee is well-known to be apologetic of apartheid practices and, in our opinion, was not representative of the black community."

The MINISTER OF JUSTICE:

(1) and (2) A Bill to amend the Internal Security Act, No 74 of 1982, has now been finalised and will be submitted during the current session of Parliament. A further announcement in this regard will be made soon.

Cape provincial hospitals: reductions in services

*20. Miss M SMUTS asked the Minister of National Health:

(1) Whether any reductions in services were introduced at Cape provincial hospitals in March 1991 in order to effect savings; if so, (a)(i) what reductions and (ii) on what dates were they (aa) introduced and (bb) discontinued and (b) what total amount was saved as a result;

(2) whether any of these reductions are still in force; if so, (a) which reductions and (b) when is it anticipated that they will be discontinued?

B830E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) (i) the cessation of the admission of non-emergency cases (in-patients).

The restriction of out-patient visits to specialist and academic hospitals.

The curtailment of certain specialist services and medicines.

The curtailment of contracted patient transport in the Cape Peninsula and the cessation of all out-patient transport services from the rural local hospitals to the Peninsula and the large specialist referral hospitals in the Port Elizabeth metropole, East London and Kimberley.

The intensive elimination of superfluous and duplicated services.

The curtailment of specific services to hospital personnel.

The cessation of subsidised and free personnel catering services.

The immediate cessation of subsidised transportation of personnel.

Keeping unfilled posts vacant, apart from those to which the Hospital and Health Services Branch is contractually bound.

The implementation of such savings measures as heads of institutions are aware of and which they have themselves offered to implement and

(ii) (aa) 4 March 1991 and

(bb) 27 March 1991 and

(b) figures not yet available;

(2) yes,

(a) keeping unfilled posts vacant.

The curtailment of out-patient visits to specialist and academic hospitals.

The curtailment of certain laboratory services and special examinations.

The curtailment of patient transport and visits to specialists and

(b) unknown.

INTERPELLATION

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

Goedgevonden: squatters

*1. The CHAIRMAN OF THE HOUSE: Order! The interpellation which appeared on the Question Paper has been withdrawn in terms of a ruling by Mr Speaker that this matter is *sub judice*. We shall therefore proceed to deal with the questions for oral reply.

*Mr F J LE ROUX: Mr Chairman, I should just like to have the question of the interpellation rectified. The question was not withdrawn; Mr Speaker ruled that it was *sub judice*; that is why it is not on the Question Paper.

*The CHAIRMAN OF THE HOUSE: Order! I apologise. The word I actually intended to use,

was "removed" and not "withdrawn". The hon the Chief Whip is correct.

*1. Mr S P van Vuuren—Agricultural Development. [Withdrawn.]

QUESTIONS

*Indicates translated version.

For oral reply:

Own Affairs:

Pre-primary schools: subsidies/admission

*1. Mr K M ANDREW asked the Minister of Education and Culture:

(1) Whether any pre-primary schools in the Cape Province received subsidies from his Department;

(2) whether there are any restrictions or other requirements affecting the admission of children who are not White to such schools; if so, what restrictions or requirements;

(3) whether any changes to such restrictions or requirements are being considered; if not, why not; if so, what changes?

B712E

†The MINISTER OF EDUCATION AND CULTURE:

(1) Yes;

(2) yes, in terms of regulation 2(2)(d) promulgated in terms of the Education Affairs Act (House of Assembly) (Act 70 of 1988) "the number of White children attending such school shall at all times be an absolute majority of the total pupil enrolment of the school";

(3) no, on account of the primary responsibility of my Department in terms of the Constitution.

*private pre-primary schools only

Certain school: accommodation for pupils of colour

*2. Mr A GERBER asked the Minister of Education and Culture:†

(1) Whether a certain school, particulars of which have been furnished to the Minister's Department for the purpose of his reply, has obtained and/or provided overnight accommodation for pupils of colour; if so, (a) what education model has been implemented at the school concerned, (b)(i) for what period and (ii) for what reasons has the said accommodation been provided and (c) what is the name of the school concerned;

(2) whether this meets with the approval of his Department?

B775E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

(a) model B,

(b) (i) the night of 31 January 1991

(ii) because the unrest situation could possibly have prevented pupils from reaching the school on the next day,

(c) the name given to my Department by the hon member;

(2) yes.

†Mr A GERBER: Mr Chairman, arising from the hon the Minister's reply, I would like to know whether there is any connection between what happened at this school and the legislation which is currently being considered to introduce health inspections at school buildings and at school hostels.

†The MINISTER: Mr Chairman, the reply is no.

Agricultural schools: management board elections

*3. Mr A GERBER asked the Minister of Education and Culture:†

(1) Whether his Department has directed that management board elections for agricultural schools in the Cape Province be called off; if so, why;

(2) whether his Department will itself nominate management board members for such schools; if not, what procedure will be followed in this regard; if so, why;

Hospitals ignore Rina over racism

Star 23/4/91

By Esmaré van der Merwe
Political Reporter

The Cape and Natal provincial administrations have openly flouted a request from National Health Minister Dr Rina Venter to investigate racism in provincial hospitals.

A Cape Provincial Administration spokesman said yesterday an investigation had not been ordered because hospitals were now fully desegregated.

And a Natal spokesman said "no formal request" to investigate desegregation policies had been received.

Dr Venter last month requested the four provincial Administrators to investigate the implementation of policy guidelines "regarding the orderly management of hospital patients". This followed disclosures of racism at Free State provincial hospitals.

The Free State subsequently appointed a four-man committee to investigate the matter, and last week announced it had completed the survey.

Transvaal hospital services MEC Fanie Ferreira yesterday said provincial guidelines were constantly evaluated and a specific committee to investigate desegregation had not been appointed.

Democratic Party health spokesman Mike Ellis described the provinces' lack of compliance with Dr Venter's request as "very very cheeky", and officials of the progressive National Medical and Dental Association (Namda) warned that the provinces' refusal to investigate the matter would delay full integration.

Dr Venter's office would not comment yesterday.

Professor Jerry Coovadia of the University of Natal's medical school said considerable progress has been made towards desegregated medical services in the major centres, but "to say that there are no problems in the province is absolutely absurd".

Namda's western Cape publicity secretary Dr Stan Levenstein said: "What assurances are there that each and every health centre has been desegregated? This *laissez faire* attitude is unsatisfactory. With health care in the state it is, it would only add insult to injury to neglect this matter."

Mr Ellis said it was "tremendously important" to find out what steps had been taken to desegregate hospitals, and described the provinces' refusal to comply with Dr Venter's request as "amazing".

only sub-division (2) of Question 14 can be answered:

(1) No. (Vested in the Administration: House of Assembly) This question relates to Question 5 in the House of Assembly.

(2) Yes, the area in question was proclaimed a nature area in 1984. The nature area was not deproclaimed. On 6 August 1985 a permit for the use of land (75 ha) within a nature area was granted by the Department of Environment Affairs. A further permit for 50 ha was granted by the Cape Provincial Administration on 3 September 1990, this permit was issued because the changed land-use is more acceptable from an environmental point of view.

(3), (4) and (5) Vested in the Administration: House of Assembly.

Schools in Lindaleni area: transfer

*15. Mr R M BURROWS asked the Minister of Education and Training:

(1) Whether a decision was taken to transfer to his Department schools currently falling under the KwaZulu department of education in the area of Lindaleni near Durban; if so, (a) when, (b) by whom and (c) why;

(2) whether it is his intention to proceed with this transfer; if not, why not; if so, when will the transfer be effected;

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

B824E

The MINISTER OF EDUCATION AND TRAINING

(1) No.

(a) Falls away.

(b) Falls away.

(c) Falls away.

(2) No.

The area falls under the jurisdiction of KwaZulu.

(3) No.

Education renewal strategy

*16. Mr R M BURROWS asked the Minister of National Education:

(1) Whether he, his predecessor or his Department appointed an integration committee to co-ordinate recommendations and findings in regard to the education renewal strategy; if so, (a)(i) when was the committee appointed, (ii) who are its members and (iii) from which bodies and/or organisations were they appointed and (b) when is it anticipated that the integration committee will report;

(2) whether he will make a statement on the matter? B825E

The MINISTER OF NATIONAL EDUCATION:

(1) The Integrating Committee was established by the Committee of Heads of Education Departments.

(a) (i) 6 August 1990.

(ii) The members are:

Dr J G Garbers (Chairman)
Dr J Blignaut
Dr P H Bredenkamp
Dr E H Davies
Prof J P de Lange
Prof J W Grobbelaar
Dr F L Knoetze
Dr K R Paine
Mr B Phillips
Mr W H Smit
Dr A G W Steyn
Prof J F Steyn
Dr H J Stone
Dr R H Stumpf
Dr S W Walters
Dr D H Wiid.

(iii) The Education Departments, the Universities and Technikons Advisory Council, the Teaching Profession, the Private Sector, the Committee of University Principals, and the Committee of Technikon Principals.

(b) It is anticipated that the Integrating Committee will report to the relevant principal during the present session.

(2) No.

Lakehaven Children's Home: placement denied

*17. Mr M J ELLIS asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether the Natal Provincial Administration recently denied three children, whose names have been furnished to the Minister's Department for the purpose of his reply, placement in the Lakehaven Children's Home; if so, (a) when and (b) on what grounds;

(2) whether representations in regard to this matter were made to the said Administration by a certain social workers' association in Durban, the name of which has also been furnished to the Minister's Department; if so, (a) when and (b) what is the name of this association;

(3) whether the Administration has responded to these representations; if not, why not; if so, what was the response?

B826E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(1) Yes.

(a) During November 1990.

(b) The Lakehaven Children's Home is registered with the Department of Health and Welfare: House of Delegates and not with the Natal Provincial Administration. The Natal Provincial Administration has no jurisdiction over this home.

(2) Yes.

(a) November 1990.

(b) South African Black Social Workers' Association Durban and the Society for Social Workers Durban.

(3) The associations were informed that the Lakehaven Children's Home is registered with the Department of Health and Welfare: House of Delegates and not with the Natal Provincial Administration. The Natal Provincial Administration has no jurisdiction over this home.

The Administrator is empowered to execute the provisions of the Child Care Act, 1983 (Act No 74 of 1983) in respect of the Black population group only.

Desegregation of hospitals

*18. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she laid down guidelines in May 1990 in regard to the desegregation of hospitals; if so,

(2) whether the Welkom Hospital is being desegregated in terms of these guidelines; if not, why not;

(3) whether she will make a statement on the matter?

B827E

The MINISTER OF NATIONAL HEALTH:

(1) The Health Policy Council approved a management model to manage hospitals. The purpose of the management model is to furnish superintendents with fixed guidelines in order to provide patients with all the means at the State's disposal;

(2) the situation at Welkom Hospital and also at other hospitals are being evaluated according to these guidelines. I will discuss the matter at the next meeting of the Administrators Health Council;

(3) no.

Pretoria Minute: progress

*19. Mr D J DALLING asked the Minister of Justice:

(1) What progress is being made in giving effect to paragraph 7 of the Pretoria Minute of 6 August 1990 in regard to the (a) repeal of various sections of the Internal Security Act, No 74 of 1982, and (b) review of security legislation and its application in order to ensure free political activity;

(2) whether legislation arising from deliberations on the matters referred to above is to be submitted during the current session of Parliament; if not, why not; if so, when?

B829E

Patients switched to Bara

Sowetan 20/4/91 98

THE neurosurgery ward of the Johannesburg Hospital has been closed while its only staff member has gone on leave, the dean of the University of the Witwatersrand medical school, Professor John Milne said this week.

The unidentified surgeon had been "overworked for months".

He was the only person in the 20-bed ward.

Should the surgeon not return, the ward may have to close permanently.

Milne said while the Johannesburg Hospital is closed, patients have been transferred to Baragwanath Hospital and new patients needing urgent care would be admitted to Baragwanath Hospital which has a staff of one consultant and five registrars for 45 beds.

Patients who could afford it or who are on medical aid could be referred to private neurosurgeons, Milne said. - *Sowetan Reporter*.

Johannesburg	385,63	128,32
Kalafong, Pretoria	146,08	14,74
Kalie de Haas, Potchefstroom	132,34	34,48
Kempton Park	177,54	124,09
Klerksdorp/Tshepong	138,24	41,69
Witbank	132,87	57,43
Witrand	38,60	—
Zeerust	90,32	20,08

The amount for income per patient per day is estimates only.

NPA

	(a) *Cost* R	(b) *Income* R
Provincial Administration		
Addington	371	43,28
Christ the King	95	7,41
Clairwood	88	3,95
Dundee	145	17,84
E G & Usher Memorial	93	5,59
Empangeni	296	115,89
Eshowe	122	14,98
Estcourt	153	11,39
G J Crookes	121	11,49
Greytown (Provincial)	105	7,08
King Edward VIII	220	9,13
Ladysmith	106	17,78
Newcastle	235	98,50
Niemeyer Memorial (Utrecht)	118	10,96
Northdale	171	18,73
Port Shepstone	141	31,95
R K Khan	182	16,90
St Andrews	85	4,52
Stanger	120	10,78
Taylor Bequest	108	3,94
Vryheid	120	26,58
Wentworth	609	21,93

	(a) *Cost* R	(b) *Income* R
South African Development Trust		
Emmaus	101	2,43
Murchison	87	2,74
Osindisweni	91	3,24
St Apollinaris	76	2,48
Administration: House of Assembly		
Grey	227	95,98
Greytown	273	106,77
Hillcrest	60	0,33

CPA

	(a)	(b)*
NON-ACADEMIC REGIONS		
Northern Cape Region		
Barkly West	89,21	
Colesberg	79,21	
De Aar	85,42	
Douglas	80,54	
Hartswater	63,71	
Kakamas	81,17	
Kimberley	133,06	
Kuruman	94,35	
Noupoort	112,55	
Postmasburg	78,50	
Prieska	109,94	
Reivilo	93,54	
Upington	103,59	
Vryburg	110,33	
Eastern Cape Region		
Aliwal North	106,19	
Barkly East	106,61	
Bedford	85,24	
Burgersdorp	92,78	
Cathcart	108,61	
Cradock	97,36	
Elliot	96,63	
Fort Beaufort	91,82	
Graaff-Reinet	107,14	

*Information not available.

	(a)	(b)*
Grahamstown	82,89	
Humansdorp	114,93	
King William's Town	145,69	
Middelburg	114,25	
East London, Frere	146,00	
Port Elizabeth, Dora Nginza	104,69	
Port Elizabeth, Livingstone	141,12	
Queenstown	137,62	
Somerset East	81,11	
Steynsburg	80,81	
Uitenhage	123,77	
Western Cape Region		
Atlantis, Wesfleur	60,67	
Beaufort West	82,95	
Bellville, Karl Bremer	203,27	
Bredasdorp	104,28	
Caledon	138,88	
Calvinia	96,61	

Ceres	84,82	
Citrusdal	83,88	
Day Hospitals Organisation	62,49	
Faure, National Accelerator Centre	703,61	
Garies	83,43	
George	166,92	
Green Point, Somerset	210,69	
Hermanus	126,76	
Knysna	100,56	
Ladysmith	126,16	
Malmesbury	125,12	
Manenberg, G F Jooste	63,82	

*Information not available.

	(a)	(b)*
Montagu	83,59	
Mossel Bay	91,20	
Oudtshoorn	112,86	
Paarl	88,30	
Pinelands, Conradie	99,15	
Porterville	97,12	
Port Nolloth	59,10	
Riversdale	104,85	
Robertson	91,61	
Somerset West	96,27	
Springbok	106,00	
Stellenbosch	101,08	
South Peninsula Hospitals Group	152,02	
Sutherland	115,39	
Swellendam	83,73	
Victoria West	107,50	
Vredenburg	89,99	
Vredendal	65,70	
Woodstock	159,76	
Worcester	104,87	
ACADEMIC REGIONS		
Groote Schuur Region		
Groote Schuur	353,98	
RED CROSS REGION		
Red Cross	252,71	
TYGERBERG REGION		
Tygerberg	271,84	

*Information not available.

Edenvale Hospital: statistics

295. Mr D J DALLING asked the Minister of National Health:

(1) In respect of the Edenvale Hospital as at the latest specified date for which statistics are available, (a) what was the bed capacity, (b) what was the average bed occupancy rate for (i) Blacks, (ii) Whites, (iii) Coloureds and (iv) Indians and (c) how many (i) Black, (ii) White, (iii) Coloured and (iv) Indian (aa) doctors and (bb) nurses were employed;

(2) whether any (a) wards, (b) departments and (c) facilities at this hospital were closed down during the latest specified period of 12 months for which statistics are available; if so, (i) which (aa) wards, (bb) departments and (cc) facilities and (ii) for what reasons in each case?

B740E

The MINISTER OF NATIONAL HEALTH:

(1) Statistics for the period 1 April 1990 to 28 February 1991:

(a) 132 beds,

(b) statistics for the bed occupancy rate are not kept per population group. The bed occupancy rate for all population groups was 46,3%.

Admissions per population group from 1 October 1990 were as follows:

PERIOD	BLACK	WHITE	COLOURED	INDIAN
October 1990	3	334	0	0
November 1990	10	376	0	0
December 1990	8	341	0	0
January 1991	14	413	0	0
February 1991	22	342	0	0 and

(c) *(i) (aa) Black: none,
(ii) White: 22 (full-time and part-time),
(iii) Coloured: none, and
(iv) Indian: none, and
*(i) (bb) Black: 13,
(ii) White: 100,
(iii) Coloured: none, and
(iv) Indian: none;
*as at 31 March 1991;

(2) (a), (b) and (c) no.

Monitoring for air pollution: Natal North Coast

298. Mr M J ELLIS asked the Minister of National Health:

(1) Whether any monitoring for air pollution in respect of a factory on the Natal North Coast, the name of which has been furnished to the Minister's Department for the purpose of her reply, has taken place over the past six months; if so, (a) with what regularity, (b) what were the findings and (c) what is the name of the factory concerned;

(2) whether any action has been taken against this factory; if not, why not; if so, (a) what action and (b) when;

(3) whether her Department has received any complaints relating to air pollution from organisations or individuals with regard to this factory; if so, (a) from what organisations or individuals and (b) what was the nature of the complaints?

B755E

The MINISTER OF NATIONAL HEALTH:

(1) (a) The Department of National Health and Population Development exercises control over noxious or offensive gases emanating from certain industrial processes, as prescribed by the Atmospheric Pollution Prevention Act, 1965. The factory in question however does not operate any scheduled processes and is therefore not subject to registration and monitoring in terms of this Act. Nevertheless, the Department has liaised with the factory on three occasions during the past six months in order to assess the situation,

(b) it was found that normal emissions from the factory could not readily cause ground level concentrations of any pollutant to be in excess of levels which are regarded as acceptable from a health point of view. Odours released on exceptional occasions such as during operational abnormalities, leaks or accidental spillages, may of course from time to time occur as is the case in other industrial areas, and

(c) Sanachem (Pty) Ltd;

(2) no action has been taken against the factory as the provisions of the Atmospheric Pollution Prevention Act, 1965 have not been violated. Furthermore the low frequency of complaints does not indicate any nuisance of a public health nature;

(3) yes,

(a) Mrs Baney and Mr Baney (senior) and

(b) odours and alleged health effects as a result of air pollution.

Self-governing territories: employment opportunities created

305. Mr P G SOAL asked the Minister of Development Aid:

(a) How many new employment opportunities were created for Blacks in each employment sector in the self-governing territories (i) by the development corporations and other statutory bodies and (ii) through investment by (aa) South African and (bb) overseas companies in the 1990-91 financial year and (b) what was the cost per employment opportunity created in each of these sectors?

B793E

The MINISTER OF DEVELOPMENT AID:

As figures for the 1990-91 financial year have not been completed yet, the latest available figures, namely for 1989-90, are provided.

Self-governing territory/ Statutory bodies	Commerce and Service	Housing	Industries	Small Industries	Mining	Agriculture	Transport	Other
Gazankulu								
(a) (i)	426	—	735	116	—	190	—	—
(a) (ii) (aa)	426	—	719	116	—	190	—	—
(a) (ii) (bb)	—	—	16	—	—	—	—	—
(b)	R25 710	—	R6 270	R3 604	—	R8 331	—	—
KaNgwane								
(a) (i)	198	24	—	—	—	179	—	372
(a) (ii) (aa)	198	24	—	—	—	179	—	372
(a) (ii) (bb)	—	—	—	—	—	—	—	—
(b)	R6 805	R13 809	—	—	—	R5 870	—	R538
KwaNdebele								
(a) (i)	323	—	1 580	189	—	144	—	—
(a) (ii) (aa)	323	—	1 036	189	—	144	—	—
(a) (ii) (bb)	—	—	544	—	—	—	—	—
(b)	R12 698	—	R9 000	R5 788	—	R8 481	—	—
KwaZulu								
(a) (i)	838	—	—	671	47	—	—	181
(a) (ii) (aa)	838	—	—	671	47	—	—	181
(a) (ii) (bb)	—	—	—	—	—	—	—	—
(b)	R13 517	—	—	R8 248	[1]	—	—	R21 772
Lebowa								
(a) (i)	605	722	—	38	732	157	64	15
(a) (ii) (aa)	605	722	—	38	732	157	64	15
(a) (ii) (bb)	—	—	—	—	—	—	—	—
(b)	R31 493	R9 061	—	R6 104	R20 825	R25 940	R19 864	R12 137
Qwaqwa								
(a) (i)	542	216	—	1 825	—	—	—	—
(a) (ii) (aa)	542	216	—	1 825	—	—	—	—
(a) (ii) (bb)	—	—	—	—	—	—	—	—
(b)	R26 966	R11 632	—	R1 878	—	—	—	—
STK iro SADT-areas								
(a) (i)	—	—	920	256	600[2]	889	—	—
(a) (ii) (aa)	—	—	230	256	600[2]	889	—	—
(a) (ii) (bb)	—	—	690	—	—	—	—	—
(b)	—	—	R7 608	R6 870	R833[2]	R25 334	—	—

[1] Not available.
[2] Indirect, through the issuing of prospecting and mining rights to the private sector.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Hospitals: beds/wards not utilised

286. Mr M J ELLIS asked the Minister of National Health:

How many (a) beds and (b) wards were not utilised in 1990 in each hospital falling under the control of each of the provinces?

Hansard 24/4/91 B752E

The MINISTER OF NATIONAL HEALTH:

OFS

(a) and (b) None

TPA

General Affairs Hospitals	(a) *Beds*	(b) *Wards*
Boksburg-Benoni	21	1
Ellisras	30	1
Ga-Rankuwa	60	2
H F Verwoerd	81	1
Hillbrow	100	3
Johannesburg	188	8
Kalie de Haas, Potchefstroom	30	1
Natalspruit	80	2
Lenasia	30	1
Leratong, Krugersdorp	156	4
Paul Kruger Memorial	20	1
Rustenburg	0	0
Pietersburg	58	2
Rob Ferreira, Nelspruit	32	1
Westfort Leprosy	76	2

Own Affairs Hospitals	(a) *Beds*	(b) *Wards*
Andrew McColm, Pretoria	66	3
Bernice Samuel, Delmas	8	0
Edenvale	52	1
J G Strijdom, Auckland Park	98	4
Kempton Park	166	4
Discoverers' Memorial, Florida	20	1
Paardekraal, Krugersdorp	69	2
Pretoria West	36	1
South Rand	130	4
Sybrand van Niekerk, Carletonville	142	6
Vereeniging	40	1
Far East Rand, Springs	111	5
Warmbaths	36	1

NPA

The information is in respect of (a) beds and (b) wards not utilised for patient care:

HOSPITALS	(a)	(b)
Addington	110	4
Dundee	40	2
Estcourt	62	2
Port Shepstone	20	0

CPA

NON-ACADEMIC REGIONS	(a) *Beds*	(b)* *Wards*
Northern Cape Region		
Barkly West	15	
Colesberg	30	
De Aar	24	
Douglas	12	
Hartswater	13	
Kakamas	22	
Kimberley	53	
Kuruman	14	
Noupoort	16	
Postmasburg	37	
Prieska	32	
Reivilo	7	
Upington	66	
Vryburg	41	
Eastern Cape Region		
Aliwal North	29	
Barkly East	24	
Bedford	23	
Burgersdorp	24	
Cathcart	33	
Cradock	88	
Elliot	11	
Fort Beaufort	4	

*Information not available.

	(a) Beds	(b)* Wards
Graaff-Reinet	37	
Grahamstown	50	
Humansdorp	12	
King William's Town	47	
Middelburg	51	
East London, Frere	95	
Port Elizabeth, Dora Nginza	34	
Port Elizabeth, Livingstone	146	
Port Elizabeth, Provincial	269	
Queenstown	102	
Somerset East	72	
Steynsburg	29	
Uitenhage	99	
Umtata, Sir Henry Elliot	14	
Walvis Bay Region		
Walvis Bay	65	
Western Cape Region		
Atlantis, Wesfleur	7	
Beaufort West	46	
Bellville, Karl Bremer	222	
Bredasdorp	25	
Caledon	42	
Calvinia	15	
Ceres	3	
Citrusdal	6	
Faure	24	
Garies	25	
George	79	

*Information not available.

	(a) Beds	(b)* Wards
Green Point, Somerset & City	144	
Hermanus	7	
Knysna	18	
Ladismith	35	
Malmesbury	58	
Manenberg, G F Jooste	13	
Montagu	12	
Mossel Bay	14	
Oranjezicht, Volks	53	
Oudtshoorn	19	
Paarl	0	
Pinelands, Conradie	0	
Porterville	11	
Port Nolloth	2	
Riversdale	33	
Robertson	9	
Somerset West	0	

Springbok	12
Stellenbosch	37
South Peninsula Group	
Eaton	43
Lady Michaelis	50
Princess Alice	73
False Bay	40
Wynberg, Victoria	39
Sutherland	7
Swellendam	17
Victoria West	34

*Information not available.

	(a) Beds	(b)* Wards
Vredenburg	12	
Vredendal	8	
Woodstock	36	
Worcester	30	
Academic Regions		
Groote Schuur Region		
Groote Schuur	0	
Avalon Treatment	22	
Mowbray Maternity	68	
Peninsula Maternity	15	
Red Cross Region		
Red Cross	0	
Tygerberg Region		
Tygerberg	242	

*Information not available.

Hospitals: cost/income per patient

287. Mr M J ELLIS asked the Minister of National Health:

What is the (a) cost per patient per day and (b) income per patient per day for each hospital falling under the control of each of the provinces?

B754E

The MINISTER OF NATIONAL HEALTH:

OFS

HOSPITAL	(a)	(b)
Bethlehem		
Provincial	269,20	42,13
Phekolong	95,04	9,37

HOSPITAL	Cost/ patient/ day 1989/ 1990	Income/ patient/ day 1989/ 1990
Bloemfontein		
Universitas } National }	659,62	83,00
Pelonomi	132,92	7,59
Oranje	61,03	1,38
Bothaville	121,93	15,96
Botshabelo	165,94	3,07
Clocolan	30,78	4,04
Ficksburg	105,45	24,29
Frankfort	105,40	14,34
Harrismith	106,41	18,78
Heilbron	101,90	11,83
Hoopstad	93,02	11,89
Jagersfontein	118,44	2,74
Kroonstad		
Voortrekker	276,09	22,51
Boitumelo	124,71	8,19
Ladybrand	168,18	17,38
Odendaalsrus	126,85	24,86
Parys	89,28	17,13
Reitz	91,18	9,66
Sasolburg	319,17	10,29
Senekal	281,69	31,70
Smithfield	246,23	20,34
Virginia	106,93	44,45
Vrede	83,83	7,13
Welkom	157,39	37,56
Winburg	42,90	6,04
Zastron	89,12	2,55
TPA		
Laudium	283,27	66,03
Lenasia	503,56	19,58
Louis Trichardt Memorial	217,56	103,19
Lydenburg	91,26	29,17
Middelburg	128,54	55,75
Natalspruit	102,58	11,16
Nic Bodenstein, Wolmaransstad	105,26	50,20
Nigel	108,15	39,33
Discoverers' Memorial, Florida	195,92	88,50
Paardekraal/Leratong	120,01	7,45
Paul Kruger Memorial, Rustenburg	117,56	57,48
Phalaborwa	204,66	90,14
Pietersburg	111,56	52,32
Piet Retief	69,00	13,27
Pretoria West	217,96	97,94
Rietfontein	66,71	—
Rob Ferreira	139,96	71,92
Sabie	102,81	22,11
Sannieshof	544,53	89,79
Schweizer-Reneke	82,41	15,89
Standerton	129,13	30,90
South Rand	233,39	59,28
Sybrand van Niekerk	156,86	115,94
Tembisa, Olifantsfontein	124,24	9,01
Van Velden Memorial, Tzaneen	217,41	98,92
Ventersdorp	231,56	49,02
Vereeniging/Sebokeng	102,59	21,73
Far East Rand, Springs	115,53	31,51
Voortrekker, Potgietersrus	186,82	81,03
Warmbaths	185,64	77,96
Waterval Boven	312,90	51,91
Weskoppies	48,76	1,11
Westfort	49,37	—
Willem Cruywagen, Germiston	208,79	74,15
Amajuba Memorial, Volksrust	91,19	19,17
Andrew McColm, Pretoria	230,54	34,52
Baragwanath	176,45	11,50
Soweto CHC	150,64	89,84
Barberton	129,42	32,69
Bernice Samuel, Delmas	198,23	92,36
Bethal	110,32	27,68
Bloemhof	204,57	50,39
Boksburg-Benoni	130,80	26,27
Brits	113,00	84,61
Carolina	106,52	21,41
Christiana	109,50	20,41
Coronation	194,96	8,51
Delareyville	411,10	86,35
Dr A G Visser, Heidelberg	141,83	34,22
Duiwelskloof	299,72	92,11
Edenvale	182,95	75,85
Ellisras	248,53	73,60
Elsie Ballot, Amersfoort	281,64	43,81
Ermelo	106,91	32,08
Evander	210,18	181,35
F H Odendaal, Nylstroom	115,58	9,10
Ga-Rankuwa	170,52	4,37
Gen De la Rey, Lichtenburg	223,79	115,90
Groblersdal	305,45	127,35
H A Grove, Belfast	329,20	58,63
Hendrik van der Bijl	140,31	108,72
H F Verwoerd	326,12	47,01
Hillbrow, Johannesburg	248,01	12,83
J D Verster, Koster	91,23	11,11
J G Strijdom, Johannesburg	327,28	81,61

Bid to give local authorities more duties

Star 25/4/91

The Ministers' Council: House of Assembly has in principle approved a plan to investigate the possibility of devolving certain own affairs primary health care services, previously provided by the Department of Health and Welfare, to local authorities.

This was announced in debate on the own affairs health vote by National Health and Welfare Minister Dr Rina Venter.

"I am of the opinion that we should now rationalise certain services provided by the department and where possible shift the execution of these services to local authorities."

This decision by the Ministers' Council proved its desire to take part in the constructive restructuring of health services in South Africa. (98)

The investigation would be launched in the near future, Dr Venter said. (98)

"This process of rationalisation must improve efficiency in health services." — Sapa.

'No discrimination at Chamber hospital'

Medical Reporter

Allegations of discrimination in the newly integrated Chamber of Mines hospital, Rand Mutual Hospital, have been strongly denied.

The Star was told that wards were not integrated, that redecorated, newly furbished wards were kept for whites while black patients were admitted to old wards with old equipment and that doctors attended to whites before attending to blacks.

The complainants said they had established that different food was served to white and black patients and that while white patients were supplied with glasses for water, black patients received mugs.

Senior general manager Dr Daniel Pollnow, denied that discrimination was being practised.

The Star was invited to visit the hospital to see what had been achieved in the month since the Cottesloe Hospital — formerly for whites — had been closed and after which all patients were being admitted to the Rand Mutual.

He said two wards had been set aside for patients who fell in senior job categories. All wards had the same equipment.

"Admission to wards is strictly on seniority level — not on a racial basis. In terms of of medical treatment and comfort there is no difference.

"It is absolute nonsense to say that doctors attend to white patients first. The doctors would regard an allegation of discrimination in terms of treatment as offensive. They attend to patients in order of need.

"The food served is also based on seniority of jobs. In the wards for senior staff, Western food is served while traditional food — in bigger portions — is served in the other wards. I believe this is according to patient preference. We are not yet in a position to give patients a choice," Dr Pollnow said.

"I think in four weeks we have gone quite a long way. We merged the two hospitals on March 22, and we learn as we go along," he added.

Private health sector 'saturated'

Star 25/4/91

Political Reporter (98)

The authorities would have to look urgently at the further development of the private hospital sector, **Dr Rina Venter** said in the House of Assembly yesterday.

Speaking during the debate on the own affairs health vote, the Minister said the private health sector was already saturated.

She said President de Klerk had recently pointed out that the granting of licences to extend facilities or erect new facilities would now be the exception rather than the rule.

However, Dr Venter said she had been informed that about 80 applications for the erection of new private hospitals or independent theatre units had been made to the department.

Tiny catch for black patients

Sowetan 26/4/91 · (98)

BLACK patients are welcome at the once-white section of the Pietersburg hospital, but there is a catch.

Assistant superintendent Dr JZ Moolman said patients who had been at the black section before would have to fetch their files there and take them along.

This involves a round trip of about one-and-a-half kilometres before treatment.

Moolman also warned patients that doctors in that section were only available until 10am.

"If a patient has never been treated locally, he or she can just walk in and will be assisted.

"We however, have very few doctors available in this section as many patients are private and have their own doctors.

"Most doctors have been placed in the formerly black section where the influx of patients is much higher but the hospital is now open and you can come in anywhere," she added.

By MATHATHA TSEDU

Moolman's comment followed allegations by a black teacher admitted to the "white" section that white nurses were racist. Moolman visited Mr Peter Mokonyama late on Tuesday to discuss the matter, Mokonyama told *Sowetan* yesterday.

Attitudes changed

He said attitudes had changed since then, with nurses coming into his ward to inquire if he needed anything "almost every 10 minutes".

The hospital, though open, remains practically divided, with Mokonyama the only black in the other section. There are no whites in the black section.

'Curb on private hospitals needed'

OWN CORRESPONDENT 98

Although less than a quarter of the South African population had some form of private health cover, an oversupply of private hospital beds was developing, the Minister of National Helath, Dr Rina Venter, said in Pretoria yesterday.



OVERSUPPLY: Dr Venter wants hospital beds curb

The private sector could therefore not be allowed to expand its hospital facilities unchecked, she said at the opening of a symposium on private hospitals here.

Even the 25 percent of the population who were members of medical aid funds and their employers could not necessarily afford to pay for increasingly escalating medical costs, she said.

While about 70 percent of available hospital beds were in State hospitals, more than 80 percent of patients were dependent on the State for health care. Star 27/4/91

"These statistics are clear proof that an oversupply of beds for private patients is developing in South Africa and that the State will have to look very carefully at the building of further hospital facilities, both by the State and by the private sector," Dr Venter said.

For this reason, the Cabinet had, in November 1989, imposed a moratorium on the erection of State hospitals.

If the private sector was allowed to expand hospital facilities unchecked, it would result in a further lowering of bed occupancy in State hospitals and lower cost-effectiveness at these institutions.

It would also place strain on the available health care workers and lead to higher medical costs, Dr Venter said.

The Department of National Health was considering 80 applications for the erection of private hospitals, but would be able to approve very few of these.

employers who

Death drips: toll goes up to 35

From Page 1

nearly a month, unable to speak, walk or eat.

"A doctor said I had septicaemia. Amazingly, my daughter was fine when she was born in November. I thought I had recovered from my ordeal, but the day after Christmas I suddenly became violently ill.

"I went back into hospital and had to have my spleen removed. The doctors said it was covered in the same ulcers that had just started healing on the rest of my body."

Mr Soller said unreported deaths believed to be linked to the Sabax drips included those of:

● Roland Castle, 33, of Grassy Park, Cape Town, who died on July 11 last year in Somerset Hospital after being transferred from Groote Schuur with a suspected ulcer;



LUCKY TO BE ALIVE . . . Laura Stevenson and daughter Alexandra Picture: COBUS BODENSTEIN

● Alexandria Faria, aged 13 months, who died on July 13 in Cape Town's Red Cross Hospital after being transferred from Panorama Hospital where she had been admitted with a high fever;

● Durban grandmother Jean Moore's 33-year-old daughter, who died in Addington Hospital on January 24 from septicaemia;

● Mrs J Clayton, 67, of De Deur, who died in Milpark Clinic on May 23 after being admitted for tests for a heart murmur;

● The 67-year-old father of Mrs E Louw of Meredale who died on September 11 in Garden City Clinic after being admitted for hepatitis B;

● The 28-year-old brother of Mrs J Kuhne of Constantia Park, Pretoria, who died in Rosebank Clinic on September 2 after being admitted with mild pneumonia;

● A baby born to Mr and Mrs J Blakely, of Los Angeles, California, who died in Sandton Clinic on September 21;

● A twin born to Mr and Mrs K Fairweather of Northcliff who died in Morningside Clinic;

● Twins born to Mr and Mrs S Kaba of Tembisa who died in Tembisa Hospital in September.

Yesterday, Don Bodley, chief executive of Sabax's parent company, Adcock Ingram, confirmed that both the Transvaal and Western Cape laboratories where the drip admixture known as K Cocktail was manufactured had been closed since last September.

Mr Bodley said yesterday that Sabax had never been told of any adverse reactions to drips in Cape Town or Durban, and declined to comment on the adult deaths, saying the matter was sub judice as he understood an inquest had been instituted.

Mr Von Lieres said he had not yet issued any instructions for inquests.

"I have received a letter from the attorney acting for a number of families, giving me until May 7 to make up my mind about instituting proceedings.

"But I will not be pressured. We have police, medical and pathological experts investigating."

Death drips: now the toll goes up to 35

By JOCELYN MAKER

AT LEAST 35 people — 28 babies and seven adults — are now believed to have died from allegedly contaminated intravenous drips supplied by the Johannesburg pharmaceutical company Sabax last year.

This is the first time adults have been linked to the wave of child deaths which occurred over a nine-month period starting in January last year. The deaths occurred in hospitals as far apart as Cape Town and Durban.

Witwatersrand attorney-general Klaus von Lieres confirmed this week that he was investigating 27 deaths. But a Johannesburg lawyer representing families of alleged victims said there were 35 known deaths at about 13 hospitals throughout South Africa.

Peter Soller said he was also representing the families of two babies who recovered from the klebsiella virus, allegedly contracted after Sabax drips were used, and a Roodepoort woman who survived a severe case of septicaemia.

Erupted

Laura Stevenson, 21, said she had been admitted to Park Lane Clinic with mild pneumonia while she was four months pregnant last July.

"I was immediately put on a Sabax drip and told I would be in hospital for two days," she said.

"But my condition deteriorated almost immediately and I was kept on drips for seven days.

"Then a healing wound on my foot erupted and started suppurating and I became desperately ill. My husband took me to the Flora Clinic and my whole body broke out in oozing ulcers."

Mrs Stevenson hovered between life and death for

To Page 2

New deal for academic medics likely

Cape Times
29/4/91
98

Staff Reporters

THE government has ordered an immediate investigation into the possibility of academic hospital doctors' being allowed to have private practices to increase their incomes.

The inquiry was announced yesterday by the Minister of National Health, Dr Rina Venter.

It is also to review the position of non-academic medical staff employed by the state.

"The influence of the proposed measures on the doctors in private practice will be thoroughly investigated," Dr Venter said.

If doctors at academic hospitals are allowed to have private practices, it could avert the hospitals' losing large numbers of highly qualified staff.

Medical and academic experts have warned that a large number could leave because of dissatisfaction over low salaries, particularly in relation to those in the private sector, and poor working conditions.

An exodus would jeopardise the hospitals' teaching role, they said.

Dr John Steer, editor of the Western Cape Branch of the Medical Association of South Africa's magazine, said last night that doctors welcomed the move since they had "great sympathy and understanding" for their colleagues at troubled academic hospitals.

The situation was "open to abuse", however, since a similar scheme had been available for professors more than 10 years ago but had been stopped when it was found they were neglecting their full-time work in favour of their private patients.

Whether there has been an increase in the fees charged at pre-primary schools under his control since 2 February 1990; if so, by what percentage in respect of each executive component of his Department? B818E

The MINISTER OF EDUCATION AND CULTURE:

Cape : No,
Natal : Yes,
18,6%
OFS : information not available as fees are determined by the management councils themselves,
Transvaal : yes, at present fees vary between R4,50 and R5,89 per school day for 1 child. Remission of school fees is possible for children who qualify.

1 April 1990:

Income group	Percentage increase
less than R6 000	144% for 1 child, 176% for 2 children, 192% for 3 children
R6 000 to R9 999	113% for 1 child, 125% for 2 children, 136% for 3 children
R10 000 and more	111% for 1 child, 115% for 2 children, 117% for 3 children

1 April 1991:

less than R12 000	91% for 1 child, 114% for 2 children, 84% for 3 children
R12 000 and more	133% for 1 child 161% for 2 children 123% for 3 children.

White State school pupils: *per capita* expenditure

66. Mr K M ANDREW asked the Minister of Education and Culture:

What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on White school pupils at State (i) primary and (ii) secondary schools in the 1989-90 and 1990-91 financial years, respectively? Hansard 29/4/91. B832E

The MINISTER OF EDUCATION AND CULTURE:

*1989-90: (a)(i) and (ii) R3 561
(b)(i) and (ii) R4 103
*1990-1991: (a)(i) and (ii) R3 407
(b)(i) and (ii) R3 960

*the SANEP system provides this data in connection with primary and secondary schools, concurrently.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Provincial hospitals: drug-related deaths

18. Mr T R GEORGE asked the Minister of National Health:

(1) Whether she will furnish statistics on the number of drug-related deaths that occurred at provincial hospitals in 1989 and 1990; if not, why not; if so, in respect of each such year, (a) how many (i) males and (ii) females of each race group died in each specified hospital and (b) in what age groups did they fall;

(2) whether her Department has made any recommendations on combating drug abuse and rendering assistance in this regard; if so, what are these recommendations? C82E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

Orange Free State:

1989:	*(a)(i) Men*	*(ii) Women*	*Hospital*	*(b) Age Group*
Indian:	—	—	—	—
White:	—	*1*	*Parys*	*60*
Coloured:	—	*1*	*Ficksburg*	*25*
Black:	—	—	—	—
1990:	*(a)(i) Men*	*(ii) Women*	*Hospital*	*(b) Age Group*
Indian:	—	—	—	—
White:	*1*	—	*Provincial Bloemfontein*	*60*
Coloured:	—	—	—	—
Black:	*1*	—	*Provincial Bloemfontein*	*40*

No statistics in respect of drug-related deaths are kept by the other provincial hospitals;

(2) The Department of National Health and Population Development gives continuous attention to combating drug abuse. The activation and co-ordination of the implementation of the National Plan to Prevent and Combat Alcohol and Drug Abuse in South Africa is receiving urgent attention.

The Department of National Health and Population Development briefed the Cabinet Committee on Social Matters (CCSM) on the drug problem in South Africa, whereafter the CCSM appointed a task group to urgently attend to the handling of the drug problem in South Africa, with specific reference to aspects such as legislation, funding and the promotion of co-operation between relevant state departments.

Own Affairs:

Administration: HoR: office complexes

17. Mr W J DIETRICH asked the Minister of Housing:

(1) Whether, with reference to the office complexes and other buildings currently being used by the Administration: House of Representatives in George, Port Elizabeth, East London and Middelburg (Cape), he will furnish the House with the names of the directors of the companies mentioned in subparagraph (1)(g) of his reply to Question No 6 on 27 March 1991;

mental standards had been carried out and submitted to the Department.

(a) When the offers were considered during July 1988.

(b) The Regional Architect recommended the offer by Kapbro Industrial Complex (Pty) Ltd as the most viable proposition received.

Mr W J DIETRICH: Mr Chairman, may I ask the hon the Minister a supplementary question?

The MINISTER OF HOUSING: Mr Chairman, the hon member will have to put his question in writing because the matter is of such a technical nature that I am afraid I will not be able to answer him.

For written reply:

Own Affairs:

De Novo: statistics and details

21. Mr T R GEORGE asked the Minister of Health Services and Welfare:

(1) (a) What is the nature of the institution named De Novo, (b) what is its average annual intake of patients, (c) what kinds of treatment does it offer to patients and (d) (i) in respect of the latest specified 12-month period for which information is available, what percentage of the patients admitted was treated (aa) successfully and (bb) unsuccessfully and (ii) when is treatment regarded as having been successful;

(2) whether new clothes are issued to patients on being admitted to this institution; if not, (a) why not and (b) (i) what type of clothes is issued and (ii) how many items of such clothing are issued per patient;

(3) whether the personnel at this institution are required to read letters addressed to patients before handing them over; if not, what procedure is followed in this regard; if so, why; Hansard 30/4/91.

(4) whether the patients are examined medically on a regular basis; if so, at what intervals; if not, why not;

(5) (a)(i) what forms of recreation are there for the patients at this institution and (ii) at what intervals are they available to patients, (b) what types of cutlery and crockery are provided and (c) what facilities are there for receiving visitors?

C91E

The MINISTER OF HEALTH, SERVICES AND WELFARE:

(1) (a) A rehabilitation centre for alcoholics.

(b) 748 persons. Hansard 30/4/91

(c) Mainly social welfare. Also assessment, groupwork, individual interviews, occupational training under the auspices of the Western Cape Training Centre and health services.

(d) (i) (aa) 30%

(bb) 40%

(ii) When a person abstains from alcoholic drink for a period of one year.

(2) (a) Yes.

(b) (i) A complete uniform and sport-attire: This includes underwear, working clothes and "Sunday best".

(ii) One pair per person.

(3) Yes. Regulation of the Rehabilitation Services Act: 1 of 1971. Regulation 11G prescribes that all incoming and outward mail should be scrutinised by an official.

(4) Yes. At the time of admission of the person and thereafter regularly as requested by the patient. Finally just before being discharged.

(5) (a) (i) Indoor and outdoor sports

(ii) Indoors: Daily

Outdoor: Twice a week

(b) Knives, forks, spoons, mugs and plates

(c) Visitor's cubicles.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Questions standing over from Tuesday, 16 April 1991:

Reservoir Hills: police station

*1. Mr K PANDAY asked the Minister of Law and Order:

Whether he intends establishing a police station or a satellite police station in Reservoir Hills, Durban; if not, why not; if so, (a) when and (b) what are the further details in this regard?

D82E

The DEPUTY MINISTER OF LAW AND ORDER:

Yes.

(a) and (b)

As soon as a suitable site has been identified a temporary police station, which will operate from the Sydenham Police Station, will become operational in Reservoir Hills.

Social pensioners: means test

*2. Mr N JUMUNA asked the Minister of National Health: Hansard 30/4/91

(1) Whether she intends dispensing with the means test for social-pension purposes in respect of persons over the age of 80; if not, why not; if so, when;

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

D83E

The MINISTER OF NATIONAL HEALTH:

(1) The means test is reviewed on every occasion when the adjustment of social pensions is considered. At present there is no intention to dispense with the means test totally for persons over the age of 80 years;

(2) no. Hansard 30/4/91

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising from the answer of the hon the Minister of National Health, is the hon the Minister prepared to take the customs and the cultural habits of various communities into consideration in respect of the application of the means test?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, the hon member may put forward the motivation which will be considered when the means test is reviewed in the future.

Bayview: police station

*3. Mr K CHETTY asked the Minister of Law and Order:

Whether he intends establishing a police station in Bayview, Chatsworth; if not, why not; if so, what are the relevant details?

D84E

The DEPUTY MINISTER OF LAW AND ORDER:

Yes, a temporary Police Station, consisting of prefabricated units, is at present being erected on the corner of Funfair and Turnstone Streets and will become operational as soon as possible. The station will function from the Chatsworth police station.

Mr K CHETTY: Mr Chairman, first of all I want to welcome the hon the Deputy Minister of Law and Order. This is his first visit to this Chamber since being appointed to his new portfolio. At the same time we want to put on record our sincere thanks to the hon the Minister for heeding our request by giving us the police station.

The CHAIRMAN OF THE HOUSE: Order! The hon member should ask a supplementary question.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the reply of the hon the Deputy Minister, firstly is he aware that such an official announcement has already been made by the chairman of the Southern Durban LAC? Secondly, is it not correct to say that what is being done in Bayview is the result of the efforts of the hon member for Chatsworth Central?

Overloaded hospitals turned away patients'

WILSON ZWANE

98

DOCTORS attending to the victims of the Soweto and Alexandra violence said yesterday hospital facilities had been so stretched they were unable to cope with road accident victims. B1 Day 30/4/91.

A doctor said: "Under normal circumstances hospitals admit about 4% of priority one (seriously injured) patients. At the weekend that figure rose to about 50% and the hospitals just don't have facilities to cope with that."

A source from Johannesburg Hospital said if anybody had been involved in a car crash in central Johannesburg on Sunday, he would not have been admitted to the Johannesburg, Baragwanath, Edenvale, Tembisa or Hillbrow hospitals as those hospitals were "overwhelmed" by victims of violence.

Johannesburg Hospital superintendent Dr Trevor Frankish confirmed the hospitals were inundated by victims of the violence. "But I am not prepared to comment whether emergency patients would have been admitted to the hospital or not."

Alexandra Clinic head Dr Tim Wilson said they had difficulty placing patients at the hospitals on Sunday. "When we phoned the hospitals to tell them we were sending patients to them, they told us not to as they were overloaded."

Sandton Fire Brigade divisional officer Wynand Engelbrecht said the Johannesburg Hospital was able to admit patients they had sent there yesterday morning only after a "trauma ward" had been opened.

"We had 15 patients on Sunday night that we could not place at the hospitals. Hillbrow, Edenvale and Tembisa refused to admit patients we were sending to them. Baragwanath was the first to take our patients."

Baragwanath and Edenvale hospitals denied patients were refused admission. Hillbrow and Tembisa hospitals could not be reached for comment.

Groote Schuur 'facing collapse'



By VIVIEN HORLER, Medical Reporter

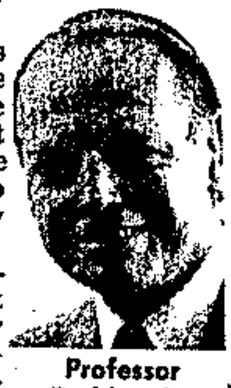
GROOTE Schuur Hospital, acclaimed internationally for its excellence and as the venue of the world's first heart transplant, is facing collapse.

This grim warning comes from Professor John Terblanche, one of South Africa's top doctors, who said senior medical staff were "despondent" and many were looking for jobs elsewhere.

"For this to arise at the flagship hospital of this country is a disaster of national importance."

Professor Terblanche, president of the South African College of Medicine and head of the department of surgery at the University of Cape Town, said something had to be done "now, today, without any delay" to save the Cape's teaching hospitals.

Without aggressive action "the public will have ensured that their children and grandchildren receive Third World medicine rather than the excellent high class medicine now available".



Professor Terblanche

Professor Terblanche was speaking at a Press conference today called by academics at the UCT medical school to highlight the "disastrous" effect of the government's financial cuts to academic hospitals, particularly in the Cape.

Groote Schuur was "understaffed, underfunded and not provided with the necessary equipment," he said, and a demand for a cut in staff and services on top of that "must clearly lead to the collapse of our institution".

Among the effects of the latest cuts was that blind patients who had already waited a year for cataract operations to restore their sight had had their operations postponed for another year.

Urgent and far-reaching action was needed before leading medical schools lost more members crucial to the introduction of a new co-ordinated health care policy.

"Immediate interim action is needed which must be decisive to ensure that we retain all our key personnel and to indicate a long-term commitment to solving the problems.

"If action is postponed until that policy is fully debated, decided and eventually put into motion, the central resource — medical talent — required to do just that will no longer exist."

Professor Terblanche said the most highly qualified and talented personnel, on whom standards of medical service and health care were critically dependent, were most at risk.

Move overseas

"Many are internationally recognised in their field, and by frequent international travel are well aware of opportunities worldwide. Many are young enough with young families to entertain a move overseas. If they do, they not only constitute a serious loss but their move makes it even more difficult to attract replacements."

Professor Terblanche said it was incorrect to suggest that the Groote Schuur Hospital Group — which includes Red Cross Children's Hospital — was "overfunded and overspent".

He said: "No one would mind if the country was in such serious straits that all funding for teaching hospitals was being seriously cut throughout the country. This is not the case. Only the Cape hospitals are being cut."

According to the Hospital and Nursing Yearbooks, a patient at Groote Schuur cost a daily average of R305 in 1988/89, R251 at Tygerberg and R205 at Red Cross.

But the cost was a whopping R633 a day at the Universitas and National hospitals in Bloemfontein, R341 at the Johannesburg Hospital, R306 at Addington Hospital in Durban, and R273 at H F Verwoerd Hospital in Pretoria.

'Victim of own success'

Professor Terblanche said the Cape hospitals had become victims of their own success. "In a number of medical disciplines they have developed the sole service for South Africa and have become national resources which are not recognised nor funded as such."

The Cape hospitals had also been forced to allocate "a substantial and increasing portion of their budgets and their personnel resources" to providing basic primary and secondary health care to some of the thousands of people flooding into the Western Cape.

"Such health services should be provided and budgeted for elsewhere," Professor Terblanche said.

Operation cutback dooms the blind

AK64/98
3/5/91

By VIVIEN HORLER
Medical Reporter

BLIND people who have been waiting for a year for an operation to restore their sight at Groote Schuur Hospital, have to wait another year because of financial cuts imposed by the Department of Hospital Services.

In a letter to the SA Medical Journal, the head of the department of ophthalmology at the University of Cape Town, Professor Anthony Murray, and the head of the SA College of Medicine, Professor John Terblanche, said the postponements had serious implications for people who were "a burden to their families and to the State".

More than 1 500 people had cataract operations at Groote Schuur every year and the waiting list was about a year long.

"Because of the restrictions on routine surgery at Groote Schuur Hospital, the department recently cancelled all cataract surgery for a three-week period. The patients had their surgery postponed for a further 12 months."

The professors said in First World countries there was ideally one ophthalmologist for every 50 000 people. In South Africa there was one for every 180 000 people.

"The size of the department of ophthalmology at Groote Schuur is such that it handles more than twice as many patients as some other departments in this country. From the ophthalmic point of view, as well as in many other areas, the State does not appear to relate costs to services rendered."

The professors said that of the 217 000 blind people in the rural areas and national states, almost half were blind because of cataracts and 22 000 more people developed cataracts each year.

"Despite the fact that blindness due to cataract is remediable, because of the lack of ophthalmologists and surgical facilties in these areas, less than 10 000 will undergo surgery this year, leaving 127 000 with remedial blindness untreated.

"At this hospital ophthalmology consulants are already working way beyond the call of duty and worsening conditions will lead to their resignation and the gradual destruction of the department and training system, with disastrous implications.

"Unless this crisis is immediately addressed by health care authorites, it is highly likely that our department will disintegrate."

Big brain drain at hospitals looming

CM- Times 4/5/91

98

By GLYNNIS UNDERHILL

FINANCIALLY crippled Groote Schuur and Red Cross hospitals are facing a massive brain drain of top surgeons to private medicine and overseas posts.

The man who is trying to persuade his "totally despondent" staff from leaving is Professor John Terblanche, head of the department and division of surgery at the University of Cape Town, Groote Schuur Hospital and the Groote Schuur Hospital Teaching Group.

Further staff cutbacks at the hospitals could result in the partial closure or closure of all the surgical units, warned Professor Terblanche.

The financial ailments at both Groote Schuur and Red Cross had resulted in an unprecedented lack of morale, he said.

Professor Terblanche said the collapse of the teaching hospitals and the loss of key personnel to private medicine in SA and to the international medical community had to be stopped.

"The situation is disastrous. The state has to provide funding now," said Professor Terblanche.

Doctors at the teaching hospitals had to contend with deteriorating salaries that were not comparable to those in private medicine, he said.

A spokesman for Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur Hospital, said everything would be done to retain skilled doctors.

Another medical superintendent at Groote Schuur, Dr F Bowey, said the "cutbacks are serious and have left our people anxious. Morale is certainly lower than we would like it to be".

The situation at the Red Cross Children's Hospital was "even worse" than at Groote Schuur, according to Professor D Beatty, head of the department of paediatrics at Red Cross.

Dr Hannah Reeve-Saunders, chief director in charge of professional services at the Cape Provincial Administration's hospital and health services branch, said in a statement yesterday that she was aware of the concerns of the teaching hospitals.

"This office is doing everything possible to assist," she said.

Private ward for Conradie Hospital

Staff Reporter

THE cash-strapped Conradie Hospital, where Foreign Minister Mr Pik Botha's wife is under care, is to get a private ward — while much of the hospital remains in a state of decay.

The hospital, which incorporates the country's leading spinal unit, has had its 1991/92 budget cut by 10%.

Mrs Helena Botha was admitted to the spinal unit last month after a freak accident at her Newlands home, which led to her husband cancelling his European trip with President F W De Klerk.

Hospital sources say wards have roofs which "leak like sieves", flaking paint and loose linoleum on the floors.

A Cape Provincial Administration (CPA) spokesman said some, but not all, of the roofs would be repaired in the coming months.

Meanwhile, the spokesman said: "Ground work at the new spinal unit ward has begun and the two-patient private ward should be completed and ready to use in about a month."

The ward could be used for isolating people with infectious diseases or to house patients who needed high security, the spokesman said.

Baby deaths probe 'nearing end'

Star 4/5/91

(98)

SUE OLSWANG

THE Attorney-General of the Witwatersrand has given an assurance that investigations into the deaths of infants and adults believed to have been caused by contaminated "drips" will be completed by the middle of the year, 12 months after the first death was allegedly reported to the South African Police.

Witwatersrand Attorney-General Mr Klaus von Lieres said this week: "Our investigations are continuing and progressing very nicely. The investigations have to be concluded by the middle of this year."

Mr von Lieres said no decision had been made regarding possible prosecution or inquests into the 27 deaths being investigated. "One must first establish proof to indicate death by unnatural circumstances," he said.

However, the families of the adults and children who died in 1990 under mysterious circumstances — suggesting the possible implication of intravenous admixture products manufactured by Sabax, a division of Adcock Ingram — this week said they "had to impose a deadline on the Attorney-General to assure that a proper investigation took place.

Peter Soller, the attorney representing the families of eight dead adults, two dead toddlers, 24 dead infants and four "survivors", said he has given Mr von Lieres until May 7 to decide whether or not to prosecute.

Mr Soller said: "Under the Criminal Procedures Act, if he refuses to prosecute he must issue a *nolle prosequi* declaration and I can then institute a private prosecution.

"In addition, the Inquest Act states that if the Attorney-General does not wish to prosecute he must refer the matter to the magistrate in whose jurisdiction the death occurred. It is the magistrate's decision whether or not to hold an inquest."

In a statement issued earlier this week, Mr Soller said his clients "wish to make the following clear" to anyone who believed undue pressure was being put on Mr von Lieres:

- The first death was reported to the SAP in Brixton on July 26 1990. It was not known what action was taken, except that in September or October the inquest file from the magistrate in Johannesburg, who had not yet held an inquest, was forwarded to the Attorney-General.
- From the date of the first report to Brixton Murder and Robbery Squad, the police had not been able to satisfy anyone that the death or deaths were investigated timeously or at all.
- In May 1990, a parent whose child had died in Sandton in February 1990 formally notified the Sandton Medical Officer of Health of what he considered an irregular state of affairs. The Medical Officer of Health had not acknowledged receipt of the complaint.
- Minister of Health Dr Rina Venter and Minister of Health and Welfare Sam de Beer were asked to hold a public inquiry under the Commissions Act. Mr de Beer undertook to carry out an investigation starting in October last year, while Dr Venter had seemingly done nothing except acknowledge receipt of the dossier prepared for her.
- It was known that two pending inquests were stopped and sent to the office of the Attorney-General, where they had remained.

Defective

Don Bodley, chief executive of Adcock Ingram, this week said all investigations had so far indicated that "only two batches of a paediatric admixture were found to be defective".

He said the Johannesburg and Cape Town admixture pharmacies where the products were prepared were closed at the end of September last year and had remained closed.

Mr Bodley stressed that all intravenous fluids currently supplied by Sabax were sterilised in sealed form at the end of the manufacturing process and there was no exposure or danger to patients in hospitals and clinics.

- Adcock Ingram has pointed out "confusion regarding the term 'drips'," stating that this is "colloquial terminology for intravenous fluids".

PRIVATE TAX TO TRAIN DOCTORS

ST Time 5/5/91 By EVELYN HOLTZHAUSEN 85 98 93

PRIVATE hospitals could be asked to pay a special tax to fund academic medicine and the training of nurses in teaching hospitals, if state funding continues to be slashed.

The stern warning has come from Professor John Terblanche, president of the South African College of Medicine.

"We are lurching from crisis to crisis," he said. "And if academic medicine collapses and our medical schools just don't have the funds to attract top academics to train doctors and nurses, the training will become a corpse that will be extremely difficult to revive."

He said private hospitals and clinics were responsible for "stealing" nurses from training hospitals as they did not train nurses themselves.

"You can't blame the nurses for wanting to earn more," he said. "The state cannot compete with the salaries offered by private hospitals.

"But private hospitals and clinics could be taxed and the money earned from the tax could go back to the training institutions.

Professor Terblanche said that in the old Groot Schuur Hospital there had been 30 beds available for surgical patients but, because nurses trained in intensive care had been "stolen" by the private hospitals, there were now only six.

The state, he said, was forcing cuts to budgets which had already been cut the the bone and in effect by so doing "punishing success". If the situation continued, the practice of medicine in South Africa would drop from First World to Third World standards.

Groote Schuur on brink of collapse – top S A doctor

Star 61591. (98)

Own Correspondent

CAPE TOWN — Groote Schuur Hospital, acclaimed internationally for its excellence and as the venue of the world's first heart transplant, is facing collapse.

This grim warning comes from Professor John Terblanche, one of South Africa's top doctors, who said senior medical staff were despondent and many were looking for jobs elsewhere.

"For this to arise at the flagship hospital of this country is a disaster of major national importance."

Professor Terblanche, president of the South African College of Medicine and head of the department of surgery at the University of Cape Town, said something had to be done "now, today, without any delay" to save the Cape's teaching hospitals.

Without aggressive action, "the public of South Africa will have ensured that their children and grandchildren receive Third World medicine rather than the excellent high class medicine now available".

Professor Terblanche was speaking at a press conference called by academics at the UCT medical school to highlight the "disastrous" effect of the Government's financial cuts to academic hospitals.

Groote Schuur was "understaffed, underfunded and not provided with the necessary equipment", he said, and a demand for a cut in staff and services on top of that "must clearly lead to the collapse of our institution".

Among the effects of the latest cuts was that several blind patients who had already waited a year for cataract operations to restore their sight had had their operations postponed for another year.

Urgent and far-reaching action was needed before the leading medical schools lost more members crucial to the introduction of a new co-ordinated health care policy.

"Immediate interim action is needed which must be decisive to ensure that we do retain all our key personnel and to indicate a long-term commitment to solving the problems.

"If action is postponed until that policy is fully debated, decided and eventually put into motion, the central resource — medical talent — required to do just that will no longer exist."

Professor Terblanche said the most highly qualified and talented personnel, on which South Africa's standards of medical service and health care were critically dependent, were most at risk.

"Many are internationally recognised in their field and, by frequent international travel, are well aware of opportunities worldwide. Many are young enough with young families to entertain a move overseas. If they do, they not only constitute a serious loss but their move makes it even more difficult to attract replacements."

Professor Terblanche said it was incorrect to suggest that the Groote Schuur Hospital Group, which includes the Red Cross Children's Hospital, was "overfunded and overspent".

Blind wait years for vital operations

Star 6/5/91

Own Correspondent

CAPE TOWN — Blind people who have been waiting for a year for operations at Groote Schuur Hospital to restore their sight will have to wait another 12 months due to financial cuts.

In a letter to the SA Medical Journal, Cape Town University ophthalmology department head, Professor Anthony Murray, and SA College of Medicine head, Professor John Terblanche, warn that the postponement of the operations have serious implications.

About 1 500 people had cataract operations at Groote Schuur every year and the waiting list was another year long.

In the First World there was "ideally" one ophthalmologist for every 50 000 people. In South Africa the ratio was one for every 180 000 people.

The professors said that of the 217 000 blind people in the rural areas and national states, almost half were blind because of cataracts, and 22 000 more people developed cataracts each year.

"Despite the fact that blindness due to cataract is remediable, because of the lack of ophthalmologists and surgical facilties in these areas, less than 10 000 of these patients will undergo surgery this year, leaving 127 000 with remedial blindness untreated.

"At this hospital ophthalmology consulants are already working way beyond the call of duty, and worsening conditions will lead to their resignation and the gradual destruction of the department.

"Unless this crisis is immediately addressed by health care authorities, it is highly likely that our department will disintegrate and its essential services will cease."

Baby deaths probe over

Strikes in hospitals have always been an emotive and highly charged issue. Now, after a series of lengthy hearings, a commission of inquiry will report its findings on the deaths of babies at GaRankuwa hospital during a strike by staff. The commission will also consider whether there was any criminal responsibility. By PAT SCHWARTZ.

Star 6/5/91 (NP) (98) (94)

COULD the deaths of any or all of 23 babies in the neonatal ward at GaRankuwa Hospital in April 1990 be attributed to the eight-day strike which was taking place at the time?

This is one of the questions which members of a commission of inquiry headed by Mr Justice P M Cillie will answer when they deliver their report to the Administrator of the Transvaal after a series of lengthy hearings which began last June.

Other questions they have been called on to consider are why the strike occurred and whether there is any criminal responsibility.

In the months since the commission began, the commissioners have heard evidence from hospital workers, members of the National Education, Health and Allied Workers' Union (Nehawu), who had begun canvassing for members at the hospital, from nurses, doctors, hospital officials, including superintendent Dr Louis van Heerden, and from labour experts, including Professor Nic Wiehahn and Medunsa's Professor Werner Coertze.

Evidence was led about the reasons for the strike, the conduct of the strikers, the behaviour of the police and conditions at the hospital during the strike, as well as on the question of whether the strikers could be held responsible for the babies' deaths.

Ripples from the commission's decision will spread far beyond GaRankuwa Hospital.

The industrial and human relations issues on which the commissioners have been asked to make findings could have an impact upon the perennial question of the morality of strikes by public service workers, especially those involved in emergency services.

At the same time they bring to the fore the necessity for the establishment of effective grievance procedures.

One of the major problems to emerge during the hearings was the allegedly inadequate grievance procedures in the Transvaal Provincial Administration and what was attacked by the workers as an antiquated attitude towards workers' rights and the recognition of unions.

Nehawu representatives contend that the strike at GaRankuwa was sparked by growing worker resentment of some members of the predominantly white management, whom they accuse of racism, harassment and intimidation.

Evidence was led and hotly disputed that it was the actions of two specific senior hospital officials which caused offence and it was the lack of response to a demand for their removal, or at least suspension pending an inquiry, which finally prompted the non-medical workforce to stop work.

The nursing staff joined the strike only when, five days after it started, police were called in, strikers were chased through hospital wards, and a nurse was bitten by a police dog.

What about the infant victims? Without the help of post-mortem results (because of the strike, only one post-mortem was performed), the three medical experts differed widely on the possible causes of the deaths, although they agreed that 10 of the babies would not have survived even had there been no strike.

In two other cases, none of the doctors attributed the deaths to strike-related factors.

And the rest? Did seven babies die as a result of the administration of a batch of the same contaminated drip fluid which killed more than 25 in private and provincial hospitals in the Transvaal that April?

To the parents of the dead babies, the conclusions reached by Mr Justice Cillie and his fellow commissioners (H de Wet Botha, an advocate, and Professor R Lipschitz of Baragwanath Hospital) will make little difference. To future patients in State-run hospitals they could mean everything.

Nehawu itself has stated its belief that industrial action in the health services should be used only as a last resort.

Whatever the findings of the commission, whatever has been learnt, one thing is clear: the events at Ga-Rankuwa Hospital cannot be allowed to be repeated. □

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Courts: legal representation

39. Mr L FUCHS asked the Minister of Justice:

How many persons appeared in (a) (i) district and (ii) regional courts and (b) the Supreme Court in each province in 1990 without legal representation? B144E

The MINISTER OF JUSTICE:

Statistics regarding legal representation in the regional courts are only available for the period 1 February 1990 to 31 December 1990. The statistics in respect of legal representation in the Supreme Court are not officially kept and are, therefore, not readily available in the Department. To obtain the information, all the case records will have to be examined, which is not economically feasible. The statistics in respect of district courts for the period 1 January 1990 to 31 December 1990 and in respect of regional courts for the period 1 February 1990 to 31 December 1990 are set out hereunder. The statistics are in respect of cases disposed of only and do not include stationary traffic offences.

Transvaal		
(a) (i) District Courts:	Criminal Courts:	176 090
	Civil Courts:	11 842
(ii) Regional Courts:	8 039	
(b) Supreme Court:	Not readily available.	
Orange Free State		
(a) (i) District Courts:	Criminal Courts:	37 629
	Civil Courts:	552
(ii) Regional Courts:	678	
(b) Supreme Court:	Not readily available.	
Natal		
(a) (i) District Courts:	Criminal Courts:	84 824
	Civil Courts:	2 386
(ii) Regional Courts:	7 087	
(b) Supreme Court:	Not readily available.	
Cape Province		
(a) (i) District Courts:	Criminal Courts:	180 282
	Civil Courts:	19 070
(ii) Regional Courts:	22 613	
(b) Supreme Court:	Not readily available.	

Notwithstanding the fact that a large number of accused appear in the courts without legal representation, it is notable that only about 18% per sent of them are convicted and committed to prison. Our system of adjudication of criminal matters provides for various intrinsic safeguards to prevent miscarriages of justice and this means that accused appearing in courts are not necessarily prejudiced by a lack of legal representation.

Furthermore, considerable progress has been made regarding the enquiry into and the establishment of a public defender system. It is envisaged that a pilot project will be launched on 1 June 1991 in Johannesburg. This is the first project on which various bodies and organisations combined forces and it is hoped that their efforts will lead to the establishment of a public defender system of unquestionable legitimacy which will eventually provide quality legal services to many more indigent accused.

Harms Commission: costs

89. Adv C D DE JAGER asked the Minister of Justice:†

(a) What was the total direct and indirect cost involved in the Harms Commission's investigation into certain alleged murders, (b) how is this amount made up, (c) to whom or to what bodies was it paid and (d) what was the daily, monthly or per folio rate in each case and (e) for what period were payments made in each case? B319E

The MINISTER OF JUSTICE:

(a) The total cost (excluding legal costs) at this stage, direct and indirect, involved in the investigation of the Commission of Inquiry into Certain Alleged Murders, is R191 693,31. A final amount can only be ascertained once all outstanding accounts have been received.

(b) The composition of the amount is as follows:

1989/90 financial year	R 23 267,51
1990/91 financial year	R168 425,80
	R191 693,31

(c), (d) and (e)

1989/90 financial year

The following payments were made in respect of the chairman and officials of the Commission:

Salaries	R19 243,76
Travel	R 2 408,09
Accommodation	R 1 615,66
	R23 267,51

1990/91 financial year

(i) The following payments were made in respect of the chairman and officials of the Commission:

Salaries	R61 564,00
Travel	R 8 065,18
Accommodation	R17 519.80
	R87 148,98

(ii) The costs involved in the overseas visit were as follows:

Accommodation allowance	R 5 544,00
Clothing allowance	R 821,43
Accommodation	R15 984,73
Travel	R 235,95
Airtickets	R18 714,00
Renting of equipment	R13 353,17
	R54 653,28

(iii) Travel costs in respect of a witness R713,20

(iv) Administrative expenses:

Cassettes and equipment	R 1 604,60
Rent of photostat machine	R 2 346,32
Telephone	R 471,90
Printing of report (Government Printer)	R13 721.44
Vlok recordings Transcription of proceedings	R 7 370,20
Photo-copies of reports	R 395,88
	R25 910,34
Total	R168 425,80

Groote Schuur/Tygerberg hospital complexes: figures

307. Mr A E DE WET asked the Minister of National Health:

(1) Whether, with reference to a recent newspaper article (a copy of which has been furnished to the Minister's Department for the purpose of her reply), she will explain the figures she quoted in a recent statement in Parliament in regard to the Groote Schuur and Tygerberg hospital complexes being the most expensive teaching hospitals in the country; if not, why not; if so, how were these figures arrived at;

(2) whether she will reconsider the statement referred to above;

(3) whether she will make a statement on the matter? B797E

The MINISTER OF NATIONAL HEALTH:

(1) Yes, the figures were obtained from the relevant provincial administrations.

If the financial allocation to the academic hospital complexes for the 1990/91 financial year is divided by the number of beds in use on 31 December 1990, the following results are obtained:

Groote Schuur	R231 086
Tygerberg	R161 220
Baragwanath/Johannesburg	R100 729

The information as submitted in the reply to Question 168 is calculated as the cost per *patient* per day.

If the financial allocation to the individual academic hospitals for the 1990/91 financial year is considered, the figures are as follows:

Groote Schuur	R358 182 827
Tygerberg	R319 700 062
Johannesburg	R189 164 900
Baragwanath	R187 258 400;

Lawsuits against Minister of Justice

312. Mr D J DALLING asked the Minister of Justice:

(1) Whether any lawsuits were brought against him in 1990 in his capacity as Minister of Justice by members of the public; if so, (a) how many and (b) what (i) were the circumstances of the lawsuits, and (ii) was the outcome, in each case;

(2) whether he paid out any moneys in 1990 (a) as a result of successful lawsuits brought against him and (b) in out-of-court settlements; if so, what amounts in each case?

B788E

The MINISTER OF JUSTICE:

(1) Yes

(a) 20

(b) (i)

Number	*Cause of action*
3	Malicious prosecution
15	Unlawful arrest or detention
2	Defamation

(ii)

Successful lawsuits against Minister	*Claims settled out of court*	*Claims not proceeded with by the plaintiff*	*Claims pending*
2	8	2	8

(2) (a) Yes

P Govender — Unlawful deprivation of liberty — R 600,63
E Mashinini — Appeal pending

(b) Yes — R25 850,00

Mashaba M J — Unlawful deprivation of liberty	— R 4 250,00
Pale F M — Unlawful arrest	— R 2 500,00
Mkwanazi J — Unlawful arrest	— R 6 000,00
Magqabi M — Unlawful deprivation of liberty	— R 4 400,00
Ntubula M — Unlawful deprivation of liberty	— R 2 500,00
Motha J S — Unlawful deprivation of liberty	— R 1 200,00
Mashele R A — Unlawful deprivation of liberty	— R 5 000,00
	R25 850,00

The amount includes settlements reached pursuant to letters of intention to institute action and actions instituted before 1990 but settled during 1990.

HOUSE OF ASSEMBLY

Legal Aid Board: services suspended

313. Mr D J DALLING asked the Minister of Justice:

Whether any legal aid services were suspended by the Legal Aid Board in 1990; if so, (a) (i) which services and (ii) for what period and (b) why were these services suspended?

B789E

The MINISTER OF JUSTICE:

No legal aid services were suspended by the Legal Aid Board in 1990 in the sense that aid for certain cases and/or specific procedural steps were excluded from the Legal Aid Board's legal aid scheme.

Certain prescriptions which the Legal Aid Board included in its legal aid manual in 1988, to ensure that funds are appropriated for worthy cases are, however, still in force. These prescriptions pertain to legal aid for appeals in criminal and civil matters and determine that aid will not be granted unless the Director of the Legal Aid Board is convinced that there is a reasonable prospect for success on appeal.

Legal aid for claims justiciable in the Small Claims Court was also not granted in 1990.

The policy that authorisation for instructions to advocates for appearances in magistrates' and regional courts and instructions to senior advocates only be given by the Director and that he will do so in exceptional cases, was maintained in 1990.

The restrictions that were imposed on money payable to legal practitioners in April and December 1988 were maintained during 1990 in the following matters:

- Divorces and related cases.
- Petitions and applications after the imposition of the death sentence.
- Industrial court cases.

The restrictions pertaining to these matters, were as follows:

Divorce and related cases

The maximum tariff paid was R750 if one attorney was involved and R1 000 if two attorneys were involved: Provided that if permission was granted for the institution or defence of interlocutory actions, legal costs therefor could have been allowed in addition to the legal costs for the main action: Provided further that the legal costs for the interlocutory action were restricted on the legal aid tariff to a maximum of R500 if one attorney was involved and R750 if two attorneys were involved. The Director has a discretion to increase the latter fees in appropriate circumstances.

A further qualification on this restriction is that an attorney is free to present an attorney-client bill of cost to the Legal Aid Board. If this is done, the bill is taxed by the Legal Aid Board and the taxed bill minus 20% is payable to the attorney.

Petitions relating to the death sentence

Legal costs pertaining to petitions and applications after the imposition of the death sentence, were restricted to a maximum of R500 per petition or application on legal aid tariffs.

Industrial court matters

For a consultation if section 43 proceedings were not instituted—the moneys as prescribed for a consultation in scale C of the tariff in the Magistrates' Courts Rules, minus 20%; if section 43 proceedings were instituted —the moneys as prescribed in scale C of the tariff in the Magistrates' Courts Rules, minus 20%, to a maximum of R500; if the legal aid mandate was extended to include section 46 proceedings—the moneys as prescribed in scale C of the tariff in the Magistrates' Courts Rules, minus 20%, to a maximum of R250. The Director of the Legal Aid Board has the authority to grant legal aid in meritorious cases and to increase or remove restrictions.

The above restrictions were imposed in an effort by the Legal Aid Board to keep its expenses on legal costs within the bounds of its budget, and to utilise the available funds for the benefit of as many needy people as possible.

Sentenced prisoners: mental patients

327. Mr D J DALLING asked the Minister of Correctional Services:

How many sentenced prisoners were transferred to mental institutions in 1990?

B859E

HOUSE OF ASSEMBLY

Meiring issues warning to hospital 'alarmists'

By ESANN van RENSBURG
Staff Reporter

98
ARGUS 8/5/91

ALARMISTS have to stop their counter-productive messages of disaster concerning Cape hospital services, Cape Administrator Mr Kobus Meiring said today.

He was addressing the Breakfast Club, a conversation forum for businessmen, on issues concerning the Cape.

"I want to advise the prophets of doom rather to expend their energy on promoting the cause of hospital and health care services.

"To try to create a psychosis that institutions such as Groote Schuur and Tygerberg hospitals are going under, is irresponsible. I appeal to them to come to their senses," he said.

The Cape's hospital and health services were the best in the country and on the continent and academic hospitals were definitely not facing collapse.

Mr Meiring said matters were being complicated by alarmist cries, especially from these hospitals.

"No one is denying the Cape Provincial Administration is struggling financially and that we find it extremely difficult to maintain the standard of service of the past."

But now was not the time to panic and the alarmists should seriously think about their "unnecessary and incorrect" behaviour, he said.

Referring to the increasing urbanisation of the population and population growth, he said they were the greatest challenges facing the Cape in the years ahead.



Mr Kobus Meiring

"Poor black people are streaming to the urban areas and there is a desperate shortage of job opportunities."

Mr Meiring said urbanisation management was "hopelessly too fragmented" and the "government machinery runs too slowly to fulfil the existing needs".

Plans to solve the problems rarely materialised and people were becoming increasingly frustrated, to the detriment of society.

He said negotiation between all parties was the key to the best possible decision-making, but negotiations could not go on for an undetermined length of time.

"In our desire to be reasonable, we dare not postpone our decision until a once manageable situation has become a crisis."

20.30: Jazz Jazz Jazz
20.55: News Update
21.00: Programme Line-up
21.03: Family Ties
21.30: Dynasty
22.30: Island Son
23.30: Big World Cafe

Lisbon	10	22	Clear	Tokyo	18	21	Rain

rounded by gravity so powerful that it sucks entire suns into oblivion. Hovering nearby is a lost space ship and the explorers decide to investigate. Starring Maximilian Schell, Anthony Perkins, Robert Forster, Joseph Bottoms, Yvette Mimieux and Ernest Borgnine.

Hospitals 70% effective — MRC

ST 13/5/91 (98)

Political Staff

ONLY 70% of the time spent by patients at an academic hospital was justified, a Medical Research Council (MRC) research centre has found.

The Centre for Epidemiological Research in Southern Africa (Cersa) investigated the effectiveness of hospital use at an unspecified academic hospital, the MRC said in its annual report, which was tabled in Parliament last week.

"From this it appears that 70% of the time which patients spend in hospital is justified.

"The time spend unnecessarily in hospital could be reduced slightly by better planning of discharge procedures and more health care facilities in the community.

"The investigation has also exposed a pattern of routine nursing care which is not directed at those who need it most.

(1) What total amount is it estimated will his Department save in (a) operating costs and (b) salaries during the first 12-month period following the closure of the St Patrick's Primary School (Kokstad), Eston Primary School and Bulwer Primary School;

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

B922E

The MINISTER OF EDUCATION AND CULTURE:

No final decision has been taken on the closure of the schools. If the schools mentioned should be closed, the saving for the period mentioned will be the following:

(1) (a) R45 894,00

(b) R477 000,00

However, when the closure of a school is being considered a decision is taken not only on the grounds of possible savings which could be effected, but other factors such as the wishes of the community, educationally accountable provision of education, provision of extra-curricular activities, etc are thoroughly taken into account;

(2) no.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Deaths by intravenous drips: investigation

*4. Mr A E DE WET asked the Minister of Health Services:

(1) Whether she or her Department has been informed of the deaths of approximately 27 persons that were allegedly caused by intravenous drips; if so,

(2) whether an investigation is being made into these deaths; if not, why not; if so, what progress has been made;

(3) whether any action is being taken against the company responsible for the manufacturing of these drips; if not, why not; if so, what action?

B978E

The MINISTER OF HEALTH SERVICES:

(1) The Department of Health Services and Welfare: House of Assembly, became aware of the outbreak of a neonatal infection and death of seven babies on 28 August 1990 at the following private hospitals: Park Lane Clinic, Morningside Clinic and Garden City Clinic.

(2) The Department of Health Services and Welfare: House of Assembly investigated the deaths and all relative documents were forwarded to the Attorney-General, Witwatersrand Local Division. The Attorney-General submitted all the clinical information submitted to him to a panel of experts which, at his request was organised by the Department of Health Services and Welfare, Administration: House of Assembly, to decide if the babies in fact died from unnatural causes. The Attorney-General will make a decision as soon as all the reports have been received and studied and the police investigation has been finalised.

(3) The company responsible for the manufacturing of these drips, voluntarily closed the production facility concerned. The Attorney-General is considering amongst others, the question whether any penal responsibility exists in respect of any medical practitioner, institution or any other party because of the death of the persons.

For written reply:

General Affairs:

Customs Union Agreement: amounts paid over

330. Mr K M ANDREW asked the Minister of Finance:

(1) What amounts were paid over to (a) each of the independent Black states and (b) (i) Botswana, (ii) Lesotho and (iii) Swaziland in terms of the Customs Union Agreement in the 1990-91 financial year;

(2) what was the balance that accrued to the Republic of South Africa?

B858E

The MINISTER OF FINANCE:

(1) (a) Transkei R502 084 000
Bophuthatswana R698 418 000
Venda R 99 580 000
Ciskei R265 989 000

(b) (i) Botswana R661 046 000
(ii) Lesotho R354 658 000
(iii) Swaziland R338 040 000

(2) After provision was made from total customs and excise receipts for an amount of R657 633 000 in respect of Namibia, the balance, that accrued to the Republic of South Africa, amounted to R4 462 508 724.

Own Affairs:

Cape Province: 1990 matriculation results

71. Mr J H MOMBERG asked the Minister of Education and Culture:

(1) How many pupils at schools falling under the control of his Department (a) (i) passed, (ii) failed, and (iii) obtained matriculation exemption in, and (b) wrote, the matriculation examinations in respect of the Cape Province at the end of 1990;

(2) how many of these pupils obtained (a) A, (b) B, (c) C, (d) D, (e) E, (f) F and (g) other aggregate symbols in the 1990 matriculation examinations;

(3) how many of these pupils passed in (a) Mathematics and (b) Physical Science in the above-mentioned year?

B887E

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) (i) 16 261
(ii) 942
(iii) 7 343
(b) 17 203

(2)* (a) 650
(b) 1 379
(c) 2 680
(d) 2 278
(e) 356
(f) 0
(g) 0

(3)** (a) 9 335
(b) 5 858

*Only candidates entered for matriculation exemption.
**Higher, standard and lower grade candidates included.

Crisis bid to save children's hospital

98

GT 14/5/91

By GLYNNIS UNDERHILL

SOUTH AFRICA's top paediatricians and medical specialists are making a last-ditch attempt to save the financially crippled Red Cross Children's Hospital.

Professor Malcolm Bowie, deputy head of Red Cross and one of the founder staff members of the hospital which was built in 1956, described the outpatients section as "an unbelievable slum".

Plans to upgrade the internationally acclaimed institution — which is Southern Africa's only children's hospital — have been blocked, despite the increase of patients as people flood into the Cape, he said.

Professor David Beatty, head of paediatrics at the hospital, warned that services would have to be terminated unless money was made available by the government.

Red Cross is currently understaffed and overcrowded — but the Cape Provincial Administration recently ordered it to freeze posts as staff leave.

It is desperately short of nurses and radiographers, according to Professor Beatty. The medical staff work long hours and any permanent freezing of posts would make conditions "intolerable", he said.

Staff morale was at an all-time low and skilled people would be tempted to leave. "This year we are just not going to come out," he said.

The hospital administrators have been told by the CPA to keep within a drastically reduced budget for 1991. The budget has not increased in real terms for at least five years — while the budget for items like syringes and medicines has been cut by 36% this year, according to Professor Beatty.

At least R15 to R20 million was required — in addition to the curtailed budget — to maintain services at 1990 levels.

The hospital has a 158% occupancy rate at present. A lack of primary care facilities in the communities has meant that Red Cross is the only place where some children can be treated.

The hospital was designed as a 227-bed hospital but now has 350 beds. The first stage of plans to spend an estimated R30m developing the hospital had never got off the ground, said Professor Beatty.

Top specialists at Red Cross plan to lobby parliamentarians and the Department of National Health for assistance.

Mr Mike Ellis, Democratic Party health spokesman, called for urgent government intervention to ensure that the health of children at the Red Cross hospital was preserved.

It was suffering both a funding and staffing crisis, he told Parliament yesterday.

He said R15-R20 million in addition to the budget was required to maintain services.

In January five of the 12 intensive-care beds had to be closed, with the result that critically ill children were nursed in general wards.

There had been no inrease in staff or in the budget in real terms for five years, he said.



A SLUM . . . Professor Malcolm Bowie, deputy head of the Red Cross Children's Hospital, h described the outpatients section as an "unbelievable slum". Professor Bowie is standing in tl crowded corridor which serves as the outpatients' dispensary. Picture: ALAN TAYL

Health changes

98

Political Correspondent

THE South African health system is to be restructured on a non-racial basis.

The provincial administrations will lose control of the country's seven top academic hospitals and local authorities will be given full control of primary health care. Sowetan 141591

The change was in tandem with the phased dismantling of statutory apartheid, the Minister of National Health and Population Development, Dr Rina Venter, said in Parliament yesterday.

Venter also said many of the functions of the country's top hospitals would have to be rationalised to cut costs. Implementing the new system would begin as soon as investigations were complete.

Children's hospital needs urgent state aid, says DP

(98) Argus 14/5/91

Political Correspondent

URGENT government intervention was necessary to maintain the high level of services at the Red Cross Children's Hospital, the only hospital for children in southern Africa, said Democratic Party health spokesman Mr Mike Ellis.

Speaking in the health budget debate yesterday, Mr Ellis said the hospital played a unique role in providing highly specialised care for sick children from within South Africa and outside the borders, providing primary care to children in the Western Cape and training for health personnel involved with caring for children.

"In spite of the increasing workload there has been no increase in staff for five years. Staff complements are such that in January 1991, five medical intensive care beds out of the 12 available had to be closed.

"As a result critically-ill children were nursed in general wards.

"The hospital has now been forced to freeze any vacant post and told to decrease the staff complement by 10 percent in one year.

"The hospital budget has not increased in real terms for at least five years. Now portions of the budget have been cut by up to 45 percent for this financial year. Consumables, such as syringes, needles and medicines, must be cut by 36 percent."

Mr Ellis said at least R15-million to R20-million would be needed, in addition to the budget, to maintain services at 1990 levels.

"The hospital is doing its utmost to run as efficiently as possible. Services are being rationalised where possible. Members of the hospital staff are exploring every possible avenue to ensure that the sick children will receive the best possible care in the circumstances."

But Mr Ellis said it was clear that intervention was "urgently required" to ensure the health of children served by the hospital was maintained.

Health sector changes seen as shot in the arm

Star 15/5/91

By Carina le Grange and Shareen Singh

Health care experts and spokesmen yesterday welcomed the sweeping changes to the health care system announced by Minister of Health and Population Development Dr Rina Venter.

However, while decentralisation was almost uniformly welcomed, other rationalisations were criticised.

Provincial administrations, which would feel the effects of the changes most, according to the Minister, were still studying the full text prior to comment.

CP spokesman Dr Willie Snyman applauded the new independence that academic institutions would enjoy as well as the limited private practice for academic doctors, but he said the downwards devolution of management of primary health care raised the problem of finance.

"Real problems — such as inadequate facilities at academic hospitals, salaries and conditions of health workers and the high cost of medicine — were not addressed. Neither was the matter of value added tax which would put health care out of the reach of many people," Dr Snyman said.

DP spokesman on health Mike Ellis said the new announcements were "very encouraging" but finance would continue to be a major obstacle.

"The Government must be prepared to acknowledge health as a priority backed up by finance, or even allowing a State lottery," he said.

The dean of the University of the Witwatersrand medical school, Professor John Milne, also fully supported the autonomy of academic hospitals and their freedom to raise funds. He would favour a form of equal partnership with regional health authorities, and the running of services on a joint, but equal, basis.

On the issue of hospital doctors having limited private practice, Professor Milne said the ideal would be for these doctors to be paid better so that they would need to go into private practice.

Medunsa medical dean Professor T Heyl was delighted that management autonomy would be granted to medical schools. This would lead to more efficient financial administration and spending of public funds, he said.

Senior lecturer and physician Dr Yussuf Veriava, of Wits and the Coronation Hospital, welcomed the new autonomy but expressed concern regarding the autonomy of academic institutions.

He said that if academic institutions became totally autonomous, they might not link up with other levels of health care as it was the "duty" of academic hospitals to contribute to the upgrading of services at other hospitals.

Dr Veriava criticised Dr Venter's exclusion of certain widely representative health organisations on the national policy advisory committee.

"To have the Medical Association of South Africa on the committee and leave out organisations that have greater grassroots contact is a major shortcoming."

A spokesman for the National Medical and Dental Association, Dr Fazel Randera, like Dr Veriava, felt Dr Venter's exclusion of "progressive health-sector organisations" from the national policy advice committee could lead to problems.

He further said that in view of the "acute crisis" experienced by academic hospitals, new autonomy measures may lead to the richer and more urban medical schools continuing to be dominant.

Dr Veriava also said that raising funds would put some academic hospitals — such as Medunsa — in less affluent areas at a disadvantage compared with their Wits counterparts.

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

(a) The estimated cost of administering each Department is tabulated hereunder:

(i) Department of Budgetary and Auxiliary Services: R833 800

(ii) Department of Housing: R919 300

(iii) Department of Education and Culture: R1 162 900

(iv) Department of Health Services and Welfare: R739 200

(v) Department of Local Government and Agriculture: R727 900

The expenditure figures are, however, not final as the books of the Administration is expected to be closed in July 1991.

(b) The number of personnel, including Ministers, involved in the administration of each Department is as follows:

(i) Department of Budgetary and Auxiliary Services: 15

(ii) Department of Housing: 7

(iii) Department of Education and Culture: 10

(iv) Department of Health Services and Welfare: 11

(v) Department of Local Government and Agriculture: 20

Free text/prescribed books: cost

27. Mr M RAJAB asked the Minister of Education and Culture:

What was the cost of providing free textbooks and prescribed books in (a) primary and (b) secondary schools under the control of his Department in the latest specified financial year for which information is available?

D120E

The MINISTER OF EDUCATION AND CULTURE:

Figures available for the latest financial year (1989/90) are as follows:

(a) R2 005 228

(b) R4 276 219.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Murder in Bethelsdorp: SAP investigation

*1. Mr W J DIETRICH asked the Minister of Law and Order:

(1) Whether the South African Police are conducting an investigation into the alleged murder of two persons, whose names have been furnished to the Police for the purpose of the Minister's reply, near Damascus Farm in Bethelsdorp on or about 5 September 1990; if so, (a) what efforts were made initially to solve the alleged murders and (b) what are the names of the persons involved;

(2) whether any progress has been made in this investigation; if not, why not; if so, what progress;

(3) whether it is his intention to (a) offer a reward and/or (b) call in the assistance of the mass media in an effort to solve this case?

C100E

†The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) The South African Police made every effort and used all the means at their disposal to solve the case. They made use of, inter alia, local newspapers, Radio Algoa, Dossier and the Police helicopter to trace the accused.

(b) Wilfred Emmanuel Holburn, and Jennifer Lorgat.

(2) No, because all attempts made so far to trace the accused have been fruitless.

(3) Yes.

(a) A reward of R5 000,00 is being offered in respect of each case.

(b) Although use has already been made of the media, it will be done again in an effort to solve the crimes.

Algoa Chest Hospital: closing down

*2. Mr W J DIETRICH asked the Minister of National Health:

(1) Whether it is the intention to close down the Algoa Chest Hospital in Port Elizabeth; if so, (a) why and (b) when;

(2) whether arrangements will be made for patients who will be affected by the closure of this hospital; if not, why not; if so, what arrangements;

(3) whether the State intends taking over this hospital; if not, (a) why not and (b) what steps are envisaged in this regard; if so, what are the relevant details?

C101E

†The MINISTER OF NATIONAL HEALTH:

(1) The Algoa Chest Hospital is owned by a private hospital group, namely Life Care. There is no knowledge of an intention to close this hospital. The original contract between Life Care and the Provincial Administration of the Cape of Good Hope was terminated with effect from 1 June 1991 by the Administration of the House of Assembly due to escalating tariffs;

(2) the patients for whom the CPA is responsible, will be admitted and treated at SANTA institutions at considerably lower cost;

(3) no,

(a) it is not government policy to buy out private institutions and

(b) falls away.

†The CHAIRMAN OF COMMITTEES: Order! Now that the questions on the Question Paper have been dealt with, I wish to make the comment that if hon members place questions for reply by Ministers on the Question Paper, they must see to it that they are indeed in the House when the questions are replied to. It is an

enormous task to go through the questions thoroughly and reply thereto.

†Mr P A S MOPP: Mr Chairman, may I address the Chair in this regard? The hon member for Bethelsdorp is in his constituency with leave.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

South African banks: safe cover

246. Mr L F STOFBERG asked the Minister of Finance:†

(1) What percentage of liquid assets in proportion to total liabilities is considered by his Department to be safe cover for South African banks;

(2) whether his Department intervenes when this percentage appears to be unfavourable; if not, why not; if so, at what stage;

(3) whether his Department protects the public by supporting banks financially when problems arise as a result of recessionary circumstances; if so, what amount was made available for this purpose during the latest specified period of 12 months for which information is available; if not, why not;

(4) whether his Department is considering protecting the public in the above-mentioned way in future; if so, what minimum amount will be made available for this purpose?

B646E

The MINISTER OF FINANCE:

(1) Article 72(1) of the Deposit Taking Institutions Act, 1990, stipulates that regulations (for which the approval of the Minister of Finance is necessary), may prescribe liquid assets equal to a maximum of 20% of a deposit taking institution's various categories of liabilities. The liquid asset requirement is currently 20% for deposit taking institutions' short-term liabilities, and this figure can be taken as an indication of the level of protection that the Registrar of Deposit Taking Institutions regards as relatively safe.

Liquid assets presently fulfil a business management function and are no longer applied for monetary policy objectives (as was previously the case in terms of the Bank Act, 1965, as amended).

It should be added that capital requirements for deposit taking institutions, which is related to their asset risk profile, rather than the liquid asset requirement, is regarded as the primary solvency requirement.

(2) The bank supervisory function is carried out by the Registrar of Deposit Taking Institutions, who has the legal authority to take action in those instances where the prescribed liquid asset requirement is not adhered to. Such action, which is taken immediately if liquidity requirements are not met, is determined strictly by market factors, the circumstances of the institution involved and the temporary or permanent nature of liquidity problems. The Registrar is also empowered, in special circumstances, to permit a deposit taking institution to encumber its liquid assets and, temporarily to maintain less in liquid assets than prescribed.

A deposit taking institution not complying with the liquid asset requirement, which does not necessarily imply that it is experiencing liquidity or solvency problems, will have to explain this and will be instructed to rectify the matter. It should however be emphasised that, by means of the new statutory returns, the liquidity position of all banks is closely monitored in order to ensure that timely and appropriate corrective action is taken.

(3) As with all other private-sector institutions in the South African economy, banks are subject to the discipline imposed by market forces. Neither the Department of Finance nor the South African Reserve Bank can therefore legally bind itself to protect banks in cases of poor management or in times of recession. This would only lead to an inefficient banking system.

Medi-Clinic nets R21,9m

SEAN VAN ZYL

HIGHER occupancy levels at Medi-Clinic's hospitals enabled the Rembrandt Group's hospital services subsidiary to lift attributable profits 10% to R21,9m for the year ended March.

Medi-Clinic has disclosed earnings of 12,9c (11,8c) a share of which a final dividend, marginally down on the previous year. of 2,5c (3c) a share has been declared. However, the combined interim and final dividend of 4c a share exceeded 1990's total dividend payout by 33%.

While turnover was not disclosed, the company has indicated a 40% increase on the previous year's revenue. Income at operating level showed growth of 52% to R24,7m (16,1m).

The company was able to negotiate higher tariffs from the Representative Association of Medical Schemes (Rams) last year.

Despite the strong growth on the pre-tax level, a tax bill of R7,45m at 26% reduced income available for distribution to R21,7m from R19,9m the previous year at which stage no tax was payable due to start-up losses incurred.

Van Wyk said a new hospital was being built in Stellenbosch which was expected to be completed by May next year. Medi-Clinic's seven hospitals showed improved occupancy levels for the 1991 trading year.

Van Wyk noted that earnings were expected to improve further for the current financial year.

HEALTH Fm 17/5/91 (98)

GETTING BETTER

Health Minister Rina Venter concedes that government faces an uphill battle in rehabilitating SA's crumbling public health services, but at least she's made a start.

The restructuring of health services she announced this week will streamline administration and — it is hoped — ensure the more effective use of limited financial resources.

On paper the plan is perhaps the boldest step government has taken so far to prepare the health services for the new SA. It cuts across current racial and ideological divisions by providing the framework for:

☐ Nonracial "democratic" control of primary health care at local government level;

☐ Control by the provinces of regional hospitals organised on the basis of the country's nine development regions which include the non-independent homelands; and



Venter ... *a healthy start*

Fm 17/5/91 (98)

☐ Administrative autonomy for the seven academic hospital complexes, comprising 13 hospitals in all.

Own affairs health services, effectively brushed aside when hospitals were opened to all last year, continue to exist in statute only. Venter argues that legislation would be needed to scrap the own affairs departments, and besides, she says, own affairs are currently allocated only 8% of total health spending.

In that case government critics may well ask why it's necessary to continue paying two own affairs Ministers — Chris April in the House of Representatives and Baldeo Dookie in the House of Delegates — R187 000 a year each plus official residences and motor cars, and the infrastructure to keep their offices running, when they're clearly redundant.

Democratic Party's Colin Eglin showed earlier this month that government can in fact take administrative steps to effectively dismantle the own affairs system without having to amend the constitution.

Venter, however, is understandably more concerned with implementing the new strategy than debating the merits of own affairs. The plan provides for national health policy to be determined by government in consultation with organisations involved in health services.

Academic hospitals — previously under provincial control — will become autonomous, each under a manager and supervisory council. Funds allocated by the State will be controlled by the council.

Provincial authorities will continue to control regional hospitals. Management autonomy is envisaged in the longer term, says Venter.

She has also ordered an investigation, the results of which she wants within three months, into the feasibility of doctors at State hospitals supplementing their salaries through limited private practice.

Primary health care, currently controlled and administered by six different authorities — the three own affairs departments, the provinces, local authorities and the national Health Department — will be taken over by local authorities.

Where necessary the provinces will assist with phasing in local control, and in areas where local authority administration of primary health care is impossible — such as some black townships where most administration has effectively collapsed — the provincial authorities will render the service while simultaneously working towards the re-establishment of local authority control.

Venter says the "democratisation" of health services will increasingly involve local communities in the planning and development of their own services.

The State will help fund primary health care on a formula currently being developed. Some of the money that will become available through the reduction of strategic stockpiles will be allocated to primary health care services. ■

Only two hospitals integrated on Reef

BIDay 20/5/91 · 98

OF THE six major hospitals on the Reef only two have so far integrated all of their facilities in terms of recent government legislation.

A spot check conducted by Business Day last week revealed J G Strijdom and the Johannesburg Hospital were almost fully integrated, with patients of different colour lying next to each other in some wards.

Two other hospitals — the Edenvale Hospital and Pretoria's H F Verwoerd — were partially integrated.

However, the Boksburg-Benoni hospital appeared to be fully segregated on classic apartheid lines.

A large sign at the main entrance of this hospital directed "coloureds, Indians and blacks" around the side of the main hospital building.

There was a separate casualty department for blacks, and there appeared to be separate wards and ambulances, although the receptionist at the "European" section of the hospital said that people of different race groups could go "anywhere" in the hospital.

DARIUS SANAI

The areas on the "black" side of the hospital were ill-lit and very crowded, with long lines at the dispensary and at the different consulting rooms.

The corresponding area in the "European" building was virtually empty, with seven patients waiting for treatment, including one Indian man.

The Boksburg hospital authorities refused to comment on the findings.

A sample of 420 patients on the patient list at the H F Verwoerd Hospital, which classified the patients by racial group, revealed 302 whites, 98 coloureds and 20 blacks.

This was described by one coloured patient as "a major improvement considering the name of this hospital".

Some sections of the J G Strijdom Hospital were split into different rooms for white and black patients, although other wards were fully mixed.

No white patients were spotted in Johannesburg's formerly coloureds-only Coronation Hospital.

Donors' conference planned to aid exiles

THE National Co-ordinating Committee for Repatriation (NCCR) is planning a donors' conference in Geneva to assist funding the return of SA exiles.

A six-man delegation, which will include members of the ANC, the PAC, Azapo and the NCCR, leaves today to meet the UN High Commissioner for Refugees (UNHCR).

BIDay 20/5/91

The delegation would also meet representatives of the World Council of Churches and other "non-governmental" organisations, the NCCR said.

TIM COHEN

The purpose of the visit is to assess the progress of the UNHCR and government on amnesty for SA exiles.

Delegates will try to work out the nature of NCCR-UNHCR co-operation in the repatriation programme and prepare for the conference.

The delegation will be led by NCCR national co-ordinator Mankekolo Mahlangu-Ngcobo.

The group will return to SA on Friday.

E Rand hospital 'still segregated'

Own Correspondent

JOHANNESBURG. — Of the five major hospitals on the Reef, only two have so far integrated all of their facilities in terms of recent government legislation.

A spot check conducted by Business Day last week revealed J G Strijdom and Johannesburg Hospital were almost fully integrated, with patients of different colour lying next to each other in some wards.

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The areas on the "black" side of the hospital were ill-lit and very crowded.

The Boksburg hospital authorities refused to comment on the findings.

Families may go to court over 'drip deaths'

98

Star 22/5/91

By Helen Grange
and Abel Mabelane

Parents of infants believed to have died because of contaminated intravenous "drips" may launch court action to compel Witwatersrand Attorney-General Klaus von Lieres und Wilkau, SC, to decide on judicial proceedings to be taken.

Peter Soller, the attorney representing the families of eight adults, two toddlers and 24 infants who died, said yesterday he was canvassing his clients on whether they wanted to take the matter to the Supreme Court in the light of Mr von Lieres' "failure to respond to my correspondence".

Mr Soller said he had given Mr von Lieres until May 7 to decide whether or not to prosecute individuals or institutions as a result of the deaths. The deadline had come and gone without word from the Attorney-General.

Assurance

"Mr von Lieres has to decide whether to institute prosecutions or whether to refer the matter to the Magistrate's courts for inquest hearings into the deaths.

"He can't sit back and hold on to the matter. I have had phone calls every day from families asking me why justice isn't being done."

Mr von Lieres, who could not be reached for comment yesterday, gave an assurance earlier this month that investigations would be completed by the middle of the year.

He said that proof had to be established to indicate death by unnatural circumstances before he could decide on prosecutions or inquests.

"Our investigations are continuing and progressing very nicely. The investigations have to be concluded by the middle of this year," he said earlier.

Sabax, the company which produced the drips, has stated it will continue to co-operate fully with investigations.

We don't treat blacks, clerk tells employer (98)

By Shareen Singh Star 22/5/91

A black worker was refused treatment at the Sandton Clinic's emergency unit this week because the clinic "did not accept blacks", a clerk at the hospital told the worker's employer.

Restaurateur John Duffy, who rushed his chef to the clinic for stitches after he cut his hand while on duty, said he was horrified at the "blatantly racist" response he got from a hospital clerk.

"He did not even try to make an excuse but boldly said they did not take blacks."

The clerk called a nursing sister, who also insisted that the hospital did not treat blacks.

Mr Duffy said he had told the clerk he would "pay cash upfront" for treatment but it made no difference.

Sandton Clinic public relations officer Sonja Velleman said the clinic was completely non-racial and the staff who spoke to Mr Duffy were definitely out of line. The matter would be investigated, she said.

The problem did not end at the Sandton clinic. Mr Duffy took his employee to the Johannesburg Hospital, which referred him to J G Strijdom Hospital because it was an industrial accident. From there he was in turn referred to Main Reef Hospital where his hand was stitched after several hours.

J G Strijdom hospital is also investigating the circumstances of the referral.

Supply, demand 'to dictate gold price'

B1Day 22/5/91

PRODUCERS and traders in gold may do their best to forget the metal's poor performance in 1990, but Gold Fields Mineral Services' (GFMS') 1991 gold survey, released yesterday, suggests that 1990 may turn out to be the year when gold demand began inexorably to overhaul supply.

Gold analysts agree, supported by industry leaders and Anglo American gold division chairman Clem Sunter, that now as never before the laws of supply and demand will dictate the price of gold and the health of SA's high-cost mining industry.

The survey said that the momentum of the increases in gold production in the last decade, which analysts have blamed for the demise in the gold price, looked set to continue for years, at first sight.

Gold mine production in the US and Australia rose by 11% and 19% in 1990 to reach record levels of 295 tons and 241 tons respectively. Gold sales from the communist bloc — up by almost a third from Soviet, Chinese and North Korean sources — and the supply from old gold scrap reached their highest levels for five years.

However, figures suggested that although western mine production had reached record levels, it was levelling off.

In SA, some mines had successfully rationalised operations, but "the scope for further improvement is limited". Stilfontein's closure was the first deep level Witwatersrand gold mine to be shut down by a major mining group for years. Prospects for future expansion were poor given that in the last two years capital expenditure had fallen 30% in real terms.

"It therefore remains to be seen how

MATTHEW CURTIN

much of the industry will emerge unscathed, and how far output will fall." Against the sustained drop in the gold price in real terms, SA gold mines showed the highest cost increases in 1990, with Rand Mines' ERPM coming in as the highest cost major gold mine with cash costs of US$462 an ounce, against Papua New Guinea's Porgera project with costs of $87 an ounce.

Whereas supply was subsiding, the survey said fabrication demand for gold — 85% of total demand for gold — reached a new high in 1990.

Carat jewellery accounted for 83% of fabrication demand. The survey said that 1990, in defiance of the worsening economic climate and the Gulf War, was "an excellent year" for the European jewellery industry, while demand in the Middle East climbed more than 20%.

Investment

Observers were confident that in North America the upswing expected in 1992 and low stocks of finished items would fuel demand in the future. Also larger amounts of new gold rather than scrap were being used in world jewellery production.

The survey said that the 144 tons of "implied investment" in gold in 1990 — the informal offtake of the metal for investment purposes — "may be a positive development", in the face of the sustained weakness of the gold price.

"It suggests that contrary to conventional wisdom (that gold is losing its appeal as a store of investment), European and North American investors may now be beginning to purchase on price lows."

Healthy hike in profits for Clinic Holdings

98

B1Day 22/5/91.

SEAN VAN ZYL

SURGICAL and private hospital group Clinic Holdings achieved a real return for its shareholders by disclosing a 24% rise in attributable profits to R12,2m for the six months ended March.

The growth in earnings equated to 12,3c (10c) a share from which a 17% higher dividend of 5,2c (4,5c) a share has been declared. The dividend cover has increased to 2,3 times.

Financial director Stan Berger said last night that "we previously forecast growth exceeding the rate of inflation, and the increase in profit for the past six months is satisfactory".

Clinic Holdings, regarded as the largest private hospital group, has clinics like the Garden City Clinic, Park Lane Clinic and Milpark Hospital in its fold. Berger said the group had just completed a major capital expansion programme. "We now plan to enter a period of consolidation, without any additional expansion plans in the pipeline."

Clinic Holdings has not disclosed turnover for the period. However, a supplement index showed a 34% growth on the previous period. Berger said long-term liabilities remained at R25m.

He conceded, however, that operating margin had come under slight pressure, due to tight trading conditions, but that "the margins are quite acceptable in relation to the rest of the clinic industry".

He said the group's clinics had achieved a satisfactory growth in occupancy levels during the six months.

Lebowa Bakeries thrives in tough year

B1Day 22/5/91

43

MARCIA KLEIN

LEBOWA Bakeries, which recently announced that Sasko had taken a 45,2% stake in the company for R14,7m and would be making a similar offer to minorities, increased its earnings by 10,2% to R5,76m (R5,23m) in the year to end-March.

Turnover increased by 23,9% to R91,1m (R73,6m) and operating income was 12% up at R12,1m (R10,8m). Directors said the decrease in operating margins was due to increases in depreciation and initial costs of Tubatse Bakery which came on stream during the year.

They said despite a difficult year due to irregular school attendances, strikes, stayaways and general consumer boycotts which affected sales, turnover was still up by 23,9% and earnings by 10,2% to 23c (20,9c) a share.

Net income before minorities was 15,4% up at R6,35m (R5,5m), but bottom line earnings were 10,2% up after an amount of R591 000 (R275 000) attributable to outside shareholders.

A final dividend of 6,25c a share was declared, bringing the full-year dividend up by 19,4% to 9,25c (7,75c) a share.

Capex of R7,1m has been approved for building a head office, refurbishing plant, a new bakery and vehicles.





Groote Schuur crisis: A time to start giving

By VIVIEN HORLER
Medical Reporter

A SENSE of gratitude led Peter Swanepoel to his present job — but the frustrations are getting to him already.

Peter is the person at Groote Schuur Hospital who sees to it that trolleys are there to sell tea and soup to people waiting on the hard wooden benches of the out-patients' departments and clinics, the man who makes sure the library trolley gets round to the wards, and the person who sees to it that people have their hair washed, their backs rubbed, their letters written and their conversation answered.

Patients would still recover if Peter were not there, but he makes them feel better while they are doing it.

Peter is the co-ordinator of the hospital's Voluntary Aid Service, better known as the Sunshine Ladies (although quite a few of the "ladies" are men).

"Our job is to make life a bit more comfortable for a lot of frightened and sick people," says Peter. "The volunteers are special people who are prepared to give their own time — not for gain, not for prestige, just to make other people feel better."

Peter has about 175 volunteers on his books, of whom about 75 are exceptionally reliable.

"The others can't always make it, or don't let me know they're not coming. And, quite frankly, some people take the responsibility lightly. Every time someone doesn't turn up we have to try to find a replacement at short notice, or else our patients are disappointed and have to go short."

Peter, 44, knows what he is talking about. In 1979 he had a kidney removed at Groote Schuur. Three years later cancer of the thyroid was diagnosed, and he has been going back to the hospital for treatment and regular check-ups ever since. Now mercifully clear of the disease, he remembers vividly the comfort brought by the Sunshine Ladies.

"Everyone has always been giving to me. It was always a pleasure to see the volunteers' smiling faces at the door, to have them come in and chat, ask how you were.

"So when I saw this job advertised I thought, right, now it's my turn to start giving."

But to do his work properly Peter needs in the region of 450 volunteers.

"With the current financial cuts and freezing of posts the hospital staff are hard pressed, and we can help them as well as the patients."

Volunteers should expect to give a minimum of a morning, afternoon or evening a week, although they are welcome to do more. They can expect to work in the same area at each visit, getting to know the routine, the staff and the patients.

Tasks include pushing library, tea, soup and sweets trolleys around wards and clinics, helping to feed patients, writing and reading letters, visiting out-of-town patients who may have few visitors, brushing and washing hair, light clerical work to relieve the burden on ward secretaries, translating, and helping the nursing staff.

Pictures: LEON MÜLLER, The Argus

Trolley's coming: Lilian Lehmensich, Denise Gabriels and Isobel Mennell, three of Groote Schuur Hospital's Sunshine Ladies, are always a welcome sight for waiting patients. Bottom picture, Sunshine Lady Lilian Lehmensich helps a patient.

New R26-m hospital planned for Mabopane

Soweton 24/5/91 (98)

BY KAMAL SINGH

A R26 million black-owned private hospital will be launched in Mabopane, near Pretoria, on Sunday.

Construction of the three-storeyed clinic will start next month, according to Dr Vincent Msibi, spokesman for the Legae Private Hospital.

He said the hospital would be situated between the Odi Stadium and the new shopping complex opposite the Morula Sun Hotel in Mabopane.

The building is expected to be completed by July/August next year.

It will be operational from October 1.

Msibi said the hospital would be equipped with three operating theatres, a maternity and neo-natal unit, general and surgical wards and eventually 220 beds.

The only other Black-owned private clinic in the PWV is the Lesedi Clinic in Soweto.

Msibi said: "Shares will be offered to medical practitioners (other than the seven at present) and to the public."

Hospital forced to 'make do'

Staff Reporter

GROOTE SCHUUR Hospital is "faced with Hobson's choice" when it came to using old equipment, a spokesman said yesterday, because many people would suffer if it were done away with and not replaced.

This was said after an inquest this week into the 1989 death of heart bypass patient Mr Jack Davies, 75, of Rondebosch, which found that no one was responsible for his death.

Mr Davies died of severe brain damage after air was pumped into his heart by a 15-year-old heart-lung machine after his heart failed during a bypass operation.

The spokesman said that though the machine, which has been replaced by two new instruments, was instrumental in Mr Davies' death, "hundreds of others" would not have been treated had it not been available.

Medical cutbacks made it very difficult for Groote Schuur to replace older equipment and the hospital had not been able to buy equipment it had ordered.

"So you have to make do with what you've got," the spokesman said.

CP shuts township maternity clinic

By MONWABISI NOMADOLO

RESIDENTS of the East Rand township of KwaThema are furious at the closure of the local maternity clinic by the Conservative Party-controlled Springs Town Council.

Springs town clerk HA du Plessis told *City Press* that the maternity section was closed because it was "underutilised and because the KwaThema Council had not kept up payments".

Expectant KwaThema mothers will now have to travel more than five kilometres to the nearest hospital, the Far East Rand Hospital in Springs.

KwaThema town clerk Stephen Muller confirmed that the council is bankrupt.

"What services can we provide with the R54 flat rate rents paid by residents," he said.

involved. The normal periods of lease contracts are 12 months. The total revenue derived from the leasing of the land concerned, amounted to R4 854 101.

The provision of particulars in respect of each separate lease contract, can as a result of the large volume of work to be undertaken, not be justified.

Norwood police station: staff details

382. Mr A J LEON asked the Minister of Law and Order:

(1) Whether he will furnish the (a) total allocated and (b) actual strength of each rank in the current establishment of the Norwood police station situate in the Johannesburg North Police District; if not, why not; if so, (i) what are the relevant details, (ii) how many temporary members are there on the current establishment of this police station and (iii) in respect of what date is this information furnished;

(2) whether any steps have been and/or are to be taken specifically to increase the strength of this police station; if not, why not; if so, (a) what steps and (b) when?

B1009E

The MINISTER OF LAW AND ORDER:

(1) (a) and (b)

No, it is not in the interest of the members at the relevant police station, and policing in general, to furnish information of this nature. I am, however, prepared to inform the hon member personally and confidentially in this regard.

(2) (a) and (b)

The increase of manpower at police stations takes place on the basis of investigations by the Division: Efficiency Services of the South African Police. Such an investigation in respect of the Norwood police station has not yet been carried out. The personnel at the police station in question is, however, not at full strength. The available members nevertheless perform an outstanding task in maintaining law and order in the station area.

I have requested the Commissioner of the South African Police to conduct an efficiency investigation regarding the manpower situation at the Norwood police station so as to supplement it, should such an investigation prove it necessary.

Self-governing territories/TBVC countries: land

384. Mr F J LE ROUX asked the Minister of Development Aid:†

(a) What is the area of the land which, on the adoption of the Development Trust and Land Act, No 18 of 1936, was allocated to each of the states that subsequently became the self-governing territories and TBVC countries and (b) what was the area of each self-governing state and TBVC country as at 31 December 1990?

B1016E

The MINISTER OF DEVELOPMENT AID:

(a) The required information is not readily available. The estimated extent of land declared scheduled area in terms of the Black Land Act, 1913 (Act 27/1913), before the adoption of the Development Trust and Land Act, 1936 (Act 18/1936), is approximately 10 000 000 hectares.

(b) The respective areas (rounded off) are as follows:

Gazankulu	—	774 000 hectares
Lebowa	—	2 251 000 hectares
KwaZulu	—	3 317 000 hectares
Qwaqwa	—	105 000 hectares
KwaNdebele	—	228 000 hectares
KaNgwane	—	438 000 hectares
Bophuthatswana	—	4 407 000 hectares
Ciskei	—	800 000 hectares
Venda	—	708 000 hectares
Transkei	—	4 286 000 hectares

TV licences: income/cost

387. Mr H J COETZEE asked the Minister for Economic Co-ordination and Public Enterprises:†

(a) What amount did the Post Office receive for handling television licences in each of the latest specified three financial years and (b) what was the cost involved in the television inspectorate of the Post Office in each of these years?

B1019E

The MINISTER FOR ECONOMIC CO-ORDINATION AND PUBLIC ENTERPRISES:

	(a)	(b)
1988/89	R9 138 221	R5 892 756
1989/90	R12 428 691	R7 460 889
1990/91	R14 191 206	R8 576 311

Self-governing territories: size

398. Mr P G SOAL asked the Minister of Development Aid:

What was the size in hectares of each of the self-governing territories as at the latest specified date for which figures are available?

B1033E

The MINISTER OF DEVELOPMENT AID:

The size in hectares (rounded off) of each of the self-governing territories as at 31 December 1990 are as follows:

Gazankulu	—	774 000 hectares
Lebowa	—	2 251 000 hectares
KwaZulu	—	3 317 000 hectares
Qwaqwa	—	105 000 hectares
KwaNdebele	—	228 000 hectares
KaNgwane	—	438 000 hectares

Public Service officials: seconded

405. Mr P G SOAL asked the Minister of Development Aid:

(1) (a) How many officials in the Public Service had been seconded to each self-governing territory, (b) what post was held by each such official, and (c) what was the cost of secondment of such officials, as at 31 December 1990;

(2) whether all posts in the self-governing territories in respect of which secondment is required were filled as at 31 December 1990; if not, how many remained vacant as at that date;

(3) whether any further secondments are envisaged; if so, how many?

B1070E

The MINISTER OF DEVELOPMENT AID:

The member is kindly referred to the reply to Question 356 (see col 1405).

Limpopo Hospital: patient removed by SAP

409. Mr J VAN ECK asked the Minister of Law and Order:

(1) Whether the South African Police removed an injured boy from the Limpopo Hospital in Messina on or about 7 February 1991; if so, (a) why and (b) what are the circumstances surrounding the matter;

(2) whether doctors (a) were consulted before, and/or (b) consented to, the removal of the boy from this hospital; if not, why not in each case;

(3) whether the boy was subsequently held overnight at the Pietersburg police station; if so, why;

(4) whether the boy was transferred to the Pietersburg Hospital the next day; if so, why;

(5) whether he will make a statement on the handling of this matter by the Police?

B1076E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) On account of a written request which the Superintendent of the Limpopo Hospital addressed to the South African Police.

(b) According to the Superintendent political interference from outside was prejudicial to the discipline in the hospital. The Charge Office Commander, however, was not aware that the boy had to be transferred to the Pietersburg Hospital immediately. The boy accordingly spent the night in the Police cells at the Pietersburg Police Station.

(2) (a) and (b)

The removal was done at the request of the Superintendent. The South African Police did not consult or ask the consent of other doctors.

(3) Yes, I refer the hon member to paragraph (1)(b) above.

(4) Yes, for further medical treatment and according to a request by a medical practitioner.

(5) Yes, the Commissioner of the South African Police has taken the necessary steps to, in future, prevent the lack of proper communication regarding such matters.

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Transkei: customs union agreement

*1. Adv C H PIENAAR asked the Minister of Trade and Industry and Tourism:

(1) Whether the Republic of Transkei has violated the Customs Union Agreement with the Republic of South Africa during the period 1 January 1989 to date; if so, on what occasion;

(2) whether the South African Government has taken any steps in this connection; if not, why not; if so, what steps?

B1079E.INT

*The MINISTER OF TRADE AND INDUSTRY AND TOURISM: Mr Chairman, the matter had its origin at an earlier date than the one to which the hon member referred in his question. Although the Transkeian government placed a general ban on the import of South African brewed sorghum beer in August 1968 in the nine northern districts of the country, the Transkei placed a ban of three years, however, on the import of South African brewed sorghum beer in its nine northern districts in 1985. However, the ban was lifted shortly after it was implemented after the South African distributor who was affected by the ban, was able to prove to the Transkeian government that the ban had resulted in a loss of income and employment for Transkeian citizens.

In August 1988, however, the Transkei reimplemented the ban for the remaining duration of the 1985 proclamation with regard to the nine northern districts of the Transkei. During the following month this was followed by a proclamation which placed a general ban on RSA brewed sorghum beer imports for a period of six years.

Shortly before the Transkei became independent, it entered into a bilateral economic agreement with the RSA in terms of which the provisions of the Customs Union Agreement were also made applicable to the Transkei.

The Customs Union Agreement provides *inter alia* that there should be free transport of goods between the states concerned. Section 2 of the agreement states that no quantitative restrictions may be placed on goods which are produced in the common customs area. Section 11(3) of the agreement states specifically that a contracting party may not implement a restriction or a ban on goods which are built, produced or manufactured in the area of another contracting party in order to protect its own industries which produce such goods.

Against this background the South African Government is therefore of the opinion that the Transkeian government has contravened certain provisions of the Customs Union Agreement with the RSA.

Secondly, yes, the question has been officially discussed with the Transkei on various dates and in various places, namely, (a) during meetings of the Regional Liaison Committee for Region E on 3 November 1988, 2 February 1989 and 22 July 1989; (b) during a meeting of an *ad hoc* interstate committee of the Regional Liaison Committee on 5 February 1989; (c) by means of political notes on 5 and 22 December 1988; (d) during a telephone conversation between the former Deputy Minister of Foreign Affairs and Maj Gen Holomisa on 23 December 1988; (e) during a bilateral ministerial meeting in March 1989; (f) in April 1989 during a visit by the former Deputy Minister of Foreign Affairs to Maj Gen Holomisa; (g) on 11 August 1989 when a deputation of the South African Department of Trade and Industry discussed various trade restrictions with their Transkeian counterparts and issued an ultimatum to the Transkei that unless the ban on sorghum beer imports was lifted within 14 days, the RSA government would consider withholding the Transkei's payments from the Customs Union Revenue Fund. [Time expired.]

*Mr C H PIENAAR: Mr Chairman, the reply of the hon the Minister is an indication of the total political impotence of the Government. [Interjections.] It repeatedly reads like a series of confessions on the part of the Government to its

We're not racists, says clinic

Staff Reporter

Star 28/5/91

(98)

Sandton clinic could not be held responsible for any comment made by an employee, clinic management said in reaction to a recent report in The Star after a black man was refused treatment.

The clinic was a multi-racial health care organisation and condemned racial discrimination, management said. The injured man was a workmen's compensation case and was referred to a hospital for such cases.

But the injured man's employer, John Duffy, told The Star last week that a clerk at the Sandton Clinic emergency unit had said they did not treat blacks. A nursing sister confirmed this, he said. The clinic said that if the comments could be substantiated, action would be taken against the employee.

looked into with a view to reformulating policy in this regard;

(2) and (3) where such appointments have been made, service conditions are laid down in a contract between the management council and the teacher;

(4) no.

Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's reply, could he give us an indication as to when he is likely to formulate the recommendations to legalise or end the existing situation? [Interjections.]

†The MINISTER: Mr Chairman, as soon as possible! [Interjections.] The reason for my saying as soon as possible is that I cannot tell the hon member that it will happen on this or that date.

The important matter is that I think we should look into it in depth, because it is not good enough for us to say on our part that we do not have money, and when the community is prepared to pump in additional money, to tell them again that they cannot do it. I want to inform the House immediately that it is not that simple, because the question is whose responsibility that education is, if disciplinary steps have to be taken. Must the Department take these steps, or who must do it? There is the question of the pension. Who contributes towards the pension? There is also the medical fund and so on. Therefore it looks simple to do it, but it is not that simple. [Interjections.] This does not remove the fact that we must look at this in depth, and therefore I want to tell the hon member that it is not possible to furnish an exact date. We shall look at it as soon as possible.

Closure of schools

*4. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether any schools are to be or have been closed in the first six calendar months of 1991; if so, (a) which schools and (b) when are they to be or were they closed;

(2) how long does a school which is vacant remain under the control of his Department?

B1057E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

(a)	(b)
Copperton Primary School	31 January 1991
Golden Valley Primary School	28 February 1991
Verlorevlei Primary School	30 June 1991
Laerskool Albertskroon	31 January 1991
Laerskool Brakkloof	27 March 1991
Laerskool Geluk	21 January 1991
Junior Skool Trap der Jeugd	27 March 1991
Laerskool Jubileum	27 March 1991
Laerskool Melkrivier	30 April 1991
Laerskool Bloedrivier	25 April 1991
Afrikaans Junior Primêre Skool	30 March 1991
Forest Hill Junior Primary School	30 June 1991
Soutpan Primêre Skool	25 January 1991;

(2) It is handed over to the Department of Local Government, Housing and Works, immediately after it is vacated, unless it is required by the Department for other educational purposes.

For written reply:

General Affairs:

Edendale hospital: staff/beds

347. Mr R F HASWELL asked the Minister of National Health:

(1) Whether any of the staff working at the Edendale Hospital in Natal are paid by her Department; if so, (a) how many and (b) in what categories;

(2) (a) how many beds was this hospital designed to accommodate and (b) (i) how many beds are there in the hospital at present and (ii) in respect of what date is this information furnished;

(3) whether she will make a statement on conditions at the hospital?

B925E

The MINISTER OF NATIONAL HEALTH:

(1) No,

(2) and (3) seeing that the Edendale Hospital falls under the jurisdiction of KwaZulu, information cannot be supplied by the Department of National Health and Population Development.

AIDS: statistics

350. Mr L F STOFBERG asked the Minister of National Health:†

(a) How many cases of AIDS were notified in South Africa in 1986, 1987, 1988, 1989 and 1990, respectively and (b) in how many cases in each of these years were the persons concerned (i) White and (ii) non-White?

B934E

The MINISTER OF NATIONAL HEALTH:

(a) Reported South African AIDS cases according to year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

Year	*AIDS cases*
1986	24
1987	39
1988	88
1989	173
1990	297
Total	621 and

(b) Reported White and non-White AIDS cases according to the year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

Year	*AIDS cases*	
	(i) White	(ii) non-White
1986	23	1
1987	31	8
1988	63	25
1989	97	76
1990	79	218
Total	293	328

Own Affairs:

Cape School Board area: school capacity/enrolment

81. Mr K M ANDREW asked the Minister of Education and Culture:

(a) What is the (i) capacity of and (ii) enrolment at (aa) schools in the Cape School Board area, in total, and (bb) each such school and (b) in respect of what date in 1991 is this information furnished?

B1035E

The MINISTER OF EDUCATION AND CULTURE:

(a) (aa) (i) 46 480.

(ii) 35 857

(bb)	(i)	(ii)
Batavia Special School	500	345
Bergvliet High School	850	778
Bergvliet Primary School	700	614
Blouberg Ridge Primary School	450	256
Camps Bay High School	450	592
Camps Bay Preparatory School	150	79
Camps Bay Primary School	400	211
Cape Town High School	650	326
Claremont Primary School	400	221
De Grendel Special School	500	463
Ellerton Primary School	350	284
Laerskool Ferndale	350	329
Fish Hoek Middle School	550	418
Fish Hoek Preparatory School	120	165
Fish Hoek Primary School	700	552
Fish Hoek Senior High School	700	485
Gardens Commercial School	500	288
Golden Grove Primary School	650	346
Good Hope Seminary Girls' High School	450	203
Good Hope Seminary Junior-School	400	238
Greenfield Girls' Primary School	300	250

Advice service in Soweto

98

28/5/91
Soetan 3

THE Citizens' Advice Bureau has opened a branch at Baragwanath Hospital.

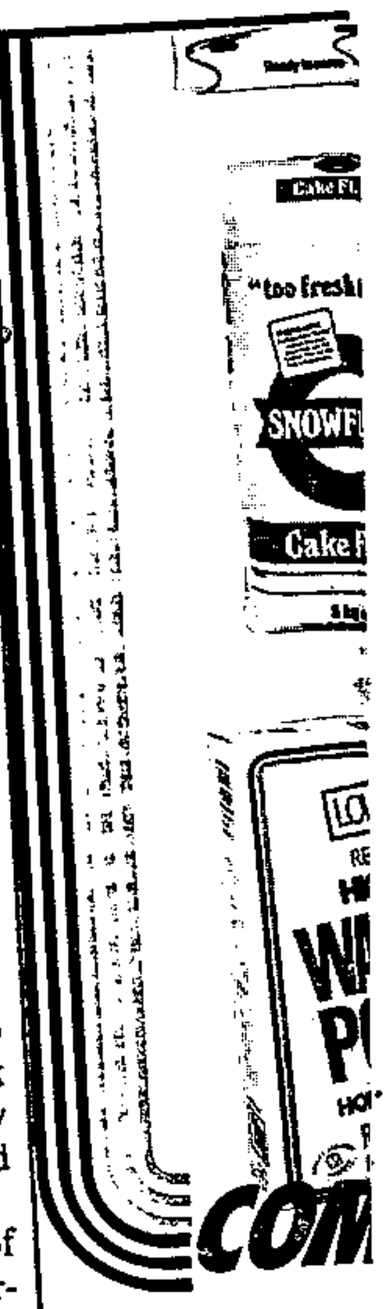
The bureau is a clinic which gives free advice and counselling to anyone who needs it.

It operates from 9am to 1pm every Thursday at Room 18, Koos Beukes Clinic.

Now in its 25th year the bureau decided to open at Bara as so many people were having to travel to their Market Street branch at the City Hall when they needed advice.

Mrs Beryl Mullan of the bureau said their purpose had always been to help people get help.

The Citizens' Advice Bureau hopes to open branches in other areas.



Hospital chief asked police to remove hurt black boy

By Peter Fabricius
Political Correspondent

8ter 2915/91

98

The superintendent of the Limpopo Hospital asked the police to remove a badly injured black boy from the hospital because he was concerned about "political interference in hospital discipline".

The boy — who had allegedly been badly beaten by a white farmer — spent a night in the Pietersburg police cells on about February 7 before being transferred to Pietersburg Hospital.

Law and Order Minister Adriaan Vlok disclosed this in Parliament yesterday.

The Commissioner of Police had taken steps to prevent "the lack of proper communication regarding such events" in future.

Mr Vlok said the SAP had moved the boy after a written request from the Limpopo Hospital superintendent.

"According to the superintendent, political interference from outside was prejudicial to the discipline in the hospital."

Hospice plays vital role – Hough

Staff Reporter

Between 17 500 and 20 000 South Africans died each year from terminal illnesses, of whom about 6 000 were on the Witwatersrand, according to Transvaal Administrator Danie Hough.

Opening the National Hospice Week at a ceremony at the University of the Witwatersrand's Great Hall in Johannesburg on Monday night, Mr Hough said it was a human necessity for people to be together and to share in love and fellowship at times of suffering.

The Hospice organisation played an important role in health care, he said, and stressed the need to maintain the rapport between family, patient, and hospital staff in order to meet the patients needs.

Caring

"We still don't know what the effects of Aids is going to be. Without Hospice, these patients would have to be cared for by their families. Therefore I am proud of the Hospice's unique achievements," he said.

Wits Chancellor Professor Robert Charlton said Hospice played a significant role the country could not ignore.

Hospice was the source of caring in a world in which very few families had been left untouched by sickness, he said.

It reassured people that death was not always painful and lonely, and that pain and suffering could be relieved through modern techniques, he said.

The opening was attended by the mayors and deputy mayors of Johannesburg, Soweto, Midrand, Alberton, Roodepoort, Bedfordview, Krugersdorp, and Midrand.

The Anglican Bishop of Johannesburg, Duncan Buchanan, blessed the occassion.

Clinic group chalks up 83% growth

LIZ ROUSE

PRESIDENT Medical Investments (PresMed) has continued to achieve a sterling growth rate, with net income before extraordinary items up 92% in the year to February.

This brings the hospitals and day clinic group's compound growth rate to 83% over five years. Its 1986 prospectus forecast 25% compound growth.

Net profit before extraordinary items soared to R2,57m in the year to February from 1990's R1,34m on a 32% rise in turnover to R51,3m (R38,8m). Earnings a share increased 45% to 22,3c on a much larger issued share capital from 15,4c a share in 1990.

A dividend of 5c, covered more than four times, was declared in February.

MD Carl Grillenberger says PresMed achieved a net return of 30% on shareholders' funds in the past year. If intangible assets are excluded, a return of 55% has been achieved.

Grillenberger says that apart from the development of the group's own new hospitals and day clinics, PresMed grew through the acquisition of existing day clinics and hospitals.

The decision to remain contracted in to medical aid tariffs has stood the group in good stead and contributed to high occupancy levels, he adds.

Running of services needs close examination

THE running of private health care and hospitals is not viable and needs to be re-examined, says National Association of Private Hospitals president Brian Davidson.

Davidson, whose organisation represents 76% of beds in private hospitals and 82% of hospitals, says it is important that private hospitals remain for those who demand their services and cannot afford them.

The way to ensure this is to create an effective national system for the 80% of the population that do not use private hospitals.

The private and public sectors must work together to ensure that health resources are optimised.

A main objective for private hospitals is to have a growing private sector providing cost effective and efficient care.

The current method of funding, medical aid schemes, is becoming far too expensive and great savings can be made.

This, he says, is through managed health care, either through preferred provider organisations or health management organisations (HMO).

The impression that private hospital costs are excessive results from comparisons between private and public institutions' costs. This is misleading because public sector facilities are highly subsidised.

New and cheaper model needed urgently Rams

SA NEEDS new models of health care delivery and it needs them quickly, says Representative Association of Medical Schemes (Rams) executive director Rob Speedie.

He says the industry cannot continue under the current cost spiral and more cost effective ways to deliver services and benefits to consumers are needed.

One way is through managed health care, which he says seems a strong future possibility.

Such schemes are already in existence in the form of medical benefit schemes. One example is VaalMed in Vanderbijlpark which has 24 general practitioners and its own hospital and pharmacy.

He warns that the implementation of cost effective schemes should not be done at the expense of health care.

They should also not interfere with the freedom of choice that medical aid schemes offered.

Another means of cutting costs is to implement no-claim and low-claim bonuses for members of schemes. Preliminary experiments show substantial cost savings could be effected.

The move should, however, not interfere with the basic principle of cross-subsidisation, he says.

Meanwhile, Clinic Holdings executive chairman Barney Hurwitz says medical aid societies are causing an inflationary spiral in the hospital industry because of their payment of bills to patients instead of hospitals.

Hurwitz heads the country's biggest private hospital group —it has 12 hospitals —which, he says, suffers because of the size of its accounts book.

Payment for treatment and consultation is made directly to patients who would rather spend the money on buying other things than paying their debts, he maintains.

The cost of keeping such a large accounts book has to be passed on.

He recommends the system, which amounts to hospitals giving patients free credit, be changed by government legislation.

Speedie says some medical schemes do pay direct to the hospitals but those that do not have every right to do as they are doing.



BARNEY HURWITZ

City officials are taking health to the people

Soweten 29/5/91

98

THE process of taking health services to the people by the Soweto City Health department has been made more efficient with the introduction of a sophisticated mobile clinic unit worth R93 000.

By PEARL MAJOLA

The unit is fully fitted with a fridge for injection vials and other medicines which have to be kept cold, a microwave oven for warming children's feeds when necessary, a consulting cubicle, a toilet and bathroom facility, two examination beds and lots of cupboard space for files and other equipment.

The team

The health care team, consisting of a community health care nurse, an immunising sister, a clerk and a weigh lady, visits different squatter camps around Soweto everyday providing mainly child health services like immunisation and treatment of minor health problems like diarrhoea or rash.

"The primary health care concept is that no woman should have to travel more than five kilometres to a health institution because research shows that if it is further than that she will not go," explained Dr Ngokoana Khomo of Soweto City Health.

Free

"We have 10 clinics in Soweto but with the mushrooming squatter camps, the only feasible way of rendering health services effectively to them is by mobile clinics.

"The advantages of a mobile clinic are that the services are free of charge compared to the R8 consultation fee mothers have to pay at the clinics and it requires less staff than a fixed clinic," she said.

"Unlike an ordinary van (which was used before the new unit), this particular unit we have will render a private and comprehensive service to individual patients.

It has a consulting cubicle and the nurses do not have to load and unload equipment every time they have to go out.

Awnings

"We can also fit awnings to it to provide shelter against the sun or rain for patients," she added.

The service reaches about 30 000 squatters and the team sees about 80 patients a visit and up to now the team has done an immunisation coverage of 70 percent.

Checks

In addititon to the mobile clinics, the primary health care nurses do home visits and there is an annual one-month "raking campaign" during which they go from house to house checking on the immunisation state of all children under the age of seven.

The new unit was first used last week at the Kliptown squatter camp.

Star 30/5/91.

Poor liaison led to delays for rape victim

By Carina le Grange (98)

A "communication problem" led to misunderstandings and a 43-hour delay in obtaining a medical examination for a woman who was gang-raped in Germiston at Easter, the Transvaal Provincial Administration said yesterday.

The woman's plight, first highlighted in The Star, was the subject of an internal inquiry by the TPA. The findings were released yesterday.

Initially, police could not reach the district surgeon on duty on the day of the rape, a Sunday. When the woman went to a provincial hospital she was turned away as staff believed it to be a case for the district surgeon.

A district surgeon of a neighbouring town refused to examine the woman as the case fell outside his area. She was finally examined on the Tuesday afternoon.

MEC in charge of hospital services Fanie Ferreira said: "It does unfortunately appear that owing to a communication problem, certain misunderstandings affected both the TPA and the SA Police."

The sickness in our health services

AIDS and increasing poverty require South Africa to act now to prevent what could become Crimean War conditions in its hospitals.

There is a real danger of even the best hospitals becoming overcrowded and dirty, with patients on the floor and a few desperate under-trained doctors and nurses, short of drugs and equipment, concentrating on less serious cases, while the hopeless are left to their own devices.

Some argue that these conditions are already found in South Africa.

For First World patients with jobs and medical aid membership, conditions today are still good by international standards. That's what makes the downside so terrifying.

According to Dr Max Price of the Centre for Health Policy at the Wits Medical School, South Africa spends about 5,6 percent of gross national product on medical services, compared with the United States's 14 percent and the UK's 7-8 percent. He says the South African figure is appropriate for a country at this stage of development.

Emergency

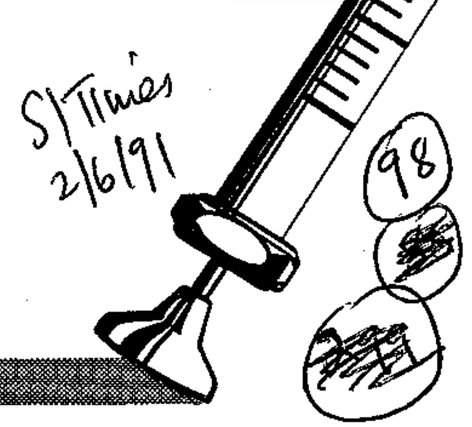
But the 20 percent (mainly white) of private patients on medical aid consume 56 percent of medical services, with the 80 percent of indigent patients sharing the remaining 44 percent. Private patients thus get five times more per head of the medical cake than those dependent on the public sector.

The sins of the apartheid hospital system are well chronicled — emergency cases turned away because of skin colour, Baragwanath overflowing and the Johannesburg Hospital half empty, citizens of Lebowa turned away from a hospital on the Gazankulu border across the road because they are not Gazankulu citizens, Wits doctors walking out of the JG Strijdom because of racial admission policies, half the medical graduates of Wits and Cape Town emigrating — it goes on endlessly.

South Africa has 14 departments of health — one each in 10 homelands, three in "own affairs" and one "general affairs". Each has its own minister with limousine and an expensive bureaucracy. But thousands of patients don't get basic health care.



South Africa is in desperate need of a national health-care policy. DAVID CARTE explores some possible options



In remote rural areas people die of minor ailments such as appendicitis and gastro-enteritis — simply because they cannot get to hospital on time. So an important part of reform and democratisation will be extending the ambulance and communications system.

Of course, health is a global problem and it is more an economic than a technical problem. Modern technology can prolong life — provided someone is prepared to pay.

So, even in the UK, whose national health system is envied, people die while waiting for kidney dialysis machines and for operations. Health is Britain's hottest political issue. It is a nightmare in the US, where many a patient has been bankrupted and about 35-million Americans have no health cover at all.

What, then, should South Africa be doing to deal with this growing crisis?

Recently, white provincial hospitals were opened to all races. And in Parliament two weeks ago, Health Minister Rina Venter announced far-reaching reforms in administration.

She wants to "democratise" health by devolving administration to local communities. Primary health care (not requiring hospital treatment) will be entrusted to local authorities. Secondary health services will be the responsibility of regional authorities, with provincial administrations remaining in control of the nine development regions.

The seven academic hospital complexes are to be granted "maximum management autonomy". The proposed changes have been welcomed — but everyone agrees they are only a first step.

Dr Venter admitted this week that the government was aware of problems with the present fragmented system. Its proposed reforms will be based on "affordability, accessibility, equity, efficiency and adaptability". She says the present constitution determines the extent to which services can be unified.

Dr Venter adds that the supply of doctors and nurses has stabilised and the problem today is one of distribution rather than of numbers.

Competition

The ANC, meanwhile, has its own ideas on health policy — free medical treatment for all, funded largely by taxpayers. Private medicine will be allowed to co-exist in competition with public medicine.

The ANC argues: "For a people to be healthy, they must earn enough money for a decent life and work in safe and clean conditions . . ."

It bases its health model on the primary health care approach of the World Health Organisation which sees health as a basic human right to be entrenched in a Bill of Rights.

Of course health care cannot be free. The government will have to pay . . . The private sector must become part of the national health system. This means that in the short term it will be necessary to find ways to regulate the very high cost of private health care . . . It will be necessary to attract into the public sector many of those health workers who have chosen private practice."

The ANC advocates affirmative action in the training of doctors and nurses and compulsory service in depressed areas.

Wasteful

Dr Price is critical of the growing private sector dominance of health. One reason private patients get a disproportionate slice of the medical cake is that private doctors and hospitals are too eager to operate and are wasteful — because this is profitable.

Patients, he says, do not resist excessive medical costs — because they are too ignorant to question the doctor, and, "because the medical aid pays". As a result, medical aid tariffs have outstripped inflation for years.

Possible solutions? One is a national health insurance scheme permitting the patient freedom to select doctors and hospitals.

If we don't find a cure, our hospitals may face Crimean War conditions

Dr Price advocates a "capitation" system under which doctors and primary health care practices would be paid a fixed amount in advance by the national health insurance scheme for each patient registered with the practice.

An option would be for private hospitals to be paid a global budget for the year. Another possibility would be for the NHIS to negotiate discounted rates with private hospitals.

Medical audit teams and the professional ethic would ensure that they did not scrimp to the detriment of patients.

Many reform permutations are possible. Dr Pierre Brooks of the Competition Board says competition between doctors, hospitals and pharmacists can be sharpened to the patients' benefit.

Some life assurers contend that members of medical aid societies should be permitted to opt out and switch to medical insurance covering only expensive procedures. That way, thousands of trivial procedures and piles of paperwork could be eliminated.

But Dr Price says this would cause private health care to crash.

"In medical aids, the healthy subsidise the sickly and the young subsidise the old. Those who need care can afford it only because they are being subsidised. With insurance, the sickly would fall out of the system because they would carry the full cost of their ill-health, while those who don't need care will qualify for it."

The Wits policy group says a free market in health care is impossible. But private sector hospital operators, such as Dick Williamson of Afrox Health Care, argue that they should be able to continue serving those on medical aid, while the state looks after the indigent. Private hospitals could also undertake hospital management for the state.

Mr Williamson says more and more blacks are coming on to medical aid. Soon 35 percent of South Africans will be covered. Professional review can be used to prevent over-treatment.

David Tabatznik's 40-hospital Lifecare Group, which looks after thousands of indigent psychiatric and TB patients for the state for about R35 per day per patient, may have a model for the state for the future.

Its costs and mark-ups are closely monitored by the state, which has to be satisfied that it cannot do the job more cheaply itself.

Shortcoming

Dr Venter says the private sector will always have a role to play. It will be a partner of the public sector which will buy services from the private sector if it can deliver them more cost-efficiently.

One shortcoming in the way that Dr Venter is tackling the present health problem is that, unlike her colleagues in education, she does not appear to be consulting "the people" or their liberation movements about her plans. To avoid the destructive fallout that has occurred in education, it might be advisable to start talking now.

Call for less costly private health care

B10my 6/6/91

98

TANIA LEVY

THE private health sector needed to expand its market by offering a more affordable service to more South Africans, National Association of Private Hospitals (NAPH) chairman Brian Davidson said in an interview yesterday.

He said sociopolitical changes in SA and the increasing unaffordability of medical care would stimulate debate in the next 18 months about how to restructure SA's health system.

Medical aid schemes were becoming increasingly unaffordable particularly for the 80% of the SA population which relied on state health services. But instead of feeling "doomed" by the unviability of medical schemes, the private health sector should see it as a challenge to find ways to make their services affordable to more people, he said.

He said there were about 6-million medical scheme members and this number was not growing. The private health sector had to find a way to attract at least some of the remaining people in the country.

Various models of managed health care were being considered as a way to provide more affordable private health care, he said.

The fundamental principle of managed care was that a third party controlled the amount of care delivered rather than the price paid. This ensured better use of resources, making the system more cost-efficient and affordable. Managed health care would be self-funding, probably through employer contributions.

Davidson believes a managed care system initiated by the private health sector would be welcomed by government. Public health services could then concentrate on serving the truly indigent.

Private hospitals should continue to exist for the economically advantaged section of the public. If SA failed to provide this kind of care and slipped into the state of many other African countries — which had practically no health care at all — these people would leave and SA would lose their skills and investment.

He said the NAPH welcomed Health Minister Rina Venter's recent announcement of a moratorium on private hospital licences and the private sector's inclusion in a forum to discuss a future health system for SA.

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REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

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Vol. 312 PRETORIA, 7 JUNE JUNIE 1991 No. 13286

PROCLAMATIONS

by the

State President

of the Republic of South Africa

No. 49, 1991

DECLARATION OF CERTAIN CLINICS TO BE OWN AFFAIRS OF THE WHITE POPULATION GROUP AND ASSIGNMENT OF ADMINISTRATION OF THE HOSPITALS ORDINANCE, 1958 (ORDINANCE No. 14 OF 1958), OF THE PROVINCE OF THE TRANSVAAL, TO THE MINISTER OF HEALTH SERVICES: HOUSE OF ASSEMBLY

Under subsection (3) of section 98, read with subsection (4) of that section, and section 16, of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), I hereby—

(a) declare, after consultation with the Executive Committee of the Province of the Transvaal, that the provisions of Part IV of the said Constitution Act, 1983, shall apply to the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958) (Transvaal), with the exception of Chapters III, V, VI, VII and VIII, in so far as that Ordinance relates to—

(i) the White population group; and

(ii) the clinics known as East Lynn, Pretoria; Pretoria North, Pretoria; Northmead, Benoni; John Fotheringham, Randfontein and Townsview, Johannesburg;

(b) assign the administration of the provisions of the Ordinance mentioned in paragraph (a), to the extent indicated in that paragraph, but excluding sections 1 (2), 2, 3, 4 (2) (a) and 7, to the Minster of Health Services: House of Assembly;

(c) determine that in the application of a provision of the Ordinance assigned under paragraph (b) in so far as the administration thereof is assigned, unless clearly inappropriate, any reference in such provision—

(i) to the Provincial Administration, shall be construed as a reference to the Administration: House of Assembly;

PROKLAMASIES

van die

Staatspresident

van die Republiek van Suid-Afrika

No. 49, 1991

VERKLARING VAN SEKERE KLINIEKE TOT EIE SAKE VAN DIE BLANKE BEVOLKINGSGROEP EN OPDRA VAN UITVOERING VAN DIE ORDONNANSIE OP HOSPITALE, 1958 (ORDONNANSIE No. 14 VAN 1958), VAN DIE PROVINSIE TRANSVAAL, AAN DIE MINISTER VAN GESONDHEIDSDIENSTE: VOLKSRAAD

Kragtens subartikel (3) van artikel 98, saamgelees met subartikel (4) van daardie artikel, en artikel 16 van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet No. 110 van 1983)—

(a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie Transvaal, dat die bepalings van Deel IV van vermelde Grondwet, 1983, van toepassing is op die Ordonnansie op Hospitale, 1958 (Ordonnansie No. 14 van 1958) (Transvaal), met die uitsondering van Hoofstukke III, V, VI, VII en VIII, vir sover dié Ordonnansie betrekking het op—

(i) die Blanke bevolkingsgroep; en

(ii) die klinieke bekend as East Lynn, Pretoria; Pretoria-Noord, Pretoria; Northmead, Benoni; John Fotheringham, Randfontein en Townsview, Johannesburg;

(b) dra ek hierby die uitvoering van die bepalings van die Ordonnansie in paragraaf (a) vermeld, in die mate in daardie paragraaf aangedui, maar met die uitsondering van artikels 1 (2), 2, 3, 4 (2) (a) en 7, aan die Minister van Gesondheidsdienste: Volksraad op;

(c) bepaal ek hierby dat by die toepassing van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra word, tensy dit klaarblyklik onvanpas is, 'n verwysing in so 'n bepaling—

(i) na die Provinsiale Administrasie, uitgelê word as 'n verwysing na die Administrasie: Volksraad;

(ii) to the Administrator, shall be construed as a reference to the Minister of Health Services: House of Assembly;

(iii) to the Department of Hospital Services, shall be construed as a reference to the Department of Health Services and Welfare, Administration: House of Assembly;

(iv) to the Director of Hospital Services, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly;

(v) to a provincial hospital or hospital, shall be construed as a reference to a clinic established in terms of section 4 (1) (b);

(vi) to the Provincial Revenue Fund, shall be construed as a reference to the Revenue Account: House of Assembly, referred to in section 2 (1) (b) (i) of the Exchequer Act, 1975 (Act No. 66 of 1975);

(vii) to the *Provincial Gazette,* shall be construed as a reference to the *Gazette;*

(viii) to the Provincial Council, shall be construed as a reference to the House of Assembly; and

(ix) to a council, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly; and

(x) to the superintendent, shall be construed as a reference to the medical practitioner in control of a clinic established in terms of section 4 (1) (b);

(d) determine that the Minister of Health Services: House of Assembly and the Department of Health Services and Welfare, Administration: House of Assembly shall for all purposes be deemed to be the successor in title to the Administrator and Provincial Administration of the Province of the Transvaal, respectively, in respect of all assets, liabilities, rights and obligations which immediately prior to the commencement of this Proclamation under, in terms of or by virtue of a provision of the Ordinance assigned under paragraph (b) vested in the said Administrator or Administration, as the case may be;

(e) determine that any unexpended moneys appropriated by Parliament in respect of the financial year ending 31 March 1992 in connection with the administration of a provision of the Ordinance, and in respect of a matter mentioned in paragraph (a), shall be deposited in the Revenue Account: House of Assembly, referred to in section 2 (1) (b) (i) of the Exchequer Act, 1975 (Act No. 66 of 1975);

(f) amend the Ordinance mentioned in paragraph (a) by the deletion in subsection (1) of section 4 of the words "as part of any such hospital"; and

(g) determine that this Proclamation shall come into operation on 1 July 1991.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town this Twenty-second day of May, One thousand Nine hundred and Ninety-one.

F. W. DE KLERK,
State President.

In relation to paragraph (a), and (c) to (g), inclusive, of this Proclamation: By Order of the State President-in-Cabinet:

E. H. VENTER,
Minister of the Cabinet.

(ii) na die Administrateur, uitgelê word as 'n verwysing na die Minister van Gesondheidsdienste: Volksraad;

(iii) na die Departement van Hospitaaldienste, uitgelê word as 'n verwysing na die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad;

(iv) na die Direkteur van Hospitaaldienste, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad;

(v) na 'n provinsiale hospitaal of hospitaal, uitgelê word as 'n verwysing na 'n kliniek ingevolge artikel 4 (1) (b) ingestel;

(vi) na die Provinsiale Inkomstefonds, uitgelê word as 'n verwysing na die Inkomsterekening: Volksraad, bedoel in artikel 2 (1) (b) (i) van die Skatkiswet, 1975 (Wet No. 66 van 1975);

(vii) na die *Provinsiale Koerant,* uitgelê word as 'n verwysing na die *Staatskoerant;*

(viii) na die Provinsiale Raad, uitgelê word as 'n verwysing na die Volksraad;

(ix) na 'n raad, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad; en

(x) na die superintendent, uitgelê word as 'n verwysing na die geneesheer in beheer van 'n kliniek ingevolge artikel 4 (1) (b) ingestel;

(d) bepaal ek hierby dat die Minister van Gesondheidsdienste: Volksraad en die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad geag word die opvolger-in-regte te wees van, onderskeidelik, die Administrateur en die Provinsiale Administrasie van die provinsie Transvaal ten opsigte van alle bates, laste, regte en verpligtinge wat onmiddellik voor die inwerkingtreding van hierdie Proklamasie kragtens, ingevolge of uit hoofde van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra by vermelde Administrateur of Administrasie, na gelang van die geval, berus het;

(e) bepaal ek hierby dat enige onbestede gelde wat deur die Parlement ten opsigte van die boekjaar wat op 31 Maart 1992 eindig in verband met die uitvoering van 'n bepaling van die Ordonnansie, en ten opsigte van 'n aangeleentheid in paragraaf (a) vermeld, bewillig is, in die Inkomsterekening: Volksraad, bedoel in artikel 2 (1) (b) (i) van die Skatkiswet, 1975 (Wet No. 66 van 1975), gestort word;

(f) wysig ek hierby die Ordonnansie in paragraaf (a) vermeld deur in subartikel (1) van artikel 4 die woorde "as deel van sodanige hospitaal" te skrap; en

(g) bepaal ek hierby dat hierdie Proklamasie op 1 Julie 1991 in werking tree.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Twee-en-twintigste dag van Mei Eenduisend Negehonderd Een-en-negentig.

F. W. DE KLERK,
Staatspresident.

Met betrekking tot paragrawe (a), en (c) tot en met (g) van hierdie Proklamasie: Op las van die Staatspresident-in-Kabinet:

E. H. VENTER,
Minister van die Kabinet.

PRESMED Fm 7/6/91

OCCUPANCY RISING (98)

President Medical Investments (PresMed) has maintained its consistent growth pattern and now boasts a compound 63% increase in earnings over the five years in which it has been listed. Turnover has increased almost tenfold since 1988.

Activities: *Owns and operates three private hospitals and seven day clinics.*
Control: *C A Grillenberger has majority holding.*
Chairman: *P H N Bremer; MD: C A Grillenberger.*
Capital structure: *11,6m ords. Market capitalisation: R17,5m.*
Share market: *Price: 150c. Yields: 3,3% on dividend; 14,9% on earnings; p:e ratio, 7,2; cover, 4,5. 12-month high, 160c; low, 80c. Trading volume last quarter, 73 000 shares.*

Year to Feb 28	'88	'89	'90	'91
ST debt (Rm)	0,2	1,0	0,7	0,07
LT debt (Rm)	1,7	3,9	3,8	3,6
Debt:equity ratio	2,0	1,0	0,67	0,16
Shareholders' interest	0,23	0,30	0,30	0,37
Int & leasing cover	8,1	2,6	4,6	6,0
Return on cap (%)	29,4	16,4	30,7	36,
Turnover (Rm)	5,4	22,1	38,8	51,3
Pre-int profit (Rm)	1,2	2,4	5,8	8,0
Pre-int margin (%)	23,2	10,9	15,0	15,5
Earnings (c)	6,1	8,1	15,4	22,3
Dividends (c)	2,1	2,7	4,0	5,0
Net worth (c)	10,3	16,4	29,6	40

Unlike its competitors, this hospital group has continued to charge fees within the medical aid scale of benefits, that entitles it to claim directly from medical aid schemes. MD Carl Grillenberger says PresMed will co-operate with the medical aids in developing cost-effective financing packages.

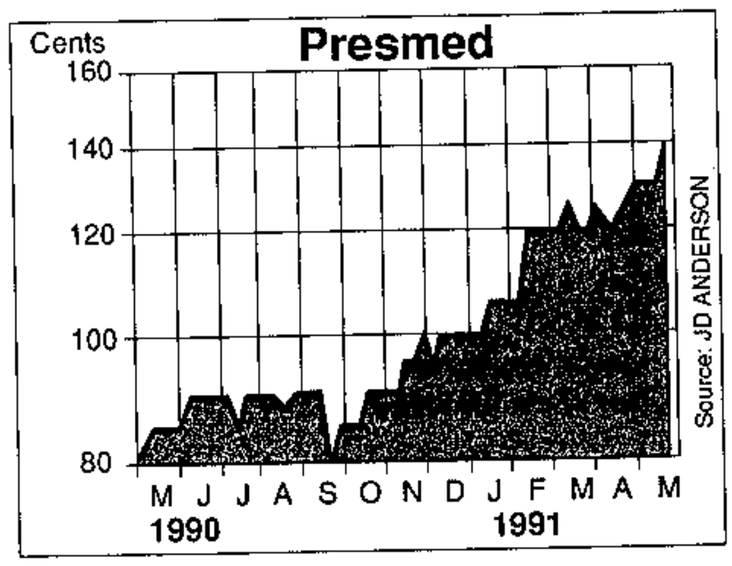
PresMed's non-confrontational stance towards medical schemes is already bearing fruit. Room occupancy rates have increased, and are believed to be the highest in the sector. PresMed's hospitals have lower overhead structures than its competitors, as they do not require such a large investment in costly medical equipment.

Most of Presmed's hospitals and day clinics are in less traded areas, such as Witbank and Bloemfontein, where there is less competition than the more traded areas such as Pretoria and Johannesburg's northern suburbs.

Grillenberger says he is not expecting such high earnings growth this year, but the growth pattern will resume in 1993. Two hospitals are opening this year in Rustenburg and Bedfordview, and these will make a contribution in financial 1993. The openings will have a material effect on gearing, but he says this will soon be covered by the additional cash generation. Grillenberger says PresMed is considering acquiring further clinics, in which case this would probably be funded by a rights issue.

However, the group's future growth has been constrained by the restrictive hospital licensing policy. Government has been particularly reluctant to grant licences for the building of day clinics, despite their lower cost structure.

Grillenberger contends PresMed's performance has outstripped the larger hospital groups, Clinic Holdings and Rembrandt-controlled Medi-Clinic. He says Clinic's EPS in 1986 (10,3c) was almost four times more than that of Presmed (2,4c), but at



their last results they were only just ahead (23,9c compared with 22,3c). Medi-Clinic reported losses in 1987 and 1988, though EPS (on ordinary shares) has increased to 14,5c in 1991.

Presmed, however, trades on a p:e of seven, compared with nine for Clinic Holdings and eight for Medi-Clinic. There are several possible explanations for the less favourable rating. One is Presmed's high dividend cover, now 4,5 times, which may discourage some investors; another is the lack of tradeability in the share. Also, the tangible NAV remains well below the market price.

Still, the share may well offer an attractive investment, particularly for those who are looking for capital growth rather than income.

Stephen Cranston



PresMed's Grillenberger ... *considering acquiring clinics*

The first probe into the secretive world of mental homes in 15 years



Mental hospital in Randfontein ... shielded by law from public scrutiny for 15 years, following a 1975 press exposé
Photo: KEVIN CARTER

Behind the asylum walls

w/mail 7/6 - 13/6/91

THE *Weekly Mail* this week takes the lid off a 15-year scandal: the conditions in private psychiatric hospitals for blacks. We found a story of neglect by people who are paid by the state to look after the mentally ill — and make their profits by cutting corners on the level of care.

The last time these institutions were exposed to the public was in 1975. After that the Mental Health Act was amended to keep these conditions from the public eye.

Now, however, *The Weekly Mail* has taken a fresh look at Randfontein and Millsite sanatoria, both owned by Lifecare Clinics (Pty) Ltd, and found:

●Allegations from staff of a high death rate through negligence or winter cold. At least 35 mentally retarded children and youths died at the Millsite Sanatorium between July 1988 and November 1990 — 24 of them as a result of pneumonia, tuberculosis and other respiratory complaints.

●Physically disabled patients without crutches or wheelchairs and receiving little or no assistance. In one case, *Weekly Mail* reporters saw a blind women having to be led to the toilet by a women with only one leg, dragging herself along the floor.

●Chronic understaffing, with sometimes as few as six nurses looking after 300 patients and, in one case, only two full-time and two part-time psychiatrists for more than 3 000 patients.

●Poor food and allegations from staff that some patients are malnourished. Children were seen being fed bread crumbs and crusts mixed in a foul-smelling brown liquid for supper.

●Inadequate clothing, with only a few patients supplied with shoes, jerseys or pyjamas and none given underwear. Most children sleep with no sheets and only one blanket.

●Child patients sharing beds.

●A special well-kept ward which is the only one shown to visitors, where babies each have their own cots with proper sheeting and blankets.

Lifecare has issued a detailed denial of these allegations. (See Page 2)

When these institutions were exposed in *The Sunday Times* 15 years ago, the government promised to build five new hospitals to replace them. These were never built — and the patients are still kept in old mining compounds.

Full story: See overleaf

Mr M RAJAB: Mr Chairman, I think the hon the Deputy Minister is quite aware of our position on this particular issue. I want to submit to this House that in my view it is regrettable that an important theme such as this should be debated merely by way of an interpellation in which I have only two minutes in which to address it. I must sympathise both with the hon the Deputy Minister and with the hon member responsible for having this interpellation placed on the Order Paper.

There is an issue that one can address at this point in time and that is the issue that was raised by the hon the Minister, the question of scandal-mongering. It is precisely that issue that we in the DP would like to address. We would not like irresponsible statements to be made in regard to these important issues.

We believe that the entire issue of the hit squads has not yet been fully resolved. In that regard we would like to support the interpellation, or the general thrust of the interpellation that in fact we should look at this whole issue afresh, perhaps by way of a commission of inquiry under the full glare of public scrutiny. In that regard I think perhaps the hon the Minister would consider making public a kind of indemnity which would allow people to come forward without fear of leading the evidence we need.

I wish to state again that we do not believe the last word has been said on hit squads. I think this is an issue that needs to be debated fully, perhaps in another debate.

Mr P NAIDOO: Mr Chairman, I would have expected the hon the Deputy Minister to have reassured this House that the findings of the Harms Commission were not the last word on the sordid CCB affair, more especially in the light of the evidence unearthed in the Neethling case. Instead he has seen fit to treat this as the work of common criminals when that is clearly not the case.

The findings of Mr Justice Harms were undoubtedly vitiated by the limitations on the commission and the open defiance of the commission by some witnesses. Mr Justice Harms conducted these investigations hampered by severe disabilities. The commission's terms of reference were woefully restricted to the internal activities of the CCB; yet it is common knowledge that the CCB was equally active beyond the borders of the country. Despite instructions to co-operate by no lesser person than the hon the State President himself, key witnesses frustrated the efforts of the commission by refusing to testify and, to boot, with impunity. Crucial and damning evidence was withheld from the commission and, in some instances, destroyed. To this very day none of these culprits has been brought to book for flagrantly hindering the commission. The hon the Deputy Minister must tell this House whether he intends prosecuting these people. Surely such obstructionism must constitute an offence in terms of the Commissions Act.

I also appreciate that we are in a stage of reconciliation and must necessarily forgive and forget. However, there are people out there who have lost children, spouses and parents in the most vicious manner. The least we can offer them is to let them know what has happened to their loved ones. [Time expired.]

Mr D K PADIACHEY: Mr Chairman, I want to thank the hon member Mr Naidoo and the hon member for Springfield for supporting me. One has no doubt of the competence of the police, but at the same time one must not turn a blind eye to the accusations levelled at them.

There are still a lot of questions that have remained unanswered despite the Harms Commission's enquiry. We are still looking at what has happened with regard to the Lubowski and the Webster issues. These questions have remained unanswered up to now. It is not really right or just for us to say the Harms Commission was fair, because it is known that the Harms Commission was under the Government's eye and that there was no legal input from human rights organisations. In the view of the extra-parliamentary forces, it therefore seems that we have been one-sided. We have said that at this present moment, when we are moving towards that new South Africa, we strongly recommend that an independent commission be set up. [Time expired.]

The DEPUTY MINISTER OF JUSTICE: Mr Chairman, the hon members for Central Rand and Springfield and the hon member Mr P Naidoo argued very forcefully that the Harms Commission should not and cannot be the end. I can give the hon members that assurance. The Harms Commission is not the end. In certain respects, it is the beginning.

The hon member for Central Rand referred to the Webster case. What are the facts in that case? The Webster case is being investigated by the Attorney-General of the Witwatersrand, and the hon the Minister is on record as saying that if no person is identified as the perpetrator, he will have the matter investigated by a judge at an inquest. I would submit to the hon member that there are no better and more effective measures available to us than that. That is the point I wanted to make.

It was also argued by the hon member Mr P Naidoo that a commission has certain disabilities, and that is a fact. To appoint another commission with the same disabilities will not be the solution. It is submitted that investigations by attorneys-general in close co-operation with the Police do provide quick and effective justice, as do inquests presided over by judges. We have implemented such procedures in the past few months and they have shown very good results. I would submit that these instruments should be and are being used in this very matter.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Hospitals in Phoenix/Durban

*1. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of National Health:

(1) Whether any progress is being made in respect of the (a) hospital in Phoenix, Durban, and (b) academic hospital in Durban; if not, why not; if so, what progress;

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

D190E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Various alternatives are presently being investigated by the House of Delegates under the leadership of the hon Minister in order to provide the necessary hospital facilities in Phoenix, Durban. A final decision on the matter will be taken in course of time and

(b) various alternatives are presently being investigated in order to provide efficient training facilities for the Faculty of Medicine of the University of Natal. A final decision on the matter will be taken in course of time;

(2) no.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the reply of the hon the Minister, is it not correct that the decision to establish a hospital in South Africa is a general affair, and that after that decision has been made, it is decided whether the hospital will be administered as an own affairs or a general affairs hospital?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, I do not see the relevancy of this question to the question that was put to me in the first instance, but I think the answer is that an own affairs department has the authority to determine and identify the needs of a specific community and then to discuss these with a general affairs Minister in order to have a specific hospital project developed.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, is she prepared to go and do her homework on this particular matter? [Interjections.]

Single-sex hostels: conversion into family units

*2. Mr M RAJAB asked the Minister of Planning, Provincial Affairs and National Housing:

(1) Whether his Department has been assigned the task of co-ordinating a programme to convert single-sex hostels into family units; if so, (a) by whom, (b) when and (c) in what manner was this task so assigned;

(2) whether his Department has completed this programme; if not, (a) why not and (b) when is it expected that the programme will be completed; if so,

(3) whether he will make a public announcement on this programme; if not, why not; if so, when;

Despite recession, private clinics in city are still busy

Star B/6/91 (98) 299

By Mark Suzman

Despite the recession, private clinics and hospitals are maintaining occupancy levels even though medical aid fees no longer cover full costs.

Fears that the high cost of private medicine coupled with declining personal incomes might lead to a reduction in services at some health care institutions have proved unfounded and most groups are weathering the recession.

According to Carl Grillenberger, managing director of Presmed, one of the major medical groups, while there has been no increase in occupancy rates, they have stayed at an acceptable 65-70 percent level.

"Given the existing medical aid tariffs we now need a high occupancy to make ends meet, but so far we are doing fine," he said.

And Les Hollis, deputy managing director of Medscheme medical aid, says despite lower income and higher prices, there has actually been an increase in the number of people choosing private health care over provincial hospitals.

"There's been a very definite surge towards private medicine over the last 18 months, but it's difficult to say whether this will continue or not in the future," he said.

Although he was not positive as to the reasons for the switch, Mr Hollis observed that part of the move was probably attributable to the public perception of "chaos" in the operation of provincial hospitals.

These sentiments were echoed by Graham Anderson, executive director of Clinic Holdings which, among other hospitals, runs the Park Lane, Milpark and Rosebank clinics.

"The recession might well hurt, but people always need medical care and at the moment only the private sector can provide it properly."

Rembrandt's Medi-Clinic, which runs a number of clinics including Sandton and Morningside, and Afrox, which controls the Lady Dudley and Brenthurst, have also reported good results over the last year.

BEHIND THE MENTAL HOSPITAL WALLS, A TRAGEDY OF NEGLECT AND UNDERSTAFFING

An atmosphere of general neglect

'If a patient dies, his space will soon be filled.' **CISKA MATTHES** visits a black psychiatric hospital and finds health workers eager to expose what they consider to be unacceptable conditions

IN a ward of the Randfontein Sanatorium a woman missing a leg drags herself across the floor, leading an old blind woman to the toilet.

The blind woman pulls up her dress and squats in the passage but jumps up when a nurse yells at her from the distance. The nurse does not attempt to assist either woman.

Two old women pass slowly, dragging a third by her armpits and knees, as if she were dead. Her old hospital uniform is pulled up, revealing bruises on her bare legs and buttocks. She is wearing no underwear.

"That one can't walk either," a nurse comments, adding "but they care for each other like mothers."

The ward is packed with low iron beds, about 20cm apart. There are no cupboards and no chairs.

This is the ward for the crippled and the blind in Randfontein Sanatorium, a black psychiatric hospital in the Transvaal. It is owned by Lifecare Clinics (Pty) Ltd, a private company hired by the government to provide psychiatric care.

The Weekly Mail visited Randfontein Sanatorium for female patients as well as Millsite Sanatorium for children and males. At both hospitals several healthworkers seemed eager to expose what they felt were unacceptable conditions. Lifecare has strongly denied most of their allegations, including those confirmed by eyewitness accounts of *Weekly Mail* reporters.

For instance, no wheelchairs or crutches appeared to be readily available for crippled patients. But, according to Lifecare, "all crippled patients do get wheelchairs or crutches, except for those who are unable to use them".

The sanatorium buildings are old, brick mine compounds, with low corrugated iron roofs. Outside, patients lie around on the concrete yard.

Staff members said the patient death rate is exacerbated by general negligence, but these cases are seldom properly investigated.

"If a patient dies, who cares," one of the workers commented. "There is a waiting list and his space will be filled again soon enough."

In April this year, for example, a male patient in Millsite was burnt beyond recognition while lying on his bed in the hospital war. Staff only detected the fire when it was too late.

A Lifecare representative confirmed that a male patient died in a fire in April. "The staff immediately notified the police, the fire brigade and Lifecare management and their swift action prevented the fire from spreading. The police are investigating the cause of the fire — thought to have been started by the patient (or patients) smoking in the ward."

The death rate is high in winter, health workers claimed, because of poor conditions in the hospitals.

- There is no hot water, and many sections lack heating.
- The hospital provides no underwear; many patients have no shoes, jerseys or pyjamas.
- The diet is poor, consisting of dry bread and porridge for breakfast, and hot meals that are tasteless and watery.

But according to Lifecare: "All patients are issued with vests, daywear, jerseys and pyjamas. They are given two pairs of shoes per year. Some patients prefer not to wear them or barter them for tuckshop money or cigarettes."

A psychiatrist, who worked for Lifecare until recently and visited Millsite once a week, said that in general conditions were acceptable. "The main complaint I would make is that the medical staff is too small and the nurses know too little about the patients," he said.

Health workers at Millsite and Randfontein said the patients are made to work because of the staff shortage. During night duty, for example, there are only five or six nurses to take care of a ward with up to 300 patients, many of whom are epileptic or incontinent.

"In some areas there are no cleaners at night," one of the health workers said, "and there the better patients must clean up the faeces and urine that others may have dropped on the floor. Patients have been dehumanised totally. The nurses can make them do anything. They work like robots."

Commenting on the work issue, a Lifecare representative said: "The practice of allowing patients to do jobs for money (including occupational therapy) was discontinued years ago. Many patients resented losing their 'jobs' and a few (less than two percent) have been allowed to do voluntary work in the laundry or kitchen, although this places an extra burden on staff in terms of supervision. They are then paid from the occupational therapy budget."

Staff members mentioned the nurses' jargon: patients that are called "good" are the "workers". They are given extra food, or they receive shoes, and some earn a few rand per month. The patients that are too ill to work are called "lazy"; they are neglected.

Patients are also divided into "clean patients" and "wet and dirts", who are seldom washed.

"They smell very bad. They are repulsive, so you shout at them and you push them away when they approach you," said a health worker, who added there were no baths in many sections.

"The nurses have to push them under the cold water. Some patients get a fright and run away. The nurses just leave them. For them, that's minus one problem."

Because there is so little supervision, patients injure themselves or fight with each other, health workers said.

Patients in the two sanatoria are all "certified" and classified as chronic — psychotic, retarded or senile.

Some have been in the care of Lifecare and its predecessors for decades, according to staff members, and have been moved around the country from one institution to another. "Sometimes patients try to escape, because they dream of going back to their families."

With only four psychiatrists (two part-time) and no psychologists for the 3 000 or more patients of Millsite, little therapy is provided other than medication, staff members said: "When a patient is 'difficult', he is simply given extra medication."

They claimed there is no rehabilitation programme.

Lifecare commented: "It is true there are four psychiatrists at Millsite. There are only 200 qualified psychiatrists available in South Africa. In addition, until recent legislation changed this, no private hospital could employ doctors or psychiatrists."

They added that they will soon be getting two more psychiatrists from overseas, and three more have been approached.

But psychologist Melvyn Freeman, from Wits University's Health Policy unit, stated that many of these "chronic" psychiatric patients could be cured: "Perhaps a minority should indeed be under custodial care, but the majority of them are made into custodial patients. They should receive proper treatment, including medical and psychological care."

The psychiatrist who used to work for Lifecare rejected this: "Lifecare's patients are given all help that exists."

Lifecare is the biggest private owner of psychiatric hospitals in South Africa. It accommodates about 9 000 state patients, all of whom are chronic. Millsite and Randfontein sanatoria cater for about 4 000 black patients. Lifecare makes its profit from what the government pays for the care for the patients: according to Lifecare, less than R50 per patient per day.

In 1975 several newspapers exposed conditions at Lifecare hospitals (at the time called Smith, Mitchell and Co), alleging that they were "making millions out of madness". The reports included allegations that patients worked for over 11 hours a day and slept on grass mats on the floor in converted mine compounds. The present-day hospitals are on the same sites.

The government at the time promised to build five new state-run hospitals in order to dispense with the services of Smith, Mitchell and Co. But these hospitals have never been built.

Instead, the Mental Health Act was amended in 1976 to prevent conditions in psychiatric hospitals from being publicly discussed and criticised.

Lifecare said it had "initiated substantial changes in the facilities since the late 1960s when the state asked (us) to take over and manage such facilities". The claim they were making millions was "absolute nonsense".



Barefoot patients meander through a hospital garden. Due to the secrecy which surrounds mental institutions, photographer KEVIN CARTER had to hide on the roof of a nearby building to take this picture

The children who died in care

By GAVIN EVANS

AT least 35 mentally retarded children and youths died at the Millsite Sanatorium between July 1988 and November 1990 — 24 of them as a result of pneumonia, tuberculosis and other respiratory complaints.

This information was provided by a Millsite healthworker, who said the patients were between five and 27 years old. *The Weekly Mail* has obtained independent verification of this claim.

The healthworker said this reflected only about two thirds of the total number of children who died in this period. Many died at the Leratong Hospital, while several others have died at the Millsite Sanatorium over the past six months.

Pneumonia and bronchial pneumonia were the most common causes of death listed. Tuberculosis, asthma, bronchitis and pulmonary oedema were also common. Other causes listed included epilepsy, septicaemia, anaemia, "natural causes" and "sudden death".

The staff member, who asked not to be named, said cold conditions and inadequate food were mainly responsible for the high number of deaths due to respiratory problems.

"First, the heating system is not adequate. There's not enough hot water, and the bathroom and dining room are too cold. What makes it worse is that the patients wear very thin clothes, and most don't wear shoes.

"Second, the food is inadequate and there is a problem with malnutrition, and this lowers their resistance".

■An acute shortage of psychiatric help
■The wards where only the fittest survive
See overleaf

SPECIAL INVESTIGATION ... ... THE SHOCKING CONDITIONS IN MENTAL INSTITUTIONS

Sanatorium gets a quick facelift after Mail exposé

Last week The Weekly Mail exposed the grim conditions of black patients at Millsite Sanatorium. This week the media were invited on an official tour of the hospital — and found a hasty paint job had been done.

By LINDA RULASHE and CISKA MATTHES

RANDFONTEIN'S Millsite Sanatorium for the mentally retarded underwent a dramatic facelift this week.

Within hours of *The Weekly Mail's* exposé on the hospital last week, all patients were ordered to the storeroom to be fitted with shoes.

The shoes had been there all the time, although they had been refused to patients only days before, staff members said.

Furthermore, new blankets, long petticoats, nighties and possibly even underwear would be ordered. Staff members were instructed to ensure that all patients had four blankets.

After years of fruitless complaints, wall-heaters and facilities for hot water have now been promised.

After the weekend all staff members received a letter, signed by Lifecare managing director Melvylle Malkin, saying that "the group and its board of directors has taken the matter very seriously, and would like to assure staff members that every attempt is being made to correct wrong impressions created by this article".

"Mind you, correcting impressions, not conditions," one health worker pointed out. Another said, sceptically: "Usually, not long after all the upheaval we're back to square one ... or maybe there will be just a small long-term improvement."

After last week's *Weekly Mail* reports of alleged maltreatment and poor conditions, management gave a media tour of the hospital to try and set the record straight.

Nurses were allegedly told: "Please, *maak julle mooi vir ons* (Make yourselves pretty for us)" — as *The Star*, *Beeld* and Radio 702 had also accepted the invitation to visit the hospital.

Staff told *The Weekly Mail* that there were elaborate procedures for official visits. Patients had to stay inside, and dustbins had to be kept inside.

The Weekly Mail had reported that children slept several-to-a-bed in stuffy, crowded wards where the air was filled with a stench of urine. There was a shortage of shoes and most patients walked around with dirty, calloused feet. Their clothing was inadequate, and many children wore thin and dirty khaki tops and trousers.

This week patients were wearing new shoes and jerseys, new heaters and bedding had been allocated in some wards and the smell of fresh paint was evident when the tour party walked through some areas. Two workers could in fact be seen putting finishing touches to an outside wall as we left.

Health workers claimed that besides the recent issuing of clothes, sheets, and toys, meals had been improved to include "well-cooked vegetables".

Management said provision of these essentials depended largely on staff making specific requests.

Patients sat outside, clapping in rhythm to songs during sessions with nurses to "restore awareness of self, reinforce their beingness and improve their levels of understanding".

Disputing allegations of maltreatment, regional Nursing Service manager Rian Venter warned that mental retardation was a sensitive area and seeing patients of this nature tended to be a "shock to the system".

Giving details of the care hospital staff gave, Venter said the death rate — which was 41 and not the reported 35 between July 1988 and November 1990 — was not unusual and could, in fact, be "considered as normal".

"The death rate is no different locally and internationally," he said.

A "full audit" was held into the deaths and if negligence was found to be the cause, the member of staff would be dealt with accordingly.

Adjoining the sanatorium is Baneng Hospital, where children are housed.

Whereas children were crowded on the floor before, the few that lay on the floor were spread out on mattresses.

Physiotherapist Diane Baumgartner said she would like to see provision made within the Mental Health Act for greater community involvement.

Baumgartner and occupational therapist Joy Blackburn expressed concern about the protection of patients, adding that while people were free to arrange a tour of the place, they did not want a situation where patients would just be "gawked at".

Venter added that despite certain ominous-sounding provisions in the Act, people were invited to visit and outings were often arranged for the children.

"Children are isolated in our hospital to bar them from social interaction that could harm them. This is a practice to protect the certified individual and his or her identity," he said.

HEALTH SERVICES MEC ATTACKS 'SENSATIONAL' REPORTS ON INSTITUTION

THE MEC for health services, Fanie Ferreira, has attacked *The Weekly Mail* for "sensational reporting" in its coverage of conditions at the Lifecare mental health clinics last week.

"I most strongly object to the total and deliberate misrepresentation of conditions in the Lifecare institutions," he said in a statement.

"Lifecare institutions are inspected by medical advisers and senior nursing personnel of the Transvaal Provincial Administration on a regular basis. The service, facilities and patient care of these institutions are of a high standard.

"Furthermore, I wish to point out that the medical psychiatric, nursing and ancillary services provided by these institutions are rendered by highly qualified and motivated registered personnel."

He quoted the American Psychiatric Association, which in 1989 said that these facilities had "improved over the last 10 years ... and on the whole, the care of chronically mentally ill at Millsite appeared to us considerably better, safer and more dignified than it was 10 years ago".

Ferreira invited media to visit Millsite yesterday. WMail 14/6 - 20/6/91.

The response from Lifecare has been similiar. Group managing director Melvylle Malkin said in a letter to *The Weekly Mail* that the article contained "gross inaccuracies".

He invited *The Weekly Mail* to visit the facilities.

● The editors reply: *The Weekly Mail* has accepted the offer to visit the facilities, though for obvious reasons we place more weight on the evidence that reporters found during unscheduled visits. 98

We must emphasise that our reports were based on first-hand accounts by reporters, backed by evidence from medical personnel from these institutions, the families of people held in them, and documentary information.

We confirm the basic facts: these institutions are chronically understaffed; patients insufficiently clothed for winter; physically disabled patients have no crutches or wheelchairs; food is poor and some children have to share beds.

Mr Ferreira should state if he considers this to be evidence of a "high standard" of care. If so, he should explain why Lifecare found it necessary within hours of our report to hand out or order new shoes, jerseys, pyjamas and other items.

Apartheid still rules at Sterkfontein

wlmail 14/6-20/6/91.

CISKA MATTHES visited a state mental hospital — where apartheid is rife, and conditions depend on the colour of a patient's skin

AT THE state-run Sterkfontein Hospital for the mentally ill, near Krugersdorp, black patients are showered six at a time in a dark, concrete-floored room, with windows that are mere holes in the wall, without glass.

And, according to staff, patients have to wait naked for the communal shower and make do with limited hot water.

The white patients, on the other hand, can shower by themselves in comfortable cubicles.

When the black dormitories are full, patients sleep in the unpainted, ice cold concrete "side rooms" intended for isolation, with only a thin mattress on the floor and a hole high in the wall.

In one white ward *The Weekly Mail* visited, side rooms have been carpeted and converted into visitors' rooms with curtains.

After an application for a visit to Sterkfontein was rejected by the Transvaal Provincial Administration (TPA), access was gained without the management's knowledge.

Sterkfontein, like all such institutions, has been hidden from the public eye since the Mental Health Act was amended in 1976 after a *Sunday Times* exposé of mental health conditions.

The Weekly Mail spoke to several health workers at the institution, who were all eager to help expose the segregation and discrimination among black and white patients and staff.

The "white" section near the entrance to Sterkfontein immediately gives the visitor a positive impression of the hospital. It includes a large recreation hall, a beauty parlour, and clean, well-kept wards for about 500 patients.

The black wards, at the back of the premises, have broken windows — black with dirt — and no heating. Housing 700 patients, they are said to be old military barracks.

"If you aren't crazy yet, you'll certainly become so there," a visitor said of the black section.

Despite announcements by Health Minister Rina Venter earlier this year that segregation in hospitals would be abolished, at Sterkfontein there are only three "mixed" wards.

Black patients are admitted to the observation ward in the white section — but stay here only temporarily. Some are also admitted to the white rehabilitation ward — but must meet three strict criteria. A health worker said these patients must have matric, speak English, and be able to "adapt well to the environment". These requirements do not apply to white patients.



STILL SEGREGATED ... The neat, well-kept 'white' areas of Sterkfontein Hospital give a good impression to the visitor. The 'black' wards, former military barracks, are hidden at the back of the institution

Photographs: GUY ADAMS

Patients in black wards often have to do gardening, work in the kitchen or laundry, or help bathe patients. The white wards have their own employed gardeners, according to staff members.

Health workers claimed that black patients who are discharged have to find their way back home using their own resources, in their unwashed clothes. Sometimes nurses take collections to raise money for poor patients to get home. According to staff, the hospital provides the necessary funds for white patients to get home.

The Weekly Mail visited Sterkfontein on a cold winter day. In one of the black wards many patients stood outside, in ragged pyjamas and gowns, hugging themselves to keep warm.

Standing in the courtyard in front of the dormitory doors in the last rays of sunlight, at 4.30pm, they waited to be put to bed.

Patients have to go to bed early because the night duty nurses are understaffed — two or three for up to 100 patients — a healthworker explained.

They had just been served a simple, one-pot meal in the dining hall, a shed outside in the courtyard, with no doors and broken windows. Patients squeeze in on narrow, wooden benches along "tables" made of brick and concrete.

The food is carried in from a distant "black" kitchen, in stainless steel pots, a staff member explained. Food from the "white" kitchen is transported in heated vans to the white wards.

Black staff members are negotiating with management about the discriminatory conditions, and are being backed by the National Education, Health and Allied Workers' Union (Nehawu).

Nehawu is not recognised by Sterkfontein's management, and no concrete progress has been made yet, because the complaints are not acknowledged.

One of the complaints is that black registered nurses in the white ward often have difficulty delegating duties to white junior nurses.

Furthermore, black nurses face general understaffing in the black wards, which forces them to do work such as gardening and cleaning.

In a crowded black ward, eight nurses may look after 80-100 patients, whereas in a white ward the same number may take care of about 40 patients, health workers said.

The treatment of black patients consists merely of medication, staff claimed, except for those who have occupational therapy; whereas the white section has social workers and psychologists to provide therapy.

Still, according to a psychiatrist who used to work at Sterkfontein, "there is deprivation across the colour line, although the black patients are, of course, far more disadvantaged.

"Nothing will happen until the people with the resources start representing the patients. They are easily forgotten and neglected," he said.

The TPA said it would not be able to respond to *The Weekly Mail's* allegations until members of its top management had been consulted. They would only be available next week.

However, TPA deputy director Jan van Wyk, said that the TPA had always followed an "open" policy on health matters to keep the media and the public informed.

He asked *The Weekly Mail* to substantiate all allegations made by members of staff, "so that an investigation can be launched.

"We do not react to speculative — so-called 'hearsay' — matters. All matters officially reported will be investigated fully," he said.

Alex Clinic, police drawing up info deal

Star 18/6/91

By Helen Grange

A longstanding dispute between the Alexandra Clinic and the SAP over police methods of acquiring information from the clinic's doctors about patients has come to an end.

David Robb, the clinic's acting director, is currently engaged in negotiations with Randburg's commissioner of police over "more acceptable" ways to get information on patients.

Antagonism between Mr Robb and Randburg police recently resulted in the SAP using a subpoena order to compel Mr Robb to give detailed information on patients treated after the massacre of Alexandra residents attending a funeral vigil in March.

Mr Robb appeared before a Randburg magistrate yesterday, but the subpoena against him was withdrawn in the light of negotiations embarked upon.

"We are trying to draw up a proper procedure of information-gathering, which could be recognised by the magistrate's court and police stations in the area.

"It would entail the police firstly providing the director of the clinic with the names of patients needed for an investigation, and secondly, getting the consent of patients before asking the clinic for information on them," said Mr Robb.

The clinic had been justifiably unco-operative with the police when they had demanded to know names, addresses and several other particulars of the injured brought in after the massacre, he said.

The police had since provided the names of those they wanted information on, and gained their consent. The clinic had then furnished the required information, Mr Robb said.

which the chairman of the board strongly recommended this decision, was sent to all of Posmed's 50 000 members and I have no doubt that the greater majority of Posmed's members

†Mr J H HOON: Test them!

†The MINISTER: We are testing them now by way of a vote. [Interjections.] 50 000 ballot-papers have been sent out.

†The CHAIRMAN OF THE HOUSE: Order! The hon member for Pretoria West put a supplementary question to the hon the Minister. If hon members are not interested to hear the reply, the hon the Minister need not go to the trouble of answering the question. The hon the Minister may continue.

†The MINISTER: Mr Chairman, the problem with the hon members is that they wear one pair of spectacles only, the spectacles of colour. They perceive everything in South Africa in terms of Black and White. [Interjections.] If we continue on that basis, there is no future in this country.

We shall have to start putting values first. We shall have to start separating the opportunities which people want to utilize in a work situation from the racial context in terms of which the hon members are so fond of perceiving everything. We changed the personnel policy of the Post Office on that basis so that there can be a mutual desire among White, Black and Brown employees to put the interests of the Post Office first and, in this way, to render the best service to the public—a public that is not White only but which includes all population groups.

†The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, may I ask if it is discriminatory in any way if one pays the same subsidy to others who wish to be integrated than one pays to a White Posmed.

†The MINISTER: We in the Post Office follow a personnel policy according to which colour cannot be a dividing line, because the issue of race in South Africa has already become one of the dividing lines which divide people to such an extent that conflict and racial conflict are threatening our future.

†Dr F HARTZENBERG: That is not true!

†The MINISTER: Yes, of course it is true!

†The LEADER OF THE OFFICIAL OPPOSITION: Now you are penalizing the Whites!

†The MINISTER: We are not penalizing the Whites. The hon the Leader of the Official Opposition cannot construe this as a penalizing of Whites.

†HON MEMBERS: Of course!

†The MINISTER: No, that is absolute nonsense, because people are paying the same contribution for the same benefits.

†The LEADER OF THE OFFICIAL OPPOSITION: And you are subsidizing the "bontes"!

†The MINISTER: No, there is a variety of medical schemes. If the employee is asked to pay a smaller contribution, the benefits of that scheme to which he is entitled, are also fewer. The employee can therefore choose whether he wants to belong to a medical scheme which offers a greater variety of services, but then he must also be prepared to make a greater contribution. On the strength of that contribution the Post Office is then prepared to make a contribution of R2 for every R1 which the employee contributes.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Neighbouring states: airports for military purposes

*6. Mr J H VAN DER MERWE asked the Minister of Foreign Affairs:†

(1) Whether any airports that can be used for military purposes are being built in neighbouring states of South Africa at present; if so, (a) in which neighbouring states and (b) what are the particulars of these airports;

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

B1180E

The MINISTER OF FOREIGN AFFAIRS:

(1) (a) and (b)

Botswana: An airport which could be used for military purposes is in the process of being built at a site approximately 40 km north-west of Gaborone.

Zimbabwe: According to available information Fylde Airforce Base in Zimbabwe

is at present undergoing extensions and upgrading.

(2) No, not at this moment.

Military courses: attendance by ANC members

*7. Mr J H VAN DER MERWE asked the Minister of Defence:†

(1) Whether any members of the ANC have attended military courses together with members of the South African Defence Force in Bloemfontein since 1 January 1991; if so, (a) how many ANC members and (b) what courses have they attended;

(2) whether it is the policy of the Government that ANC members may become members of the Defence Force?

B1181E

The MINISTER OF DEFENCE:

(1) No. (a) and (b) fall away.

(2) No. The hon member is referred to my reply in this House to question number 1 of 24 April 1990.

Cape provincial hospitals: amount saved

*8. Miss M SMUTS asked the Minister of National Health:

With reference to her reply to Question No 20 on 23 April 1991, what total amount was saved as a result of the reductions in services introduced at Cape provincial hospitals from 4 to 27 March 1991?

B1190E

The MINISTER OF NATIONAL HEALTH:

Preliminary figures indicate a saving of R16 557 997.

*9. Mr J van Eck—Law and Order. [Withdrawn.]

SAP action at Old Crossroads

*10. Mr J VAN ECK asked the Minister of Law and Order:

(1) Whether any persons were killed or injured as a result of action taken by members of the South African Police off or on Lansdowne Road, Old Crossroads, on or about 24 May 1991; if so, how many;

(2) whether the action taken by the Police included shooting; if so, (a) why did the Police resort to shooting and (b) what calibre of ammunition was used;

(3) whether any of the persons injured in the shooting are to be charged with any offences; if so, what are the details in this regard?

B1192E

The MINISTER OF LAW AND ORDER:

(1) Yes, one person was killed and three persons injured.

(2) Yes.

(a) As the furnishing of any answer to the question will be in anticipation of the outcome of the investigation and judicial actions which will result therefrom, it would be inapt to react thereto at this stage.

I therefore kindly request the hon member to abide by this, so that the judicial process, which is already in progress, can take its course.

(b) AAA Shotgun ammunition.

(3) Yes, three persons were charged with public violence. They are at this time in hospital where they are receiving treatment for their injuries.

Squatter settlements established/planned in Tvl

*11. Mr P G SOAL asked the Minister of Planning, Provincial Affairs and National Housing:

(1) How many settlements (a) have been established, and (b) are in the process of being planned, in the Transvaal under section 6A of the Prevention of Illegal Squatting Act, No 52 of 1951;

(2) in respect of what date is this information furnished?

B1193E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(1) (a) 5

(b) 0

(2) 10 June 1991.

responsibility to construct the road is that of the municipality.

However, all the arguments and all the data provided in the debates in respect of the Chatsworth second access road far outweigh those in respect of the Shallcross link road. If one has money to allocate to local government bodies in respect of building a road, absolutely no priority can be attached to the Shallcross link road when compared to the Chatsworth second access road. [Time expired.]

Mr P I DEVAN: Mr Chairman, I have a short answer to this long-drawn-out issue. If bridging finance was not made available for the Shallcross link road, it would not be developed in the foreseeable future. Hence I complimented the hon the Chairman of the Ministers' Council the other day on funding its construction.

The second access road is a different kettle of fish. For the information of the hon the Leader of the Official Opposition, even if bridging finance is made available here and now, the second access road will not be built along the Coedmore Reserve Route. It is a great pity that the hon the Leader of the Official Opposition did not put it to the test by offering bridging finance for its development when he was administering the House of Delegates, because there was probably a remote chance of succeeding at that time.

The problem with the second access road is not finance, but the siting of the road. The hon the Leader of the Official Opposition is aware of the long history relating to the second access road. The question dogging the second access road is not money, therefore the question falls away.

The MINISTER OF HOUSING: Mr Chairman, we would all like to see all roads built. However, the second access road to Chatsworth was vetoed by the Stainbank family who donated the nature reserve, and the cost of implementing the alternative road plans, which were discussed with hon members of this House in confidence, is enormous and could only be undertaken by the authority responsible for that kind of work if it had that kind of financial resources. Therefore one cannot equate one with the other.

I also want to mention, as far as the second access road is concerned, that the hon the Minister of Local Government and Agriculture and I have been conducting negotiations and we intend to meet with the province shortly, when the session is over, to pursue this matter further.

We have not let it lie. We realise that such a road is necessary and we are addressing this problem on an urgent basis. It is hoped that we will be able to give the community some information as soon as we have made further progress in this direction.

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE: Mr Chairman, I must honestly say that I am surprised by this interpellation raised by the hon the Leader of the Official Opposition. I say this advisedly and with due respect. The fact is that the hon the Leader of the Official Opposition is a member of a multiparty advisory committee. In March, when this committee met, he raised the issue of the costing and financing of this project. An explanation was offered to him at that particular meeting.

The issue of the link road as well as that of the second access road were on the agenda at a subsequent meeting on 4 April 1991. There was unanimity concerning this particular approach and also concerning the fact that we should proceed with the second access road as well. The basis on which we were to proceed with the second access road was also explained, as were the difficulties that we had experienced. The alternative proposals were also explained to hon members at that meeting. I believe we wanted to work in unity and harmony across the party-political divide. Why, then, bring this up as if to create divisions here when we had such harmony at that meeting?

The second access road is expensive. Even the Durban City Council has said that the amount of money required for even the alternative plan is so large that negotiations will have to take place with various other State agencies, including the central Government itself, to ensure that the second access road is built. Nobody denies the fact that the hon the Leader of the Official Opposition is right. The second access road is an important arterial road that is required for the people of that particular region. Therefore we

must not spare any effort in achieving that objective. I think that scoring points in this particular regard is nonsensical, because the funds of the Housing Development Board will not be able to sustain the total cost, even with the best will in the world, of providing bridging finance for the second access road.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, are the hon member for Cavendish and the hon the Minister of Local Government and Agriculture not aware of the fact that in their presence we were given new plans and a new drawing of the new direction of the second access road? This was done approximately 10 months ago. [Interjections.] The plans were shown to us. [Interjections.]

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE: It was on 4 April 1991.

The LEADER OF THE OFFICIAL OPPOSITION: Even if it was on 4 April, I am sure that if a massive commercial development was being planned next to the new road, bridging finance would have been provided. If one wants to talk about priorities, the cost in respect of the new plans contained in the new drawings will be more or less the same as that in respect of the Shallcross link road. Even if it means R10 million . . . [Interjections.] It is not a question of sucking up to people, but of what lies next to the road. The question is: What is the motivation? [Time expired.]

The MINISTER OF HOUSING: Mr Chairman, the hon the Leader of the Official Opposition wants to know what lies next to this new road that is being prepared. It is a cemetery, which is available for use by anybody. [Interjections.] I just want to reiterate that studies are being done and I hope one day we will have the results here.

The road which has been authorised, linking Chatsworth Central with Shallcross, will certainly take the pressure off the Higginson Highway. That road in fact meets with the Sarnia arterial road, which in turn goes right through to Edwin Swales. In the case of an emergency, people from there can go to Merebank, Jacobs and Durban.

When we plan something, we do not take instructions from any nightclub. We are doing this because a local authority, the DSB, wanted this road. That is why we are doing it. I am not interested in who benefits from it, apart from the public. Some will benefit and some will not. It all depends on how one approaches this thing.

However, I am not answerable to any individual businessman as far as this road is concerned. I responded to a request made by the DSB and I can also tell hon members at this point in time that the local authority, the city council of Durban, is working out how this whole matter may be resolved to the satisfaction of the House of Delegates, because the city council of Durban and the DSB will each accept responsibility for their share.

What we have done, is to bring some relief where it is possible. Where it is difficult or impossible, we make the effort, as the hon the Minister of Local Government and Agriculture has indicated. We will try our best to do it, but again I want to reiterate that we are not building roads because there are certain businesses there. As I said, the only thing that will be next to this second access road to Chatsworth is a cemetery. That can be a business for some people, and nobody will stop one from becoming an undertaker.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Precedence given to Questions Nos 4 to 6 on Own Affairs:

Certain organisation: request for financial assistance

*4. Mr E JOOSAB asked the Minister of Health Services and Welfare:

Whether his Department has received a request for financial assistance 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) when, (b) what (i) were the reasons for and (ii) was his

Department's response to this request and (c) what is the name of this organisation?

D206E

The MINISTER OF HEALTH SERVICES AND WELFARE:

On 19 March 1991 the Dean of the Medical School at Cape Town addressed the Chief Directors of Own Affairs and Local Authorities and requested them to:

(i) financially assist the Hospice Movement who deliver extensive terminal care services and bereavement counselling to anyone regardless of their race, age or religious affiliation;

(ii) promote this concept within their own communities to alleviate the demand for hospital beds and to reduce the cost per bed at a hospital of ±R315 to ±R150 at a hospice;

(iii) to assist their communities to care for the terminally ill at home.

Considering that the St. Lukes Hospice in Cape Town and the Highway Hospice in Durban attend to all peoples, it was decided to assist financially until our own services can be fully implemented.

On the above grounds and on compassion and as these organisations are registered welfare organisations employing social workers, the Department subsidised these institutions.

(a) N/A.

(b) (i) N/A.

(ii) N/A.

(c) Highway Hospice — Durban

St. Lukes Hospice — Cape Town.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the hon the Minister's reply, is it not correct that neither he nor his department received any request from these organisations?

The MINISTER OF HEALTH SERVICES AND WELFARE: Sir, my answer is clear. The request came from the dean of the medical faculty. As was alleged during the debate, the Hospice Association has dealt with 15 Indian patients up to now. However, as from yesterday one does not talk about Indians, Coloureds and Whites any more.

St Luke's has dealt with at least 50 patients with names of Indian origin in Cape Town.

Durban-Westville: dental faculty

*5. Mr M RAJAB asked the Minister of Health Services and Welfare:

(1) Whether his Department has received a request from the University of Durban-Westville to establish a dental faculty; if so, (a) when and (b) in what manner;

(2) whether approval has been obtained from the Treasury to finance this project;

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

D208E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) Yes. A request was made to the then Department of Indian Affairs. The Oral and Dental Training Hospital was established in 1979 by mutual agreement between the Department of Indian Affairs, Department of Health and the University of Durban-Westville to train Dental Therapists and Oral Hygienists with the intent that this could serve as an infrastructure to a future Dental Faculty in Natal.

(a) The Ministers' Council in January 1986 obtained Cabinet approval, in principle, to update the existing facility to a fully fledged DENTAL FACULTY.

(b) In writing.

(2) No. Treasury prioritising and approval can only be obtained when the following documentation prepared by the Administration: House of Delegates and the University of Durban-Westville jointly, and approved by the relevant National Authorities are submitted to Treasury for evaluation:

(a) *Administration: House of Delegates*

Hospital norms prepared by the Department of Health Services and Welfare and ratified and approved by the Department of National Health and Population Development. Approval was obtained in accordance with the above on 7 April 1989 for a 61 Dental Chair Hospital.

(b) *University of Durban-Westville*

The academic needs and norms must be prepared and submitted to the National Department of Education for ratification and approval.

This documentation is awaited.

(3) Yes. At an appropriate time.

Administration: HoD: number of air tickets for staff

*6. Mr D K PADIACHEY asked the Minister of the Budget and Auxiliary Services:

(1) Whether the number of air tickets available to members of the staff of the Administration : House of Delegates who are stationed in Cape Town during the Parliamentary session is to be increased; if so, (a) when and (b) by how many;

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

D211E

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

(1) No

(a) and (b) fall away.

(2) No.

Serviced land: utilisation policy

*1. Mr K PANDAY asked the Minister of Housing:

(1) Whether it is the policy of his Department that all serviced land should be utilised fully as soon as possible; if not, what is the policy in this regard;

(2) whether he will allocate serviced land to small private developers in order to speed up the utilisation of such land; if not, why not; if so, what are the relevant details?

D195E

The MINISTER OF HOUSING:

(1) Yes.

(2) Yes. Small private developers are free to submit their tenders when tenders are invited for the construction of houses and further provision is also made for their valued contribution by undertaking assisted self-help housing projects as we have done in Buffelsbosch and Shallcross where they are playing a very important role.

Certain person: duties/accommodation

*2. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Education and Culture:

(1) Whether an official of his Department was sent back to Durban from Cape Town on or about 8 February 1991 to perform his duties as a superintendent of education; if so, why;

(2) whether this official was recently brought back to Cape Town; if so, (a) when and (b) what are his duties in Cape Town;

(3) whether this official is residing at a hotel in Cape Town; if so, what is the daily cost to the State of (a) his accommodation and (b) any other allowances paid to him?

D204E

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, but not on or about 0 February 1991. The precise date was 18 February 1991.

The official was required in Durban to assist the two Acting Chief Superintendents of Education (Management) until they could undertake their duties without further assistance. This became even more necessary with the retirement of a senior Chief Superintendent of Education (Management) with effect from 1 February 1991.

Whilst at Head Office, the official referred to at the very outset, continued to liaise between the Department and the Ministry.

(2) Yes, for two periods.

(a) 10 May 1991 to 23 May 1991 *and*, 1 June 1991 to 6 June 1991, giving a total of 18 days.

Guarded response as hospital work begins

CT 19/6/91 (98)

THE news that Concor Holdings (Western Cape) has started work on the R14,5 m New Kingsbury Hospital in Claremont has brought a mixed reaction from residents and professional people in the area.

Several residents have stated that as far as they know the developers had taken residents' grievances into consideration and the possible traffic congestion and all the other problems had been addressed.

Mr Lionel Edwards, an architect with Andrews Niegeman, the company which has designed the new complex, said: "We have adhered to all the City Council's stringent conditions of approval. Nothing has changed from our side — we have considered the residents in the area in every way.

'No notification'

"The developers are attending to all the little problems — such as the noise from the water pump — as these arise."

A resident in the area said the first he knew about the beginning of the scheme was what he read in the Cape Times last week.

He said: "Until then, we had not received any notification from anybody that R14,5 m was being spent on the project and that building operations would last until next September.

"However, once the complex is complete it might make a positive difference to the area, provided nothing has changed since the plans were passed. It might be better than a supermarket or a multi-storey block of flats. I look forward to the landscaping — trees and pretty gardens would be welcome."

Mrs Gill Cowen, of Claremont, said: "We hope the developers will do what they said they would do: provide access from Wilderness Road, see that the lights are not too bright or too numerous and ensure that there are no problems either with noise or traffic.

Watchful

Another resident in the area said that the first he and his wife knew about the building operation starting was the appearance of the contractors on site with buildozers, and the demolition of buildings.

He added that residents would definitely keep an eye on the progress of the new complex.

He said: "Nobody tells anybody anything. What about the Wynberg Surgical Clinic? This has not been satisfactorily explained. Are they moving to the new complex or are they not?

"When we first started talking it started off as a small develpment but now it seems very large. The developers have kept on buying more properties in the area. We wonder how large the complex will be in the end."

Cutbacks at hospitals save R16,6m

(98)
CT 19/6/91

Political Staff

THE March cutbacks in services at Cape Provincial hospitals had resulted in savings of R16,6 million, the Minister of National Health, Dr Rina Venter, said yesterday.

The preliminary figures indicated a saving of R16 557 997 at Cape Hospitals from March 4 to March 27, she said in reply to a question tabled by Ms Dene Smuts (DP, Groote Schuur).

Ms Smuts, responding to the information, said the saving of R16 million from the Cape hospital budget through the cutbacks in March were "not worth it" when weighed against the shock caused to the health system and to patients.

Ms Smuts said it "was unlikely from the start that R50 million could be saved in a month".

"Furthermore, the scope for cutbacks is limited by fixed costs.

"In the case of Groote Schuur, these costs which include staff salaries, represent 60% of expenditure.

"The only thing that can be said about the saving of R16 million when weighed against the shock caused to the health system and to patients by the Administrator's cutbacks is that it isn't worth it."

The cabinet was clearly not going to come to the rescue with more generous funds and so the answer had to lie in the restructuring of the health services, greater autonomy for academic hospitals and a more discriminating mode of financial administration.

Groote Schuur Hospital had managed to contain costs and maintain standards over a number of years.

"This latest example of the indiscriminate and arbitrary cross-the-board cutbacks about which Groote Schuur/UCT Medical Faculty Department Heads have consistently complained, and which has borne so little fruit after such savage pruning, underlines the need for a new system," Ms Smuts said.

Clinic chief: Order dropped

JOHANNESBURG. — Authorities have withdrawn an order against an Alexandra Clinic official to furnish information about victims of a massacre at a funeral vigil in the township earlier this year.

Mr David Robb, acting director of the clinic, received the order after he clashed with police who demanded details about victims being treated in the clinic for gunshot and hack wounds.

The Section 205 subpoena was rescinded on Monday following an agreement reached between the chief prosecutor, police and the clinic official shortly before Mr Robb was due to appear in court. — Sapa

1989/90—financial year R415 000
1990/91—financial year R5 000

(b) Funds voted by Parliament.

(c) (i) None

(ii) 31 March 1991

(2) Dependent on the availability of funds as voted by Parliament.

OFS: Vote: Health services/community development

434. Mr L F STOFBERG asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Orange Free State: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of (a) R510 946 000 under Vote 2—"Health services", and (b) R327 366 000 under Vote 4—"Community development", according to aims; if not, why not; if so, what are the relevant details?

B1139E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

(a) The amount of R510 946 000 under Vote 2—"Health Services" is provided for all population groups and cannot be subdivided per population group.

(b) The amount of R327 366 000 under Vote 4—"Community Development" has been provided solely for the Black community.

Vote No 26: Main Division 6

437. Mr A P OOSTHUIZEN asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to Vote No 26—Planning, Provincial Affairs and National Housing, he will subdivide the amount of R601 439 000 under Main Division 6—"Urban development and housing aid", according to aims; if not, why not; if so, what are the relevant details?

B1143E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R601 439 000 under Main division 6—"Urban development and housing aid" under Vote—Planning, Provincial Affairs and National Housing had, as indicated in the aim—and programme description on page 26-14 and 26-15 of the printed budget which was tabled in Parliament, a bearing on the Black community. The only exceptions the amounts of R101 102 000 and R90 000 000 which are respectively indicated in the budget as interest subsidy on private loans and redemption of private loans. These amounts are utilised to honour loan obligations which were entered into some years ago on behalf of all population groups.

Province of Cape of Good Hope: Vote 3

438. Mr W A BOTHA asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Cape of Good Hope: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R1 821 391 000 under Vote 3—"Hospital and Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1144E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R1 821 391 000 under Vote 3—"Hospital and Health Services" is provided for all population groups and cannot be subdivided per population group.

Province of Transvaal: Vote 7

440. Mr W J D VAN WYK asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Transvaal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R1 372 332 000 under Vote 7—"Community Development", according to aims; if not, why not; if so, what are the relevant details?

B1146E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R1 372 332 000 under Vote 7—"Community Development" has been provided solely for the Black community.

Province of Transvaal: Vote 4

441. Mr W J D VAN WYK asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Transvaal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R2 336 764 000 under Vote 4—"Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1147E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R2 336 764 000 under Vote 4—"Health Services" is provided for all population groups and cannot be subdivided per population group.

Province of Cape of Good Hope: Vote 10

442. Mr W A BOTHA asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Cape of Good Hope: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R653 595 000 under Vote 10—"Community Services", according to aims; if not, why not; if so, what are the relevant details?

B1148E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R653 595 000 under Vote 10—"Community Services" has ben provided solely for the Black community.

Free settlement areas proclaimed

443. Mr P G SOAL asked the Minister of Planning, Provincial Affairs and National Housing:

(a) How many free settlement areas have been proclaimed since the promulgation of the Free Settlement Areas Act, No 102 of 1988, (b) where are these areas situated, (c) what is the size of each, (d) how many persons are living in each of these areas and (e) in respect of what date is this information furnished?

B1150E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(a) 13.

(b) and (c)

Areas already proclaimed	*Size*
1. Midrand (Country View) (Transvaal)	479 ha
2. Windmill Park (Transvaal)	60,4 ha
3. Warwick Avenue Triangle (Natal)	8,9 ha
4. Diepsloot (Transvaal)	880 ha

Areas already proclaimed	*Size*
5. Zonnebloem (Cape)	93 ha
6. Waterval (Transvaal)	211 ha
7. Zuurbekom (Transvaal)	1 375 ha
8. Messina Extension 8 (Transvaal)	35,43 ha
9. Knysna Extension 10 (Cape)	90 ha
10. Ottery/Wetton (Cape)	109 ha
11. Cato Crest (Natal)	101 ha
12. Zeekoe Vallei (Natal)	139 ha
13. Alwijn Balmoral (Uitenhage)	1 205 ha
Total	4 786,73 ha

(d) Unknown.

(e) 30 April 1991.

Consolidation: KwaZulu farms

446. Mr J A JORDAAN asked the Minister of Development Aid:†

(1) Whether any farms purchased for consolidation purposes and transferred to the KwaZulu Government by the Government over the past 20 years, have been donated and/or transferred to King Goodwill Zwelethini by the KwaZulu Government; if so, (a) how many farms are involved and (b) what is the value of each farm;

(2) what amount was spent directly or indirectly on these farms by the KwaZulu Government out of Treasury funds in each financial year over the past 20 years;

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

B1160E

The MINISTER OF DEVELOPMENT AID:

(1) No farms have been donated and/or transferred to King Goodwill Zwelethini by the KwaZulu Government. As with other Tribal Authorities several farms have been included into the Usuthu Tribal Area which is under the jurisdiction of the King.

The following farms are affected:

Swartkop, Units 11 and 23 of Sterkstroom, Tokazi, Excelsior, Welgevonden, Portion of Driefontein, Jackalsdance and Uitkyk.

Only one farm, Subdivision 11 of Mkuzi West No 14403 measuring 1140 hectares was donated to "The King of the Zulu Nation" by the South African Development Trust in 1988.

The value thereof amounted to R300 000.

The said property was not registered in the name of the King personally but in his official capacity.

(2) No separate accounts are kept in respect of the development of the various tribal authorities.

(3) No.

Province of Natal: Vote 6

454. Mr F J LE ROUX asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Natal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R301 111 000 under Vote 6—"Community Development", according to aims; if not, why not; if so, what are the relevant details?

B1182E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R301 111 000 under Vote 6—"Community Development" has been provided solely for the Black community.

Province of Natal: Vote 2

455. MR F J LE ROUX asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Natal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R908 079 000 under Vote 2—"Hospitals, Medical and Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1183E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R908 079 000 under Vote 2—"Hospitals, Medical and Health Services" is provided for all population groups and cannot be subdivided per population group.

Autonomy by April? (98)

PRETORIA. — A target date of April 1 next year has been set for the implementation of extensive management autonomy at the seven academic hospitals in South Africa.

This was confirmed by the director-general of national health, Dr Coen Slabber, at the first National Policy Advisory Council meeting here yesterday.

He said yesterday's meeting marked the first step in this process. — Sapa

CT 21/6/91

No way out for mentally ill

w|mail 21|6-27|6|91

The plight of a man incarcerated in a mental hospital against his will, raises questions about the committal process, reports **GAVIN EVANS**

"THIS regards the blindly stupid and illicit incarceration of the writer in a mental hospital, without authority; and the criminal, absolutely unethical behaviour of the so-called medical profession of the Republic of South Africa."

With these words a 49-year-old father of two, former businessman and current mental patient begins an eight-page diatribe about how he was committed against his will to a Transvaal provincial mental hospital and why he has not been able to get out.

After a lengthy exposition on his worldly achievements, intelligence and good character, he gets to the point: He was incarcerated because he had evidence that the KGB had tried to penetrate the National Intelligence Service via MI5, who were also involved in setting up the CCB. As a result, there was "intelligence interference" in his marriage. His late father, also a foreign agent and acting under orders from a British subject, conspired with unethical doctors to have him certified as a paranoid schizophrenic.

Writing about himself he says: "The writer has always enjoyed excellent mental health, evidenced by his *joie de vivre*, energy, activity, efficacy, achievements, irrepressible humour, optimism and active good sincere human relations. He has never suffered from delusions nor halucinations.

"Accusations of such have been unfounded and completely unevidenced and would be completely annihilated by the hard evidence, and many, many witnesses, which the writer could bring to bear if he had the opportunity..."

While his refutation of the doctor's diagnosis is open to question, his account of his committal and the limited channels for appeal make more sense.

He says his father obtained a letter from his doctor recommending "internment and intensive drug therapy". Later, after a fight with his father, he was taken by the police to be examined by the district surgeon.

A Germiston magistrate ordered his committal to the mental hospital, without his having seen the contents of the doctor's letter, his father's recommendation or the magistrate. He was prescribed a drug, Pimozide, and then treated with drugs against his will.

After appealing to the attorney general and hospital superintendent, he was allowed out. But after several attempts to contact the National Intelligence Service and police, his return to Weskoppies was ordered and he spent 29 months in a chronic ward, "with no treatment whatsoever".

"On average the writer saw a doctor for about 10 minutes in two months," he says.

Applications to see the hospital board and its chairman were initially refused. Later he got to see the board, which refused his unconditional discharge but moved him to another ward and allowed him to go out on weekends.

He says he wants to sue for damages, but can't until his original certification order is rescinded.

In a recent article in the *South African Journal of Human Rights*, psychologist Lloyd Vogelman, attorney Nicholas Haysom and academic researcher M Strauss argue that one of the catalysts behind the current certification process was the assassination of Dr Hendrik Verwoerd, which led to a "concern to protect society from the mentally ill, informed in the late sixties by reawakened primal fear of the deranged lunatic".

The committal process, they argue, is essentially an administrative — rather than judicial — procedure, relying on the diagnosis of doctors. "The consequences of a faulty diagnosis are severe, and there is much evidence to suggest that psychiatry has not yet reached a stage where faulty diagnosis is unlikely."

Any adult who believes another person should be committed to a mental institution may apply to a magistrate for an order — and the application may be accompanied by a medical certificate.

The magistrate, who does not need to examine the person himself, calls for the assistance of two doctors, who provide him with a written examination of the person. If no psychiatrists are available, he may rely on the medical certificate supplied by the applicant.

He may then order the committal of the person to a mental institution as a patient — the reception order authorising the detention of the patient for up to 42 days.

A hospital doctor's report is then sent to the attorney general, after which a judge examines the reports in chambers and may order the further indefinite detention of the patient. After this, discharge is dependent on the doctors, hospital board and superintendent of the hospital.

There is no legal provision for patients to contest their detention and they have no right to refuse treatment — including drugs and shock therapy.

A major problem faced by psychiatric hospitals is the number of certified patients who escape. According to figures released in parliament, at Sterkfontein alone 513 patients "escaped, broke out, absconded or were allowed to go on leave and did not return" between 1986 and 1990.

Inside the bleak cell of despair

w|mail 21|6-27|6|91



DICKENSIAN STARKNESS ... the MB-ward at Weskoppies is home to 20 men, some of whom have lived there for decades Photo: GUY ADAMS

This week The Weekly Mail secretly gained access to another major mental institution in the Transvaal — the state-owned Weskoppies. **CISKA MATTHES** reports

w|mail 21|6-27|6|91

IN A locked, bare room of Weskoppies psychiatric hospital, about 20 black patients sleep on thin mattresses on a dirty concrete floor.

Above each mattress a number is painted on the dirty yellow walls: "B1, B2, B3..." — short for "Bantu 1", and so on. Paint is flaking off the walls.

Heads and feet stick out from under heaps of old blankets, close together, without sheets or pillows.

The patients get up elatedly when *The Weekly Mail* reporters enter the ward. They all want to shake hands.

"We are hungry, madam," says one. Another begs, "Please, miss, can I go home? I'm OK in my head now."

Staff claim that the patients are given clean blankets only once a month, and change their clothes only once every four days.

Several of the barred windows are broken, letting in the freezing mid-winter air.

Two buckets of water are placed in the middle of the room with three cups — after 3.30 in the afternoon, it is all the patients will have to drink until breakfast the next morning. They have no food during this period.

The room is filled with a rancid smell of urine; in the corner stands a row of old toilets without seats, shielded only by a low wall. In an adjacent enclosure, a blocked urinal is almost overflowing. Wet patches dot the rough concrete floor.

In this "MB-ward" ("Male Bantu") of Weskoppies, some of the patients have lived for years, even decades, health staff said.

They are black State President's Patients (SPD) who were sentenced by the courts to treatment in a mental institution; they were declared not accountable for deeds that range from general aggression to murder.

The Weekly Mail spoke to several of Weskoppies' health workers who felt it was time to expose the problem.

Staff said the only "therapy" black patients receive is medication — none of them receive any individual psychotherapy. Group therapy is given only to those who are about to be discharged.

Few of the black SPD patients are ever discharged; many may stay until they die. "It is a matter of control, not cure," one worker commented.

The health staff claimed that the approximately 100 black SPD patients of Weskoppies were seen by the psychiatrist briefly once every two or three months.

If the hospital staff — and ultimately, the psychiatrist — judges a patient cured, a discharge procedure may be started.

The health staff claim it is a complicated, bureaucratic procedure that is not often started.

For a discharge a "custodian" — preferably a relative — is needed to take responsibility for the patient.

The problem is that relatives are often not willing to be the custodian, as the patients may have assaulted family members. Social workers are continuously discouraged to sign as custodians by management, the health staff claim.

"The management says it is far too dangerous," they say. They acknowledge that it is not certain whether a patient can be rehabilitated to face the outside world. He may not be able to handle the stress.

But the hospital, they add, doesn't even give patients a chance, and seldom are they allowed to go home on leave.

The health workers claim the white SPD patients are given a chance to go home on leave more often; supposedly even for up to one month.

Furthermore, health staff claim some patients can't leave as they live too far away and receive too little travelling money to get there.

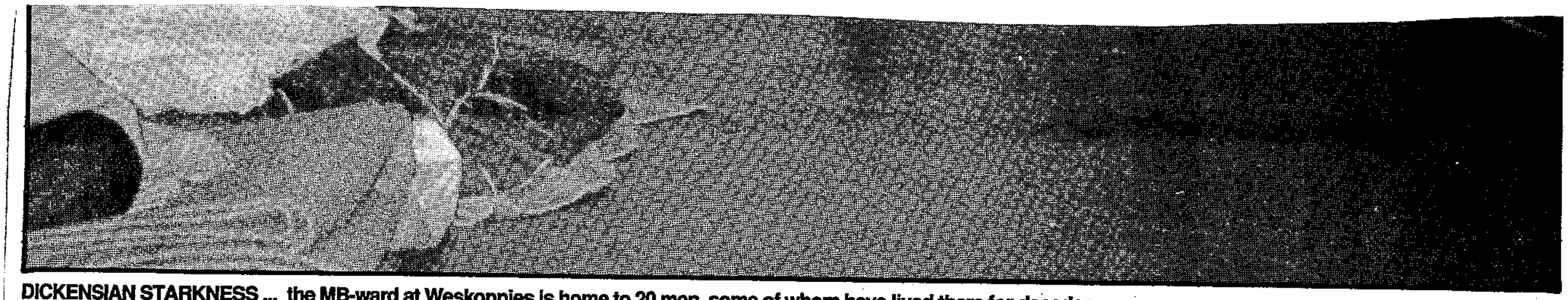
White patients always get sufficient resources to go home, the staff said; and are escorted all the way. Black patients though, may be just "dumped" at a station, they said — and may not be able to cope with the stress.

According to a mental health worker Weskoppies was "racially integrated" in January this year. However, this does not relate to accommodation of patients — merely the medical staff is no longer divided into two separate teams.

Some workers claim though, that even this integration has not yet taken place.

Although there are several newly-built black wards that are said to be quite comfortable, the majority of the approximately 1 300 black patients still stay in the overcrowded old wards, with poor facilities.

Meanwhile, the approximately 1 800 white patients are said to enjoy comfortable conditions; and *The Weekly Mail*, visiting the warm white wards — with some private rooms — spotted a white woman patient peacefully playing the piano in the patients' dining hall.



DICKENSIAN STARKNESS ... the MB-ward at Weskoppies is home to 20 men, some of whom have lived there for decades

Photo: GUY ADAMS

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Two buckets of water are placed in the middle of the room with three cups — after 3.30 in the afternoon, it is all the patients will have to drink until breakfast the next morning. They have no food during this period.

The room is filled with a rancid smell of urine; in the corner stands a row of old toilets without seats, shielded only by a low wall. In an adjacent enclosure, a blocked urinal is almost overflowing. Wet patches dot the rough concrete floor.

In this "MB-ward" ("Male Bantu") of Weskoppies, some of the patients have lived for years, even decades, health staff said.

They are black State President's Patients (SPD) who were sentenced by the courts to treatment in a mental institution; they were declared not accountable for deeds that range from general aggression to murder.

The Weekly Mail spoke to several of Weskoppies' health workers who felt it was time to expose the problem.

Staff said the only "therapy" black patients receive is medication — none of them receive any individual psychotherapy. Group therapy is given only to those who are about to be discharged.

Few of the black SPD patients are ever discharged; many may stay until they die. "It is a matter of control, not cure," one worker commented.

The health staff claimed that the approximately 100 black SPD patients of Weskoppies were seen by the psychiatrist briefly once every two or three months.

If the hospital staff — and ultimately, the psychiatrist — judges a patient cured, a discharge procedure may be started.

The health staff claim it is a complicated, bureaucratic procedure that is not often started.

For a discharge a "custodian" — preferably a relative — is needed to take responsibility for the patient.

The problem is that relatives are often not willing to be the custodian, as the patients may have assaulted family members. Social workers are continuously discouraged to sign as custodians by management, the health staff claim.

"The management says it is far too dangerous," they say. They acknowledge that it is not certain whether a patient can be rehabilitated to face the outside world. He may not be able to handle the stress.

But the hospital, they add, doesn't even give patients a chance, and seldom are they allowed to go home on leave.

The health workers claim the white SPD patients are given a chance to go home on leave more often; supposedly even for up to one month.

Furthermore, health staff claim some patients can't leave as they live too far away and receive too little travelling money to get there.

White patients always get sufficient resources to go home, the staff said; and are escorted all the way. Black patients though, may be just "dumped" at a station, they said — and may not be able to cope with the stress.

According to a mental health worker Weskoppies was "racially integrated" in January this year. However, this does not relate to accommodation of patients — merely the medical staff is no longer divided into two separate teams.

Some workers claim though, that even this integration has not yet taken place.

Although there are several newly-built black wards that are said to be quite comfortable, the majority of the approximately 1 300 black patients still stay in the overcrowded old wards, with poor facilities.

Meanwhile, the approximately 1 800 white patients are said to enjoy comfortable conditions; and *The Weekly Mail*, visiting the warm white wards — with some private rooms — spotted a white woman patient peacefully playing the piano in the patients' dining hall.

manship of Judge Goldstone arbitrated during February 1990 that he was responsible for his own death.

SABC: rate for M-Net broadcasts

377. Mr L F STOFBERG asked the Minister of Home Affairs:†

Whether the SABC undertakes the broadcasting of M-Net programmes; if so, what is the average cost per minute of broadcasting time paid to the SABC by M-Net for this service?

B970E

The MINISTER OF HOME AFFAIRS:

The SABC does not undertake the broadcasting of M-Net programmes but has a transmission agreement with M-Net for the distribution of the M-Net broadcasting signal. According to this M-Net rents the channel on a 24 hour basis irrespective whether the full 24 hours are used. The rental fee is calculated on the full cost of the usage of the existing infrastructure, including rental, plus a profit margin. There is no government involvement in the mutual bargaining of tariffs of this nature.

Diamond and Gold unit: budgeted cost

386. Adv M J MENTZ asked the Minister of Law and Order:†

(1) What was the budgeted cost of the Diamond and Gold Unit in each of the latest specified five financial years for which information is available;

(2) whether there are any reasons why, in the framework of the free market policy of the Government, this unit should continue to exist at the expense of the taxpayer; if so, what reasons;

(3) whether, in the light of the abovementioned framework, consideration is being given to assigning control of the smuggling of gold and diamonds from mines to the mine companies concerned; if not, why not; if so, what measures he envisages to secure the taxpayer against the costs involved in controlling the smuggling of gold and diamonds from mines?

B1018E

The MINISTER OF LAW AND ORDER:

(1) The Diamond and Gold Unit, as a specialized unit of the Division: Crime Combating and Investigation, forms an integral part of the South African Police. The costs involved in the functioning of this unit are financed out of the global budget of the Police and is not accounted and recorded separately. It is therefore not possible to furnish the bedgeted costs.

(2) Yes, shortly after the discovery of uncut diamonds and other raw precious metals in South Africa, and the realization by the Government at that time, of the foreign exchange value which these products held for South Africa's economic prosperity, these products were controlled by legislation. These products still play a very important role in the economic progress of the Republic, which at the same time ensures a great measure of prosperity for all the inhabitants of South Africa.

It thus follows that these products must not come into circulation in the free market, since it would have an extremely negative influence on the economy of South Africa, which would also flow over to the tax-payers pocket. Legislation is thus still necessary to control the possession and dealing in thse products and a transgression thereof naturally constitutes an offence.

The functions of the South African Police, which also includes the Diamond and Gold Unit, is, inter alia, the following:

— the investigation of any offence or alleged offence; and

— the prevention of crime.

The illegal possession and dealing in these products thus falls within the ambit of the functions of the South African Police, and the Police will still continue to fulfil their responsibilities in this regard.

(3) The smuggling of raw precious metals and uncut diamonds from mining premises is still being controlled by security officials in the service of the mining companies involved. As soon as arrests are carried out by these officials, the suspect(s) and any exhibits, are handed over to the Diamond and Gold Unit, who are responsible for the pursuance of judicial proceedings, for further investigation which

may result therefrom. No change of this procedure is envisaged.

Squatters near Ventersdorp: attacks by farmers

390. Mr D H M GIBSON asked the Minister of Law and Order:

(1) Whether any incidents involving attacks by farmers on squatters near Ventersdorp were reported on or about 11 May 1991; if so, what were the circumstances surrounding these incidents;

(2) whether any squatters were injured during these incidents; if so, how many;

(3) whether any farmers have been (a) arrested and (b) charged in connection with these incidents; if not, why not; if so, (i) how many in each case and (ii) what is the nature of the charges;

(4) whether any property was damaged during these incidents; if so, what was the value of the property damaged?

B1030E

The MINISTER OF LAW AND ORDER:

(1) As the furnishing of any answer to the question will be in anticipation of the outcome of the investigation and judicial action which may result therefrom, it would be inapt to react thereto at this stage, except to say that the South African Police view the events at Goedgevonden on the date in question in a very serious light.

I, therefore, kindly request the hon member to abide by this, so that the judicial process can take its course.

This matter is being investigated thoroughly and as a matter of urgency.

(2) Yes, in Goedgevonden 7 persons were seriously injured and in Tshing 25.

(3) (a) and (b) Yes.

At this stage three white males have been arrested and charged with public violence at the Goedgevonden squatter camp. As regards the events at the Tshing Black Residential Area no arrests have as yet been made.

(4) Yes, the provisional estimate is that the damage in Goedgevonden amounts to R1 700,00 in respect of 4 structures, and amounts to R5 000,00 in Tshing in respect of 5 structures.

Note:

I wish to refer the hon member to column 8685 to 8700 and column 8701 to 8712 in Hansard when the matter was discussed in the House of Assembly and House of Representatives, respectively on 14 May 1991.

I am content with what I said and the points of view I took during the two debates.

Minister/chief executive directors: lawsuits/pay-outs

415. Mr M J ELLIS asked the Minister of National Health:

(1) Whether any lawsuits were brought against (a) her in her capacity as Minister of National Health and/or (b) any specified chief executive director of provincial hospital services in 1990; if so, what (i) were the circumstances of each lawsuit and (ii) was the outcome in each case;

(2) whether (a) she and/or (b) any specified chief executive director of provincial hospital services paid out any money in 1990 (i) as a result of successful lawsuits brought against them and (ii) in out-of-court settlements; if so, what amount in respect of each case?

B1093E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes,

(i) 1. Application for the setting aside of the prohibition of the use of hydroquinone in cosmetics.

2. Application for an order declaring that the Administrator of the Cape's proposed scheme concerning the repackaging and distribution of medicines be declared illegal.

3. Damages for death due to incorrect preventative treatment for malaria and

(ii) 1. The application was dismissed with costs.

2. The court held that the Cape Provincial Administration contravened the Medicines and Related Substances Control Act, 1965.

3. Case pending.

Executive Director of Provincial Hospital Services

Cape Provincial Administration

(1) (b) yes,

(i) 1. stillborn baby.

2. Swab left in patient.

3. Loss of hearing due to prolonged use of medication.

4. Transplanted organs allegedly too "large" for heart/lung transplantation patient.

5. Psychiatric patient allegedly detained in hospital unlawfully.

6. Death of private patient due to alleged negligence of private doctors.

7. Patient sterilised without permission.

8. Permanent damage to muscles of limbs after alleged delay in execution of operation.

9. Death of patient after surgery due to alleged negligent monitoring of patient's post-operative recovery.

10. Swab left in patient.

11. Stillborn baby.

12. Baby's arm injured at birth.

13. Patient granted written permission for sterilisation, but denied it later.

14. Vaginal swab left in patient.

15. Death of baby after Caesarean section due to alleged delay thereof.

16. Baby's one arm paralysed and the other broken at birth.

17. Patient with severe burn wounds died while receiving anaesthetic.

18. Patient became blind after operation.

19. Stillborn baby.

20. Death of patient fifteen months after leg operation.

21. Stillborn baby.

22. Back injuries due to fall from theatre trolley.

23. Patient sustained burn wounds due to instruments which were too hot.

24. Death of terminal private cancer patient after stomach operation.

25. Patient with fractured leg discharged from hospital.

26. Corrugated drain left in patient's pelvis.

27. Swab left in patient's back.

28. Loss of finger.

29. Application for an order declaring that the Administrator of the Cape's proposed scheme concerning the repackaging and distribution of medicines be declared illegal and

(ii) 1. case closed due to lack of further interest by plaintiff's attorney.

2. Case pending.

3. Case closed due to lack of further interest by plaintiff's attorney.

4. Case pending.

5. Case closed due to lack of further interest by plaintiff's attorney.

6-12. Case pending.

13. Case closed due to lack of further interest by plaintiff's attorney.

14. Case closed due to lack of further interest by plaintiff's attorney.

15-28. Case pending.

29. The court held that the Cape Provincial Administration contravened the Medicines and Related Substances Control Act, 1965.

Natal Provincial Administration

(1) (b) yes,

(i) 1. alleged negligent treatment of a leg injury.

2. Patient being transferred by ambulance, sustained injuries necessitating amputation of his middle toe.

3. Abscess due to negligent removal of a drain during a Caesarean section.

4. Patient fell from a window and sustained numerous fractures due to negligent care.

5. Swabs left in patient after delivery.

6. Failed sterilisation.

7. Incorrect epileptic medication given to patient.

8. Failed sterilisation.

9. Mastectomy due to alleged negligence in detecting breast cancer.

10. Failed sterilisation and

(ii) 1-10. case pending.

Provincial Administration of Orange Free State

(1) (b) no,

Transvaal Provincial Administration

(1) (b) yes,

(i) 1. death due to negligent handling of ventilator pipe during operation.

2. Amputation of arm after cut had been stitched in ward.

3. Broken right arm sustained from fall in hospital and

(ii) 1-3. case pending.

(2) (a) *Minister of National Health*

(i) no and

(ii) no.

(b) *Executive Director of Provincial Hospital Services Cape Provincial Administration*

(i) yes,

R10 000,00 plus costs

R19 000,00 plus costs (notice of appeal was given and judgment is being awaited)

Costs (notice of appeal was given and judgment is being awaited) and

(ii) yes,

R30 000,00

R8 500,00

R5 000,00

R20 000,00

R600,00

R10 955,89

Natal Provincial Administration

(i) yes,

R27 812,00 and

(ii) yes,

R2 077,50

R78 960,00

R13 000,00

R19 500,00

R20 000,00

Provincial Administration of the Orange Free State

(i) no and

(ii) yes,

R700,00

Transvaal Provincial Administration

(i) no and

(ii) yes,

R1 723,52

R18 963,00

R3 500,00

R10 000,00

R1 500,00

R1 000,00

R86 692,55

R4 219,16

R2 500,00

R9 000,00

Foster parents: monthly State grants

419. Mr R F HASWELL asked the Minister of National Health:

(a) What are the monthly grants paid by the State to foster parents of children of each race group and (b) in respect of what date is this information furnished?

B1098E

The MINISTER OF NATIONAL HEALTH:

(a) Whites : R212 pm

Indians and Coloureds : R190 pm

Blacks : R160 pm and

(b) 1 April 1991.

Certain person: obstruction of CCB probe

420. Mr J VAN ECK asked the Minister of Law and Order:

(1) Whether he or the South African Police have been informed of a claim by a certain person, whose name has been furnished to the Police for the purpose of the Minister's reply, that he burnt documents and removed weapons to confuse the Harms Commission in its investigation into the activities of the Civil Co-operation Bureau (CCB); if not, why not; if so, what is the name of this person;

(2) whether this claim is being investigated; if not, why not; if so, (a) what progress has been made in this investigation, (b) what have been the findings so far and (c) what efforts are being made to establish the nature of the burnt documents;

(3) whether he or the South African Police have been informed that the above person also claims to have been a member of the South African Police; if not, why not; if so,

(4) whether he will (a) confirm this claim and (b) make a statement on the probability of this person's involvement in CCB activities?

B1100E

The MINISTER OF LAW AND ORDER:

(1) No.

Mr Ronald Bezuidenhout made the allegation to the Vrye Weekblad with regard to the removal of weapons and the burning of documents.

(2) Yes.

(a) Mr Bezuidenhout was questioned about the allegation. He confirmed the allegation but indicated that he does not know what the contents of the documents were, but is of the opinion that it was documents which dealt with the normal activities at Vlakplaas. He denies that he helped with or was aware of the transport of Russian weapons.

(b) and (c)

No confirmed or final finding has been made to date. It is so, however, that correspondence is destroyed from time to time in strict accordance with instructions embodied in the Archives Act, 1962 (Act 6 of 1962). Although it cannot be confirmed, the burning of documents to which Mr Bezuidenhout referred, could possibly have occurred in terms of these instructions.

No further information which proves the contrary, or that the documents were in any way involved in the activities of the Harms Commission, could be found to date.

No substantial evidence could be found that weapons were removed.

(3) Yes.

(4) (a) No, because Ronald Bezuidenhout was never a member of the South African Police.

(b) No.

***Per capita* expenditure**

421. Mr J H MOMBERG asked the Minister of Education and Training:

(1) What was his Department's *per capita* expenditure on education for the Republic during the latest specified 12-month period for which figures are available;

(2) whether his Department has statistics on the *per capita* expenditure on education for the (a) Qwaqwa and (b) KwaZulu Department of Education and Culture; if not, why not; if so, (i) what are the relevant statistics and (ii) in respect of what period is this information furnished?

B1104E

The MINISTER OF EDUCATION AND TRAINING:

(1) R1 194 (for the Department of Education and Training only).

(2) (a) and (b) No. The Department of Education and Training does not have the relevant information officially at its disposal.

Sebokeng: shooting incident at beerhall

429. Mr D H M GIBSON asked the Minister of Law and Order:

(1) Whether he or the South African Police have been informed of an incident in which a number of persons were killed and injured when gunmen allegedly opened fire in a beerhall in Sebokeng; if so, (a) what were the circumstances surrounding the incident and (b) how many persons were (i) killed and (ii) injured;

(2) whether this incident is being investigated; if not, why not; if so, what progress has been made;

(3) whether any arrests have been made in connection with the incident; if so, (a) how many, (b) what are the names of those arrested and (c) what is the nature of the charges laid against them?

B1122E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) On 23 May 1991 at 19:10 2 male persons who were allegedly armed with AK47 rifles, entered the Co-operation beerhall in Zone 14, Sebokeng and without any reason started firing at those present.

(b) (i) 8 People

(ii) 23 People.

(2) Yes, charges of murder and attempted murder are being investigated. All the information which has so far come to the attention of the Police has received attention, but without success. The injured can also not supply any information on the matter, or identify the suspects. All possible steps are being taken to trace the accused and I make an urgent appeal to any person who disposes over any information regarding the incident, to contact the South African Police.

A reward of R40 000,00 is being offered for any information which will lead to the arrest and conviction of the accused.

(3) No.

(a) to (c) Fall away.

Vote No 24: Main Division 5

439. Mr W J D VAN WYK asked the Minister of Public Works and Land Affairs:†

Whether with regard to Vote No 24—Public Works and Land Affairs, he will subdivide the amount of R1 416 239 000 under Main Division 5—"Provision of buildings, structures and equipment", according to aims; if not, why not; if so, what are the relevant details?

B1145E

The MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

Yes. One of the primary aims of the Department of Public Works and Land Affairs is the

(3) whether members of Parliament receive police protection both in Cape Town and in their constituencies; if not, why not?

B1240E

The MINISTER OF LAW AND ORDER:

(1) to (3)

In addition to the permanent guard duties which the Special Guard Unit provides at Acacia Park, Laboria Park and Pelican Park, individual Members of Parliament are protected at their private homes as actual threats or risks to which they are exposed or may be exposed, demand.

This protection takes place through full time guarding, part time guarding or regular patrolling at the residences of such Members of Parliament by members of the Force. For security reasons and in the interest of the Members and their families, I am, however, not prepared to divulge the nature of the protection which is provided or the equipment with which the policemen are issued.

This necessity for the duties is regularly reconsidered. As soon as the need therefore ceases to exist the services are immediately suspended.

Vote No 21: Programme 2

479. Mr A GERBER asked the Minister of Education and Training:†

Whether, with regard to Vote No 21—Education and Training, he will subdivide the amount of R2 435 328 000 under Programme 2: "Pre-tertiary education", according to aims; if not, why not; if so, what are the relevant details?

B1243E

The MINISTER OF EDUCATION AND TRAINING:

Yes. The relevant details, as explained in the Estimates of Expenditure, are attached hereto.

PROGRAMME 2: PRE-TERTIARY EDUCATION

AIM: To provide education and training to those pupils for whom the Department is responsible (Act 90 of 1979)

PROGRAMME DESCRIPTION:

Departmental education

establishing, erecting, maintaining and conducting public schools including hostels (sec. 5)

financial assistance to students (sec. 38)

State-aided education

contribution i.r.o. operating and capital expenditure of state-aided schools (sec. 9)

Private education

subsidising operating expenditure of private schools (sec. 9)

Education advisory service

development of subject expertise of educators

Educational auxiliary services

advice and development of proficiency i.r.o. guidance, evaluation, remedial, ortho- and sociopedagogic services

Language and art promotion

development of languages and promotion of literature and art

Youth affairs

promotion of in-school youth, sport and cultural activities

Management

Programme strukture	Current		Capital		Transfers				Total	
					Current		Capital			
	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	**R'000**	R'000
Departmental education										
primary	1 092 194	728 474	14 000	111 627					**1 106 194**	840 101

Programme strukture	Current		Capital		Transfers				Total	
					Current		Capital			
	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	**R'000**	R'000
secondary	751 307	562 473	10 000	124 477					**761 307**	686 950
	1 843 501	1 290 947	24 000	236 104					**1 867 501**	1 527 051
State-aided education										
primary	412 949	272 471			1 161	800		12 000	**414 110**	285 271
secondary	6 353	13 141						1 000	**6 353**	14 141
	419 302	285 612			1 161	800		13 000	**420 463**	299 412
Private education										
pre-primary					969	785			**969**	785
primary					7 099	4 740			**7 099**	4 740
secondary					6 553	4 440			**6 553**	4 440
					14 621	9 965			**14 621**	9 965
Education advisory service										
primary	768	724							**768**	724
secondary	2 511	3 511							**2 511**	3 511
	3 279	4 235							**3 279**	4 235
Educational auxiliary services	9 960	9 854							**9 960**	9 854
Language and art promotion										
language and literature	251	200							**251**	200
promotion of art	106	101							**106**	101
	357	301							**357**	301
Youth affairs	17 761	18 532		500	83				**17 844**	19 032
Management	101 303	93 686							**101 303**	93 686
	2 395 463	1 703 167	24 000	236 604	15 865	10 765		13 000	**2 435 328**	1 963 536

State/prov hospital admin: investigation by private consultants

480. Mr J J WALSH asked the Minister of National Health:

(1) Whether any firms of private consultants have been appointed to investigate administrative systems at certain State and provincial hospitals; if so, (a) what are the names of the consultants so appointed, (b) what are the terms of reference regulating their appointment, (c) on what criteria was their appointment based and (d)(i) which hospitals are to be investigated and (ii) over what period of time are they to be so investigated;

(2) whether tenders were called for in this regard; if not, why not; if so, which firms were requested to tender;

(3) whether the remuneration payable to these firms of private consultants will depend on results achieved; if not, (a) why not and (b) on what basis will these firms be remunerated?

B1244E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Natal

(1) No, (2) and (3) fall away;

Provincial Administration of the Orange Free State

(1) No, (2) and (3) fall away.

Provincial Administration of the Cape of Good Hope

(1) Yes,

(a) Byrne Fleming Consultancy (Pty) Ltd, and Andersen Consulting SA,

(b) to place specialist and community reference hospitals, respectively, in the Cape Province on the most efficient basis by providing structures and systems through which available resources (including and especially finance) can be optimally utilised so that effective health care can be rendered to the ever-increasing number of patients, and

to undertake a feasibility study of the future utilisation possibilities of the main building of the Karl Bremer Hospital at Bellville as a patient care facility,

(c) guaranteed savings on the present expenditure levels of the hospitals and the extent and duration of the project in the case of Byrne Fleming Consultancy (Pty) Ltd, and the extent and duration of the project in the case of Andersen Consulting SA and

(d) (i) *Byrne Fleming*

Beaufort West Hospital
Caledon Hospital
Voortrekker Hospital, Calvinia
Conradie Hospital, Pinelands
G.F. Jooste Hospital, Manenberg
Central Karoo Hospital, De Aar
National Accelarator Centre, Faure
George Hospital
Kimberley Hospital
Knysna Hospital
Swartland Hospital, Malmesbury
Mosselbaai Hospital
Oudtshoorn Hospital
Paarl Hospital
Somerset Hospital, Green Point
Hottentots Holland Hospital, Somerset West
Dr Van Niekerk Hospital, Springbok
Stellenbosch Hospital
South Peninsula Hospitals Group
Gordonia Hospital, Upington
Vredendal Hospital
Vryburg Hospital
Woodstock Hospital
Eben Dönges Hospital, Worcester
Aliwal North Hospital
Dora Nginza Hospital, Port Elizabeth
Midlands Hospital, Graaff Reinet
Settlers Hospital, Grahamstown
Grey Hospital, King Williams Town
Livingstone Hospital, Port Elizabeth
Frere Hospital, East London
Provincial Hospital, Port Elizabeth
Provincial Hospital, Uitenhage

Andersen Consulting

Karl Bremer Hospital and

(ii) *Byrne Fleming*

1 May 1991—31 March 1992 — will be extended if necessary

Andersen Consulting

8 weeks from 1 May 1991.

(2) no—the State Tender Board authorised the accounting officers of departments to approve such appointments by way of delegation. The following five companies of good reputation were approached to appear before a selection committee of this Administration:

Deloitte Pim Goldby
Coopers, Theron en Du Toit
Andersen Consulting S.A.
Byrne Fleming Consultancy (Pty) Ltd
Ernst and Young/Wiehahn Meyernel;

(3) yes, in both cases formal appointments were made with briefs to which they have to adhere,

(a) and (b) fall away.

Provincial Administration of Transvaal

(1) Yes,

(a) Ernst and Young: Management Services and Wiehahn Meyernel: Chartered Accountants (SA),

(b) to act as consultants with a view to create a responsibility costing management system and to evaluate the cost effectiveness of the different services rendered by the Health Services Branch,

(c) both firms are of proven integrity and success and therefore have been approached to undertake the task and,

(d) (i) all hospitals under control of the Health Services Branch are being involved in the investigation;

(ii) the investigation is being carried out in various phases and with independent accents and is integrated with a total mission, strategy and policy exercise in the branch. It is therefore not possible at this stage to indicate how long the investigation will take before finally completed.

(2) no—the procedure in paragraph (1)(c) has been followed and the approval of the Treasury No 40/5/25 dated 25 February 1988, is not subject to tender procedures;

(3) no,

(a) and (b) renumeration is based on the tariffs as approved by the Treasury and as stipulated in paragraph (2).

Deaths of SACP/Inkatha members: SAP investigation

483. Mr D H M GIBSON asked the Minister of Law and Order:

(1) Whether he or the South African Police have been informed of the alleged violent deaths of (a) 3 members of the South African Communist Party and (b) 153 members of Inkatha, the names of whom have been furnished to the Police for the purpose of the Minister's reply; if not, why not; if so,

(2) whether an investigation is taking place into these deaths; if not, why not; if so, (a) what progress has been made in the investigation and (b) what have been the findings so far;

(3) whether any (a) suspects have been identified, (b) arrests have been made and (c) charges have been laid in connection with these deaths; if not, why not; if so, (i) what are the names of (aa) the suspects, (bb) those arrested and (cc) those charged and (ii) what is the nature of these charges?

B1247E

The MINISTER OF LAW AND ORDER:

(1) (a) and (b)

Yes.

(2) and (3) Yes.

— According to the data over which the Police disposes we have to do with 63 murders in the undermentioned matter. In 26 murders the suspected murders could not be traced.

— In 3 murders 6 persons were charged and the case dockets submitted to the Attorney General who declined to institute any prosecutions.

— In 12 murders 25 persons were charged. The charges against them were, however, withdrawn and inquests will be held as regards the deaths.

— In 10 murders murder charges are being investigated by the South African Police.

— In 3 murders 3 persons were arrested. The case dockets were submitted to the Attorney-General of Natal. His decision is still being awaited.

Star 26/6/91 (98)

Conditional agreement on State doctors

The Medical Association of South Africa (Masa) yesterday conditionally accepted limited private practice for doctors at State hospitals to supplement their income.

In a statement issued after a meeting between Masa and the director-general of National Health and Population Development, Masa's Dr Bernard Mandell said the association had agreed to limited private practice for doctors in the academic sector as a last resort and not as a chosen option.

He stressed that Masa remained adamant that it was the State's responsibility to maintain the health of the nation by ensuring the viability and availability of services.

"Masa has agreed to this measure for the sake of the survival of academic medicine, which is a foundation of health services," he said.

But Dr Mandell warned that Masa believed the introduction of this measure would jeopardise training, research and patient care.

Masa regarded the measures as no more than an easy solution to a current problem. — Sapa.

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Star 26/6/91 (98)

Conditional agreement on State doctors

The Medical Association of South Africa (Masa) yesterday conditionally accepted limited private practice for doctors at State hospitals to supplement their income.

In a statement issued after a meeting between Masa and the director-general of National Health and Population Development, Masa's Dr Bernard Mandell said the association had agreed to limited private practice for doctors in the academic sector as a last resort and not as a chosen option.

He stressed that Masa remained adamant that it was the State's responsibility to maintain the health of the nation by ensuring the viability and availability of services.

"Masa has agreed to this measure for the sake of the survival of academic medicine, which is a foundation of health services," he said.

But Dr Mandell warned that Masa believed the introduction of this measure would jeopardise training, research and patient care.

Masa regarded the measures as no more than an easy solution to a current problem. — Sapa.

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Restrictions on doctors slated

Medical Reporter (93) ARG 26/6/91

A DECISION to tighten up on doctors who dispense medicines has been criticised by the Medical Association of South Africa.

Masa is to ask the South African Medical and Dental Council to reconsider its decision. Representations will also be made to the Minister of Health, Dr Rina Venter.

At the annual meeting of Masa's federal council, doctors "deplored" the Medical and Dental Council's decision.

Dr Bernard Mandell, the chairman of the federal council, said dispensing doctors provided an invaluable "one-stop" service to their patients, particularly those in areas where there were few pharmacies or other services.

Organising health care for all

New Nation (Learning Nation)
28/6-4/7/91.
98

Many people, including organised workers, know that health care in South Africa is in a crisis. Apartheid capitalism has resulted in many black working class people, and especially people in rural areas, not having access to adequate health care.

Many people believe that the crisis in health care will be solved when apartheid is removed from the law books. On 17 May 1990, the Minister of National Health and Population Development, Dr Rina Venter, made a statement in parliament that apartheid in hospitals is dead. But has this statement improved the health care needs of all South Africans?

It is more than a year since Dr Venter removed apartheid from hospitals. But reports of racial discrimination in hospitals in the Orange Free State confirm that apartheid is not completely dead in hospitals. Nationally, little progress has been made in admitting black patients to hospitals that were previously for "whites only". This process is slow, inconsistent and uneven.

Even if black people were allowed to use all hospitals, the health care crisis would not be solved. **Health for All** will only come about when we understand why people become sick. Let us look at the story of Joe to understand how poverty makes people sick.

Joe's story

Joe is a migrant worker. He lives in a hostel in Alex. Joe earns R400 a month. He sends R100 a month home. Often Joe does not have enough to eat. He shares a small room with 15 other people. The floors are made of cement, the windows are broken and the roof leaks. There are not enough toilets in the hostel. Often the toilets are blocked or they leak. There are not enough taps and showers for people to wash themselves or their clothes.

Last year Joe got Tb. He went to hospital for treatment. When Joe returned to the hostel, he soon got sick again, because his living conditions were so bad. So Joe is back in hospital again. Now he worries - what is going to happen when he goes back to the hostel? Will he get sick again?

Joe, like many other people, gets sick often because he is poor. In South Africa, because of apartheid capitalism, it is black people who are the poorest and who get sick the most.



Privatisation of health services

In South Africa, like many capitalist countries, the government spends more money on curing or making people better when they are already sick. They spend very little money on trying to stop people from getting sick in the first place. Now the government says it does not have enough money to pay for health services any more. So hospitals do not have enough money. Hospitals are trying to cover their costs by cutting down on medicines and putting up their fees.

Another way that the government is trying to solve the problem of money for health care is by privatising health services. They are saying that the business or private sector must take over the hospitals so that hospitals will be privately owned. The government says that the business sector must try to make a profit out of hospitals and health services.

There are already many private doctors and hospitals. Most people cannot afford to use them. With privatisation, more hospitals will become privately owned. By privatising health services, the government is handing over its responsibility to provide health care to the private sector. The government is saying that health care is not a right which all people have. The government is saying that good health care is only for people who can pay for it. But we must say that good health care is a right that every person in society should have.

Organising for better health

For a long time the working class has fought for a better life. The South African working class has a long and rich history of struggle. The struggle for better wages, better housing, better education and liberation are all part of the struggle for a better life, and therefore, better health.

Now that apartheid is beginning to be removed from the law books, this does not mean that we must stop the struggle for better health. The struggle needs to continue until the day that we have health care for all. The most effective way to continue the struggle is by organising for better health. Let us look at some ways of organising.

Hostel Dwellers Organise

Hostel life has many problems. People in hostels are often lonely and bored. They live far away from their families and there is nothing for them to do at week-ends. So many hostel dwellers spend their time drinking in smoky shebeens. To fight their loneliness, hostel dwellers often find lovers in the townships. Many people get sick from drinking too much - or they get sexually transmitted diseases like Aids.

The government and employers do not want to get rid of hostels and build family housing. Instead they are building expensive houses which most people cannot afford. Some hostels dwellers have started to fight for better health care. **In the Western Cape, workers in the hostels started an organisation called the Western Cape Hostel Dwellers Association - WCHDA.**

The aims of the Western Cape Hostel Dwellers Association are to fight for:-
* the right of workers to live with their families near their workplace
* the improvement of the hostels
* adult education and cultural activities for hostel dwellers
* better relations with township residents.

One of the projects which the Cape Hostel Dwellers has started is a health project. This project helps hostel dwellers with their health problems. The health project also helps workers fight for better living conditions.

Organising in the townships

Many township residents have also started to organise. People are forming residents' organisations to fight high rents, lack of electricity, untarred roads, lack of proper sewerage and running water and the shortage of housing.

The shortage of houses has forced many people to build shacks and squatter camps. People in squatter camps are also organising to fight for houses. But until they get houses, they are fighting for running water, sewerage and other conditions which will improve the standard of living in the squatter camps themselves. These conditions will improve people's health.

Organising for better health care

Health workers and community organisations are also fighting for better health care. They want the state to make improvements in hospitals and clinics.

These organisations won one battle when the government was forced to open hospitals to all in May 1990. They also want the government to stop increasing hospital and clinic fees.

Health workers' organisations have also formed a group called the **Progressive Primary Health Care Network**. The aim of this group is to organise for better health care together with community organisations.

Unemployed workers do not have enough money for medical treatment. Together with the National Unemployed Workers Co-ordinating Committee (NUWCC) they are demanding free medical care for the unemployed.

Organising in the union

Workers, through their unions, are also fighting for better living and working conditions. The unions have won many battles over the past few years. They have won better wages for their members, maternity benefits and safer working conditions.

The struggle for better health does not stop with the removal of apartheid in hospitals. Health care, both preventative and curative, need to be improved in such a way that it will benefit the majority of people in South Africa. This will only happen when we put pressure on the government to realise that health care is a right and not a privilege.

This article was prepared for Learning Nation by the Workplace Information Group (WIG). Their address is P.O.Box 5244, Johannesburg, 2000. Phone 337-9413/4/5/6.

HEALTH & DISEASE — HOSPITALS & CLINICS

1991

MARCH — DEC.

'Apartheid' hospital is spruced up

Star 30/3/91.

SENIOR provincial officials have introduced sweeping changes at Witbank Hospital to address the nightmarish conditions that have allegedly threatened patients.

The move comes after a series of disclosures by the Saturday Star.

The first breakthrough came last week, hours after the newspaper published a report in which the ANC described the "black ward" as a pigsty.

By 2 pm that day, a top-level delegation from the Transvaal Provincial Administration (TPA) was at the hospital for an emergency inspection.

After assessing the "grim" situation they ordered an immediate clean-up and the suspension of renovation work in the busy cramped black wards.

Within days, the TPA had:

- moved black male surgical patients into a modern multistorey section of the hospital previously reserved for whites.
- brought in an outside cleaning company to scrub off years of filth from the ward's surfaces.

THERESE ANDERS

- removed remaining racial signs.
- abolished visiting-hour apartheid. Black patients have had their visiting time doubled to an hour, bringing them in line with whites.
- repaired a television set in the black children's ward that had been broken since mid-1990.
- served black patients "Western" meals instead of a traditional diet.

● Pictures: Page 2

- placed plastic covering on areas where renovation work had been suspended to prevent patients suffering any further problems from dust.
- patched up holes in the ceilings of wards.

On March 16 the Saturday Star published a photograph of a workman chipping away at a brick wall with a hammer and chisel next to the beds of female patients who had just returned from major surgery.

Some of the patients reported being hit by flying flakes of brick, while

● TO PAGE 2.

Hospital

● FROM PAGE 1.

everyone in the ward — both patients and staff — complained of the incessant noise and choking dust.

At the same time, many beds lay empty in the hospital's white wards.

After the report, an ANC delegation led by national executive member Ahmed Kathrada toured the hospital on Wednesday.

Also touring the hospital were Dr Selma Browde of the National Medical and Dental Association, Dr Aslam Dasoo of the SA Health Workers' Congress, Jackson Mthembu of the Witbank Anti-Racism Campaign and senior TPA officials led by chief director of hospital services Dr Pieter van den Berg.

The delegation also inspected the hospital's impressive white wards.

After the tour Mr Kathrada — a former long-term Robben Island prisoner — said that even after the TPA's "sprucing up", the conditions he had seen at Witbank Hospital's black wards were worse than those he had experienced in prison.

Mr Kathrada said black people were used to inferior conditions "but I never expected to see in a hospital what I saw today."

During the tour the delegation saw:

- A filthy bath with no plug that had to serve the 25-bed black women's ward. Before Saturday Star's article the building contractors had removed the bathroom's plumbing so women patients were forced to wash in a bowl.
- The beds of incapacitated women patients formed a line along the thoroughfare to the men's ward. The women said before the renovations were suspended, men with wheelbarrows walked past and sometimes knocked their beds. They had no privacy when using bed pans.
- The men's ward had two seat-less toilets for 56 beds.
- The stench from the "recently cleaned" out-patient men's toilet was so strong that members of the delegation could not enter.
- Workmen were seen unblocking a stinking sewerage pipe near an out-patient area door.
- Outside the children's ward a plaque erected in honour of Dr James Gillespie who died in 1938 read: "He thought well of the Bantu."

After Wednesday's tour the TPA's Dr van den Berg said he was confident that a lot of the inconvenience black patients had been subjected to at the hospital had been relieved. Previous conditions were "regretted".

The current state of the black wards was "not an ideal situation" but better. A meeting between the TPA and the ANC after the tour had gone well. The parties had agreed to meet again.

TPA planning director Dr Francois van der Merwe said the ANC had agreed that there would be no mass action and contractors would continue work on new buildings. Once these new wards were complete black patients would be moved in.

Only when the old wards were empty would renovation work resume.

Witbank Hospital's black wards are being upgraded at a cost of R3,7 million.

Hospital a pigsty – ANC

Star 23/3/91.

SPCA 'better than these (98) black wards'

THERESE ANDERS

A CONFLICT is looming between the ANC and the Transvaal Provincial Administration (TPA) over conditions at Witbank Hospital's black section, which the ANC has described as a pigsty.

The ANC has vowed to put pressure on the hospital authorities, the TPA and the Government to move patients from the black wards — which have been described as cramped and primitive and which are currently under renovation — into the spacious nearby white section, where there are empty beds.

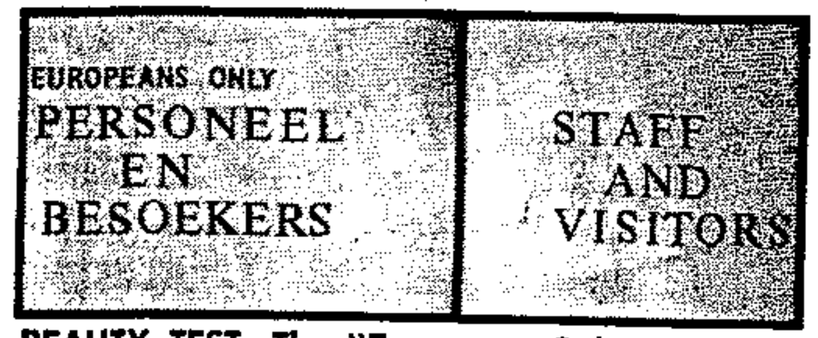
On Thursday the ANC's Witbank Anti-Racism Campaign executive toured the hospital — still strictly segregated — to investigate a Saturday Star report last week that post-operative patients were being showered by builders' debris while renovators were at work.

Shocked

Said the Campaign's spokesman, Jackson Mthembu: "Our four-man delegation was deeply shocked at what we saw in that so-called hospital.

"The conditions at the Witbank SPCA are better than what our people are being subjected to there."

Saturday Star tried to



REALITY TEST: The "Europeans Only" sign that Witbank Hospital claims does not exist.

danger of falling at any time — Dr Snyman denied the ceiling was dangerous.

● A brick had fallen from the roof on to an empty bed on the same day the delegation toured the hospital, nurses said — Dr Snyman confirmed this had happened.

● Staff claimed they were under pressure to discharge patients, even if they were not fully recovered, to make more beds available — Dr Snyman denied this.

● Staff morale was low because of the poor conditions.

Meanwhile, the TPA's director of liaison services has responded to last week's Saturday Star article on Witbank Hospital.

He said: "As a result of the intense dust caused by a grinder the superintendent gave his permis-

white section of the hospital. The picture was taken on Thursday March 14 this year.

(Mr Atul Patel, formerly of Witbank Hospital, pointed out this sign to the Saturday Star in January this year. The newspaper brought it to the attention of the TPA's liaison department at that time.)

The TPA said: "The superintendent doubts The Star's statement that an assistant told a black man to 'go round the back to the black casualty section'."

Black reporter Abbey Makoe himself was directed to "go round the back past the white entrance".

Snooker

Said the TPA: "It is not true that there has never been any hot water.



Exile logjam may be broken

Star 23/3/91.

KAIZER NYATSUMBA
Political Staff

THE trickle of ANC exiles returning to South Africa could resume next week following the Government's decision to allow the United Nations High Commissioner for Refugees (UNHCR) to take part in the repatriation process.

The decision, announced by Foreign Affairs Minister Pik Botha this week, is likely to speed up the repatriation of exiles, save the Government thousands of rands and ensure that real constitutional negotiations get off the ground as scheduled.

In a statement, Mr Botha said the Government had decided to allow the UNHCR to help in the repatriation of the estimated 40 000 exiles because Pretoria did not have representatives in all the African countries where exiles lived.

Mr Botha said the decision, subject to "a mutually acceptable agreement" between the Government and the UNHCR

Shocked

Said the Campaign's spokesman, Jackson Mthembu: "Our four-man delegation was deeply shocked at what we saw in that so-called hospital.

"The conditions at the Witbank SPCA are better than what our people are being subjected to there."

Saturday Star tried to get comment from the TPA liaison directorate, but was told that all officers empowered to talk to the press would not be available until after the weekend.

Witbank Hospital's superintendent, Dr Willie Snyman, denied that there was any segregation at his hospital.

He acknowledged that the current multimillion-rand upgrading of the hospital was causing disruption and inconvenience in the black wards.

However, in a fortnight work would be completed on the new white maternity wing and once patients had moved there the old white maternity wing would be taken over by black patients.

He said only then would it be possible to close one of the old wards so that renovation work could continue without inconveniencing patients.

He denied that the hospital had many empty beds in white wards.

Sisulu

Yesterday, there were 35 empty white beds and 67 empty black ones.

Meanwhile Mr Mthembu said the Witbank Anti-Racism Campaign executive would be requesting that ANC internal leader Walter Sisulu visit the hospital early next week.

"We are not planning to move patients ourselves at this stage, but we will be putting pressure on the authorities to act quickly.

"We cannot allow our sick people to suffer like this with construction being done all around them while there are empty beds in the next wards, be they white wards or not."

Mr Mthembu said the delegation had found that:

- There was a serious dust problem in the wards from renovations being carried out to upgrade the black section, which left the nursing staff feeling unwell.
- A ceiling over some of the black wards was in man denied this.
- Staff morale was low because of the poor conditions.

Meanwhile, the TPA's director of liaison services has responded to last week's Saturday Star article on Witbank Hospital.

He said: "As a result of the intense dust caused by a grinder the superintendent gave his permission that a small part of the work be done with a hammer and chisel to cause as little inconvenience as possible to patients. When they used the chisel the superintendent was present to see to the well-being of the patients."

Disturbing

The superintendent, who is known to one of the reporters, was not present during the 45 minutes the news team watched the chiselling in the ward.

The TPA said the noise made by builders' tools could not be avoided and was disturbing white patients as well as black patients.

Reporters could hear no hammering when they visited the white wards.

Said the TPA: "It is an utter lie to say there is a 'Europeans only' sign in the hospital."

Saturday Star has a photograph of such a sign on the door of a lift on the first floor of the man to 'go round the back to the black casualty section'."

Black reporter Abbey Makoe himself was directed to "go round the back past the white entrance".

Snooker

Said the TPA: "It is not true that there has never been any hot water. There was a temporary interruption in the supply while water pipes in the roof were connected to the new extensions."

The claims were made by a nursing sister who had complained that over the years she has had to bath many patients in cold water, even in winter.

The TPA said: "There is no official games room".

Although there may not be an official games room as such, reporter Abbey Makoe saw a darts board and snooker equipment on the white men's ward. There are no such facilities in the black section.

On "food apartheid", the TPA said: "What reporters do not know is that patients have a choice between a Western or non-Western breakfast. Black patients usually prefer the non-Western diet."

Patients interviewed said they had not been asked which type of food they preferred.

Malvern schoolboy vanishes

STAFF REPORTER

WARREN Broeders (17), described by family members as good-natured, intelligent, an excellent sportsman and a "fitness fanatic", inexplicably left his Malvern home on Wednesday night — and has not been seen since.

At about 9 pm, Warren, a Std 9 pupil at Queens High School, told his grandmother Anne Odendaal and brother Shaun (20) with whom he lived that he was going out for a walk.

When he failed to return, Mrs Odendaal walked into his room only to find that he had left a note telling his family he'd see them "in seven year's time".



WARREN BROEDERS: Left note.

"His school tog bag was missing and he must have taken clothes with him," Mrs Odendaal said.

Warren's distraught father Louis said he believed that although the note was in Warren's handwriting, it was "so well written it is unbelievable".

Warren is about 1,9 m tall, has brown eyes and brown hair. Anyone with information can contact Lance-Sergeant Dennis Adriao at 622-4401 during office hours or 822-3050 after hours.

Taxing route to health

Own Correspondent

DURBAN — A national health service funded by taxes from "those who can afford them" is called for in an ANC discussion document.

The document, which will be debated at the organisation's annual conference at the University of Durban-Westville this week, says present health services reflect "all the injustices and irrationality of apartheid".

"No one should be excluded from public health services because they do not have money to pay," it says.

Only when this is achieved, would it be possible to reduce the different standards in health care.

The Government would therefore have to pay for health care and would have to tax those who could afford it to fund the national health service.

The document notes that there are major differences in access to good health care between black and white, rich and poor and urban and rural communities.

"The most advanced hospital care is inaccessible to the majority of people because of the costs and the time involved in travelling to the major urban centres where these hospitals are located."

A national health service would be:

- Unified and non-racial, and all communities should be provided with local clinics, community health centres and hospitals.
- Accessible and affordable — no one should be denied access to essential health care because the service is too far away or costs to much.
- Geared to giving priority to those most in need — children, mothers, the elderly, the mentally ill, unemployed, workers in hazardous situations and the disabled.
- Focused on eradicating or controlling major diseases such as Aids, tuberculosis, measles and polio.

New Jo'burg Hospital neurosurgery chief

Staff Reporter (98) 98

Professor Victor Farrell has been appointed the new head of the Johannesburg Hospital's neurosurgery unit.

The unit was closed in April when its only staff member, a doctor who was overworked for months, went on leave.

He was the only person working in the ward, which had 20 beds.

While the ward closed, patients were transferred to Baragwanath Hospital, as were new patients who needed urgent care. Patients who could afford it, or who were on medical aid, were referred to private neurosurgeons.

Professor Farrell graduated from the University of the Witwatersrand and is a Fellow of the Royal College of Surgeons in England. He was chief neurosurgeon at the Chamber of Mines Hospital for the past six years. Star 2/7/91

His interests are intracranial tuberculosis and parasitic infections of the brain.

No action on babies' drip deaths

98
Star
2/7/91

Transvaal Attorney-General Klaus von Lieres has decided that no one will be prosecuted for the deaths last year of 13 babies at private clinics after suspected bacterial infection from drips.

But there will be inquests.

Mr von Lieres said that although there would be no prosecutions, there was prima facie evidence the babies had died from other than natural causes.

The inquests would determine what the causes of the deaths were and whether anyone was criminally responsible for them.

An investigation into the possibility of 10 adults having died from similar circumstances would be completed soon.

The deaths of the babies were blamed last year on intravenous drips from medical products manufacturer Sabax.

Most of the deaths occurred after babies contracted klebsiella septicaemia at Morningside and Park Lane clinics.

After being treated for largely minor complaints, the babies' conditions suddenly deteriorated and many ended up with lung collapse or renal failure.

The critically ill babies died of klebsiella septicaemia.

Bereaved parents were left owing up to R30 000 to the clinics. — Sapa, Staff Reporter.

'Drip' deaths — no prosecutions

(18)

ARG 27/9/91

JOHANNESBURG. — Attorney-General Mr Klaus von Lieres has decided no one will be prosecuted for the deaths of 13 babies at private clinics after suspected bacterial infection from drips.

But there will be inquests into the deaths which occurred in October last year.

Mr Von Lieres said although there would be no prosecutions, there was prima facie evidence the babies died from other than natural causes.

Evidence and documentation would be forwarded to magistrates in whose area of jurisdiction the babies died.

The inquests would determine what the causes of the deaths were and whether anyone was criminally responsible for them, he said.

An investigation into the possibility of 10 adults having died from similar circumstances would be completed soon.

The deaths of the babies were blamed last year on intravenous drips from medical products manufacturer Sabax.

Most of the deaths occurred after babies contracted klebsiella septicaemia at the Morningside and Park Lane clinics.

After being treated for largely minor complaints, the babies' conditions suddenly deteriorated and many ended up with lung collapse or renal failure.

Parents were left owing up to R30 000 to the clinics. — The Argus Correspondent, Sapa.

Govt must invest in townships – Hurd

Star 10/7/91

DURBAN — A large amount of public investment was required from the SA Government to redress the living conditions of township residents, British Foreign Secretary Douglas Hurd said in Durban yesterday.

Mr Hurd made this remark after a helicopter tour over Durban's suburbs and sprawling townships yesterday morning, shortly after he landed at Louis Botha Airport.

Mr Hurd also reiterated that a large amount of foreign investment was necessary to create employment and assist in uplifting black communities.

The Foreign Secretary was flown over Durban's suburbs and sprawling townships, including the squatter settlement of KwaMakutha and the Umlazi township.

Mr Hurd's helicopter landed in one of the townships where he spoke to local residents.

"Obviously, a struggle for power goes on on the hillsides. It's a struggle for territory and power," Mr Hurd observed.

The violence, he noted, had affected the area where he landed.

Asked what the British government could do to assist these communities, Mr Hurd said: "We're doing a lot — more than anyone else — and we're making progress."

Mr Hurd met the executive director for the Institute for a Multi-Party Democracy, Dr Oscar Dhlomo, yesterday before holding talks with Inkatha leader Chief Mangosuthu Buthelezi.

He may also meet ANC assistant secretary-general Jacob Zuma and local church leaders, according to a British consular official in Durban.

Bill of rights

Chief Buthelezi said in Durban yesterday that a multiparty conference would help to end political violence in South Africa as it would compel leaders of all warring factions to deal with the issue together.

Speaking at a media conference after meeting Mr Hurd, Chief Buthelezi, however, expressed concern at the ANC's "ready-made agenda" to take to the conference, such as its insistence on an interim government and a constituent assembly.

He preferred to attend the discussions to talk about issues such as the rule of law, a bill of rights and ways of ending violence.

The ANC's agenda was a "recipe for conflict", the Inkatha leader added.

● Britain is to grant a further R460 000 to the Alexandra Health Centre in Alexandra, near Johannesburg, Mr Hurd announced.

Mr Hurd is to visit the centre this morning.

He said half this amount would be donated by the British government to match a similar grant of R230 000 from the British pharmaceutical company Glaxo.

He said in a statement through the British Embassy in Pretoria that the Alexandra Health Centre was "of the highest value".

Britain had been supporting it for the past four years.

"The Alexandra Health Centre has led the way in providing health services to the community. It is a model for health care provision in poor urban areas elsewhere in South Africa," Mr Hurd said. — Sapa.

Hospitals urged to ban smoking before lawsuits

HOSPITALS should ban smoking before they lose a lawsuit for damages to patients' health from passive smoking, the South African Medical Council says in an editorial in the latest edition of its journal, *Lancet*.

They should make the decision and effectively enforce it before a successful lawsuit forced a decision upon them. - *Sapa*

MENTAL HOSPITALS – THE TPA REPLIES

Umail 12/7-18/9/91

SENIOR Transvaal Provincial Administration officials on Friday met *The Weekly Mail* to give their side to the newspaper's exposé of conditions in the racially segregated psychiatric hospitals, Sterkfontein and Weskoppies. (98)

"I will certainly not say all you have written about the hospitals is untrue," MEC Fanie Ferreira said, "but you must understand that there has been too little time for us to change the apartheid policy."

Management of these hospitals had only been handed over to TPA in 1988 and integration had to be carefully planned, he explained. Ferreira said the TPA was working on a programme for integration but did not elaborate. However, nurses are not involved in the planning.

Another problem, Ferreira said, was the lack of TPA funds for mental health.

The officials denied one of the strongest allegations made by many health workers, that black patients receive no psychotherapy at all.

Design guide aims at cost-effective clinics

PRETORIA. — A support-system guide aimed at maximising funds allocated to primary health care in South Africa was yesterday handed to the Minister of Health, Dr Rina Venter, by the Council for Scientific and Industrial Research (CSIR).

In his address, the director of the CSIR's division of building technology, Mr Roy Page-Shipp, said the Design Guide for Primary Health Care represented two years of joint efforts between the CSIR and the Department of National Health.

The guide provided a complete background of the service to be accommodated and could be used by the facility planner to develop the project brief. It would also provide designers with solutions for the cost-effective and efficient design of clinics.

The hard-copy Design Guide is supported by a computer-aided design version called Medicad. — Sapa

(B3) (98) CT 16/7/91

Minister: Hospitals never segregated

98
Sowetan 17/7/91

HOSPITALS in South Africa were never legally segregated and it was not necessary for Health Minister Dr Rina Venter to repeal any law when she announced last year that hospitals were open to all races.

"Separate hospitals for the different population groups is simply a tradition which has taken root in South Africa from 1910 and when I announced last year that hospitals were opened to all population groups it was not necessary to repeal any Acts," Venter said.

Unlike other issues, such as land, no legislation was ever tabled in Parliament reserving certain hospitals for different races.

Responding to a survey by the University of the Witwatersrand that some hospitals still refused to admit black patients, Venter said:

"Health facilities are available to all and what is important is the quality of the care. No discrimination is tolerated." - *Sapa.*

MEDI-CLINIC

CLEAN BILL

FM 19/7/91. 98

Activities: *Provides hospital services in private medical clinics.*
Control: *Rembrandt Group 93,4%.*
Chairman: *J N de Villiers; MD: L J Alberts.*
Capital structure: *90,98m ords. Market capitalisation: R120m.*
Share market: *Price: 132c. Yields: 3% on dividend; 11% on earnings; p:e ratio, 9,1; cover, 3,6. 12-month high, 135c; low, 70c. Trading volume last quarter, 284 000 shares.*

Year to March	'88	'89	'90	'91
ST debt (Rm)	—	9,2	—	—
LT debt (Rm)	9,2	—	—	7,5
Debt:equity ratio	n/a	n/a	n/a	n/a
Shareholders' interest	0,85	0,85	0,87	0,79
Int & leasing cover .	n/a	n/a	n/a	n/a
Return on cap (%) ..	3,8	8,2	9,3	12,0
Turnover (index)	143	201	311	435
Pre-int profit (Rm) ...	6,3	13,8	16,2	24,7
Pre-int margin (%) ..	n/a	n/a	n/a	n/a
Earnings (c)	(2,7)	4,0	12,4	14,5
Dividends (c)	—	—	3,0	4,0
Net worth (c)	66,7	70,6	77,5	92,4

Rembrandt Group, holder of 93% of Medi-Clinic, is an old hand at identifying growth industries. It does not take much to perceive that demand for hospital beds will continue to expand along with the country's population.

A 53% rise in operating income was boosted last year by an increase in interest received, with the result that pre-tax income of the Medi-Clinic group of private hospitals leapt by 86%. As tax was paid for the first time since the listing in 1986, attributable earnings were up by only 17%.

Higher occupancies and more efficient use of resources contributed to these results. Panorama Medi-Clinic, the first hospital to be commissioned by the group, has met all expectations within the first five years. Unlike the previous year, occupancy of the Mitchell's Plain Medical Centre attained an acceptable level of utilisation.

There were maiden profit contributions from wholly owned Medical Innovations, whose name describes its activities, and from United Hospitals Supplies Corp, formed during the year in partnership with the hospital division of the Afrox group; this is to be a joint purchasing organisation for the pharmaceutical requirements of both companies. Operating income should gain a further boost when the new complex in Stellenbosch comes on stream soon.

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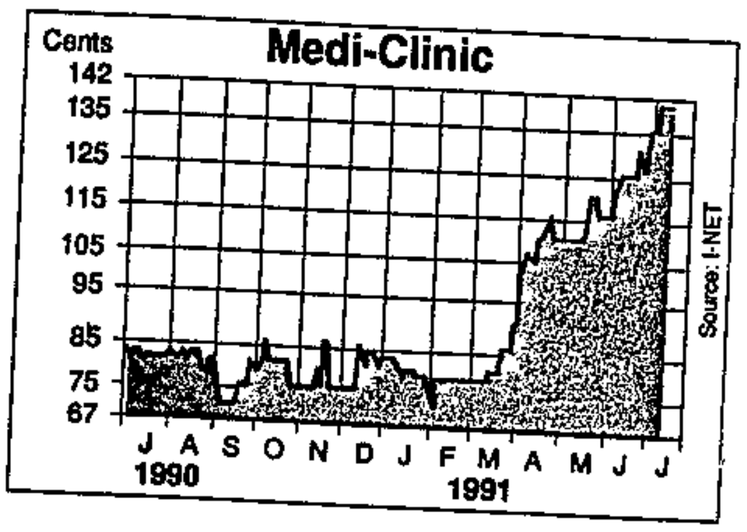
According to chairman Jannie de Villiers, there is a surplus of hospital beds in SA and licences to build new facilities will be restricted. This inhibits competition but also restrains Medi-Clinic's expansion prospects. De Villiers adds that neither large-scale privatisation of State hospitals nor nationalisation of private hospitals is envisaged. But there is some apprehension that State hospitals, especially training hospitals, may start competing with private ones to provide services to members of medical aid schemes.



A large slice of Medi-Clinic's capital consists of convertible debentures which can be converted in any year, but conversion becomes compulsory when the dividend on the ordinary shares is 11c. After conversion, Rembrandt's stake will be reduced to 50%.

Judging by the rapid rise in the share price from 85c in March, investors have high expectations. It now stands on a similar p:e ratio to that of its only other listed competitor, Clinic Holdings. But the dividend yield is 3%, compared with more than 5% for

FM 19/7/91 98

Clinic. With major capital projects coming on stream, the share could prove a good growth stock.

Gerald Hirshon

Alex mayor enraged by Hurd's health centre donation

WHEN Douglas Hurd, British Foreign Secretary, made a R460 000 pledge to the Alexandra Health Centre during his South African visit, little did he realise that he was bruising the ego of Prince Mokoena, the township's mayor.

Mr Mokoena is not only unhappy because the British parliamentarian did not inform him of his visit to the township, he has also criticised Mr Hurd's pledge to the health centre as a political gesture.

JOVIAL RANTAO

"Mr Hurd did not have the courtesy to inform me, as head of the Alexandra community, that he would be in my township on that day. He simply ignored me and pretended I did not exist," the mayor said.

During his visit, Mr Hurd met members of the Alexandra Civic Organisation (ACO) and was taken on a tour of the health centre and other places in Alexandra.

Mr Mokoena said the centre was well-equipped and already received financial backing from the University of the Witwatersrand.

"We have another clinic in Eighth Avenue, which is ill-equipped, accommodated in makeshift structures and has only one doctor.

"Alexandra does not have an ambulance to serve its 350 000 residents. We use a minibus, which is not equipped to serve as an emergency vehicle.

"I believe the money from the British government should have gone towards the upgrading of all medical facilities in Alex," Mr Mokoena said.

Reacting, Moses Mayekiso, ACO's chairman, said he was surprised that Mr Mokoena was suddenly interested in the welfare of the community.

"The man has never lifted a finger to upgrade medical facilities and the living standard in Alex," Mr Mayekiso said.

Liver transplant success celebrated at Groote Schuur

(98) ARG 23/1/91

STEFAANS BRÜMMER
Staff Reporter

THE Liver Research Centre at Groote Schuur Hospital has successfully transplanted 10 livers over the last three years.

Only one patient did not survive the orthotopic (full replacement as opposed to mere "piggy-backing") transplant, which has been accepted as the treatment of choice for patients with chronic end-stage liver disease or certain liver cancers.

Publicly lifting the veil on the programme yesterday, the centre, a joint University of Cape Town and Medical Research Council body, introduced eight patients to the Press and the public at a function at Groote Schuur Hospital. Patients who have had transplants varied in age between 21 and 56 years. Five were women, all in their 30s and 40s, with young or teenage children.

Also present were the nurses and medical doctors who make the transplants possible.

The transplant team, led by Professor John Terblanche, includes surgeon Dr Delawir Kahn and physician Dr Simon Robson.

The liver transplant programme was first launched in 1967 but was suspended after results world-wide were found to be poor.

The current programme restarted in October 1988 after Dr Kahn spent two years in Pittsburg in the United States, where he studied under Dr Tom Starzl, one of two world pioneers in the field.

Dr Terblanche said five percent of admissions to medical wards country-wide were for chronic liver disease. He said transplantation was indicated where the predicted life-span was less than a year or when complications made life unlivable.

He ascribed the team's "exceptional results" to better surgical techniques — some of them researched at the centre — and to better, earlier patient selection and better means of combating rejection of organs.

The patients, who now live "absolutely normal lives" apart from taking some medication, had much praise for the team.

Said Mrs Anne Meikle, who got her new liver in December, 1990: "They were like real friends to you. They did not give you sympathy, because that's not what you needed... but they were there with you, fighting with you."

Mrs Sharon Stern, who was handed a new lease on life in June, 1990, said: "There's not enough thanks you can give to them, they're an absolutely fantastic, compassionate and humane team."



Picture: WILLIE DE KLERK, The Argus

TOASTING LIFE: Celebrating life are eight happy liver transplant patients. Standing, from left, Mark Whitesman, Joey Appollis, Shaheed Abrahams and Anne Meikle. Seated: Ana Maria de Azevedo, Pat Allison, Sharon Stern and Lena Martin.

Medi-Clinic diversifies to offset clamp on expansion

B/Day 26/7/91

LINDA ENSOR

CAPE TOWN — Medi-Clinic, the JSE-listed private hospital group, has embarked on a programme of diversification to counter the clamp placed by government on the provision of additional hospital beds, a move which has limited its expansion possibilities.

The group has seven hospitals — two in Johannesburg and five in Cape Town — and is currently spending R14m on a 58-bed two-theatre facility in Stellenbosch with a capacity to expand to 92 beds and three theatres at a later stage. The group's hospitals include the Sandton and Morningside clinics in Johannesburg.

MD Louis Alberts says there are no plans for additional hospitals as government has indicated that in the light of the oversupply of hospital beds, new hospital licences would be rare.

"We anticipate that it will be difficult to get licences in future," Alberts said in an interview, adding that the clamp had placed an unexpected damper on development.

The privatisation or contracting out of government hospitals and the granting of greater autonomy to training hospitals also poses a threat to the private hospital sector, although it could open up new opportunites.

Alberts said Medi-Clinic is keen to take up opportunities for the management of hospitals should these arise.



● ALBERTS

He does not think private hospitals will be nationalised by a new government, saying that they do not cost the authorities anything, reduce pressures on the government and allow it to direct its efforts at primary health care.

Despite the recession the 1 550 hospital beds in the group have been reasonably occupied this year. One effect of the downturn has been the delaying of elective operations, but Alberts believes there will still be a growth in profits in the year to end-March.

In the previous year fully taxed earnings of 8,7c (5,9c) a share were generated on an operating profit of R24,7m (R16,2m).

Alberts sees future growth coming from Medi-Clinic's diversified activities.

A small company, Medical Innovations, was formed about two-and-a-half years ago to manufacture hospital equipment such as theatre tables and table attachments. The market is dominated by imported equipment and Alberts says it will take some time to penetrate the market, although he adds that Medi-Clinic can offer a price and local content advantage.

In conjunction with Afrox's hospital subsidiary Home and Hospital Dispensaries, United Hospital Supplies Corporation was formed to buy pharmaceutical items jointly. Alberts says the company is the second biggest buyer of pharmaceutical products after the state and is able to secure better prices.

The third leg of the diversification programme was the establishment a few months ago of a medical maintenance company Medimo, an extension of the Medi-Clinic Occupational Health Service company. Medicaid Administrators and Afrox's hospital division came in later as partners. Medimo offers a form of medical aid to employees and secures contracts with specific practitioners to provide free medical services to its members.

Alberts says Medimo addresses the needs of the middle segment of the medical care market, offering a less expensive form of medical cover.

Medical crisis as violence erupts

By RYAN CRESSWELL

WEEKEND medical services at a clinic that serves thousands of people in townships near Maritzburg were suspended on the eve of renewed fighting between the ANC and Inkatha.

And ambulance services to 10 troubled areas around Maritzburg were stopped more than a month ago.

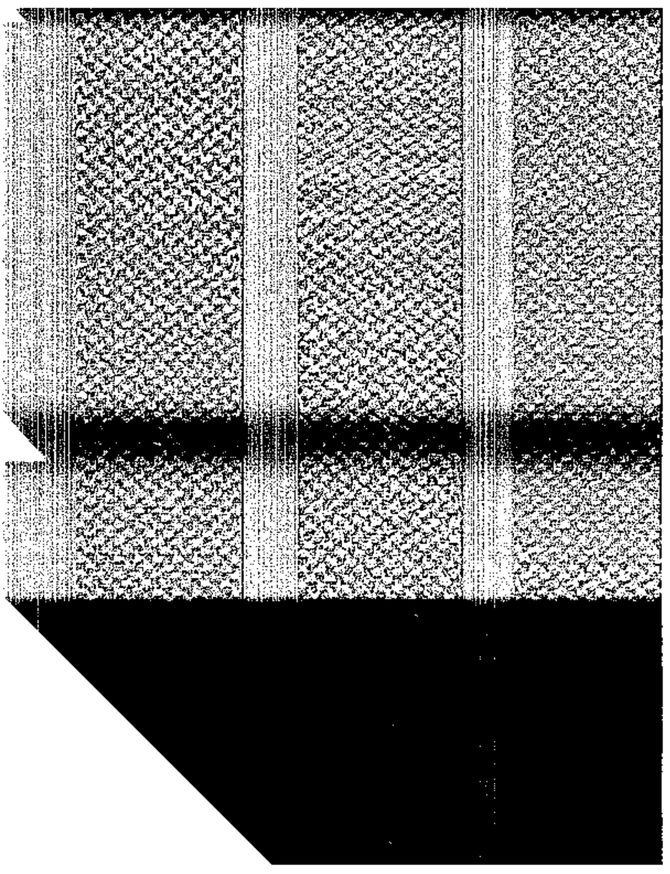
A weekend medical service at Caluza Clinic — which also serves Mpumuza, Harewood and Sweetwaters — was suspended after a clerk was stabbed and the clinic's safe was stolen. The chief medical superintendant at Edendale Hospital, Dr Peter Evans, said weekend conditions around the clinic were too dangerous for staff to continue working.

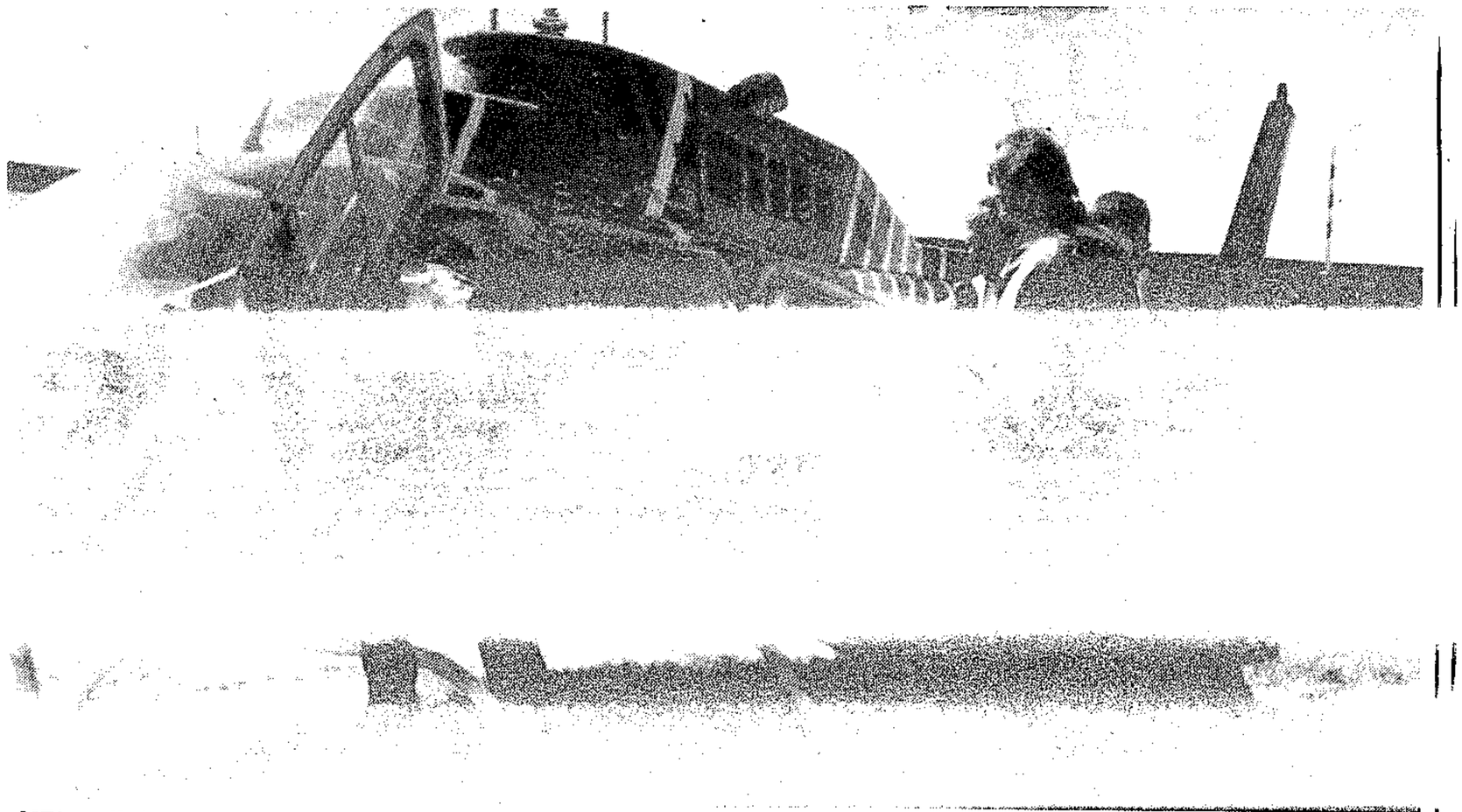
He said that until a few months ago, several clinics connected to the hospital, including Caluza Clinic, operated round the clock, but shifts were reduced to daylight hours because it was too dangerous for nurses to travel and work at night.

This is in addition to the total suspension of the ambulance service from Edendale Hospital. All 28 ambulances serving the densely populated areas were withdrawn after a driver, Mr S Phungula, was shot dead in Caluza last month.

Two other drivers were also injured when they were shot and stabbed. At least three ambulances have been stolen this year.

"It's a desperate situation. We want to provide a service but not at the expense of staff," said Dr Evans.





MRI staff demonstrate how they operate in emergency situations. The new rescue unit is unique in South Africa and is aimed at cutting the death toll on one of the country's busiest holiday routes.

Pic: PHANUEL MAHUNTSI

Unique rescue unit in OFS

Sowetan 6/8/91 (98)

By ISAAC MOLEDI

MEDICAL Rescue International and the Free State Provincial Administration have estabished an emergency medical service in the Eastern Free State in an attempt to reduce the number of road deaths in the area.

Car accidents in the region claim more than 30 percent of lives annually, according to MRI figures.

A control centre has been established in Bethlehem and will serve motorists travelling from the Pretoria, Witwatersrand, Vereeniging complex to Durban, Lesotho, QwaQwa and those from Cape Town, Bloemfontein and Villiers travelling to Durban.

The service, using an emergency number 10177, will connect the motorist with either the ambulance and fire services or the South African Police in an emergency.

Speaking at the launch in Bethlehem at the weekend, Minister of National Health and Population Development Dr Rina Venter praised the emergency services and described the partnership between the private and public sector in the Eastern Free State as a "a unique situation".

Important

The chairman of MRI, Dr Paul Davis, said the establishment of the service was important because the region was one commonly used by travellers throughout South Africa.

He said although the area was a relatively small part of the country, it accounted for more than 30 percent of deaths in the whole country.

Davis said Bethlehem was equipped with, among other things, eight rescue cars and an aircraft, all manned by trained medical staff.

Eight permanent rescue units were strategically placed throughout the region to ensure that no rescue unit would be further than 50km away from any emergency.

Mystery infection in hospital kills seven

VIVIEN HORLER
Medical Reporter

(98) 7/8/91 ARGUS

SEVEN patients have died in the past two months from a gastric infection sweeping Lentegeur Hospital in Mitchell's Plain, and researchers are working non-stop to find its source.

So far 76 people at the hospital, including staff, have been infected since May. Doctors have ruled out contaminated food or water as the source, since the infection occurs sporadically in different wards.

But the medical superintendent, Dr Ahmed Gamaldien, said simple hygiene could retard the spread of the infection. All staff and visitors had to wash their hands in antiseptic before entering or leaving wards where the infection had been diagnosed.

Infected patients, including the seven who had died, were sent to Conradie Hospital for treatment, but now a clinic at Lentegeur had been cleared for new patients.

A hospital worker said: "We are scared to eat the food or go into the wards. People just keep getting sick. "There are thousands of patients and workers at Lentegeur — if this took off it could be really terrible."

Epidemiologists from the Medical Research Council, the South African Institute for Medical Research and the municipality of Cape Town had been called in.

Dr Gamaldien said: "It's very worrying because we can't find the source.

"We think it was probably started by a single carrier, but that could be anybody. We have visitors bringing food to patients — it could have started like that."

The infection causes diarrhoea, stomach cramps, nausea and fever.

Dr Gamaldien said the infection, caused by the bacteria shigella flexneri, was common in hospitals and institutions such as prisons, but it was the first outbreak at Lentegeur Hospital, opened in 1986.

Killer gastric epidemic under control — doctor

(98) ARG 8/8/91

VIVIEN HORLER
Medical Reporter

STAFF at Lentegeur Hospital in Mitchell's Plain believe the gastric epidemic which has killed seven patients is being contained.

"It appears to be under control," said spokeswoman Dr Linda Hering.

"We've had only two new cases in the past 24 hours, compared with 11 in the 24 hours before that."

The two new cases bring the total number of patients who have been infected to 79.

Twenty staff members have also been affected, of whom four were sick enough to be admitted to other hospitals.

The hospital has taken several measures to control the outbreak, which causes diarrhoea, fever, cramps and nausea.

These include limiting admissions to certified or certifiable patients; other patients who need urgent admission are being sent to Groote Schuur or Tygerberg.

Discharged patients are given an information leaflet on the infection and told to contact Lentegeur if they develop any of the symptoms; no patients are being allowed to leave their wards for therapy or any other reason; no patients are being given leave of absence; and there is no inter-ward visiting.

"For the rest, our main attack is hand-washing, hand-washing and more hand-washing," said Dr Hering.

Lentegeur is composed of 50 buildings, designed to make the hospital more homely. "But this also makes it easier for us to isolate infection," she said.

All people still with diarrhoea have been transferred to the hospital's clinic, which means there are no actively ill people in the wards.

Epidemic kills 7 in city hospital

(98) CT 8/8/91

Staff Reporter

DOCTORS at Lentegeur Hospital in Mitchells Plain are desperately trying to cope with an epidemic which has already killed seven patients.

The doctors were "standing there with their hands in the air", the hospital's senior medical superintendent, Dr Ahmed Gamieldien, said yesterday.

He said the deaths had occurred despite the "best possible medical treatment".

Another patient is in a serious condition in Tygerberg Hospital and six are being specially treated at Lentegeur Hospital where a severe outbreak of gastric infection has medical staff puzzled.

Yesterday two more patients came down with severe diarrhoea — symptomatic of what has been identified as shigella dysentery — bringing the total of diarrhoea sufferers at Lentegeur Hospital over the past two days to 13.

Six of the more serious cases are being treated in a special clinic at the hospital.

A team of epidemiologists from the Medical Research Council, the South African Institute for Medical Research and the city council has been called in to help slow down the spread of the disease which affects the large intestine.

So far a total of 28 people have been positively diagnosed as suffering from the debilitating shigella dysentery since the outbreak began in mid-May.

The hospital was yesterday awaiting results of 15 more laboratory tests.

Dr Gamieldien said 99 people 79 patients and 20 staff members) had suffered symptomatic severe diarrhoea since the outbreak began in a ward for mentally handicapped people.

Strict hygiene measures had been enforced throughout the hospital as the disease was caused by poor hygiene practices and spread by hand-to-hand and hand-to-mouth contact.

Mentally handicapped people were more susceptible to the disease because they were poorly equipped to maintain high hygiene standards.

At present four nurses were under treatment at home after being discharged from Tygerberg and Groote Schuur hospitals.

"We're keeping our fingers crossed that there won't be any more deaths — everything possible was done and we began treating people as soon as they displayed any sign of diarrhoea," Dr Gamieldien said.

A policy of non-admission of new patients had been instituted except in the case of "severely disturbed" people.

Anyone entering wards now had to wash their hands before and after entering, he added.

He felt the epidemic was being contained, citing the drop in diarrhoea sufferers over the past two days.

The last death was on Monday and the first on June 23 this year.

No names were being released as permission had first to be obtained from families, Dr Gamieldien said.

Hygiene practices at the hospital had "always been of a high standard", he added.

The victims who died range in age from 20 to 50 years old.

FM 9/8/91

FAITH HEALING

98

The House of Delegates (HoD) is determined to build a 350-bed community hospital, with an additional 150-bed frail-care unit, at Phoenix, north of Durban. But it doesn't have the money to pay for it. In order to bypass this little snag, it is calling for a private sector capital injection. In fact, a shortage of funds has never inhibited the HoD in the past.

Its Department of Health Services & Welfare has invited tenders for the facility and about 10 bids are believed to have been received. Advertisements were placed in Sunday newspapers on April 28 and just over three weeks later HoD Health Services & Welfare Minister Baldeo Dookie announced that the Indian assembly's Ministers Council had approved the building of the hospital. At the same time, he said no funding would be forthcoming from the Treasury. However, the need for the hospital was so great that "urgency outweighed other constraints, including finance."

A month after the June 14 closing date for tenders, Dookie made another announcement, this time saying plans to build the Phoenix hospital had been frozen because of lack of funds. The HoD is apparently keeping its options open and exploring funding alternatives, such as backing from private companies. In the meantime, it still has the developers' bids — each of which probably cost several thousand rands to compile.

One of the applicants contacted by the *FM* did not want to comment on the tendering procedure. Ironically, though the HoD hadn't sourced funding for the hospital — and didn't, therefore, know when work would or could start — it insisted on a tender period of just six weeks. This has angered some firms that believe they incurred significant overtime costs in meeting the deadline.

Briefing documents sent to tenderers were said to be vague.

In justification of all this, HoD Health Services & Welfare spokesman Sagren Pillay says there is a pressing need for the hospital. While conceding that no contract has yet been awarded, he says all are being considered even working with the private sector.

TUC (62 + 8c GST) Coun

(98) ARG 9/8/91

Six more with dread hospital illness symptom

VIVIEN HORLER, Medical Reporter

SIX more people have been diagnosed as having diarrhoea at Lentegeur Hospital in Mitchell's Plain, but there have been no more deaths in the past 24 hours from the gastric epidemic at the hospital.

Eight patients have died since May.

"We're confident that we'll see the pattern of the illness come under control in the next few days," a spokesman for the hospital said today.

Four of the latest six cases are staff members. It had not been confirmed that they had been infected with the shigella bacteria, but had diarrhoea, a symptom, said the spokesman.

Of a total of 114 patients and staff who have been ill since May, 32 have been confirmed cases of shigella infection.

One of the newest cases, a patient, is "very ill".

The spokesman said the Medical Research Council investigation into the source of the infection would be "extremely thorough" and he did not expect a result for some time.

A hospital worker said he and his colleagues were worried.

"We are concerned that when we go home we could carry these germs to our children. We want to know what is being done about this."

...ter from his kid-

6 more could have killer disease

(98)

ET 10/8/91

Staff Reporter

SIX more people at Lentegeur Hospital are possibly suffering from the killer shigella infection, but there have been no further deaths.

A hospital spokesman said a total of 15 people were currently suffering from the disease, one of whom was reported to be in a serious condition. Eight people have died since shigella broke out at the hospital in May.

Since then, a total of 114 poeple have suffered from diarrhoea, a symptom of shigella, but only 32 were confirmed as having the disease.

The spokesman said the germ Shigella Flexneri was endemic in the community and "at times the incidence suddenly increases" to epidemic proportions.

New drugs may beat epidemic

(98)
CT 12/8/91

By CLAUDIA KING

DOCTORS hope that a group of new-generation drugs donated to Lentegeur Hospital will curb a deadly outbreak of dysentery that has already infected over 100 staff and patients.

The particularly resistant strain of shigella dysentery, which is keeping the hospital in a virtual state of siege, has claimed the lives of seven people to date.

Since the outbreak of the epidemic in mid-May 124 people, including 25 staff, have fallen prey to the disease.

A reliable source told the Cape Times there was grave concern when the disease became resistant to the conventional antibiotics /administered.

"Cultures and tests for antibiotic effectiveness revealed that a new group of drugs known as quinolones were the only ones that seemed to be effective," the source said.

"This bacteria mutates quickly and if it becomes resistant to these as well, then I don't know what we'll do."

A statement released on Saturday by the hospital's medical superintendent, Dr L M Hering, said the new drugs, donated by medical suppliers Hoechst and Bayer-Miles, are now being administered to the infected staff and patients.

She said: "We are very grateful for their spontaneous offer of assistance."

Eighteen patients are still receiving treatment and only one is seriously ill.

All the shigella patients have been isolated in the clinic and barrier nursing — which keeps staff and patients isolated in their wards — has brought most normal activities at the psychiatric hospital to a virtual standstill.

Staff had fallen victim to the disease because some retarded patients have to be assisted in whatever they do.

Dr Hering said yesterday it appeared that with the administration of the new drugs "we are now getting somewhere".

However, because patients do not build up a resistance to the sickness and so can easily re-infect themselves, she was only "cautiously optimistic".

She said: "Professor Arderne Forder of the Department of Microbiology at Groote Schuur Hospital visited us on Friday, and as well as giving us advice told us we were doing a superb job as far as hygiene is concerned.

"The staff of Lentegeur are to be praised for their dedication and teamwork during this time."

The hospital is at present admitting no new patients.



Mr Bantana Phandle (left) and Mr Tyekeza Mayaka of Elliotdale in the Transkei were among victims of the battle between police and the AWB.

Ventersdorp 'war' victims still sought

By KENOSI MODISANE

HOSPITALS in the western Transvaal yesterday could not account for the whereabouts of a number of black victims injured in the skirmish between police and the AWB at Ventersdorp.

Police spokesman Major Ray Harrald said at the weekend about 15 blacks had been admitted to various hospitals.

But only Klerksdorp Hospital accounted for four gunshot victims - three of whom were in a bakkie carrying the body of their cousin for burial in the Transkei when they were ambushed.

The men were yesterday reported to be in serious but stable conditions.

A spokesman for Kalie de Haas Hospital in Potchefstroom, which was reported to have admitted a number of victims, refused to comment.

An SABC radio news report, however, reported yesterday that three AWB members admitted to the hospital were recovering.

A spokesman for Ventersdorp Hospital said the hospital did not have a record of blacks admitted to the hospital after Friday night's battle.

The fourth is a coloured man who was injured when the bus he was travelling in was attacked. He sustained fractures of the skull.

Mr Bantana Phandle (45), Mr Tyekezi Mayaka (38) and Mr Gogogo Qotho (all related) would also like to know the whereabouts of two of their companions.

The driver of their bakkie, only known to them as Phokophela, and another passenger have disappeared.

Mayaka said the other passenger in the front seat was shot before being flung out of the vehicle while it overturned.

"He slumped onto my lap and complained of pain before he was flung out of the car," said Mayaka, who sustained two gunshot wounds to the chest and one on the right arm.

Phandla, who was shot in the stomach and left arm, said: "I heard gun sounds and the next thing our bakkie rolling over."

Work done at hospital impresses Mrs de Klerk

DURBAN. — The State President's wife, Mrs Marike de Klerk, yesterday visited the King Edward VIII Hospital here as a guest of the Reach For a Dream Foundation. (98) CT 13/8/91

Mrs De Klerk met the committee members of the foundation — of which she is a patron — and also saw the work done among terminally ill children.

She was shown around paediatric wards, where she chatted with young patients, by the chief medical superintendent of the hospital, Dr Justin Morfopoulos, and the head of the paediatric department at the Natal Medical School, Dr Larry Hadley.

After her tour, Mrs De Klerk said she was impressed by the work done at the hospital. — Sapa

Lentegeur hospital treats 3 new cases

98

ARG 14/8/91

VIVIEN HORLER
Medical Reporter

THREE new cases of diarrhoea have been admitted to the clinic at Lentegeur Psychiatric Hospital, but there have been no new deaths since early last week, a spokesman has confirmed.

None of the 28 people being treated in the clinic is seriously ill, he said. "But the rate of admissions has not decreased."

There have been 130 cases of diarrhoea since the epidemic bagan in May, of which 35 are confirmed shigella dysentery cases. Eight people have died.

The senior medical superintendent, Dr Fouad Gamieldien, rejected claims that unhygienic conditions in the hospital laundry were responsible for the outbreak.

A former laundry worker had claimed that bedding and clothes came into the laundry containing solid faecal matter, and this had to be cleaned up and sluiced away by staff who wore no gloves or masks.

But Dr Gamieldien said dirty laundry was sluiced down in the ward and rinsed in antiseptic before it was sent to the laundry for further sluicing and washing. Laundry staff wore gloves — had done so before the present epidemic — and were allowed to wear masks and turbans if they chose.

"So far we've had one member of the laundry staff sick with diarrhoea, and that case was not confirmed shigella. If the laundry was really the source of infection we could have expected half the staff there to have become ill."

Dr Gamieldien said the hospital was grateful for the donation of new generation, broad spectrum antiobiotics from Hoechst and Bayer-Miles.

"It's definitely helping," he said.

Another hospital spokesman said the incidence of diarrhoea should be seen in perspective. "In a hospital of 3 000 patients and staff at any given time we're likely to have 10 to 20 people suffering from diarrhoea — and I expect those figures would hold for the general population."

There were only 35 confirmed cases of dysentry, the spokesman said.

Hospital crisis strains facilities

(98) CT 14/8/91

LENTEGEUR Hospital's closure to new admissions is straining other psychiatric hospitals in the Peninsula, and Valkenberg Hospital is discharging patients they might otherwise "preferably keep", spokesmen said yesterday.

The outbreak of shigella dysentery at Lentegeur has claimed eight lives since mid-May.

Although out-patients were still treated at the hospital, there would be no admissions until the disease had been eradicated, a spokesman said.

Observatory's 900-bed Valkenberg Hospital's acting medical superintendent, Dr Ethel Hacking, said "the hospital is full at the best of times, but now there is more stress".

To handle the crisis, Dr Hacking said, Valkenberg was "discharging patients which we would preferably like to keep".

Would-be patients at Lentegeur Hospital are being referred to Valkenberg and the Stickland clinic at Tygerberg.

Dr Hacking denied reports the dysentery had spread to Valkenberg, and said: "We have about 1 000 patients and one is bound to develop diarrhoea."

However, any patient who does develop diarrhoea is monitored "very closely", she said.

There are at present 28 people in the Lentegeur isolation ward.

Hospitals silent on bullet wounds

By Carina le Grange

The Transvaal Provincial Administration yesterday declined to reveal information on the types of ammunition that had wounded people in Friday night's clash in Ventersdorp.

The Star attempted to obtain independent information from hospitals on the types of ammunition which caused injuries, in a bid to clarify the accusations and counter-accusations between the police and the AWB.

Both have accused the other of using sharp-point ammunition. The police also said the AWB fired first and that a policeman was wounded by sharp-point ammunition.

Hospitals where the injured were treated refused to answer questions on the matter, saying only the TPA could respond.

And the TPA's deputy director-general of health services, Dr Hennie van Wyk, said the TPA considered it "unethical to reveal any information about any patient's condition without his doctor's permission".

Later, a TPA liaison officer said: "It is difficult for a doctor to say what kind of ammunition was used." No further information could be obtained.

A police spokesman said clarification would not come before inquests had been held.

Law and Order spokesman Captain Craig Kotze said the investigation was sub judice.

"But we have already said we know our members did not have sharp-point ammunition, although they were fired at with sharp-point ammunition."

Dysentry epidemic 'nearly under control'

(98) CT 15/8/91

Staff Reporter

IN spite of the death of a ninth hospital patient from the dysentry epidimic at Lentegeur Hospital, doctors are confident that they are beating the disease and say sick patients have started responding to treatment.

The hospital's medical superintendent, Dr Linda Herring, said yesterday that the 44-year-old patient who died yesterday morning had been seriously ill for a week. He died suddenly after contracting pneumonia.

Of the original 132 patients and staff affected, only 27 are currently ill and in quarantine in the isolation ward. They are all responding well to medication from the new-generation drug, quinolone, which was introduced last week, Dr Herring said.

Yesterday three staff members were admitted with diarrhoea, a symptom of shigella dysentry, but Dr Herring said it had not been established that they had it.

She said a few of the patients were "still quite ill" but about 20 were "raring to get out" of the isolation ward and some staff members were being treated at home.

Two infectious disease control experts, Dr Gary Martin of Groote Schuur Hospital and Dr Billy Sieling of Tygerberg Hospital, were brought in last week to help fight the sickness.

Dr Herring was optimistic that the worst phase had passed.

"If everything goes well it should all be over in about three to five weeks."

Once the patients had recovered they would enter the incubation phase where they would be under observation for about a week. Thereafter it would be necessary to terminally disinfect the entire hospital to "eradicate every possible source of the infection", Dr Herring said.

Meeting mum's needs

WOMAN

Sowetan 15/8/91 (98)

By NOMVULA KHALO

THE Institute of Child Caring Companies has teamed up with the Highgate Pick 'n Pay Hypermarket to launch a child-caring project that includes a baby room to be used for breastfeeding purposes by mothers visiting the centre.

Child Caring Corner will assist mothers with daily health care needs of their babies.

A qualified nurse will be on hand daily to give advice to the mothers in a special room that has been set aside at the store.

In addition to this facility, there will be a free monthly newsletter through which mothers who cannot attend the Corner can get information on baby health care.

There will also be a "Dear Sister" box in which mothers can post their queries and concerns.

"The Highgate Corner is the first one of many that we have planned," explained ICCC managing director and founder of the project Brenda Robson.

"The service is aimed at mothers who require child-care facilities and need a fully personalised service, but cannot afford the rates charged at clinics and hospitals.

"I realise there is no use talking about health, but that health needs to be taken to the people and what better place than a shopping centre where the mothers are," she said.

"The mothers need to know what to do when their baby is not eating, how and when to switch from formula to solids. That information will be available at the corner and that is why ICCC was formed."

Pamphlets on these topics will also be distributed to mothers attending this clinic.

Different topics on baby care, including breastfeeding and nutrition, will be delivered by doctors and nurses between 12noon to 2pm, starting from Saturday and on alternate Saturdays thereafter.

Health workers from the Pick 'n Pay Women's Club and ICC workers will help the nurse by giving professional advice.

Other companies sponsoring the project are: Tiger Oats, Borden foods, Colgate, Pfizer, Nestle, Kelloggs and B-Tabs.



Some of the parents who attended the launch of the Child Care Corner at Highgate shopping centre.

Intensive care facilities short

Neo-natal treatment compromised

ACCEPTED norms for neo-natal intensive care treatment in South Africa need to be critically reassessed because of chronic shortages, Professor Beyers Bresler Hoek warned in Bloemfontein, last week.

He was delivering his inaugural lecture at the University of the Orange Free State, where he is professor and senior specialist of the Department of Pediatrics and Child Health, as well as head of neo-natal services at the city's academic hospitals.

If more facilities and funds were not provided, the number of potential neo-natal intensive care users would have to be drastically curtailed, Hoek predicted.

He acknowledged that much of what he had to say conflicted with traditional and accepted ethics, morals, rights and religious values, but added it was open to critical re-evaluation.

More babies in South Africa needed intensive care treatment than could be handled and the increasing costs - both financial and labour - were difficult to justify.

The provision and maintenance of facilities were expensive and financial resources had not increased proportionately to costs.

Intensive care for certain categories of babies, including premature ones, had to be reconsidered as it was not always in the best interests of the baby, parents or the broader community, he maintained.

As a result of the shortages, more funds would have to be made available from the State, or other sources, to maintain neo-natal intensive care facilities.

Parents would also have to make bigger financial contributions, Hoek said.

Intensive care treatment for babies was a privilege and not a right and he warned doctors would be faced with more difficult "and even impossible" choices.

The present infrastructure to help disabled babies was largely inadequate, he added.

Such babies had a strongly disruptive and even destructive effect on parents, marriages and families.

Parents

Also, the financial implications for the parents and community were enormous.

As for "non-medical guidelines", Hoek said where more than one baby could benefit equally from intensive care, but there was only a facility for one, the following babies should not qualify for intensive care treatment:

Babies whose parents had Aids;

Where one or both parents were addicted to alcohol or drugs;

Those whose parents were permanently unemployed or had no fixed or regular income;

Those who were illegitimate or whose mothers had been raped;

Those whose mothers had received no pre-natal care for reasons other than non-availability or accessibility;

Where both parents were mentally retarded or had major psychiatric disturbances;

Parents had a criminal record;

Parents were guilty of child abuse or molestation;

Parents had three or more healthy children; and,

Parents could not pay at least a portion of the cost for the use of the facility.

Hoek added if a baby did not qualify for intensive care, it did not mean it would receive no treatment.

It would still receive all the necessary care, except treatments particular to intensive care.

The practical settlement of harsh, present-day realities appeared increasingly difficult to reconcile with traditional ethical, moral and religious viewpoints, he said.

According to some economists, the use of scarce and expensive facilities or resources for weak babies was economically unjustifiable.

There were more premature babies in underdeveloped and developing communities than in so-called First World countries, Hoek said.

This, together with the unacceptably high population increase, was an important reason why the number of babies needing intensive care in South Africa was greater than in highly developed countries. - ***Sapa***

A hospital in crisis

(98) ARG 24/8/91

Fund-raising drive to better casualty unit

LINDA GALLOWAY
Weekend Argus Reporter

WALKING into the casualty department at Victoria Hospital in Wynberg one could be forgiven for thinking one had stumbled on to the set of *M*A*S*H* — the TV series set in a mobile field hospital during the Vietnam war.

The department is housed in what was built in the '60s as a "temporary structure" — a wooden bungalow with scant working space and almost no privacy for patients — which has become a permanent fixture.

The hospital serves a huge area. Its domain stretches from south of Lansdowne Road to Cape Point and as far as Khayelitsha and Mitchell's Plain. More than 3 000 patients a month are dealt with in casualty alone.

Add to that the fact that the "white" and "black" casualty departments have merged (one of them is now a day-care clinic) and it is easy to understand the frustrations of doctors and nurses trying to function in almost impossible conditions.

Head of the department Dr Harry Scheinfeldt said the biggest concern of the professionals working there was maintaining a high standard of medical care.

"The ambulance crews have been trained to a very high level of proficiency. They are bringing in patients who in the past would never have made it to hospital.

"And it is our job to continue that high standard of care."

On a Friday night it is hard to see how this can be done.

Patients and their concerned families sit in a tiny waiting room — some lie on stretchers. The passage to the all-important resuscitation room is almost unnegotiable at times.

Reception is crammed with people registering for medical attention, filling in forms or waiting for folders, before they too join the crush in the waiting room.

There are four curtained cubicles where patients are seen, an overnight ward and a corner with easy chairs for asthmatics who need oxygen.

The operating theatre is down a corridor, sometimes too far away for emergency surgery. The X-ray department is in the main hospital building.

Space for only one ambulance is provided at the entrance. To get there they have to negotiate a driveway which has become known as an obstacle course — a convoluted route over tar diseased with potholes, lumps and bumps.

Trauma units are normally stretched at peak times. However, in contrast with the new, R400-million Groote Schuur Hospital, where things become just as hectic, this facility is spacious, well-designed and offers the latest in life-saving technology.

There is also full-time security, an essential in the view of trauma chief Professor John Knottenbelt.

He pointed out that high-tech facilities were vitally important at a teaching hospital where doctors and nurses are trained on the job and where the "worst of the worst" cases are seen.

There are 30-bed "holding" wards, roomy waiting areas, two resuscitation rooms and two X-ray units in the department. Two of the four operating theatres are closed due to lack of staff and running finances.

Metro chief Dr Alan MacMahon said he could not fault the medical care given to trauma victims at Victoria Hospital.

He said the hospital was a "drainage point" for a vast area including the ganglands of Lavender Hill, Grassy Park, Retreat and Lotus River.

Metro control is responsible for dividing ambulance cases between Peninsula hospitals so as not to load too much work on to one emergency unit.

However, many cases are brought in by cars or taxis who head for the nearest hospital.

South Peninsula Hospital Board chairman Mr Koos Moolman said the provincial health budget was stretched to the limit and Victoria's casualty unit was one of many priorities.

The involvement of the private sector was vital in looking after community facilities.

Pharmaceutical company Parke-Davis has responded to Victoria Hospital's plea for help with a pledge of R50 000 to launch a fund-raising drive to raise the R1,3 million required to upgrade the casualty unit.

Marketing director Mr Ian Robertson said Parke-Davis staff would be involved in fund-raising projects for the hospital and all funds would be chanelled to the South Peninsula Hospital Board.

A barometer will be erected outside the hospital to measure donations.

"We would like to invite community support for, for instance, golf days, fun runs or premières," he said.

The director of professional services in the health department of the Provincial Administration Dr Hannah-Reeve Sanders said the gesture by Parke-Davis was "wonderful and magnanimous" and the involvement of the community was to be welcomed.

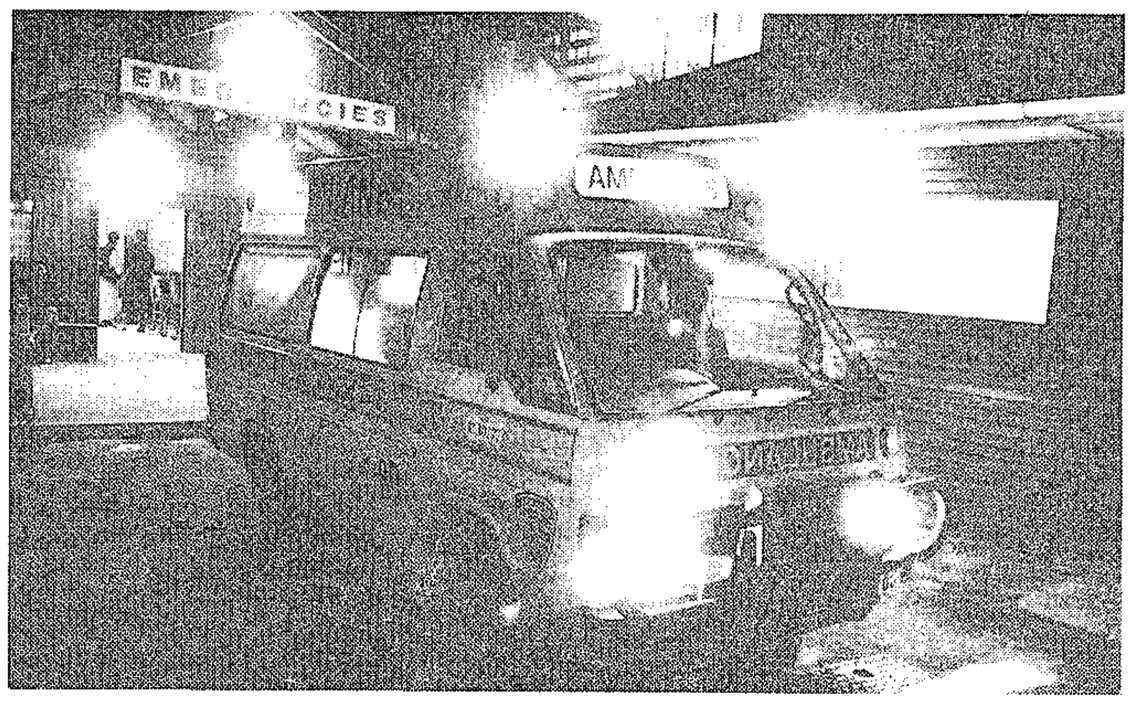
Anyone who would like to help with the fund-raising project should call Ms Rosemary Hare on ☎ 685 7862.



Pictures: LEON MÜLLER, Weekend Argus.

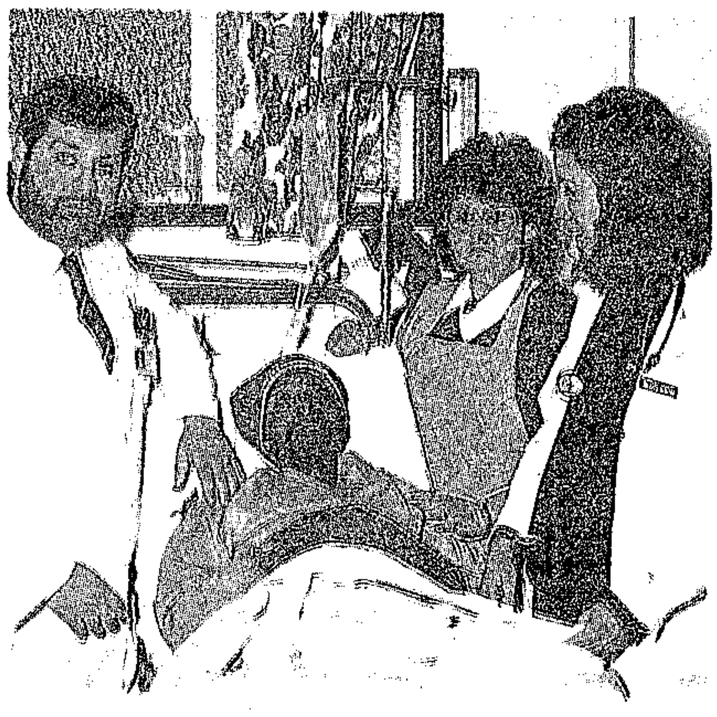
☐ **LONG WAIT:** This patient, who had been stabbed in the eye, spent a long and uncomfortable night in a wheelchair waiting to see a surgeon. There were no beds available.





☐ **TIGHT SQUEEZE:** Porter Mr Richard Gabell, above, pushes a tiny casualty victim through the narrow and crowded passages of Victoria Hospital's emergency unit on a typical Friday night.

☐ **EMERGENCY:** An ambulance, left, pulls up at Victoria Hospital casualty unit, having negotiated a convoluted route full of potholes and bumps.



☐ **CHIEFS:** The head of the casualty unit, Dr Harold Scheinfeldt, and the nurse in charge, Sister "JB" Russell, in the background with Dr Cath Newman, attend to a patient.

Picture: WILLIE DE KLERK, Weekend Argus.

Urgent baby deaths inquest sought

HELEN GRANGE

AT LEAST 60 deaths are suspected to have resulted from infected Sabax drips — all of which may have been avoided had the Government reacted timeously to original complaints relating to the first baby deaths last year, attorney Peter Soller has stated.

In a lengthy letter to Minister of Justice Kobie Coetsee this week, Mr Soller — who is representing a host of parents whose babies allegedly died as a result of the infected drips — appealed for an inquest as soon as possible.

A hearing was urgent "in order to determine the cause of so many and so unnatural deaths which took place in a sophisticated medical society — and which, 18 months later, has never been clarified".

Mr Soller added that families were being broken up and "lives destroyed" because of the trauma suffered by families ignorant about the cause of death.

Affected families had even emigrated because of the "disturbing fact as to what the future holds in respect of hospital services and medical treatment — seen against the background of the failure to take positive measures in this matter".

Mr Soller said his clients had sanctioned him to appeal to the Government to "see to it that justice is now done".

Responding to the letter, the Justice Ministry said everything possible was being done by the department to expedite the investigation in order to finalise the matter so that justice could take its course.

The Attorney-General of the Witwatersrand had, according to the department, completed his investigations in the shortest possible time, considering the complexity of the investigation.

The Attorney-General had decided that no criminal prosecutions would follow the deaths of the infants concerned, but an inquest hearing would be held soon.

The police investigation into the deaths of the adults had also been completed. This matter was now under consideration by the Attorney-General and his decision on whether prosecutions would follow was expected soon.

Patient sent home to 'die'

(98) City News 25/8/91

By ELIAS MALULEKE

A SEMI-CONSCIOUS man suffering paralysis on one side of the body was this week discharged from Kalafong Hospital in Atteridgeville, Pretoria, and sent home hours later.

The hospital confirmed it discharged Enos Phafadi, 29, of Atteridgeville, 12 hours after he was admitted, but has denied allegations that he was sent home "to die".

Phafadi is now at the Eugene Marais Hospital in Pretoria where a spokesman told City Press he was admitted in a serious condition and doctors would operate on him tomorrow.

Kalafong Hospital medical superintendent Dr Ronnie Joyce said Phafadi was admitted for a short stay because when he arrived he was under the influence of alcohol and "disoriented".

According to Phafadi's medical file, the doctor who discharged him observed Phafadi had a "slight" head injury and gave him a clean bill of health after tests.

"These things happen in all hospitals and there is no way Phafadi could have been discharged if the doctor had observed his symptoms," Joyce said.

The doctor who referred Phafadi to Eugene Marais said he was shocked to find his patient was discharged although his right hand was completely paralysed.

"For that type of head injury they should have investigated his condition thoroughly and conducted a brain scan and other tests," said the doctor, who cannot be named for professional reasons.

Phafadi sustained serious head injuries in an attack at a stokvel last weekend.

Deadly shigella strikes again

(98)

Staff Reporter CT 27/8/98

ANOTHER patient has been admitted to the isolation ward at Lentegeur Hospital as the deadly shigella dysentery continues to plague the complex.

The debilitating dysentery epidemic has killed nine people since it broke out in May.

There were 13 people in the isolation ward at the Mitchells Plain psychiatric hospital yesterday, including yesterday's admission, after three had been discharged at the weekend, the hospital said.

A new generation of antibiotic drugs was donated to the hospital to combat the disease, which has infected 87 people in three months.

Health spending injection queried

By Carina le Grange

Health bodies last night welcomed the R84 million the Government has allocated to health services in announcing an aid package of R1 billion but was critical about the way the money is to be used. Star 28/8/91

The National Medical and Dental Association (Namda) and the SA Health Workers Congress (SAHWCO) both questioned whether the building of 141 new clinics would be the best way to spend the money in view of staff shortages.

Dr David Green of Namda said: "It would be hard not to welcome the relief, but the way in which it is spent should be decided after consultation with communities.

"Is there staff for clinics? Capital expenditure may not be what is needed at the moment.

Dr Green also said lower-paid workers, who would be hardest hit by the introduction of VAT on basic foodstuffs, would not benefit from the relief.

Dr Aslam Dasoo of SAHWCO said any attempt to improve social services was welcomed.

"This is unfortunately, however, fundamentally flawed, as extensive research has indicated that the deficiencies in health services are not structural — the major problem is a lack of staff. What is urgently needed is an injection of funds into the training of health personnel, or we will have clinics but no staff."

Hospital pharmacies 'in chaos'

98

Star 29/8/91

Pretoria Correspondent

Pharmaceutical services at State hospitals are on the brink of collapse as pharmacists resign in droves, with those left behind battling to cope with the workload.

Chronic staff shortages have led to a chaotic situation in which some pharmacists are dispensing up to 120 items to out-patients every hour — compared to the norm of seven in the private sector.

Pressure of work has resulted in falling standards and an "overwhelming" potential for the theft of medicines and poor control of medicine supplies at State hospitals.

This was the gist of a memorandum submitted yesterday to the South African Pharmacy Council by the South African Association of Hospital and Institutional Pharmacists.

The association said it was extremely concerned about deteriorating control of State-supplied medicines and had turned to the council as a "last resort".

It had exhausted all other official channels, including a meeting last October with Dr Rina Venter, Minister of National Health and Population Development.

The association said the crisis in pharmaceutical services at State hospitals had arisen because of a shortage of hospital pharmacists.

While the State was the single largest purchaser of medicine and handled about 80 percent of all medicine supplies, it employed fewer than 12 percent of registered pharmacists.

As hospital pharmacists had to dispense medicines to millions of patients a year, they were being forced to neglect stock control and the counselling of patients.

Ethical and legal requirements were being ignored and general assistants were carrying out pharmacists' functions.

The association did not believe State hospitals were providing a cost-effective pharmaceutical service, nor that the present situation was in the best interests of the public.

Morale among pharmacists was extremely low and turnover among staff was high, due to poor salaries and impossible workloads.

A Human Sciences Research Council study last year had shown male pharmacists in the public sector earned an average of 25 percent less than other public sector graduates.

In many cases, those resigning had five to seven years' experience, while many pharmacists who remained were young and inexperienced, or had retired from retail pharmacy.

The Pharmacy Council instructed its executive committee to take urgent steps to resolve the crisis and to report on its progress by November.

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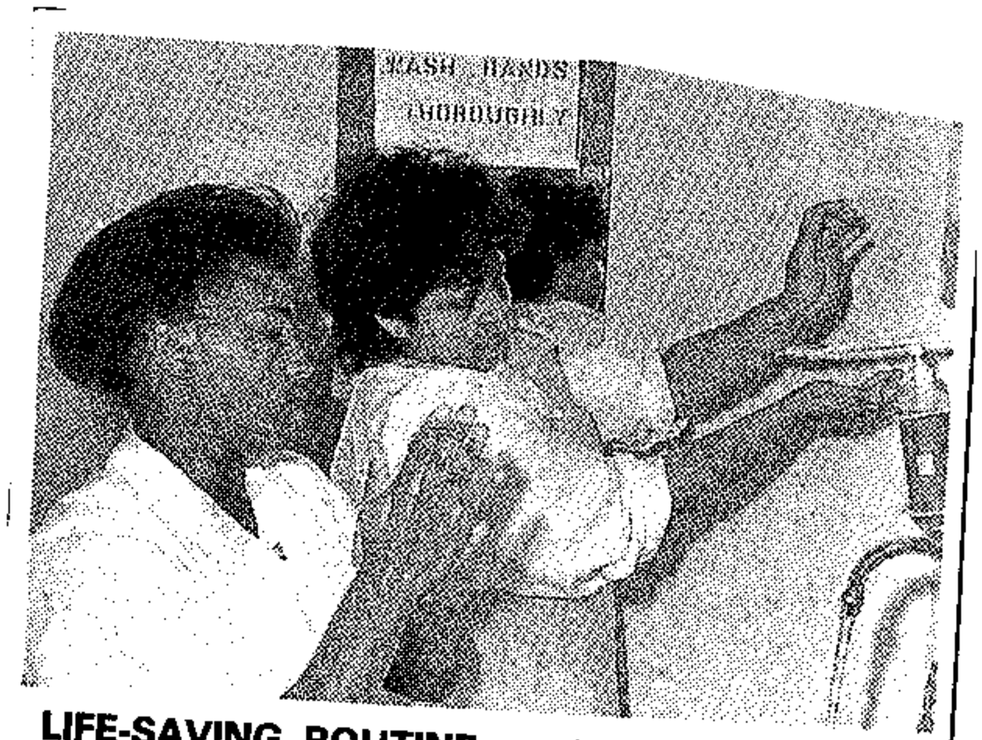

LIFE-SAVING ROUTINE ... Lentegeur Hospital nurses Sister Ruth Jacobus (left) and Sister Sheree Barends constantly wash their hands as part of their routine in the shigella isolation ward.

Fears of killer epidemic fade

Staff Reporter (98) CT 30/8/91

MORALE has overcome the fear of the killer shigella epidemic at Lentegeur Hospital.

A sign at the entrance proclaims: "Wash your hands and stay alive." The ritual washing of hands has become routine.

Since May the dysentery has killed nine patients at the 1 500-bed Mitchells Plain psychiatric hospital.

Fourteen patients remain in the isolation wards at the hospital and although staff believe the epidemic is tailing off — precautions are not.

The 17 day nurses, six night nurses, two doctors and one occupational therapist don boot covers and gowns and shower before entering and leaving.

The ward has processed more than 180 people with symptoms of the disease, but 87 have been confirmed infected.

Suspected cases are isolated, but routine controls are difficult to enforce for the severely mentally handicapped who comprise most victims.

A student nurse has been the only confirmed case among the staff and has recovered.

The isolation ward will remain on stand-by for a week after the last patient has left.

A "terminal dis-infection" (scrubbing of all wards in the hospital) will be undertaken to minimise reinfection.

Hay fever threatens Reef health

By Brian Sokutu

Witwatersrand hospitals are bracing for a hay fever epidemic as the level of airborne pollen yesterday soared to six times more than the safe level set by the World Health Organisation (WHO).

The University of the Witwatersrand's pollen laboratory yesterday recorded a count of 362 pollen grains in a cubic metre of air. According to the WHO, counts higher than 50 are hazardous to health.

Dr Ann Cadman of the palaeontology department, who is a researcher at a pollen laboratory, said the spread of hay fever could be traced to trees, mainly those imported from the northern hemisphere, which relied on wind-blown pollen for fertilisation.

Few indigenous trees relied on wind pollination.

Hay fever spread rapidly when dry winds spread windborne pollen.

Dr Cadman said a pollen count was taken daily.

"In spring, the spread of pollen, particularly in the urban areas where many of these imported trees are planted, is worse.

"The only way out for us is to avoid planting imported trees such as ash, plane and cypress, which are wind-pollinated."

There were ways of minimising pollen-related allergies.

"People should take antihistamime medication or have desensitisation treatment if they prefer not to move to Namibia or the Karoo."

In summer and autumn, grass pollen caused itching eyes, she said.

Hospital bills 'doctored'

Clpress 11/9/91

By SOPHIE TEMA

PATIENTS are being swindled out of thousands of rands every year by unscrupulous hospital clerks, some of whom have been pocketing about R3 000 in a fortnight.

This was revealed during investigations by hospital officials following reports of swindles in some hospitals on the Reef and in the Vaal Triangle.

Recently some patients have been taken to court for not paying hospital bills they know nothing about.

City Press sources said the swindling was most rife at Sebokeng Hospital and has been going on for about four years. This has been brought to the attention of the hospital authorities.

Superintendent Anne van der Spuy this week confirmed that allegations were being investigated and that so far only two hospital employees had been taken to court.

Admission clerks are known to have falsified records and receipts and changed the amounts paid or owed. Other methods are also used.

Most victims are the aged, people who cannot read or write and migratory workers.



Picture: OBED ZILWA, The Argus.

OFFICIAL SNIP: Dr Coen Slabber cuts the ribbon at the official opening of the Primary Health Care centre in Site C Khayelitsha.

(98) ARG 2/9/91

Healthy living comes to squalid shanty town

EDWARD MOLOINYANE, Staff Reporter

A PRIMARY health care centre, the first of its kind in the Cape, has been opened in Site C, Khayelitsha's most squalid shack settlement.

Officially opening the Nolungile centre, Dr Coen Slabber, director-general of the Department of National Health and Population Development, said the joint project involved a large number of organisations.

These included the Department of National Health and Population Development, the Cape Provincial Administration, the Western Cape Regional Services Council, the maternity and obstetric unit at Groot Schuur Hospital, the Department of Community Health at the University of Cape Town and the South African Christian Leadership (Sacla).

He said the Western Cape Regional Services Council had enlisted Sacla's help in training 10 commnity workers and had reached an agreement with the organisation, which would be responsible for the community heath workers.

"These services must be accessible — that implies that they must be available to all people and that they must be within reach of every household," he said.

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Picture: OBED ZILWA, The Argus.

OFFICIAL SNIP: Dr Coen Slabber cuts the ribbon at the official opening of the Primary Health Care centre in Site C Khayelitsha.

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No new cases of Shigella at Lentegeur

98
AEG 4/9/91

Medical Reporter

NO new cases of shigella dysentery have been confirmed at Lentegeur Hospital for more than a month and doctors are cautiously hoping the epidemic is over.

The epidemic, which began in May, claimed nine lives, and 180 cases were confirmed.

Medical superintendent Dr Fouad Gamieldien said: "I hope we're over the worst, but we're still keeping a close eye on the situation to avoid a resurgence.

"What can happen is that people relax and stop observing the stringent anti-infection measures, such as washing their hands, and you get a second outbreak."

There are still 14 people being treated for diarrhoea in the clinic, set up specially to deal with the epidemic victims, but they are not confirmed shigella patients.

"Research shows that often when one has an outbreak of shigella in an institution as many as 50 percent of the population of that institution can be affected.

"We have 1 500 patients here and more than 2 000 staff, so the fact we had only 180 cases of shigella shows that we have done well I think."

Shigella is an very infectious bacterium that causes stomach cramps, diarrhoea, fever and nausea. It is spread from infected faeces, which is a problem in a hospital where some of the patients are incontinent and mentally handicapped.

J G closed for new ICU admissions (98) TPA

By Carina le Grange
Medical Reporter (Star 6/9/91)

J G Strijdom Hospital's intensive care unit is "in operation and medical cover is being provided by part-time specialists", the Transvaal Provincial Administration said this week.

However, the hospital's superintendent Dr Chris Visagie confirmed last week that the ICU was closed for new admissions due to a lack of staff and that the move could be considered a "crisis".

The official TPA response was the result of questions put by The Star this week.

The TPA was asked what its plans were with regard to the closure to new admissions. It was also asked to respond to allegations that medical and surgery admissions to the hospital had been severely restricted this week.

The TPA's statement merely said that the interests of patients received priority at all times.

When it was pointed out that no clear answers were given on whether alternative plans were being made or whether surgery and medical admissions were restricted, a spokesman reiterrated that "all patients that could be coped with are admitted" and that patients were being helped as far as was possible.

The J G Strijdom Hospital experienced a severe crisis in 1989 when it lost its academic status with the pull-out of the University of the Witwatersrand after the hospital was declared an "own-affairs" hospital. With the exodus of the Wits staff, the hospital closed wards and became severly under-utilised.

Last year it was decided to amalgamate the J G Strijdom Hospital with the over-utilised Coronation Hospital. The surgery department at Coronation was moved to J G Strijdom.

A spokesman for dissatisfied doctors at J G Strijdom who were concerned over the closure of the ICU to new admissions said last week that the authorities were dragging their feet in transferring other departments and that this affected the standard of care at the hospital.

Govt fund to build squatter creches for 84 000 children

By Helen Grange Braun

Some 84 000 children are to be provided with creches built in squatter areas throughout the country at a cost of R2 240 000 000 allocated by the South African Government.

This was announced in Cape Town by Mrs Child Welfare and Family Council for Natal, Mrs Annemarie Heaton Cronjé.

Mrs Cronjé said the creches would be built by the Co-ordinating Council for Child Welfare and Pre-primary Education and Development.

She said the Government's decision to build the creches was a result of the embarked on

JOCELYNE KANE-BERMAN

Business at the bedside

FM 6|9|91 98

"Hospitals are a big business," says Jocelyne Kane-Berman when asked why the Executive Women's Club would bestow its Businesswoman of the Year award on a medical manager. "We're not in it for a profit, but we have to use all our resources effectively and efficiently and with high productivity. I think that's business."

As chief medical superintendent of the Groote Schuur Hospital Region, which stretches from Cape Town to George, Kane-Berman (58) oversees a R357m budget. Testing her administrative abilities has been the 15% budget cut this year for Cape health services. She admits it is agonising.

"We are tremendously proud of Groote Schuur and the other hospitals in the region. To damage or destroy what's been built up over a long time is difficult and stressful. People get demoralised. Trying to maintain morale is one of my major tasks."



Kane-Berman ... *mixing medicine and business*

She sees "some form of national health service" and increased taxes as just about inevitable under a future government. She also sees an "enormously unexpressed need" coming from rural people who move to the city and quickly realise they can get health care for their children and themselves. "That is going to erupt on us like a volcano."

Kane-Berman's father, a Johannesburg dentist, urged her to study medicine and her teenaged desire to save the world made it easy to go along with his wish. Her love of children pointed her towards paediatrics at the University of Cape Town. The day after graduation, she married Bill Ritchie, an architecture student. Since then, she has retained a love for design, including four years spent planning the new Groote Schuur.

She also retained her maiden name. "I'm happy to be a Kane-Berman," she says, ticking off some illustrious relations (including cousin John, who heads the Institute of Race Relations; uncle Louis, who led the Torch Commando; and a grandmother who was Chief Commandant of the Red Cross).

While her four children were young, she worked part-time in clinics and schools, but, in 1970, she tried her hand at medical administration and loved it. She went on to earn a Master's in public administration.

"I'm not a yeller and screamer," she says of her management style. "I would much rather work with a team. But clearly, one has to be autocratic sometimes. A hospital cannot always be a democracy."

She's very concerned about the flight of young doctors out of the country. "They may have to be coerced into staying if they cannot be persuaded. They can't take and not give in return — thinking the world owes them a living." And she doesn't limit her tough talk to interns. "Doctors need to be humble. We need to come off our pedestals. In fact, society is already knocking us off our pedestals." ■

R50 000 shot for hospital

Weekend Argus Reporter

A fund-raising drive to upgrade Victoria Hospital's casualty unit has been launched with a R50 000 cheque from pharmaceutical company Parke-Davis.

The conditions at the hospital were highlighted in a recent Weekend Argus report. *WEC 7/9/91*

Marketing director Mr Ian Robertson handed the cheque to chairman of the South Peninsula Hospitals Board Mr Koos Moolman to start the fund which has a R2-million target.

Company staff will be involved in fund-raising activities like golf days, fun runs and premières and they plan to encourage the participation of the community the hospital serves.

Anyone who would like to help can call Ms Rosemary Hare on 685 7862

Row over emergency case rule

(98) CT 9/9/91

Staff Reporter

EMERGENCY maternity cases would be taken to hospital only if it was so arranged by the woman's gynaecologist or private doctor, a Peninsula Metro spokesman said yesterday.

He was responding to an attack by Mr Oebedydullah Slamang of Grassy Park, who said that on September 3 CPA ambulancemen refused to take his pregnant wife, who was bleeding profusely, to a private hospital.

The Metro spokesman said it was policy not to take maternity patients to hospitals without their gynaecologist's personal direction unless the woman had collapsed.

He said it was not true that they did not take patients to private clinics or hospitals.

Mr Slamang said he had received a call at work that his seven-months pregnant wife Buddernisa was bleeding.

He said that by the time he reached his home he found the ambulancemen already at the scene, having "normalised" his wife's traumatic state, but that they then refused to take her to the Constantiaberg Hospital in Plumstead.

Mr Slamang said he had had to take his wife to the hospital, where she later gave birth to a premature baby.

He said both mother and baby were doing fine.

Woman's hands were cut off

Sowetan 10/9/91

WHEN an Inkatha member with an ugly bullet wound in the head arrived at Baragwanath Hospital at about 2pm on Sunday a doctor at the hospital became extremely worried.

"'I knew there was going to be trouble here.''

He did not have to wait long before his fears became true.

According to Ms Seugnet van Vuuren, a spokesman for the hospital, 57 people were treated at the hospital on Sunday, five had died on arrival and three died in resuscitation by the end of the day.

Yesterday 25 more people were treated at the hospital after being hacked, stabbed, shot, hit with sticks and flung or jumped off two trains travelling from Soweto to Johannesburg.

One of the injured, a young woman, was in a serious condition after one of her hands had been hacked off, leaving her '"physically and mentally scarred for life,'' according to the doctor.

"Her chances of earning a living are diminished. Her total outlook on life is now seriously affected,'' the doctor said.

Mr David Banda (38) said he was walking in White City just after 5pm when he saw people come running in his direction.

"There was wild shooting all over. People were screaming and running away. I think I heard a handgrenade or two explode moments before that,'' he said, from a stretcher at the hospital. - *Sowetan Correspondent*

Apartheid 'still rules health care'

By Michael Chester Star 10/9/91

Big business warned the Government yesterday that health care problems had reached crisis levels and urged sweeping action to abolish stubborn remnants of apartheid in medical services.

The South African Chamber of Business (Sacob) disclosed it was seeking urgent talks with National Health Minister Dr Rina Venter over the crisis.

Studies by a special social affairs committee showed that racial segregation was still encountered in the hospitals, despite Government assurances that apartheid had been abolished by public sector health services.

A special report released at a news conference in Johannesburg said Government statements had left too many loopholes to ensure real integration.

It claimed most superintendents at provincial hospitals still refused to desegregate wards, using the excuse that they still awaited written instructions.

It urged the creation of a single central department of health that guaranteed equal treatment for all.

"Much of the blame for the health care crisis in South Africa must be placed squarely at the door of the Government and the Department of Health," said the report.

Dr Mike Baker, one of the authors, issued a warning that medical aid costs were set to increase by at least 25 percent this year.

"Vested interests are fighting to maintain a status quo," he said. "It will take courage to press ahead with changes."

Hospital re-opens after deadly epidemic

(98)
CT 11/9/91

Staff Reporter

LENTEGEUR Hospital re-opened yesterday after an epidemic of shigella dysentry which caused nine deaths at the psychiatric facility since May.

The Mitchells Plain hospital also treated 180 people with symptoms of the disease in a special ward.

Senior medical superintendent Dr Fouad Gamieldien said yesterday 12 people remained in the ward, but "no one" showed symptoms any more.

"No new cases of confirmed shigella have been reported during the past month," he said.

But he stressed the quarantine would be lifted for psychiatric admissions only.

The return to normal functions at the 1 500-bed hospital would be slow and admissions for mentally retarded patients remained closed, he said.

Public use of the hospital's sports facilities and halls would also remain closed "until further notice".

Bara like a war zone

By ISAAC MOLEDI

A BARAGWANATH Hospital trauma ward on Monday looked like a makeshift military hospital.

Victims of violence in Soweto occupied every conceivable space, sleeping in pairs on single beds.

Men and women from 18 to 71 years of age dragged their aching bodies to the nearby sinks.

Others groaned and twisted in excruciating pain while their equally tormented neighbours looked on helplessly.

Injured township residents slept peacefully next to hostel inmates. No trace of malice was apparent between the groups who two days ago faced each other as enemies.

Distraught people could not believe that the "nightmare" really happened.

Seventy-one-year-old Mrs Cynthia Mpetha of Mofolo South, Soweto, who had multiple panga, stab and gunshot wounds, could only be thankful that she was alone when "all hell broke loose".

She said after the rampaging mob entered her house, they began chopping and hacking her with pangas, axes and spears despite her frantic pleas for mercy.

She sustained several wounds on the head and stomach and a broken arm.

"Two of the men produced pistols and shot at me three times on the abdomen and on the thighs as I pleaded 'take all my belongings and leave me in peace'," she said.

"My child, I have never seen such horror. I do not know what could have happened if all my children and grand children were with me."

Most of the victims, who could not manage to utter a word because of the extent of their injuries, were those from Nancefield Hostel who were injured in a handgrenade attack.

Patient Fani Nzuza only managed to tell us he was shot on the buttocks.

Beating cancer

12/9-18/9/91
South (Southside)

UNTIL VERY recently, black people in the Western Cape had no access to any special cancer facilities. Often cancer victims did not know what was wrong with them until it was too late.

This situation began to change in 1987, with the opening of a cancer centre in Langa called Philani. Philani is a health education project which was established by the National Cancer Association (NCA) in order to educate the community about cancer.

It is the only cancer centre in the Western Cape which runs in an African township.

The NCA is now running six centres in each province in the country wich are open to all races.

According to NCA public relations officer Mrs Theresha Hanekom, Philani was established in January 1987 by a group of interested volunteers from a cross-section of the black community. She said the NCA became concerned about the number of black patients who presented themselves at a very late stage to hospital for treatments.

"It was then that we realised that there was an urgent need for education about cancer," she said.

The project has a multi-disciplinary team that includes health educators, social workers, ministers of religion, traditional healers, clinical psychologists, nursing sisters and medical doctors.

Ms Lindi Langalibalele's aims, an education officer, said Philani are to educate the community, students and teachers about the prevention of cancer and its early detection and treatment.

Ms Linda Gqiba, a nursing sister at Philani, said the NCA also render assistance to existing cancer patients by providing health education and day care free of charge to their families.

"Should the cancer prove to be ongoing, we provide expert nursing assistance, including pain control, for those who can no longer be nursed at home," she said.

The NCA is now celebrating its 60th anniversary with a Cancer Expo from 11 to 15 October in the Good Hope Centre in Cape Town.

According to Hanekom, the aim is to show the public how the NCA plans to cater for future requirements. Two shows of one and a half hours each will be held at 9am and 11.30am. Entrance of R2 per child will be charged.

An educational variety show for youth is planned for Tuesday 15 October in the main hall at the Good Hope centre with the theme "Cancer can be beaten by healthy living". Choirs from the townships and from Faure school will also form part of the show.

● The Philani Centre is at 22 Merriman Street, Langa. The telephone number is 694-1841. □

White patients chase blacks from hospital

Star 19/9/91

By Carina le Grange

White patients in a Chamber of Mines' hospital ward on Tuesday night "chased away" a black patient admitted to the ward, a sister at the Rand Mutual Hospital told The Star yesterday.

The black patient had to be accommodated in another ward for the night. The chamber integrated the hospital earlier this year.

The senior general manager, Dr Daniel Pollnow, confirmed the incident.

The sister, who asked not to be named, said a similar event occurred a week ago and a month ago one of the white patients also assaulted a black sister.

She said black nurses were virtually running the hospital and did not expect this kind of behaviour.

Dr Pollnow said the behaviour of the patients was also not tolerated by the Chamber of Mines. In future senior management staff would be called in to deal with similar events should they occur. The integration of the hospital would not be reversed, he said.

"Both times these black men were admitted it was after hours. The staff were perhaps not forceful enough to insist that the rights of the black patients were respected and they were admitted to the unskilled category wards."

Dr Pollnow said the cases were isolated and there had been many other black patients admitted to the skilled category wards — which are integrated — without incident. Senior management had "unambiguously told staff and patients what the hospital policy is".

With regard to the assault of the sister, he said she had laid a charge of assault with the police.

"The patient was removed from the hospital."

Race row at mine hospital

Clipnews 22/9/91

By DESMOND BLOW

AN ugly racial situation is developing between white patients and black nursing staff at the Chamber of Mine's non-racial Rand Mutual Hospital in Eloff Street Extention, Johannesburg.

The black staff claim the white miner patients are racist; are threatening towards black patients and that one patient assaulted a black nursing sister recently.

White patients, again, claim that black nursing staff refused to nurse them properly.

They claim the patient assaulted the sister in desperation because he was in pain and the sister ignored his pleas for help.

The sister has laid a charge of assault.

The superintendant of the hospital, Dr Daniel Pollnow, confirmed there was trouble in the ward set aside for category nine patients – white and black skilled workers who pay for their medical aid – but stressed there had only been three racial incidents in six months.

He defended his black staff and put the blame on certain white patients whom he said resented being nursed by black nurses.

He said the first incident occurred about a month ago when a white patient assaulted a sister.

A second incident occurred last week when white patients objected to a black patient being admitted to the white ward.

The patient was initially removed to another ward, but the following day the management of the hospital moved him back and "I read the white patients the riot act", Pollnow said.

The third incident occurred this week when a black health official was admitted to the ward with a bleeding ulcer.

He was removed to a private ward after an hour because it was feared the attitude of the nine white patients would cause stress and aggravate his ulcer.

The black patient, who asked not to be identified, said he was first put in a general ward with unskilled black patients.

"After a day I complained because I was a category nine patient and expected better facilities. The management apologised and moved me to the category nine ward.

"All the patients there were white and the atmosphere was tense. No one spoke to me. After an hour the black staff said they were moving me to a private ward because they feared for my safety.

"None of the white patients made any remarks. It was just their attitude."

The white patients denied they had been antagonistic.

"There is a lot of snobbishness on the mines. A mine manager lay here for two weeks and refused to speak to anyone else. He thought he was better than the rest of us," one said.

The white patients said they had resented it "when a black was brought in last week, because we thought he was a labourer".

They said they accepted his presence when it was explained to them that he was an official and also a category nine patient.

No race bars at hospital - mine

WHITE patients at Rand Mutual Hospital in Johannesburg allegedly refused to share a ward with two blacks because they were "kaffirs".

Refuting allegations by black patients and nursing staff last week that there were separate wards for whites, Dr D Pollnow, senior general manager of the Chamber of Mines, said the mine hospital had separate wards for skilled and unskilled workers.

He denied there was racial discrimination at the hospital.

Pollnow said that while the majority of skilled workers were white, all skilled workers, including blacks, were admitted to category 9 wards.

The alleged incidents at the hospital followed the closure of Cottesloe Hospital - which catered mostly for whites - in March. Patients at the hospital were transfered to Rand Mutual.

Black staff at Rand Mutual told *Sowetan* yesterday that they were angered by the attitude of white patients who refused to share wards with blacks.

Pollnow yesterday attributed the incidents to a misunderstanding by junior staff members.

"The patients involved were admitted after hours and the skeleton staff we had did not have the authority to address the problem.

"They therefore decided to remove these patients to ordinary wards and the white patients objected," he said. - *Sowetan Reporter*

Hospital staff object to FW invitation

(98) AEG 25/9/91

DENNIS CRUYWAGEN
Political Staff

GROOTE Schuur Hospital staff, including professors, senior consultants and registrars, have objected to President De Klerk officiating at a dedication ceremony at the hospital.

The invitation to Mr De Klerk to lead the ceremony tomorrow had reduced it to a political act, more than 100 staff members said.

"Mr De Klerk leads a government and a political party which had constitutionalised the policy of apartheid. This has caused suffering, social degradation . . . and death," they said.

The group includes Professor Solly Benatar, head of the division of medicine, Professor Ralph Kirsch, professor of medicine, neurologist Dr B M Kies, haemotologist Dr Errol Holland, and radiotherapist Dr Anne Hacking.

Recognising recent endeavours to move towards a new non-racial South Africa, the group said none of the apartheid structures had been removed from health care.

Health care was still fragmented and the public sector which cared for 80 percent of South Africans was becoming increasingly underfunded.

"Groote Schuur has a proud record of standing firm on the elimination of racist practices. By endorsing this testimony, we earnestly dedicate ourselves to maintain that tradition."

Commenting, Dr Jocelyn Kane-Berman, chief medical superintendent at Groote Schuur, said: "This is a time in our history to move forward and to advance the principles GSH stands for. We earnestly appeal to all our staff to join us in this endeavour."

At the time when the decision was taken to invite President De Klerk, all groups in the hospital were consulted. At that stage only one department objected, but agreed to accept the majority's decision, she said.

"We therefore proceeded with the arrangement in the belief that we had the support of most of the hospital staff and the medical faculty."

The hospital believed it was appropriate to "express our appreciation to the State President for the facilities and other resources which have been provided for the GSH region".

This included the building and commissioning of the new hospital and three new midwife obstetric units in Khayelitsha, Guguletu and Mitchell's Plain.

GSH plans to picket FW's visit

(98)
CT 25/9/91.

Staff Reporter

MORE THAN 100 Groote Schuur Hospital staff members have objected to a visit to the hospital by President F W de Klerk.

The group includes professors and doctors.

Mr De Klerk has been invited to officiate at a dedication ceremony at the hospital tomorrow. Those objecting to the visit say the event has been "reduced to a political act".

Members of the medical staff, including professors, senior consultants and registrars of the clinical and teaching departments, have signed a statement objecting to "the Nationalist government and its health policies".

The hard-hitting statement opposing the visit said: "Mr De Klerk leads a government and a political party which constitutionalised the policy of apartheid which has caused suffering, social degradation, dehumanisation and death."

While recognising recent endeavours to move towards a new non-racial democratic South Africa, the statement said, it should be noted that despite the recent abolition of discriminatory laws, none of the apartheid structures had been removed from the country's health care structures.

"Health care in our country remains fragmented and the public sector, which cares for 80% of South Africans, is becoming increasingly underfunded."

Neurologist Dr Brian Kies said "various forms" of protest were envisaged and it was likely that the State President's visit would be picketed. "The Hospital Workers' Union has planned to picket the visit and hand over a list of demands to Mr De Klerk."

Chief medical superintendent Dr Jocelyn Kane-Berman said that when the decision was taken to invite the State President, all groups were consulted and at that stage only one department voiced its objections, and agreed to abide by the decision of the majority.

"We therefore proceeded with the arrangements in the belief that we had the support of most of the hospital staff and medical faculty."

Senior specialist Dr Errol Holland said a "wide cross-section" of medical staff at the hospital were objecting to Mr De Klerk's presence because of the government's "wasteful health policies" and the racial segregation practiced in hospitals. "We want the public to know how we feel," he said.

Dr Kane-Berman said a boycott of the dedication ceremony was not anticipated. If there were demonstrations she expected them to be "peaceful and well-controlled".

A spokesman for the office of the State President in Pretoria said Mr De Klerk would attend the ceremony in spite of the opposition to his visit.

Hospital staff reject FW for ceremony

Star 26/9/91

CAPE TOWN — Groote Schuur Hospital staff, including professors, senior consultants and registrars, have objected to President de Klerk officiating at a dedication ceremony at the hospital.

The invitation to Mr de Klerk to lead the ceremony today had reduced it to a political act, more than 100 staff members said.

"Mr de Klerk leads a government and a political party which had constitutionalised the policy of apartheid. This has caused suffering, social degradation ... and death," they said.

The group includes Professor Solly Benatar, head of the division of medicine, Professor Ralph Kirsch, professor of medicine, neurologist Dr B M Kies, haemotogist Dr Errol Holland and radiotherapist Dr Anne Hacking. (98)

Recognising recent endeavours to move towards a new nonracial South Africa, the group said none of the apartheid structures had been removed from health care.

Commenting, chief medical superintendent at Groote Schuur Dr Jocelyn Kane-Berman said: "This is a time in our history to move forward and to advance the principles the hospital stands for. We earnestly appeal to all our staff to join us in this endeavour.

"At the time when the decision was taken to invite President de Klerk, all groups in the hospital were consulted. At that stage only one department objected, but agreed to accept the majority decision," she said. — Sapa.

PRIMARY CARE AT THE HEART OF HEALTH NEEDS

H·E·A·L·T·H

South 26/9 – 2/10/91 (98)

Fifty-two projects in the areas of health and rural and comunity development claimed R135,5 million in IDT funds up to July 31, 1991.

Another nearly R30 million was set aside for the welfare sector to encourage community services.

Spending in this IDT portfolio will rise to R514 million over the next two years. All told, the IDT's trustees will be asked to approve about R400 million for health, rural and community development, and about R120 million for welfare.

Making a major impact on people's basic health — especially in rural areas where the poorest live — means dealing with the development issues that affect it, says IDT trustee Dr Mamphela Ramphele, who designed the strategy with Professor Len Karlsson, who is now director of this portfolio.

The IDT has three major focuses. The first is on primary health care. This is aimed at bringing basic affordable health services and facilities to all the people, especially in rural areas where effective care has all but collapsed. Funding will go into:

- Properly coordinated training programmes for voluntary and community workers as well as doctors and nurses;
- Properly staffed and equipped health centres, clinics and visiting points, in which the community is involved from the outset;
- Water and sanitation. Without exception, communities have made drinkable water their highest priority;
- Electrification. Talks are being held with Eskom to push this part of the programme ahead;
- A major AIDS education and care programme that will run alongside the one started by the Department of National Health;
- A big drive to reduce TB in the Western Cape by 50% over the next three to four years.

The IDT's second major focus in this portfolio is on welfare. In a definite move away from old policies, the IDT will fund services that will allow voluntary workers, guided by professionals, to give care to the aged, to cancer patients, and to other people who get welfare, in their homes.

The third focus is on rural and community development. Here the main thrust will be to strengthen organisations throughout the country that are running good programmes, but which need a lot more money. These involve mainly agricultural and forestry projects, for example woodlots that will help slow down the rate at which forests in rural areas are being destroyed.

The IDT would like to see a single national health policy, and is helping bring together the 14 different departments of health and other major players.

Already, different organisations have started to work together in combined programmes.

The approach, says Dr Ramphele, "should enable us to move from a fragmented, inequitable health service, to one which takes care of the needs of everyone".

Prof Karlsson adds: "We're looking for partners from any side, with successful programmes going in these fields, that we can support."

Demo fizzles as FW uses side door

(98) CT 27/9/91

Staff Reporter

A DEMONSTRATION by Groote Schuur Hospital staff against President F W De Klerk's official opening of the new hospital fizzled out yesterday after the State President and Mrs De Klerk entered the building through a side door.

Some 400 chanting members of health workers' unions and their striking counterparts of the Transport and General Workers Union at UCT waved banners reading: "Get rid of FW and keep our jobs", "No retrenchments" and "Nurses demand a living wage".

They dispersed when Mr De Klerk failed to show up in the main road leading to the hospital.

Before Mr De Klerk's visit, Groote Schuur Hospital staff, including professors, senior consultants and registrars, objected to his officiating at the dedication ceremony, saying it reduced the ceremony to a "political act" because his party had institutionalised the apartheid structures that still fragment health care.

In his speech at the opening ceremony, Mr De Klerk said the protest was a sign of the growing pains in an emerging democratic South Africa.

"Some people feel the need to march and others feel the need to talk," he said.

He warned that South Africa would not be able to afford dramatic changes to its health budget. "Until we have a strong and stable economy we will have to cut our coat according to the cloth," he said.

The decision to transfer management and control of academic hospitals from the provincial administrations to a supervisory board at each complex would eliminate duplication and provide for the involvement of the community, the university and the relevant health authorities, he said.

He hoped the new dispensation would be accepted as a sincere effort to establish an improved system that would be more cost-effective and efficient.

Health care 'dependent on economy'

Star 27/9/91

Political Correspondent

President de Klerk has warned that South Africa will not be able to afford any dramatic adjustments in health spending for years to come and will have to cope with available resources.

Officially opening the new R166 million wing of the Groote Schuur Hospital, Mr de Klerk said health was a priority and would not be neglected, but the fact was that there were several areas of critical need, such as housing and education.

"Until we have strong growth in the economy based on sound economic policy and principles, we will simply have to cut our cloak according to the cloth," he told the gathering.

Mr de Klerk evaded a phalanx of protesters at the official opening of the new hospital wing, but was unconcerned about what he regarded as a reflection of the "growing pains" of the new South Africa.

As protesters voiced their opposition to the newly built wing at the main entrance, Mr de Klerk slipped in through a side entrance.

Mums die in hospital

By MUSA ZONDI and PEARL MAJOLA

JACKIE Naniwe Ntikinca was admitted to the Delmore private hospital near Benoni this year to give birth.

She and her boyfriend had been arguing happily over the possible sex of the child. Naniwe already had two daughters and desperately wanted a boy.

And a boy it was! Naniwe was overcome with joy.

However, her little son left the hospital as a corpse. But that's not all - Naniwe was in the same coffin, her baby by her side in death.

Naniwe's case is just one of many such tragedies. These are the women who die during childbirth or just after.

Reasons given by various hospitals range from "complications" to "they have not been attending ante-natal clinic" or "we can't tell you what happened".

At Baragwanath Hospital, 17 women died last year while giving birth or soon after.

Shock figures reveal birth risks

(98) Sowetan 30/9/91

The figure for January to June this year is six. A Baragwanath spokeman said: "These are the ones we know about, but of course there may be some who die while in other hospitals or at home."

The hospital gave the following reasons for last year's deaths: 40 percent had high blood pressure during pregnancy; 25 percent due to infection; 12 percent due to cardiac problems; and 12 percent due to haemorrhage.

Repeated attempts to get information on similar deaths at the Johannesburg Hospital were unsuccessful. When we first contacted the hospital, the PRO said she would refer our enquiry to the obstetrics department and promised to come back to us as soon as they could.

The following week we tried again. This time the hospital promised to answer the following day. This went on for a week. We then contacted the deputy superintendent who referred us to the chief superintendent. The chief was not available for the next two days.

We even tried to talk with two of the hospital's senior doctors in the obstetrics department, but it was the same old story: "No comment, we'll come back to you."

Naniwe went into Delmore hospital on July 22. She was due to give birth at the end of July or early August.

Naniwe's boyfriend, who asked us not to use his real name for fear of victimisation, said that on July 26 he got a call from Naniwe's mother to rush to the hospital.

"On the way to the hospital I thought maybe something went wrong with the baby. When I arrived I saw the mortuary van and wondered what was going on. I went straight to the maternity ward.

"Naniwe's mother and her sister were already there and the sister in charge was already explaining to them that this was the first time something like that had happened at that hospital. She said she had been at Delmore for 30 years.

But what puzzles the boyfriend is that nobody has yet explained what happened to Naniwe.

He was told by one of the sisters in charge of the maternity ward that the night before Naniwe's death, her doctor had come around, checked her and gave her some tablets. The doctor left after midnight to go home.

"Hardly five minutes after the doctor left, Naniwe apparently started developing complications. The nurses on duty immediately phoned the doctor but he was not home yet."

Naniwe's boyfriend said nurses claimed there were no other doctors at the hospital at the time. They also told him that apparently the baby had gone up instead of down and this had blocked Naniwe's air passage. She suffocated and died soon afterwards.

He believed that if one doctor had been around at the time, this tragedy would have been averted.

When *Sowetan* contacted the hospital, the medical superintendent would not comment and referred us to the owners of the hospital, the Lifecare group. A spokesman for the group, Dr Brookeman, referred us to Naniwe's doctor.

Naniwe's doctor said he did not know what happened. He was confused and said he would be lying if he tried to say what really occurred. However, he was sure Naniwe was NOT in labour.

There's a young man out there who does not know what happened to his dead girlfriend. The doctors are confused as well.

For now, there are no straight answers forthcoming.

Doctors oppose forced integration of wards

(98) CT 3/10/91

By CLAUDIA KING

LOCAL doctors have made an urgent appeal to the Fish Hoek town council to send a delegation to the Minister of Health regarding the rearrangement of wards at False Bay hospital.

It states that the private practitioners in the area are concerned about the recent closure of one of the wards and the forced integration of patients irrespective of their social status.

'High-handed'

The letter says: "The future of this hospital is dependent on the active participation of all the inhabitants of the southern peninsula group of local authorities including Simon's Town, Fish Hoek, Kommetjie, Scarborough, Noordhoek, Ocean View, Kalk Bay, St James and Muizenberg."

It adds that there should be a protest against the high-handed policy changes by the hospital management, taken without prior consultation with local authorities and doctors using the hospital.

It concludes: "There are sound medical and social reasons for an urgent reappraisal of the hospital patient distribution."

One doctor said that he and his colleagues were concerned about the acute problem regarding the management of the hospital while the Cape Provincial Administration "is more interested in long-term solutions".

He said: "Nobody asked the patients or the nursing staff for their opinions regarding the rationalisation, either.

"It would appear that the most acceptable proposal to the CPA and the local community is that of a Provincially-aided hospital run by the local authorities and not a private clinic."

The deputy director general of hospital and health services in the CPA, Dr H R Sanders, confirmed this week that consultation was continuing between the CPA, the Western Cape Regional Office, the management of False Bay Hospital, local private doctors and the hospital board on rationalisation within the hospital.

Dr Sanders said: "It is anticipated that a practical long-term solution will be reached taking into consideration all the relevant factors."

Steering committee

In the meantime, as the public becomes more concerned with the situation and facilities at the hospital, the newly elected steering committee chaired by Fish Hoek's deputy mayor, Miss Marequita Townley-Johnson, this week met representatives of all the concerned communities in a bid to establish the needs and requirements of the hospital.

It was decided that a deputation would be sent to the head of hospital services in the Cape, Dr George Watermeyer, requesting that the situation be investigated urgently.

Straitjacket death: 'No poison found'

HENRIËTTE GELDENHUYS
Weekend Argus Reporter

PESTICIDES were not found in the blood, organs or stomach of Miss Carol Meyers, state pathologist Professor Gideon Knobel told the straitjacket death inquest in the Wynberg Magistrate's Court.

Professor Knobel was asked to examine the possibility that the poison used to kill lice in prison could have caused Meyers' death.

He told the court yesterday organophosphate or organochloride pesticides could not be found in her body tissue.

But a product of muscle breakdown, myoglobin, was present in Meyers's kidney tubular casts, he said.

(98) ARG 5/10/91

Earlier, he told the court "prolonged restriction of blood supply" could be the cause of the muscle injury.

Meyers, who was tied into a straitjacket in Pollsmoor for 24 hours, collapsed in her cell after the straitjacket was taken off. She died in Groote Schuur Hospital two days later on Sunday, July 2 1989.

She was "vomiting blood" upon admission to the hospital and on Sunday morning she was "bleeding profusely," Prof Knobel said.

Her heart stopped at 11.20am and she died at 11.40am on Sunday after final attempts to save her life through resuscitation had failed.

Professor Knobel will be cross-examined later.

Magistrate Mr N Jones postponed the inquest to January 15.

Mr J Whitehead appeared for the Meyers family. Mr N Treurnicht, instructed by De Klerk and Van Gend, appeared for the Department of Correctional Services and individual members. Mr F van Zyl represented Dr P Fisher and Mrs Y Nel prosecuted.

Duduza makes history

WOMAN

Sowetan 8/10/91 (98)

By BULI SIWANI

A CLINIC constructed out of tin containers, the first of its kind in the Southern Transvaal has been opened in Duduza, Nigel.

A group of local businessmen who call themselves Corporate Outreach Trust, donated the containers towards the clinic's construction.

Dr Rina Venter, Minister of National Health Services and Welfare officially opened the clinic which is situated in the middle of the township's informal housing sector.

She spoke of the poor socio-economic conditions and how they lead to consequent health problems in poverty-stricken communities.

"The rapidly increasing urbanisation process has had vast implications on the health situation of communities living in informal housing around our cities," Venter said.

"The prevailing poor living conditions and unemployment in the areas have also led to the lowering of the standard of living and consequent health problems in these disadvantaged communities."

She said that provision of primary health services helped to prevent unneccessary deaths and alleviated much human suffering.

Primary health care services entail health education on many aspects of health, as well as a healthy life style, advice on nutrition, mother and child care including family planning, immunisation and the treatment of diseases that are common in the community.

Venter said the Government, health authorities and the private sector could only be defined as facilitators and that without community participation it was unlikely that primary health services would succeed.

"Although the Government is responsible for ensuring that health services are available, it does not mean that the Government has to render the health sevices on its own.

We have evidence of community participation through the involvement of the Duduza Town Committee," she said in praise of the association.

Dr W Clewlow, of Barlow Rand Limited and a member of Corporate Outreach Trust, said it was sheer ingenuity on the part of Duduza businessmen that they had the vision to convert the containers into something.



Businesswoman Angie Makwetla presents a cheque for R200 to Buli Siwani of *Sowetan Woman*. The cheque will go to the *Sowetan* /DMZ Relief Project. Makwetla has challenged all businesswoman to equal or exceed her donation to the project which will benefit victims of the recent spate of violence in the Reef.

☆★☆★☆★☆

HEALTH

Lentegeur dysentery epidemic is over

VIVIEN HORLER
Medical Reporter

THE dysentery epidemic at Lentegeur Psychiatric Hospital, which has claimed nine lives since May, is officially over.

Medical superintendent Dr Fouad Gamieldien said there had been no new cases for a month and all quarantine restrictions would be lifted from today.

"We have decided to lift quarantine from both the psychiatric and care and rehabilitation sides of the hospital from today, and to open all recreation halls and sports fields.

"Members of the community are once again welcome to use the hospital's facilities.

"We, the management, staff and patients of Lentegeur Hospital, extend our heartfelt appreciation and thanks to all who supported us and helped us during the epidemic."

Dr Gamieldien said it had been decided to set aside 10 beds in the hospital's clinic for severe diarrhoea cases in future.

"Until this epidemic we treated cases of diarrhoea in the wards, but we have decided that from now on we will have special beds set aside in the clinic.

"If a patient develops severe diarrhoea we will move him or her to the clinic and quarantine the ward immediately, so that if the cause of the diarrhoea is indeed shigella dysentery, the ward will already be isolated."

He said he and his colleagues felt "great relief" that the epidemic was over. "We have not traced the source, and believe that it was probably brought in from outside by a visitor. But shigella is endemic in the community — it could have come from anyone."

TB sufferers denied beds to 'save money'

CT 11/10/91

Staff Reporter

A RETREAT hospital has closed 100 beds to tuberculosis sufferers "by edict of the Cape Provincial Administration" in order to save money while another hospital has a waiting list of 68 patients.

It was simply unthinkable that in the midst of a TB epidemic in the Western Cape, hospital beds which were available for sufferers could not be filled because of CPA restrictions, City Medical Officer of Health Dr Michael Popkiss said.

In documents before an amenities and health committee meeting this week, Dr P G Morris of the Brooklyn Chest Hospital (BCH), said the hospital, with 320 beds available for both adults and children, was full.

However, at the D P Marais Hospital at Westlake, near Retreat, 300 beds were available but only 200 could be used "by edict from the CPA due to financial strictures".

The hospital had 228 patients and until that number fell below 200 the BCH was "prohibited" from transferring patients there.

The BCH's waiting list stood at 68 and increased by about five a day, Dr Morris said.

He said there was "patently a desperate need" for more hospital accommodation.

Dr Popkiss suggested that the council object to the situation in the strongest possible manner and that representation be made to the CPA.

He said last night that the move did not save the country money because the staff were still employed.

"I find it a false economy."

Dr George Watermeyer, the CPA's deputy director of hospital and health services, could not be reached for comment yesterday.

It's extortion – medical scheme

R1 000 for 7 km trip to hospital

Star 11/10/91 (98)

By Louise Burgers
Municipal Reporter

Johannesburg's municipal medical scheme is to "get tough" with medical services after what it claims have been "extortionate and scandalous" instances of overcharging. In one instance a municipal pensioner was billed R1 000 for a 7 km ambulance trip.

Jomed vice-chairman Rhett Gardener said the Johannesburg City Council medical aid scheme had decided to get tough after receiving bills totally out of proportion to medical care rendered to some clients.

In two cases, patients were charged at least R1 000 for an ambulance called by the Garden City Clinic for the 7,4 km journey between the clinic and the Johannesburg Hospital when a municipal ambulance, only four minutes away, would have cost between R25 and R40.

A council pensioner was charged R1 000 by UCB Criticare for a 7,4 km ambulance trip from the Garden City Clinic to the Johannesburg Hospital.

In another case, a baby was transported from the Garden City Clinic to the Johannesburg Hospital at a cost of R1 100 for the 7,4 km trip, plus an additional charge of R2 a kilometre and an extra R125 for waiting time in an ambulance called by the clinic.

"This is a scandal. It's straightforward extortion. This sort of thing happens all the time and the patient is often not in a position to argue and is given transport at a cost totally out of proportion to the value of the service," Mr Gardener said.

A private ambulance from De Vries Ambulance would cost between R137 and R205 (for an intensive care unit ambulance) over the same distance, depending on the level of care needed.

Rescue company

UCB Criticare executive director Dave Marais said it was not merely an ambulance shuttle service, but a medical rescue company unique to South Africa.

He said patients could be charged anything from R500 to R1 200 for transport in specialist ICU units. For an ordinary ambulance shuttle service, they would charge about R125, which was comparable to other services.

"We are an ethical company and we operate ethically. Our ambulances are full intensive care units."

Clinic Holdings executive director Graham Anderson said his hospitals did not call ambulances according to tariff. "If a patient requires an ICU ambulance, one has to have an ambulance that can deal with them. Nine times out of 10 we get no response from the municipal ambulances, they are very busy. We call the best available. On investigation, our staff have found the equipment used by UCB staff to be tops."

Mr Gardener cited several other cases of "overcharging":

- A nursing home overcharged Jomed by R138 for a 2 percent solution of iodine in 70 percent alcohol which should have cost about 20c.
- A council employee who went into one clinic for a circumcision, was charged for 150 m of gauze bandage — "enough to wrap him up like an Egyptian mummy".
- In three months, a doctor overcharged the scheme by R200 000 by charging every patient he saw for an injection.
- Jomed is investigating "dozens" of other cases.

"I am of the opinion that this kind of charging may well be fraudulent," Mr Gardener said.

Jomed has been forced to employ a private practitioner to check hospital accounts twice weekly for mistakes, "and every month he uncovers mischarging by hospitals in excess of his salary".

"There is a limit to what one can do. We are getting tough now and are advising members to keep a check on their medication when in hospital," he said.

Top medical talks on crisis over 'TB beds'

98

AVG 15/10/91

CLIVE SAWYER, Municipal Reporter

TOP Provincial Administration and city council medical officials are to meet over the controversial "closure" of 100 hospital beds for tuberculosis patients as the killer disease spreads in the Western Cape.

The number of hospital beds available for TB victims was cut by 100 by a Provincial Administration directive.

The cuts, intended to save money, coincide with an influx of patients from the Eastern Cape and abroad as exiles return.

By August more than 3 000 new tuberculosis cases were reported to city health authorities.

Brooklyn Chest Hospital medical superintendent Dr P G Morris said his 320-bed hospital was full while at D P Marais Hospital only 200 beds were available.

Admission to both hospitals is controlled by Brooklyn staff.

D P Marais has 300 beds but 100 may not be used in terms of the CPA directive.

Dr Morris said the situation was critical and the only solution was to open the unused 100 beds at D P Marais.

Brooklyn Chest Hospital also had to take patients from the Stellenbosch and Somerset West areas because Paarl and Brewelskloof hospitals were full.

City council medical officer of health Dr Michael Popkiss said it was "simply unthinkable" that in the midst of a tuberculosis epidemic in the Western Cape, hospital beds for TB patients could not be filled because of the CPA directive.

"We are dealing with a lack of hospital beds for people suffering from a highly infectious notifiable disease," Dr Popkiss said.

The council would object to the CPA about the situation at a meeting of top medical officials next month.

Appeals to the CPA by officials involved in tuberculosis treatment have so far failed.

According to city council figures, 3 008 cases of pulmonary TB and 117 of other forms of TB were reported by August this year.

Medical, hospital costs set to rise

Sowetan 15/10/91. (98) (299)

THE Representative Association of Medical Schemes yesterday announced an average 16 percent increase in its 1992 scales of benefits for doctors and dentists as well as for private hospitals and day clinics.

The increases - which take effect from January 1 1992, - come on the back of an eight percent hike granted by Rams on September 30 to compensate for the effects of VAT.

Other practitioners - such as psychologists and physiotherapists - get a straight 15 percent across the board.

The increases for private hospitals and day clinics average out at about 16 percent. At the top end of the scale in this sector is a 33 percent rise for intensive care units.

SAPA

"The heavy costs of specialist (mainly imported) equipment, combined with the salary levels of highly skilled nursing staff, have placed a great deal of pressure on intensive care units in the past year - and it was clearly necessary for their needs to be addressed," Rams executive director Mr Rob Speedie said in a statement.

Although the average 16 percent increase for 1992 is more or less in line with inflation, Rams says it is gravely concerned that the total payout next year could go up by well over 20 percent because of persistent overutilisation/ overprovision of health care products and services.

"Rams figures show that this is certainly proving to be the case for the current year - so much so that some medical schemes had to implement interim increases," said Speedie.

"For the man in the street, private health care is becoming increasingly unaffordable with the passing of each year," Speedie added.

To illustrate the point, he said medical schemes will probably pay out an average of R275 a member each month for health care services in 1992, compared with R220 this year and R98 only four years ago in 1987.

"The unfortunate result of spiralling consumption will be an inevitable limitation on, or reduction in, the benefits granted by medical schemes as they strive to contain increases in their subscription rates."

Speedie noted that the cost of health care will rise by more than R1 billion to reach R7,6 billion in 1992.



A man inspects the body of a woman, one of the 10 people killed on night when an armed gang opened fire on people at the Tswelo Lounge in Mapetla, Soweto. PIC: LEN K

Top union official ambushed, shot

Sowetan 15/10/91. (286)

A TOP official of the National Council of Trade Unions was shot and injured in an ambush near Tokoza on the East Rand at the weekend.

Mr Boaz Mashele (45), national treasurer, was hit in the private parts when two armed men opened fire on him.

He is being treated at Natalspruit Hospital.

A hospital spokesman could; however, not comment on his condition.

East Rand police spokesman Captain Ida van Zwieel said yesterday the incident had not been reported to the police.

A union spokesman said Mashele was attacked when he stopped to inspect damage to his car after another vehicle had hit his from behind.

"The assailants from the car which had hit him from behind opened fire, hitting him in the private parts," union spokesman Mr Cunningham Ngcukana said.

The union has blamed the attack on the "agents of apartheid".

"We believe that the attack was perpetrated by agents of apartheid who are opposed to freedom and democracy," a statement released by the union said.

PROTEA PARK



BAD DOSAGE . . . Josiah Bushy Lekoaletso says he was treated like a second-class citizen at JG Strijdom. ■ Pic: SIPHIWE MHLAMBI

Apartheid disease thrives at hospital

By MONWABISI NOMADOLO C/Pres 20/10/91. (98)

APARTHEID has not been forgotten at the JG Strijdom Hospital, says Josiah Bushy Lekoaletso of Kagiso township on the West Rand.

Lekoaletso, 35, alleged he was badly treated by white staff at the hospital two months ago.

The Johannesburg City Council employee was taken to the JG Strijdom casualty section on August 11.

He says he was treated like a second-class patient.

"I was referred to the X-ray department, and waited there for four hours while white patients who were behind me were wheeled in.

"Eventually I was taken to a lower ground section where I was attended to after again waiting for more than three hours."

He said he was taken back to the casualty ward on a stretcher, and after examining his X-rays, a doctor told him there was "nothing serious" wrong with him.

"I complained of a pain in my neck, but the doctor insisted that I was okay. He removed the drip, and I was discharged, but before I left the doctor put a brace round my neck," Lekoaletso said.

After phoning his brother-in-law, Sipho Tini, he was ordered to wait for him outside the casualty ward.

"I told Tini to take me to Baragwanath, where I was taken to the X-ray department, and to my astonishment, I was quickly admitted and I spent six weeks in traction because my cervical spine was cracked," he said.

He later got a bill for R174.20 from JG Strijdom for medical services.

"I'm not going to pay. I got raw treatment, and I think the doctor was negligent," he said.

The hospital superintendent, Dr CJ Visagie, said the matter was being investigated.

Hospital 'favours ANC'

THOKOZA hostel residents have alleged that Inkatha supporters who are patients at Natalspruit Hospital are being mistreated by nursing staff.

Hospital authorities have agreed to investigate the claims.

Thokoza Hostel Dwellers' Association chairman Zakhele Mlambo said yesterday that since violence erupted in the East Rand townships of Thokoza and Katlehong last year, hospital personnel had been hostile towards Zulus and Inkatha members.

On October 9 a Zulu hostel resident, injured in an attack on a Wadeville-bound train, was allegedly beaten up by nurses when he was admitted to Natalspruit Hospital, Mlambo said.

"The incident incensed us so much that we sought a meeting with the hospital administration to discuss it and other gripes we had about the hospital."

Other grievances the association raised with hospital authorities included the display of ANC posters in wards and use of the hospital as a "refugee camp" by township residents when violence erupted in Thokoza and Katlehong.

WILSON ZWANE

"The hospital administration promised to look into our complaints," Mlambo said.

Natalspruit Hospital superintendent Dr Norman Kernes confirmed that he had met the Thokoza Hostel Dwellers' Association and had promised to investigate the October 9 incident "because it is hospital policy to treat patients without taking note of their political affiliations".

Kernes said the hospital would remove the ANC posters as they might create a perception that the hospital was favouring one organisation over others.

"The people who come to the hospital during unrest situations are not invited by us. But the hospital has adopted a sympathetic view, as these people come here under exceptional circumstances," he said.

Mlambo dismissed rumours that Zulu-speaking hostel residents had planned to attack the hospital to get even with staff members.

"We want peace, and the fact that we requested a meeting with the hospital administration to discuss our grievances is proof of that," he said.

-SA Federation of Business and Professional Women-



Lamprecht Clinic in George has progressive ideas.

Lamprecht Clinic was ideal candidate

B/Day 23/10/91

NINETY-FIVE percent of employees at the Lamprecht Clinic in George are women.

This made it an ideal candidate for the SA Federation of Business and Professional Woman's annual Gold Award.

But the progressive policies for its staff are what made it a qualifier for the award.

The clinic's Dalene Munro says the private, service-orientated organisation believes in making patients feel at home and well cared for.

"Our philosophy speaks of love and care.

"We believe women have it all and can give what it takes.

"We believe in making our ladies' role as mothers and professional women or domestic workers as easy as possible by accommodating their personal needs. This makes them more relaxed and happy at work," she says.

The clinic operates on a support group approach and team work is of the essence. (855A) (98)

"A well organised in-service education programme sees to the developmental needs of all.

Negotiation

"Our conflict situations are solved by negotiation and the best possible psychological approach for the situation."

The Lamprecht Clinic staff claim to be experts in negotiation skills, Munro says, "and as we are all women, we do it better".

"We are proud to be a predominantly female company. Our results tell the story," she says.

Pupils' row over their final marks

Sowetan 24/10/91

By DON SEOKANE

SCHOOLING at Leolo Secondary School near Burgersfort has virtually came to a standstill following allegations that some teachers awarded girls additional marks in return for sexual favours.

About 200 Standard 9 pupils have threatened not to sit for the year-end examinations following disclosures of discrepancies in allocation of marks for Standard 9.

The pupils have demanded the dismissal of four teachers, who were responsible for compiling Standard 9 class schedules last year. Two of them were threatened with violence.

The school's principal was not available for comment.

A senior teacher and head of department, Mr Freddy Nkwane, dismissed the allegation of marks for sex favours.

Nkwane said the controversy arose because of irregularities.

"A solution was reached last Friday with the pupils who failed last year, agreeing that they would be allocated 12 percent to their examination marks.

"But on Monday they changed their minds. They demanded the dismissal of four teachers who were responsible for the schedules.

"They also demanded that those who failed Standard 9 last year should be allocated 30 percent to their final marks".

Nkwane said the school could not agree to the demand because that would mean pupils would only work for 10 percent since the passing mark is 40 percent.

On Monday a meeting was held with community representatives including vice-chairman of the Northern Transvaal region of the ANC Dr Aaron Motsoaledi, and the SRC.

Nkwane said the meeting ended in deadlock.

Sekoto show to open

By VICTOR METSOAMERE

AN exhibition of striking socio-politically-conscious drawings by Paris-based South African Gerard Sekoto opens at the Evengelical Lutheran Church in Pietersburg on Sunday at 11am.

The Sowetan bought the collection in order to display Sekoto's talents more widely in South Africa.

The newspaper realised with sadness that Sekoto's work had been ignored for decades because he settled in France more than 40 years ago.

The collection has so far been shown at several venues

Unrest taking toll on services - Hough

Sowetan 24/10/91

IT costs an average of R16 000 to treat a victim of unrest violence, Transvaal Administrator Mr Danie Hough said yesterday.

The thousands of frightened residents who occupy hospitals after fleeing from unrest situations were placing an additional burden on already overextended hospitals and personnel, he said.

Hough spoke about the violence during the official opening of additions costing R4,9 million to Vereeniging Hospital.

Two new surgery theatres were installed and extentions made to the X-ray and central sterilisation departments. The additions were completed in February.

Limited number of nurses, unprecedented migration to the PWV region, the high birth rate and spiralling costs of treating unrest victims had all placed provincial hospitals under tremendous pressure and made budget planning difficult, Hough said.

South Africa now had one nurse for every 484 people. The ideal ratio set by the World Health Organisation was one nurse for every 416 people, he said.

Hough called on young women to join the nursing profession. "We need your diligence, enthusiasm and sparkle in our health services." - *Sapa.*

Violence costs R16 000 a victim

IT costs an average of R16 000 to treat one victim of unrest or violence, according to the Transvaal Administrator, Mr Danie Hough.

The thousands of frightened residents who occupy hospitals after fleeing from unrest situations placed an additional burden on the already overextended TPA hospitals and personnel, he added.

Hough made the comments during the official opening of additions - at a cost of R4,9-million - to the Vereeniging Hospital.

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Migration

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South Africa now has one nurse for every 484 people - while the ideal balance, as set by the World Health Organisation, should be one nurse for every 416 people.

Sparkle

He called on young women to join the nursing profession: "We need your diligence, enthusiasm and sparkle in our health services."

- *Sapa*

on last legs!

Hospitals a

C/Press 27/10/91.

By SOPHIE TEMA (98)

THERE has been a drastic and rapid collapse of health services in black hospitals, according to a discussion document submitted to the ANC at their recent conference.

Appalling conditions in these hospitals are blamed on the brain-drain of medical professionals who have either left the country or joined the private sector.

The authorities' fragmentation of health services was also cited as an important cause of the collapse.

In most black hospitals patients still sleep on the floors and doctors and nurses are unable to cope with the flood of the sick and the dying, says the document.

It says there are so many health departments that it is impossible to plan or co-ordinate health care.

The document states that conditions at Bara and elsewhere are no different to those described four years ago by Bara's retiring chief of medicine, Professor Leo Schamroth. Schamroth called the wards "horrendous, disgusting and despicable".

Soon after Schamroth left, 101 doctors and professors at Bara signed a letter of protest which was published in the South African Medical Journal.

The ANC document says that despite increased fees and the hospital's R8-million budget, there has been no improvement.

It protests the fact that health services in black hospitals are still largely and unequally segregated.

It says: "A history of apartheid, oppression and exploitation has created conditions which have affected the health services. Despite promises made by Government and the repeal of the Separate Amenities Act, there are major differences in access to good health care between black and white, rich and poor, urban and rural communities.

"The most advanced hospital care is inaccessible to the majority of people because of the costs and time involved in travelling to the major urban centres where these hospitals are

"There are serious problems where the Group Areas Act and forced removals have distorted patterns of settlement."

It says about half the money spent on health care is paid to doctors, dentists and pharmacists in the private sector.

The hospitals' share is only a quarter.

Public funds are used for training health workers who drift to the private sector.

Only five percent of state doctors work in the homelands which the document says underlines the fact that the private sector focuses its efforts on those who can pay for treatment – which causes neglect of the task of preventing disease.

The document concludes that a new national health service will have to make use of traditional healers.

New hospital means test — more qualify

Medical Reporter

A NEW means test to qualify as a State patient will be introduced on Friday, November 1, at provincial hospitals throughout South Africa.

The income limit will be raised by 10 percent, qualifying more people to be treated at low tariffs.

The maximum monthly income for a family rises to R2 291, and for single people to R1 375. People in this category pay R103 a day at State hospitals, which includes all treatment, operations, food and medication. This fee drops to R81 a day at small regional hospitals.

In the next category, in which patients pay R52 a day for all treatment, the new maximum salary for a family is R1 741 a month, and for a single person R916 a month.

The fee at regional hospitals is R41 a day.

In the cheapest category, in which patients pay a one-off fee of R21 regardless of how long they remain in hospital and what treatment they have, the maximum monthly salary for a family is R1 191 and for a single person R641. The fee at regional hospitals is a one-off R17.

People who earn more than the maximum monthly income, and all people on medical aid schemes, will be treated as private patients and will pay private rates.

(98) ARG 29|10|91

FilmNet, which has about 500 000 subscribers, is valued at between R396,5m and R419,8m.

Richemont's statement said it was expected other industry participants would be invited to join the consortium "in the near future".

FilmNet president Martin Lindskog is to remain head of the operation.

He said the new backing would encourage its growth.

FilmNet operates in Sweden, the Netherlands, Belgium, Norway, Denmark and Finland.

REPORTS: Sapa.

Wool Board spokesman Jan Bezuidenhout said that during the previous season growers had made use of the board's promise to continue voorskot payments despite the collapse of the Australian market, boosting local production. Many farmers sent a second clip to auction.

There was now less wool to shear as a result, he said.

The drop in receipts would have little effect on the market as clearance at auctions had not once reached 100%. The board's stockpile stood at a solid 124 873 bales.

Australian wool prices dropped 8,9% at auctions this week, retracing after last week's 21,3% surge, AP-DJ was causing the current volatility.

Drysdale said he "wouldn't be surprised if there was some small degree of collusion between buyers, but that was an imperfection in any auction market whether it be for property, cars or wool.

"However, there was no evidence of manipulation on the scale that would be necessary to cause the current level of volatility in the market."

Bezuidenhout said prices surged 19,5% in Port Elizabeth in the previous week, following demand from Japanese and European buyers, but the market indicator fell 8,3% to R11,26/kg at last week's auction.

About 87% of the 17 107 bales on offer were sold, the board said.

Presmed rights issue for debt and expansion

WILLIAM GILFILLAN

PRIVATE hospital group President Medical Investments (Presmed) is to raise R7,5m in a rights issue. This was announced on Friday when the group disclosed interim results which saw earnings up 45% at R1,6m (R1,1m) for the six months to August.

Higher occupancy levels and a reduction in fixed costs helped the earnings jump on a turnover up 41% at R34m from R24m.

Earnings a share were up 45% at 14,5c (10c). The group does not declare an interim dividend.

The group manages five private hospitals and seven day clinics.

Presmed MD Carl Grillenberger said the strong turnover growth flowed from management's effort to optimise the group's facilities. To illustrate, he said, they had been actively encouraging surgeons to operate during weekends.

Increased occupancy levels and reduced fixed costs were experienced at the Cosmos hospital in Witbank, the Rosepark in Bloemfontein and the Jan S Marais in Bellville.

On the rights issue, Grillenberger said part of the R7,5m to be raised was to be used to pay off debt and the rest to finance future expansion.

Expansion

"With the opening of the Bedfordview and Rustenburg hospitals in this past year, debt levels have risen. However, this is not apparent in the group's half-year balance sheet as much of the expenditure took place since then.

"Presmed's exacting feasibility studies on the location of new hospitals and day clinics and their commissioning only when previous ones are well-established place the company in a favourable position for further expansion."

As the group's market capitalisation was about R33m, the R7,5m rights issue would increase shareholder's funds by 20%. He said institutions had responded favourably to the rights issue.

He was optimistic on the group's prospects. "The board was able to commit itself to a compound annual profit growth of 20% over the next five years. With the ever-increasing cost of health care, the demand for Presmed's facilities — which are operated at the contracted tariffs of the medical aid movement — can only increase.

"The planned day clinic in Kempton Park should open within a year. Also, approval has been obtained for the reopening of the Witbank day clinic, which had to be closed in terms of the licence conditions for the Cosmos hospital."

Saflife to focus on individuals

SEAN VAN ZYL

SAFRICAN Life (Saflife), the HCI group's life assurance arm, has disclosed a 13% rise in attributable income to R7,5m for the six months ended September.

Earnings came in at 25,5c (1990: 22,5c) a share. An interim dividend of 15c (12,5c) a share was declared.

Chairman Michael Lewis attributed a decline in net premium income to a drop in group benefit business. "The recession has resulted in a number of companies retrenching staff, which impacted on our pension business," he said.

However, Saflife's recurring premiums were up by about 20% on the previous period.

Individual business showed strong growth and Saflife would focus on developing new individual-based products, he said.

Policy lapses had not increased dramatically compared with the previous period.

Lewis said he had a bullish outlook of the SA economy and expected Saflife to achieve real growth in earnings during the second half of the trading year.

Although a 20% increase in dividend exceeded growth in earnings, dividend cover remained fairly constant at 1,7 times against with 1,8 times during the previous period.

An 8% decline in net premium income to R86,4m (R94m) was offset by an impressive 30% rise in investment income to R33,2m (R25,7m). As a result, the assurer's consolidated income after operating costs climbed 13% to R10,1m (R8,9m).

A tax bill of just more than R2m (R1,9m) and deduction of minority share of profits of R610 000 resulted in attributable income of R7,5m (R6,5m).

Dorbyl in venture with Taiwanese

PORT ELIZABETH — Taiwanese company, TSK and Port Elizabeth company Dorbyl Automotive Products (DAP) have started a R14m vehicle parts joint venture, a DAP executive said.

The first of three plants has started manufacturing, the second is due to start in April 1992 and the third is due to start at the end of 1992, said P R Lavery, general manager of DAP Automotive Steering Wheels, a DAP unit.

He said the R14m would cover the cost of bringing the plants into production. DAP has 50% of two of the plants and 51% of the third.

"TSK is already servicing accounts in the US and we believe this venture is going to mean a lot for Port Elizabeth," he said. "There is a possibility of us taking over some of those accounts." — Reuter.

MacAdams has a good year

CAPE TOWN — Bakery and confectionary equipment manufacturer MacAdams has turned in a 30% increase in turnover to R17,764m for the six months ended August 31.

Net income for the period amounted to R801 000 compared with R161 000 in the corresponding period last year.

Earnings per share increased to 5c a share compared with 1c a share previously and 2,9c a share for the year ended February 28. — Sapa.

EXECUTIVE SUITE

By William Wells and Jack Lindstrom



DOES YOU

TO DEVELOP NE

Never again at Zola Clinic

Star 6/11/91 (98)

I wish to appeal to private clinics and doctors to keep their prices as low as possible.

I say this because of the horror my wife and I experienced at a clinic in Soweto.

Never ever will we set foot in a clinic unless a judge orders that they pull us and push us into Zola Clinic, a place I hate to see when we pass by.

It is not that we consider the nurses to be inefficient. Surely they know their jobs and we don't rule out the possibility that there could be heroines among them. However, we are convinced that there are enough individual unreliables to make it risky.

For nine months we waited and prepared for our baby. On October 18 my wife felt labour pains. As she was already booked at Zola Clinic, I quickly organised a taxi and within 7 minutes we were inside the clinic — before 07h30.

I assisted my wife into the reception where I unknowingly committed a crime by ringing the bell and informing the nurse/sister who took her time to come, although she and about four others were watching us.

She ignored my respectful approach, and abused me, ordering me out "because we don't need you and you are not the one feeling the labour pains!"

It was as if I was a thief but I apologised and left. As I went, they remarked mockingly that my wife "thinks she is special. She comes escorted by her man."

In the evening I hesitantly returned to the clinic. Many thanks to the nurse/sister who surprised me by her kindness when I was expecting insults. She said my wife had been taken to Baragwanath Hospital.

At Baragwanath a student nurse accompanied me after Mr Mpungoshe (a security man) had phoned and escorted me to the maternity side after another security guard had turned me away for more than an hour: to them, many thanks.

Inside I learnt that our baby had passed away at night.

I was not surprised when my wife told me she that she had been ignored when she was at Zola Clinic. They had left her without assistance and no one responded when she screamed that the baby was coming: the nurse/sister entered the ward only to mock. On being informed about a liquid discharge she told her "to leave it alone because it should come out whenever it feels like doing so. What do you want it to do?" She left her screaming.

My wife thinks it was around noon when she noticed that part of the baby was already out. A different nurse entered and called others.

Surprisingly, the nurse she had initially thought to be her specially assigned guardian asked her (my wife) why she had not reported to her when she discharged a liquid substance, yet she had previously ordered her to leave the substance alone when informed.

If our boy's fault was merely that I (his father) escorted his mother to, and assisted her into, the clinic; it's unfortunate for them because our boy was and will always be innocent and sinless, for he abused no one, looted nothing, burnt no property and speared no one. Up in heaven he may have the chance to forgive them but the right to clear them rests with the Lord.

Philile and
Dumisani Mabaso-Mlilo
Emndeni, Soweto

Dr G M Louw, senior superintendent of Soweto Community Health Centres, replies: I extend my personal heartfelt condolences to Mr and Mrs Mabaso in this tragedy. May God carry them through their time of grief.

Regarding the allegations of abusive language from the nursing staff on arrival, staff in question chose not to respond. In view of the fairness with which Mr Mabaso describes the good treatment he received the following day, I must accept that there must have been some clash of personalities. On behalf on the Soweto Community Health Centres, I apologise for this.

I have studied the maternity records and the reports of the staff concerned and I have found:

The routine progress monitoring was recorded and showed no cause for alarm. During the second stage — which is the actual process of delivery, Mrs Mabaso was attended by two midwives. The first indication they had of problems was when they noticed that the fluid coming from the womb was meconium stained. This is an indication that the baby is distressed.

The cause of the distress was determined soon after when the head was delivered. At this point it was found that the umbilical cord was tightly wound twice around the baby's neck, choking him. (There was no way in which this complication could have been discovered earlier.)

At this point the nurses called the senior doctor urgently but the baby delivered before he arrived (usually after the head delivers the rest of the baby delivers in a matter of seconds). The time of delivery was 11h45. The baby was found to be very weak and not breathing. The nurses started resuscitation and when the doctor arrived a few minutes later (11h55) he took over the resuscitation, entubated the baby and did all the necessary procedures.

In the meantime an ambulance was called to transfer the baby to Baragwanath Hospital.

At 11h20 the baby was breathing on his own and had a good pulse rate. He was transferred to Baragwanath for admission to Neo-natal ICU accompanied by a senior midwife. I have learnt from Baragwanath that they were not able to sustain the baby and that he died at 22h30 that night.

I have no doubt that medically the staff at Zola Maternity Ward performed their duties correctly. However, tragedies like this do occur and I can only say that all the staff concerned will continue to do their best to keep such tragedies to an absolute minimum.

Aid for 'death' hospital

(98)

Sowetan 7/11/91

Sowetan Correspondent

PHILADELPHIA Hospital, dubbed "the death trap'' by local residents due to a lack of equipment and serious staff shortages, is to be upgraded.

This follows the take-over of the hospital by the Transvaal Provincial Administration of the hospital from the Department of Development Aid.

The 520-bed hospital near Groblersdal in the Eastern Transvaal has been blamed for poor patient care, drug and staff shortages, a lack of equipment and poor administration. More serious cases are referred to either Garankuwa or Kalafong hospitals - more than 150km away.

City to give health care

Municipal Reporter

Johannesburg will become one of the first municipalities to take over the provision of primary health care when it signs an agreement today with Health Minister Dr Rina Venter.

The agreement allows the Johannesburg City Council to provide primary medical services to the (coloured) south-western areas of Johannesburg for the House of Representatives.

Up to now, local authorities have only provided preventive health care at clinics and could not treat illness or provide medication.

Health workers can now diagnose and treat illness and injury and provide medication.

More emphasis will also be placed on teaching correct feeding methods, for example, to combat such problems as malnutrition.

New system gives autonomy to hospitals

(98) MRG 9/11/91

VIVIEN HORLER
Medical Reporter

TWO of Cape Town's hospitals have been the first in the country to experience a new system designed to meet the crisis in academic hospitals and give them more independence.

The new system is also intended to streamline the administration of academic hospitals, and to attract and keep quality staff.

The head of Tygerberg Hospital, Dr J G L Strauss, welcomed the first step towards greater autonomy which was taken when the hospital's new supervisory board met for the first time yesterday.

Dr Strauss said he believed the new system, known as framework autonomy, had great potential, giving hospitals more control over their own finances.

"It won't mean we have unlimited funds, but it will mean we will have greater control over our own resources and will be able to allocate funds to different areas of the hospital as we see fit."

The new system, to be introduced at seven academic hospitals around South Africa, was also implemented at Groote Schuur Hospital yesterday when its supervisory board met for the first time. Its superintendent, Dr Jocelyn Kane-Berman, was unavailable for comment.

The supervisory board will be a forum where the health authorities and the universities can meet. Legislation is currently being drawn up to grant the boards statutory powers and should be tabled in 1993.

The target date for the implementation of the new system countrywide is April 1993.

Speaking at the Groote Schuur meeting, Dr Coen Slabber, director-general of the Department of National Health, said the new boards would enable problems to be sorted out more quickly and effectively.

The boards would be a mechanism for liaison between the government and the public, aimed at promoting the interests of the hospital and the community it served.

The board would also promote liaison and consultation between the universities and the health authorities.

Dr Slabber said the system had been introduced to help solve the crisis in academic hospitals.

"There is an exodus of top-level manpower and it is becoming increasingly difficult to recruit quality staff," he said.

This was partly because of greater demand for health services, a flawed system of referral of patients to the right health facility, and medical staff becoming bogged down by numbers of patients. There was also a problem with staff administration and appointment delays, as well as a cumbersome procedure for the purchase and replacement of equipment.

"This list can be added to — academics would say almost indefinitely. What I am trying to say is there are problems and that some of them are the result of an administrative system that no longer meets the requirements of a dynamic institution.

"With the new model there will be an effort to have decisions of local concern taken by people who know the local circumstances, to involve communities in academic complexes, and to make the administrative channels as short as possible."

Dr Strauss described the new model as an improvement on the present system.

ANC foresees control over private health

Star 8/11/91

By Carina le Grange
Medical Reporter

The ANC envisages a future health service in which the private sector would be accountable to the Government and in which funds would be redistributed from the private to the public sector in a comprehensive national health service, Dr Aslam Dasoo of the ANC's health department has said.

He was speaking in Pretoria yesterday at a seminar organised by the Pharmaceutical Manufacturers' Association.

Incorporated

Other speakers included representatives of the National Party, the Pan Africanist Congress, the Democratic Party and Inkatha Freedom Party.

The private sector would in the long term become incorporated into the national health service "so that it becomes accountable to, and is under the overall control of, the Government", Dr Dasoo said.

"In re-organising the health services, the Government will aim to attract staff and to absorb a major section of the private sector."

He said the ANC did not intend to nationalise the private health sector, and the fact that the ANC believed there should be some control of this sector implied that the organisation accepted its existence.

Dr Dasoo said the private sector thrived at the expense of the public sector in matters such as the training of personnel, on which it drew heavily without giving anything back.

Earlier, he had characterised the present health care system as "an obscene perversion" in which the majority of people had been "subjected to one of the most bizarre, inhuman and unjust sytems ever devised ... which is still perpetrated".

Apart from the redistribution of funds from the private to the public to finance the service, other people would contribute through taxation or contributions to the national health fund.

The ANC also proposed to establish a national medicines policy to deal with availability, distribution and pricing.

R6-M RIP

c/pres 10/11/91 (98)

By LEN KALANE

LESEDI Clinic, South Africa's first black-owned private hospital, had been rocked by a scandal involving the embezzlement of nearly R6-million in funds, well-placed sources told City Press this week.

The scandal, uncovered about four months ago, has been a closely guarded secret.



Lesedi chairman Dr Nthato Motlana

Motlana promises clinic probe will be public

However, City Press established that a commission of inquiry was probing mismanagement and the extent of the pilfering.

"This could run into several millions," our source said. "The last count stood at R4-million, and this is steadily approaching the R6-million mark."

Three top managers have been implicated. One has resigned, another was fired, and the third disappeared last week during a crucial board meeting when the subject of embezzlement was brought up. He has not been seen since.

Yesterday Lesedi chairman Dr Nthato Motlana said: "This thing shouldn't be seen as another black failure. There has been some mismanagement at the clinic and the whole thing is under investigation."

He promised that the state of Lesedi's affairs would be made public in two weeks' time, when investigations had been completed.

Lesedi had embarked on a management "clean-up operation". Besides the three managers, other people in top posts were under investigation. Soweto doctor Peter Matseke had taken over interim administration of the clinic.

City Press learnt that management irregularities made the clinic's financial standing so chaotic that its financers, First National Corporate and Investment Bank Ltd, threatened to declare the private hospital insolvent.

However, FNB group banking general manager Neil Gardener declined to comment.

City Press was able to establish that auditors Cooper, Theron & Du Toit had been appointed by FNB to look after the bank's interests at Lesedi.

The source said several white concerns had made bids to take over Lesedi. Among them were Lifecare Clinics Pty Ltd and Afrox Health Care Pty Ltd. Both run private clinics in white areas.

Afrox Health Care development manager Doug Archibald confirmed the Lesedi bid, saying his firm had proposed a management-type contract to Lesedi. "This meant that current shareholders would retain most of their interests while we ran the clinic."

Archibald said his company had been approached by the auditors, who told them of the management irregularities at Lesedi.

■ To Page 2



STREETS OF FIRE . . . Anti-VAT protesters in Cape Town set fire to barricades during this week's national stayaway.
See page 9 for more on the protest.
■ Pic: FANIE JASON

Lesedi probe

■ From Page 1

"Lesedi rejected our offer and decided they would manage themselves. They then appointed (Dr) Matseke to clean up the maladministration," he said.

The three managers at the centre of the scandal are said to have bought lavish houses in the suburbs of Kelvin, Buccleuch and Bryanston.

Our source said: "There is every possibility that Lesedi money was used to acquire the properties. That too is under investigation."

Acquisition of credit cards on Lesedi's account without the board's knowledge was being probed. Portuguese Series Three coins (more valuable than Kruger Rands) had been bought on the credit cards. Several unauthorised trips abroad had also been debited to these cards.

The source said two of the managers were known to have sent their children to private schools in America and the United Kingdom.

It was in the face of the impending scandal, said the source, that one of the managers resigned in August.

The scandal was uncovered in the middle of July. The financial problems affected the quality of food given to patients. A catering group had since been engaged to rectify this.

Lesedi is South Africa's first black-owned private clinic.

u Plessis lso slates ay Naidoo

HE war of words be een government minis 's and Cosatu's Jay aidoo continued this ek, with Finance Min er Barend du Plessi ining the fray.

Du Plessis, referring t aidoo saying President W de Klerk had been ishonest in his speech on hursday night, said Nai oo was twisting the facts.

"Mr Naidoo has a po tical agenda and is act ng like a politician," he aid.

Earlier this week Nai oo claimed De Klerk vas lying to the world o is white electorate about is intention for a new South Africa. – Sapa

Commission to probe Soweto clinic scandal

Star 11/11/91

98

Staff Reporter

The first black-owned private hospital, Lesedi Clinic in Soweto, has been rocked by a scandal involving the alleged embezzlement of nearly R6 million.

A Johannesburg Sunday newspaper reported that the scandal was uncovered four months ago but remained a closely guarded secret.

According to the newspaper's sources, three managers are implicated — one has been fired, another resigned and the third disappeared last week. The men were said to have bought lavish houses.

A commission of inquiry has been appointed to probe the scandal.

The alleged irregularities have so damaged the clinic's financial standing that its financiers, First National Bank, have threatened to declare it insolvent, the report said.

The bank has appointed auditors to look after its interests.

The clinic's chairman, Dr Nthato Motlana, admitted to the newspaper that there had been some mismanagement at the clinic and the matter was under investigation.

When The Star contacted Dr Motlana's Soweto home yesterday, he was said to be out of town.

Hope for teaching hospitals

Sowetan 12/11/91

THE first steps towards overhauling the management of South Africa's seven academic hospitals have been taken with the appointment of supervisory boards for Cape Town's two teaching hospitals.

Dr Coen Slabber, director general of the Department of National Health and Population Development, said Mr C Loub-scher had been appointed chairman of the supervisory board of Tygerberg academic hospital.

(98)

Professor G Everingham is chairman of Groote Schuur's board.

The two boards have already held their first meetings and the boards of the five other academic complexes will meet soon.

Slabber said the establishment of supervisory boards was the first step in creating greater management independence for academic hospitals.

Their main role would be to protect and promote the interests of hospitals and the community they serve, by acting as a link between Government and the public.

Boards will also promote liaison between universities and health authorities.

Lesedi staff are back after work boy

By JOE MDHLELA

WORKERS at Lesedi Clinic in Soweto yesterday returned to work after embarking on a one-day work stoppage in protest against the alleged disappearance of R6 million from the hospital.

The decision was negotiated by the National Education Health and Allied Workers Union after meeting the clinic's management committee.

A union spokesman said should management fail to meet the workers' demands, employees would resort to strike action again. Sowetan 15/11/91.

Some of the demands by the workers included the freezing of a moratorium on wage increases because the clinic was said to be "technically insolvent".

Nehawu representative Mr Alfred Motsa said the workers were hard-hit by economic-related problems and would not accede to the company's request to "freeze" wage increases until November next year.

The union also claimed that the clinic continued to make illegal pension fund deductions from the workers' salaries although the company handling the fund had not received contributions since August.

The company, Alexander Forbes Consultants and Actuaries, yesterday confirmed they had not received contributions from the clinic since August.

Meanwhile, the clinic's chairman Dr Nthato Motlana admitted yesterday that R400 000 had been embezzled at the hospital.

He denied allegations that R6 million had been misappropriated and said the clinic was doing everything possible to recover the missing money.

Military institution could save Victoria, its civilian neighbour

Hospital to the rescue?

(98) ARG 16/11/91

LINDA GALLOWAY
Weekend Argus Reporter

THE military hospital in Wynberg could be in a position to provide life-saving treatment to its ailing neighbour, Victoria Hospital, if an innovative idea to "demob" military installations is put into effect.

Already the South African Medical Service (SAMS) arm of the South African Defence Force, admitting to declining bed-occupancy levels, is holding discussions with "various bodies" to find "alternative clients".

The Democratic Party MP for the area, Mr Jan van Eck, said he believed it was a great opportunity for the military to put something back into the community.

He said he will speak to the director general of the Cape Provincial Administration, Mr Herbert Beukes, to find out how far co-operation could extend between the Province and the SADF.

"After all, empty white schools have been made available to the military and the police in the past.

"Victoria Hospital is right there and struggling. The CPA has just about turned off the taps to hospitals. If even a wing of the military hospital could be made available, it would help."

Mr Van Eck said there was also the question of other military facilities which were under-used now that the "total activity of the defence force has been scaled down".

But Brigadier T A Dippenaar, Director of the SAMS, said frankly that he thought opening up military hospitals to civilians was "a lousy idea".

Military hospitals were not meant to be full.

"We hope that they would never be full because that would mean a full-scale disaster has overtaken us. We have a strategic reserve capacity for this and naturally we can't over-insure ourselves but also cannot be caught napping."

Brigadier Dippenaar confirmed that bed occupancy levels had declined in recent months, with the halving of national service and a decrease in operational activities.

But this had also meant a halving of the medically-trained personnel. Military hospitals, he said, while under-utilised, were not over-staffed.

To describe No 2 Military Hospital as a "white elephant" was inflammatory and untrue, because military hospitals could not be equated with civil institutions.

"Obviously a higher bed occupation level is more cost effective, and a way to make a maximum contribution to the overall health of the country, not just in a military context," he said.

"But there is a security consideration. Open doors are not compatible with the security required by a military installation.

"We have been busy with contingency planning to improve bed occupancy levels for some months, looking at alternative clients, but with several qualifying criteria.

"This involves all military hospitals and other smaller installations."

Opening military hospitals to civilians was not realistic, Brigadier Dippenaar said. There were many examples of military co-operation with civilian institutions in the medical field.

"In time of disaster we take anybody who comes to us. In the case of an emergency on our doorstep we would take any patient and keep them for as long as required. This has always been the case.

"We have facilities not readily available in the private sector and have been approached by the public and private sector requesting use of these facilities. We have always agreed.

"The Institute of Maritime Medicine at Simon's Town is called on regularly for assistance in diving accidents."

The medical service had a wing at Addington Hospital to treat defence force members. The doctor on duty there helped out in the casualty unit when he was not required in the army unit, Brigadier Dippenaar said.

Brigadier Dippenaar said there had to be a realistic balance between maintaining a state of military preparedness and being over-prepared.

"The Swiss, always held up as the ultimate model, have several underground hospitals — nuclear, chemical and biological-proof — which are empty. They are there just in case they are needed" he said.

Military hospitals were staffed in proportion to the workload. In the past, doctors on national service had been made available to hospitals in black "homelands" but with the halving of national service this was no longer possible.

The medical service took most of its patients from national servicemen, Permanent Force members and their dependents, some Citizen Force members doing camps, pensioners and disabled servicemen.

While the number of medically-trained staff available had been halved, the workload had dropped by only 10 percent.

"We do not have hordes of doctors sitting around drinking tea and playing bridge," he said.

"If you force more patients into the sausage machine, you get mush. We cannot let standards drop."

Brigadier Dippenaar said it was not within the power of the defence force to rectify the problems at Victoria Hospital. "We would help out in a crisis, where we could, but we are not omnipotent."

To improve bed occupation levels staff would have to be increase. "To be able to recruit and retain staff the SADF must be competitive. This is a dilemma."

The chairman of the Medical Association of South Africa (Masa) in the Western Cape, Dr Abdul Barday, said he thought it would be a "wonderful idea if the logistics between various departments could be worked out".

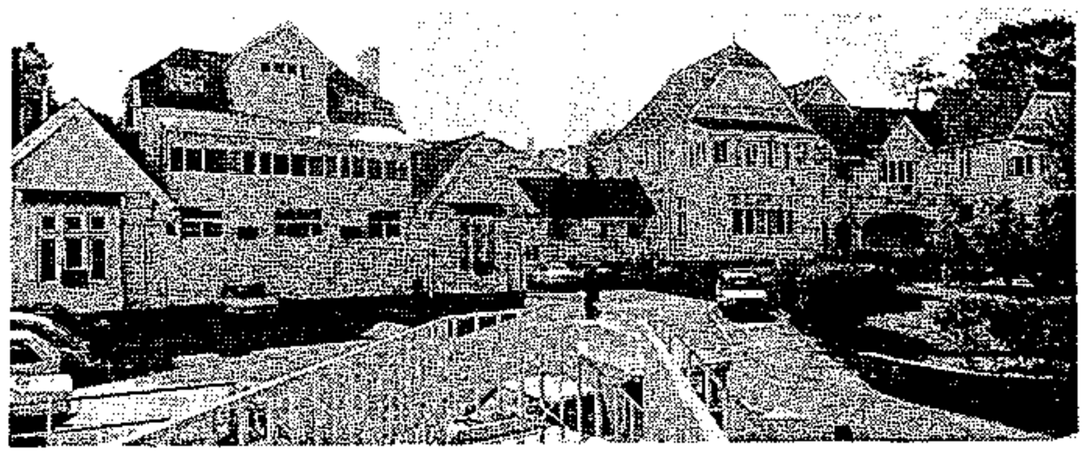
But a spokesman for the rival medical association, the ANC-aligned National Medical and Dental Association, said they would reject the scheme until the defence force had been restructured democratically for a new South Africa.

Spokesman Dr Leslie London said there were more pressing areas of concern on the health front, for example the lack of hospitals in areas like Khayelitsha and Mitchell's Plain, and a redistribution of primary health care resources.

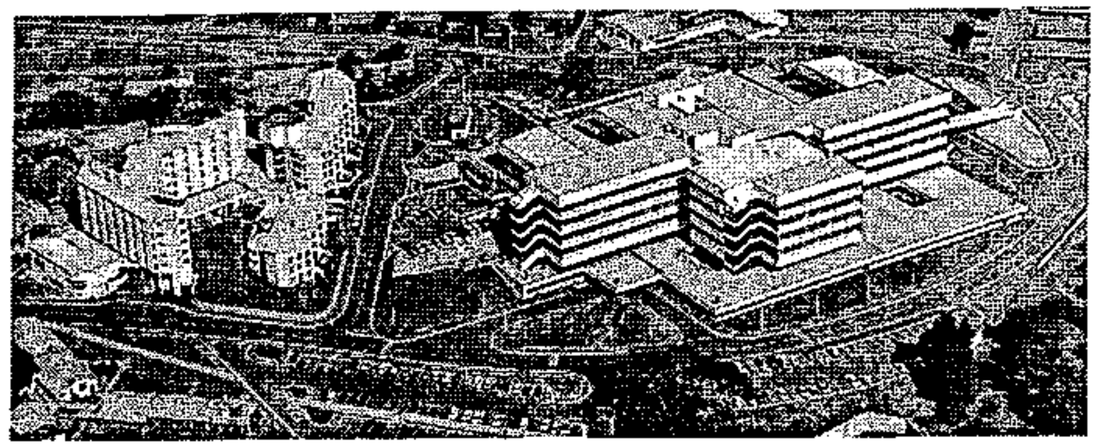
"Piecemeal solutions like this are not the answer," he said.

The Minister of National Health, Dr Rina Venter, refused to comment and the Minister of Defence, Mr Roelf Meyer, referred the query to the medical services arm of the SADF.

The medical superintendent of Victoria Hospital, Dr Andrew Loubser, also refused to comment on the possibility of assistance from the military hospital next door.



☐ **VICTORIA HOSPITAL:** Badly-needed aid could soon be become a reality if facilities at Wynberg military hospital are made available to Victoria Hospital.



☐ **SAVING GRACE?** Wynberg military hospital, which is no longer being fully-utilised by the army.

UWC's new school a giant step for health

ST Times [CM] 19/11/91

98

By GLENDA NEVILL

THE first School of Public Health will open at the University of the Western Cape in 1993, marking a giant step forward in primary health care in South Africa.

Co-ordinating the initiative is Dr Olive Shisana, a social epidemiology graduate of the Johns Hopkins University's School of Hygiene and Public Health in the US.

Pietersburg-born Dr Shisana returned to SA recently after 15 years in exile to take up a post as a specialist scientist at the Medical Research Centre and to develop the School of Public Health.

She was the acting chief and registrar of the Research and Statistics Division in the Department of Human Services for the District of Columbia Government when she decided to end her exile.

"The first step is a colloquium early next year which will include representatives from the Department of National Health, Stellenbosch University, UCT, UWC, Pentech, Cape Technikon, nursing colleges and non-government organisations like the ANC," she said.



OLIVE SHISANA
Course co-ordinator

The aim of the colloquium is to work out the finer details of the course, including funding and the syllabus.

"We are hoping the Department of National Health will help with funding as it is really the government's responsibility. The department has committed itself to attending the colloquium, but not yet to the funding," Dr Shisana said.

South Africa faces major public health problems as large sections of the population have poor access to health services. Ill-conceived health policies have led to a lack of health planning skills and of trained public health personnel.

"Besides the lack of personnel, no research is being done in this field," said Dr Shisana. "In my opinion we need at least three public health schools to make a difference."

In a paper she wrote on the subject, Dr Shisana defined primary health care as "an approach to health services delivery that provides appropriate, accessible and affordable care and promotes equity".

The School of Public Health will offer a Masters degree in public health as well as a diploma course.

UWC will offer short courses during 1992 designed to upgrade the competence of untrained or under-trained workers in the field while the proposal for the School of Public Health is being fine-tuned.

Healthy workers

LACK of primary health care in the work place has led to a crisis in SA, causing unnecessary absenteeism and death.

The new Primary Health Care Project, launched in conjunction with the Department of Health and the Epidemiological Research Council, plans to tackle the problem.

There are about 700 health care projects in SA, all of which need visual material to do their jobs properly. Health Care Project offers a set of eight video modules in English, Xhosa, Zulu and South Sotho. S/Times (Buss)

Businessmen are offered a set for R4 700. For each set they buy, they will be given a second one which they can give to a clinic of their choice with their logo embossed on the cover. 17/11/91.

SATV 'censors' Boesak video

South 21/11 - 27/11/91 (98)

By Heather Robertson

TELEVISION producer Ms Elna Boesak has lashed out at the SABC for allegedly censoring an in-depth documentary on the crisis at Tygerberg Hospital.

She has also accused the SABC of bias towards Minister of Health Dr Rina Venter in the programme screened this week

"I distance myself from the superficial manner in which Agenda handled the serious problems at academic hospitals," said Boesak.

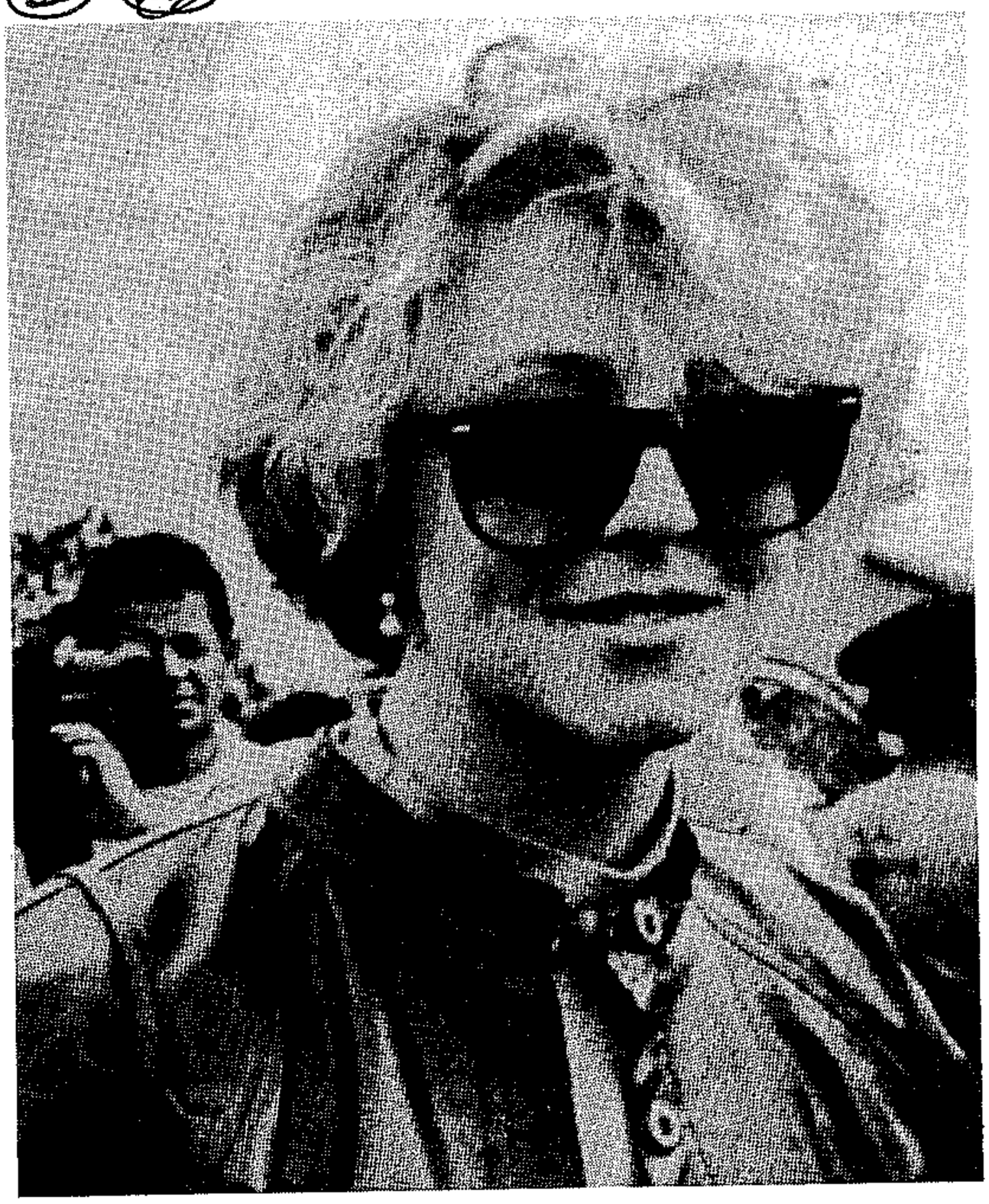
"This action can be interpreted as nothing less than the protection of the Minister of Health. I want to personally apologise to all the staff and patients at academic hospitals."

Boesak's original 25-minute documentary included interviews with a dozen medical personnel and the dean of the University of Stellenbosch medical faculty who warned of a looming catastrophe at the hospital.

Details which were not screened included controversy over a million rand cut in the expansion of the hospital since the beginning of the year, the freezing of posts, cutbacks on beds, the use of outmoded equipment in life-and-death situations and the turning away of seriously sick patients.

Boesak said the eventual broadcast of five minutes of the 25-minute programme followed by an interview with Dr Rina Venter was screened without informing her as producer of the programme.

According to Boesak, the editor of Agenda had agreed that the programme would be cut to 15 minutes followed by a debate between the minister and representatives of medical schools in South Africa.



CENSORED: Ms Elna Boesak in dispute with the SABC

"I find the manner in which Agenda glibly brushed over these serious problems totally unacceptable," said Boesak.

Mr Johan Pretorius, editor-in-chief of Agenda, said the SABC wanted to make doubly sure of all the facts before responding to Boesak's claims. He said the SABC regarded the matter in a serious light.

"If necessary we may have to implement our internal personnel regulations on the basis of our disciplinary code," he said with obvious reference to Boesak's public criticism of the SABC.

Health care comes on too strong — study

Southside 21/11/-27/11/91. 98

WHILE HOSPITAL facilities are desperately limited, available medical care resources are not being used in the most effective way. This is the finding of researchers at the Medical Research Council (MRC).

The research found high-level health care facilities are being used by patients who do not need them.

Researchers believe over half the days patients spent in a ward at a large academic hospital in Cape Town could have been spent receiving cheaper and less sophisticated but equally effective care.

The study, in the latest South African Medical Journal, showed nurses spent too much time attending patients who could have been treated at lower levels.

The aim of the study was to determine levels of care necessary as opposed to the amount of professional care provided.

The researchers also tried to estimate how much of the tertiary hospital's resources were being expended on patients who required lower-level care facilities.

Of the total number of patient days (the days every patient spent in the hospital), 54,5 percent could have been spent at a lower level of care, researchers found.

They said 27 percent of patient days could have been spent in a hospital that did not have full-time specialist care, while 20 percent could have been spent in a convalescent hospital with patients seeing a doctor only once every two or three days.

Home care would have been appropriate for 6,8 percent of patient days.

Dr Merrick Zwarenstein, the project's principal investigator, said health care could be provided more economically if more lower-level facilities — primary health care clinics or non-specialist hospitals — were available.

"To lighten the load for our specialist hospitals, primary health care facilities should be expanded and referral patterns improved," said Dr Zwarenstein.

"The plight of South Africa's public sector hospitals has been highlighted in the media over the last year. We must plan for and develop the necessary community health infrastructure if we hope to preserve our sophisticated tertiary health services.

"We must provide appropriate, affordable, quality health care which is accessible to the community."

He said work was necessary to confirm the findings at other hospitals, and a national plan needed to be formulated so that all hospitals and health care resources were used in a cost-effective, coordinated way. □

SABC may discipline Elna Boesak

By CHRIS BATEMAN

THE SABC may convene a disciplinary hearing into TV producer Mrs Elna Boesak's claims that her documentary reporting into the "life-threatening" crisis facing academic hospitals was "watered down to insignificance".

Mrs Boesak fired a fresh salvo yesterday, challenging the SABC to show the documentary in full and "let people decide".

Monday's Agenda documentary, compiled after several months of investigation and interviews at Tygerberg Hospital and the Medical Faculty of the University of Stellenbosch, was cut from 25 minutes to five minutes.

After this, Agenda screened an interview with National Health Minister Dr Rina Venter instead of a planned debate between the minister and top medical school experts.

Mrs Boesak said Dr Venter had used the platform to describe the brief TV insert on the situation, said by some participants to be a "national disaster", as a "misrepresentation".

"These actions by Agenda could be interpreted as nothing less than the deliberate protection of the minister, and such an interpretation could confirm claims that the SABC was an extension of the government," Mrs Boesak added.

Among the items cut were scenes showing "reject" ICU equipment being used on patients, and top specialists' claims that lives were at stake because of the million-rand hospital budget cutbacks.

SABC-TV news editor-in-chief Mr Johan Pretorius said yesterday that Mrs Boesak's allegations were regarded in a very serious light.

"We'll be dealing with them on the basis of our internal personnel regulations and, if necessary, according to our disciplinary procedures," he said.

"Our reputation is at stake," he added.

Mrs Boesak, at present on three months' maternity leave, said last night that while she did not question Mr Pretorius's integrity, "certain people made a decision which I cannot accept".

She would probably decide today whether to go through with the disciplinary hearing, or resign.

"I did what I did because I felt the public were not getting the facts," she explained.

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Abortion horror

(98) Sowetan 22/11/91.

Teenagers flock to Bara



SEVENTY women - some as young as 14 - were treated for botched abortions at Baragwanath Hospital this week.

The figure could be as high as 90 seen at the hospital from Monday to yesterday, according to a source.

Women go to Baragwanath Hospital as a result of incomplete abortions. They have to be treated by doctors who clean them and remove what they describe as "the product of conception".

Some women avoid the hospital and go to local clinics. Many die during the backyard operations.

By IKE MOTSAPI

Our sources estimated that the following number of women were treated at the hospital this week: Monday 15; Tuesday 37; Wednesday 13; Thursday 10. These figures could not be verified by the hospital yesterday.

Baragwanath's public relations officer, Mrs Hester Vorster, said doctors at the hospital's maternity section were compiling actual figures yesterday.

"Doctors were all busy in the wards and theatres yesterday," she said.

Vorster confirmed that a number of women came to the hospital daily, some for follow-up treatment.

Clinic fraud 'only R400 000'

By LEN KALANE

LESEDI clinic chairman Dr Nthato Motlana has refuted claims that the private hospital has been rocked by the embezzlement of nearly R6-million.

He acknowledged, however, that investigations were being carried out into allegations of misappropriation of funds against three senior managers.

He said R400 000 had been pilfered, as against the R6-million initially reported by City Press.

In a statement following City Press disclosures two weeks ago, Motlana said: "It is true that Lesedi is experiencing severe growing pains. Firstly, the number of beds increased from 78 to 235 in just one year.

"Secondly, the turnover increased from R6-million to over R9-million. This growth not only stretched management to the full, but also created opportunities for dishonesty."

Motlana added that extensive investigations by independent auditors were almost complete and the extent of the misappropriation was not expected to escalate beyond R400 000.

The Lesedi cash scandal was brought to the attention of City Press about three weeks ago by well placed sources who said R6-million had been misappropriated. Three managers had been implicated in the scandal which had been kept a closely guarded secret.

City Press established that one of the managers had resigned in the wake of the impending scandal, another had been fired and the third disappeared during a crucial board meeting when the subject of embezzlement was brought up.

The Lesedi statement added that last year a substantial loss was suffered during the structural expansion of the clinic. This matter was reported fully to the directors and shareholders.

The ongoing remedial measures will be reported to the shareholders later this month. A large portion of the loss was used to repay the expanded debt used to finance the 300 percent increase in capacity.

Motlana said financial restructuring at the clinic was receiving urgent attention.

Dr Motlana added: "It is not true that R6-million is missing or had been embezzled, nor is R6-million suspected to have been misappropriated."

to the 1990 level.

tals are, however, unlikely to

through the Russian Republic.

Lydplat lifts dividend

STAR 25/11/91

Finance Staff

Platinum investment group Lydenburg Platinum (Lydplat), a subsidiary of Old Mutual, has increased dividends by 10,8 percent to 205c (185c) for the year to October.

Earnings rose 12 percent from 231c to 258c, excluding a special dividend of 6 124 800 Potgietersrust Platinum (PPRUST) and 2 112 000 Leplatshares received from Rustenburg amounting to R27,4 million.

Lydplat derives a major source of its income from Rustenburg Platinum (Rusplats) and other platinum investments.

The total market value of its investments was R854 million at year end from R751 million last year.

Mossgas 'flares' first well

Mossgas's first production well on the FA gas field was completed last week with the first gas being flared on the production platform.

The platform stands in 105m of water, 85km south of Mossel Bay. STAR 25/11/91

In a statement on Friday Mossgas said the well would be capped until late in the first quarter of 1992 when on-spec gas from two production wells would be piped to the onshore plant approximatly 11km west of Mossel Bay.

Drilling on the second production well is due to commence at the weekend and will take approximately 81 days to complete.

The gas from the just completed well, which has been drilled to a depth of more than 3 000 metres below the seabed, is of an excellent quality and contains no impurities the statement said.— Sapa.

Medi-clinic profits up 32%

STAR 25/11/91

In spite of the prevailing economic climate, Medi-Clinic has reported a profit increase of over 32 percent for the six months to September.

The group said distributable profits were R12,95 million compared with R9,78 million durng the same period last year.

Earnings a share were 7,6c compared with 5,8c, while an interim dividend of 2c (1,5c) was declared.

The group said that in spite of the stringent economic climate, admissions remained at a satisfactory level. (98)

The board said that negotioans to sell part of the Mitchell's Plain Medical Centre are at an advanced stage.— Sapa.

More admissions boost earnings at Medi-Clinic

B|Day 25|11|91.

WILLIAM GILFILLAN

HELPED by a growth in admissions and higher operating margins, private hospital group Medi-Clinic reported an earnings boost of 32% to R12,9m from R9,7m for the half-year to September.

A dividend of 2c (1,5c) a share was declared on earnings a share of 7,6c (5,8c).

Operating income at the group, in the Rembrandt stable, rocketed 67% to R19m from R11m on a 21% injection in turnover growth. (No turnover figures were given.)

Although earnings were helped by the rise in interest received to R2,5m (R1,4m) this was more than offset by the sharp rise in the tax charge which jumped to R8,5m (R3,1m).

As the convertible debentures in issue were considered to be permanent capital, the interest charge was deducted below the earnings line.

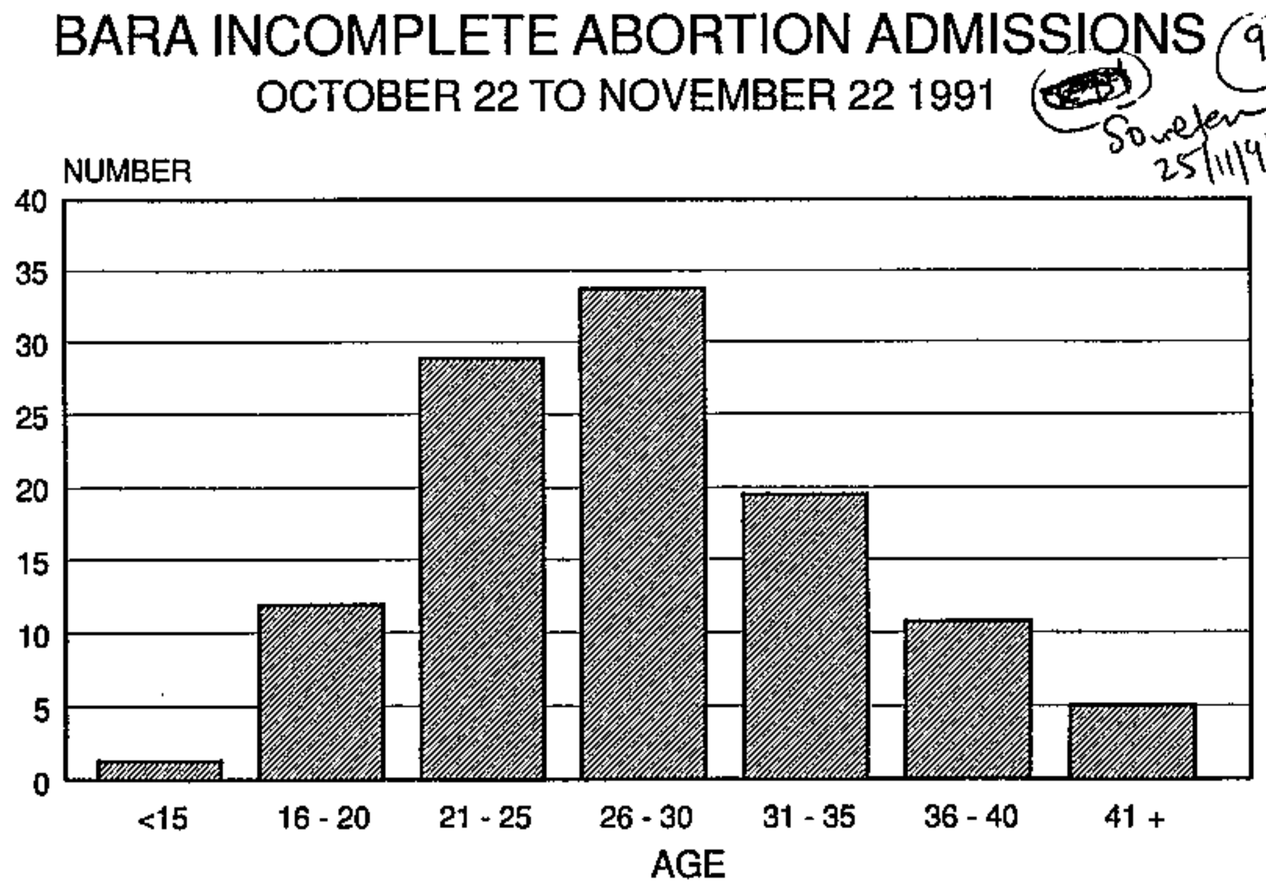
This debenture interest charge, at R4,32m, was slightly down on last year's R4,34m as debentures in issue had dropped to R78,5m from R79m.

Directors said occupancy levels were satisfactory despite indications that the average length of stay by patients was dropping.

They also said negotiations to sell — under sectional title — the unutilised area of Mitchells Plain Medical Centre were at an advanced stage.

The first patients at the new Stellenbosch hospital would be admitted in April next year.

Bara's abortion shocker



GRIM statistics released to *Sowetan* this weekend reveal that an average of 300 women are treated for incomplete abortions at Baragwanath hospital in Soweto every month.

By IKE MOTSAPI

For the period October 22 to November 22, about 288 women were admitted to the hospital's maternity ward for this kind of treatment.

These startling figures were supplied by Mrs Seugnet van Vuuren, public relations officer of Bara Hospital.

She was responding to a request by Sowetan to confirm that 70 women were treated for incomplete or botched abortions last week.

Breakdown

The official figure for the number of women treated from Monday to Friday last week is, in fact, 73.

Van Vuuren said the monthly average "of such cases here at Baragwanath is 300".

"With regard to the age breakdown of patients, very few are teenagers. Only 11,5 percent are under 20 years of age.

"The majority of women are in the 25-to 35-year age group.

"It is important to remember that not all these abortions are the result of interference.

"Although it is very difficult to obtain accurate figures, we estimate that about 60 percent are the result of interference and 40 percent are "spontaneous' miscarriages."

Figures for the week November 16 to 22 are:

16th: Nine;
17th: Five;
18th: Seven;
19th: 27;
20th: 13;
21st: 12;
22nd: 14.

A nurse, who declined to be named for professional reasons, has warned that women who opt for backyard abortions are risking death.

Killing

She says these women only think of killing their unwanted babies, but forget about the risks they are facing when doing so.

She said: "The risks these women are facing are either death or kidney failure.

"What normally kills these women is something called sepsis. This is when a person has an uncontrollable infection.

"The infection then develops into what is called disseminated intravascular co-ordination (DIC), which causes a lot of bleeding.

Death

"During this stage these women develop what is described as oedema. They become swollen and they no longer respond to treatment, resulting in death."

She says another complication which the women encounter is infertility.

"Those who survive suffer permanent psychological effects such as guilt."

Social worker Mrs Lizzy Mbele says causes of abortions are the following:

Problems

Ignorance;

They do not want the babies;

Failure of contraception;

Deception by boyfriends;

Women who want to hook boyfriends for marriage;

Unplanned pregnancies; and

Marital problems.

"There are lots of other factors, but these seem to be the main causes," she says.

Talkback Topic

Except under special circumstances, such as rape, abortions are illegal in South Africa. Do you think this is right? Do you think abortions should be allowed for those who want them?
Telephone popular Radio Metro DJ Tim Modise and share your opinion live with the nation on the *Sowetan*\Radio Metro Talkback Show between 5pm and 6pm today.
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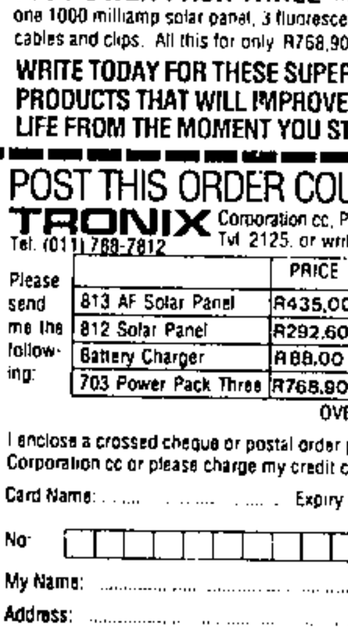

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Private hospitals ward off recession

B/Day 26/11/91.

WILLIAM GILFILLAN

RECENTLY announced interim and year-end results from private hospital groups had shown how well this sector had operated through the recessionary climate.

Yesterday Medi-Clinic — in the Rembrandt stable — announced interim results showing a 67% surge in operating profit to R19m (R11m) on the back of a 21% rise in turnover.

Although the 32% rise in earnings, at R12,9m, was more moderate, this increase was equally impressive after taking into account the sharply higher tax charge of R8,5m (R3,1m) endured by the group.

At the beginning of the month African Oxygen (Afrox) recorded a 29% jump in earnings to R83m for the year to September. The group is SA's second largest private hospital group.

Afrox's trading profit was up 20% to R215m on the back of a 15% turnover hike to R1m. Although it was difficult to analyse the growth of the healthcare division, chairman Peter Joubert said its contribution to consolidated profits had increased to 20% (15,5%).

President Medical Investments (Presmed), announcing its interim results, recorded operating income up 36% at R5,2m. Turnover, at R34m, was 41% higher while earnings surged 45% to R1,6m.

An industry source said Clinic Holdings, with about 2 600 beds, was the largest group and then came Afrox (about 1 900), Medi-Clinic (about 1 600) and Presmed (about 600).

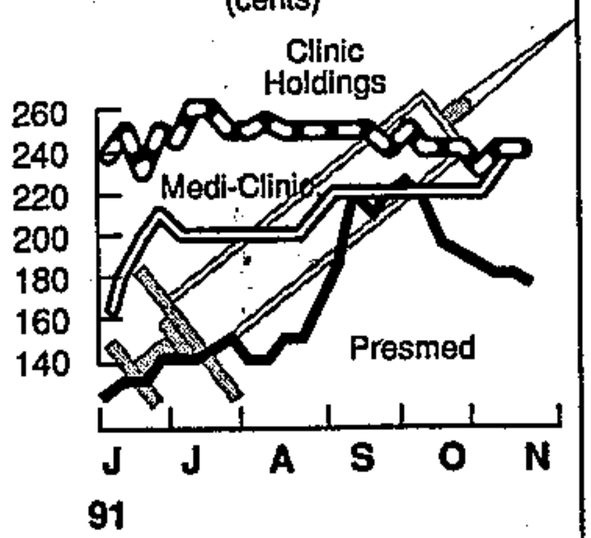
But the market had accorded the various "full" hospital groups — Clinics, Presmed, and Medi-Clinic — differing ratings. Presmed and Clinics, at about 8,8 and 9,1, had the lower price to earnings ratios whereas Medi-Clinic was given a ratio of about 12,1.

An analyst said one reason for this was that properties within the Clinics and Presmed groups were owned by outside entities who leased the properties to the hospital groups.

Medi-Clinic, on the other hand, owned the properties and so its shareholders benefit from capital appreciation in the properties.

Clinic Holdings, Medi-Clinic, Presmed

Share prices, weekly close (cents)



Graphic: LEE EMERTON Source: I-NET

Patients anger as Bara closes cafe

Sowetan 27/11/91 (98)

By ALI MPHAKI

THE closure of the only canteen at Baragwanath Hospital has irked most patients, who are now forced to leave the hospital premises if they want to buy.

Patients have now to walk about half a kilometre to the shops.

Depending on their illness, patients have either to wait for a Good Samaritan or limp their way through to the shops.

"The closure of the canteen is killing me as I have to use my crutches all the way outside the hospital and back," complained Mr Jabu Ximba, who is suffering from a broken thighbone.

Another patient, Mr Lucky Mompane, said the closure of the canteen showed the insensitivity of the hospital's administration toward its patients.

But Mrs Heister Voster, Baragwanath's public relations officer, said the canteen was closed after consideration.

"Our concern is the health of the patient, and we had to utilise any available space for their own good".

The canteen had been converted into a medicine store-room.

Private blood bank for city

CAPE TOWN will get its own private blood bank in January, when people concerned about health risks associated with tranfusions can build up their own blood supplies.

The Private Blood Bank of SA was established in Johannesburg earlier this month to provide "autologous" blood tranfusion services, in which a patient's blood is collected and then reinfused into his or her body when needed.

This method reduces the possibility of contracting Aids and other blood diseases, although SA is said to have the best transfusion service in Africa.

The charge for storing one 450ml unit of blood is R160 for the first nine months. After this it is reduced to R60 a year.

Advanced technology at the bank — which is operated by 22 staff members and has a storage capacity for 45 000 units of blood — allows for blood to be preserved for up to five years instead of the usual 35 days. — Staff Reporter and Own Correspondent

'Hopeless case', so ill boy sent home

South 28/11/-4/12/91. (98)

By Sabata Ngcai

A MENTALLY-RETARDED Guguletu boy, who has a pipe connected from his swollen head to his bladder, has been discharged by Red Cross Children's Hopspital because he is "a hopeless case the hospital could do nothing about".

According to the boy's father, Mr Maynette Tebene, three-year-old Ndumiso Tebene was discharged by the hospital two weeks ago "despite reeking wounds and smells all over his body".

Tebene said his son, who now stays with nuns at Missionaries of Charity Home in Khayelitsha, had undergone an operation at Cecilia Makiwane hospital in Ciskei for a swollen head.

He said a long pipe, connecting from head to the bladder, was put inside his body to drain water from the head.

"As I was then living in Khayelitsha, the nuns whom I had befriended, requested that I should leave the crippled child under their care to enable myself and my wife to look for jobs.

"It was during his stay at the home that he began to contract epileptic fits and was taken to the Red Cross hospital for treatment.

"I went to the hospital and I met a doctor from Groote Schuur who was apparently there on rounds. He told me that the cause of the fits was that the pipe was dirty and had blocked.

"The doctor, whom I did not identify, promised to transfer the child to Groote Schuur for treatment. But when I phoned, on the second day of the child's hospitalisation, I was told by a female nurse that I should come and fetch my child.

"After arguing with the nurses not to discharge the critical child, he was forcibly discharged and taken back to the nuns' home .

"The child was again returned to the hospital recently because his head had swollen terribly.

"He was discharged last week, after two weeks in hospital, despite smell, wounds and pus on his chest.

"He was dumped in the nuns' home because a doctor said there was nothing he could do about him.

"I also heard that the nuns have separated him from other people because of his smell and they had put a cross necklace around his neck and prayed for his death."

A sister in charge, who could only identify herself as "Sister Bertilla", confirmed a doctor from the Red Cross Hospital said the child was very sick and "a hopeless case".

She denied they had ever separated the child from others or prayed for his death.

Dr Buwembo could only say he treated the child and he was discharged "because it was time to discharge him".

Red Cross Hospital medical superintendent, Dr. Gilbert Lawrence, said the child was treated in the hospital since he was born three years ago.

"He is blind and seriously mentally retarded.

"A team of doctors, including our senior consultant, attended to the child.

"They unsuccessfully tried to remove a membrane from the brain to facilitate the flow of water from the head.

"The only option open to the doctors was to operate on the child.

"Because of the critical condition in which he was, we felt that the operation would have fatal results.

"We then decided that we should look around for a place where he could be cared for because we saw him as a terminally ill person.

"The doctor asked the sisters, who brought the child, if they could not look after him and they agreed.

"We did not abandon the child, we did our best to help him as much as we could."

Clinics at centre of charges row

98 99

DAVE LOURENS

THE Johannesburg municipal medical aid scheme has accused two private clinics of charging more than R100 for four disposable gowns which, it claims, should have cost just a few rands.

The clinics claim the scheme has got its facts wrong and that they have been unable to locate so cheap a gown.

Jomed vice-chairman Rhett Gardener yesterday accused private hospital chain Clinic Holdings of gross overcharging.

Gardener said serious overcharging on disposable surgical gowns at the Garden City and Rosebank clinics had been brought to his attention. Patients had been charged more than R100 for four gowns used during operations, and in one instance a patient was charged R323.

He said disposable aprons used by the Johannesburg Hospital cost only 50c each, and it was unlikely that disposable gowns cost much more. B1Dan 28/11/91

Garden City Clinic manager Dr Andre Nel rejected Gardener's allegations. "In our endeavours to cut costs, we have gone to considerable effort to secure a local operating gown which is much cheaper than those usually used. The local gown retails at R28,40, as opposed to R80. We would be grateful if Mr Gardener could assist us in locating a gown at 50c. Unfortunately he has not been able to do so."

Medicaid Administrators MD Jeff Slome said: "Problems are certainly not confined

☐ To Page 2

Clinics B1Dan 28/11/91

From Page 1 ☐

to Clinic Holdings; there are problems with the majority of private hospitals, stemming from the current system.

"It allows private hospitals to add all sorts of medicines and other items to patients' bills which they may or may not actually be using. The way around that is to introduce a fixed fee for certain operations, which would remove the incentive.

"There is also the problem of patients being kept in hospital for longer than necessary. This form of abuse is particularly widespread," said Slome.

Representative Association of Medical Schemes (Rams) executive director Rob Speedie said he had no knowledge of the Jomed-Clinic Holdings dispute but reports Rams had received from medical schemes indicated the loading of bills was a "fairly widespread" practice. The area of most disagreements was that of consumeables such as drugs, medicines and dressings.

"We need the automatic guarantee of payment to disappear to allow medical schemes to question accounts," said Speedie. "At the moment medical schemes have to pay up without question."

Proposed amendments to medical scheme legislation are at present before National Health and Education Minister Dr Rina Venter.

STMR 28/11/91 (98)

Plans shelved

The Government has decided not to continue with the envisaged building of three academic hospitals at the universities of Pretoria, Medunsa and Natal. It has been been decided, however, to continue with the upgrading of existing facilities.

Elna Boesak faces SABC disciplinary hearing

STINK (98) 3/12/91

CAPE TOWN — Two professors from Tygerberg Hospital yesterday supported television producer Elna Boesak in an SABC disciplinary hearing into allegations that she broke personnel regulations by criticising the corporation.

The SABC alleges that Mrs Boesak broke personnel regulations by criticising the SABC in the Press for cutting her documentary on the "life threatening" crisis facing academic hospitals to shreds.

Professor W L van der Merwe and Professor M L S de Kock of Tygerberg Hospital and the University of Stellenbosch Medical Faculty supported Mrs Boesak's view that the programme was "deliberately structured to support and protect the Minister of Health, Dr Rina Venter".

Professor van der Merwe said Tygerberg Hospital academics were unhappy with the way the documentary had been robbed of its essence during the four-and-a-half minute screening given on "Agenda".

Mrs Boesak had shown the academics a 25-minute edited version of her in-depth documentary which had been a "balanced view of the current problem at academic hospitals".

"We don't know what motivated the SABC to shorten the programme but the feeling among academics is that we support Mrs Boesak's view that the programme was restructured to support the Minister of Health and protect her stand on academic hospitals," said Professor van der Merwe.



Complained . . . Elna Boesak at the Sea Point SABC with SAUJ national organiser Karen Stander.

Mrs Boesak, the wife of ANC Western Cape chairman Dr Allan Boesak, was accompanied to the SABC building in Sea Point by her lawyer, Bashier Waglay, her advocate Denzil Potgieter and the national organiser of the South ern African Union of Journalists (SAUJ), Karen Stander.

Mr Waglay said: "Sadly, Mrs Boesak was allowed no legal representation.".

A three-man delegation from the SABC in Johannesburg declined to comment on the hearing, which continues today. — Sapa.

Clinics overcharge – surgeon

STAR 4/12/91

By Jacqueline Myburgh

Allegations of massive overcharging by private hospitals have been made by a top eye surgeon, Dr Edward Epstein, who is now retired.

A private investigation of his patients' accounts revealed incorrect charges amounting to 25 percent and in some cases 50 percent of the bill.

Dr Epstein was a world-renowned specialist in cataract surgery.

His allegations follow two claims that members of Jomed, Johannesburg's municipal medical scheme, had been overcharged by private clinics. This was denied, but sources claimed clinics were making between R1 500 and R2 000 per operation by "padding accounts".

Dr Epstein discovered that in the cases of three private clinic groups, patients were grossly over-charged. In most cases, "mistakes" he discovered were refunded by the hospital.

The over-charging included:

- Charging a patient for two and a half days in hospital instead of two.
- Billing "hi-tech" apparatus as being used in a sterile theatre and thereby also charging a theatre fee, though the apparatus was in fact used in a non-sterile room.
- Charging for 500 ml of an antiseptic solution when only between 20 ml and 50 ml was used.
- Charging for "disposable" instruments when normal ones were used. Thus an instrument costing R300 which is used over and over again each day is charged as disposable — at R104 per patient.
- Adding disposable knives on to accounts for operations in which they could not be used.
- Charging for surgery with an expensive laser — the Yag — while the cheaper one — the Argon — was in fact used.
- Charging a patient for two needles and one syringe for every injection, saying two needles were required to prevent infection. Dr Epstein said no doctor used two needles.

The amounts involved might seem small, but it all added up, he said. He blamed the current system of account payment for its abuse. Accounts were submitted directly to medical aid schemes by the hospital, and the patient and doctor were often denied access to them.

The medical scheme assessor often did not know what was used in the hospital and, if there were queries on any items, the patient was forced to pay for them, he said.

A type of "conspiracy of silence" among doctors has developed over the issue, according to Dr John Cowlin, managing director of Zandfontein Clinic and a director of Medicaid medical aid administrators.

"Doctors with rooms in private hospitals refuse to vet patients' accounts because they fear eviction," he said.

Dr Epstein claimed he had experienced this victimisation: After several queries about "mistakes" on his patients' accounts, he had been told to leave the clinic.

The National Association of Private Hospitals (NAPH), which represents 11 500 beds, has said the complaints of overcharging could not be addressed since none had been lodged with the association.

Graham Anderson, executive director of the Clinic Holdings Group, which is not represented by NAPH, rejected Dr Epstein's claims, saying he would welcome an investigation.

He said "nine times out of 10", account errors were found to be in favour of the patient and that if a doctor queried items he had not used, they could have been used by the nurse, anaesthetist or another doctor. He said errors were often "finger errors" made on the computers.

- Allegations of overcharging at private clinics have prompted the Medical Association of SA (Masa) to launch an investigation into the situation, director of Professional Services Dr Martin de Villiers said. Medical aid schemes suspecting overcharging have been asked to forward the accounts to Masa.

Boesak case: Unit had to use reject equipment

(98) (99) CT 4/12/91

By BRONWYN DAVIDS

FOOTAGE cut from an Agenda TV documentary had shown Tygerberg Hospital doctors having to use reject monitoring equipment in the coronary unit, an SABC disciplinary panel heard yesterday.

The panel sat for two days to hear evidence in support of SABC television producer Mrs Elna Boesak, who allegedly broke the SABC personnel code by speaking out after her documentary on crisis in academic medicine was cut from 25 to four minutes.

Mrs Boesak alleges that her documentary was cut and restructured in a way that protected the Minister of Health, Dr Rina Venter.

The panel chairman and SABC group personnel director, Mr Fred Coop, yesterday declined to comment, saying judgment would be given today.

Last night Professor Wynand van der Merwe of the Tygerberg Hospital anaesthesiology department and chairman of the Academic Personnel Society disclosed the contents of the footage cut from the documentary.

Professor Van der Merwe said Mrs Boesak had filmed doctors using equipment that had been rejected as being defective. The equipment was in daily use in the coronary care unit and the cystosocopy theatre (urological procedures).

Drastically reduced

"Doctors told Mrs Boesak that because of the shortage of equipment much more stress was placed on the clinicial expertise of doctors to look after the patient, whereas they would normally have been able to rely on sophisticated equipment for help," Professor Van der Merwe said.

He said senior staff in the paediatric intensive care unit had told Mrs Boesak that the number of patients admitted to the unit had to be restricted because nursing staff had been drastically reduced.

Professor Van der Merwe who, with the dean of medicine at Stellenbosch Univeristy, Professor H P Wasserman, and urology department head Professor Thinus De Kock, supported Mrs Boesak, said the programme had to be screened.

"The programme shows the extent of the problem faced by all the major academic hospitals."

He said the universities of Natal and Witwatersrand's medical facilities were in a worse shape than Tygerberg's.

There appeared to be no end in sight. Dr Venter had spoken of the autonomy of academic complexes.

"This would take away the red tape, but that does mean there will be funds to replace the equipment," Professor Van der Merwe said.

Yesterday Professor Wasserman submitted an affidavit in which he said a good documentary had been suppressed as an embarrassment to the government and Dr Venter, because it highlighted the conditions under which academic hospitals were operating.

● **Dispute: SABC staff 'concerned' — Page 6**

SABC to show full Elna film

CT 5/12/91

(98) (460)

By DANIEL SIMON
and YAZEED FAKIER

THE SABC is to re-screen in full a documentary compiled by Mrs Elna Boesak on the crisis facing academic hospitals after it showed a watered-down version during an interview with Health Minister Dr Rina Venter on a TV1 Agenda programme.

The corporation's decision came after an SABC disciplinary panel found Mrs Boesak guilty of breaking two regulations of the staff code by publicly criticising the SABC for editing her 25-minute documentary, which showed "life threatening" conditions in Tygerberg Hospital.

Mrs Boesak complained to the press after a five-minute version of her documentary was screened on TV1's Agenda programme, saying that it had been edited so as to protect Dr Venter.

Following this week's two-day disciplinary hearing, it was recommended that Mrs Boesak be given a final written warning. It was also recommended that Mrs Boesak retain her position as specialist producer but be placed under the editorial control of the SABC in Cape Town.

Before the documentary rumpus, Mrs Boesak in her capacity as a specialist producer reported directly to the executive producer of Agenda in Johannesburg.

The panel's judgment and recommendations must be confirmed by the director-general of the SABC, Mr Wynand Harmse.

SABC senior executive of television news Mr Christo Kritzinger said that given the public interest in the matter and the outcome of the disciplinary hearing, the corporation had decided it would re-screen the documentary in full.

He added that he wanted to "emphasise" that the editing of the documentary had not been an attempt at censoring Mrs Boesak's work.

Commenting on the outcome, SA Union of Journalists national organiser Ms Karen Stander said she and Mrs Boesak feared the panel's recommendations could have implications for her job and possibly make it impossible for her to remain with Agenda as a specialist producer.

Reacting to the finding, the Western Cape branch of the ANC said last night it was "time that the SABC realises it is paid by — and is supposed to serve the interests of — the public and not those of the Broederbond and its members".

The finding was "even more scandalous" in view of the severe crisis the government had caused in the health service.

'Vision needed in medical services'

Sowetan 6/12/91

Access vital to health system

OVER the past 15 years a number of authorities have lamented the inadequacy of occupational health services in the country.

Yet the solution is plain - worker access to a comprehensive health system.

This is supported by two recent South African articles that have proposed models for occupational health services.

Myers and Macun look at the organisation of services on a national level.

Throughout the world attempts are being made to improve equity and efficiency in health care by providing comprehensive care through primary care teams in community health centres that are close to work or home.

To be most effective, however, primary care needs support from, specialist services. In common with other special areas of health care, such as mental health, child health or rehabilitation, occupational health is at present cut off from general health care, rendering the service fragmented and inefficient.

An article in the latest issue of the *South African Medical Journal* says comprehensive care requires that prevention be linked to cure. Occupational health and safety emphasises prevention of work-related injury and disease by improving the working environment.

But workers - like everyone else - want easy access to a service that offers relief symptoms. They want a cure. Preventive services, aimed at avoiding risks of events in the distant future, are unlikely to win popular support and co-orperation if injuries and disease are not diagnosed and treated.

Curative services have the further advantage of repeated contact with individuals, allowing ongoing surveillance, and early detection of occupational disease.

Detecting disease, whether through screening examinations or individual consultation, helps target preventive action. Preventive measures, such as industrial

By MOKGADI PELA

hygiene, can have a substantial impact on public health, but this can only be realised with sufficient resources.

This continual welding of preventive and curative functions requires special skills. Despite growing public awareness of work-related diseases, most doctors usually fail to take an appropriate occupational history, lack a rational diagnostic approach, and are unfamiliar with criteria and procedures involved in compensation claims.

Providers of primary care need to consider work-related causes in relation to many diagnoses, especially concerning malignant disease and illnesses of the respiratory, dermatological and nervous systems.

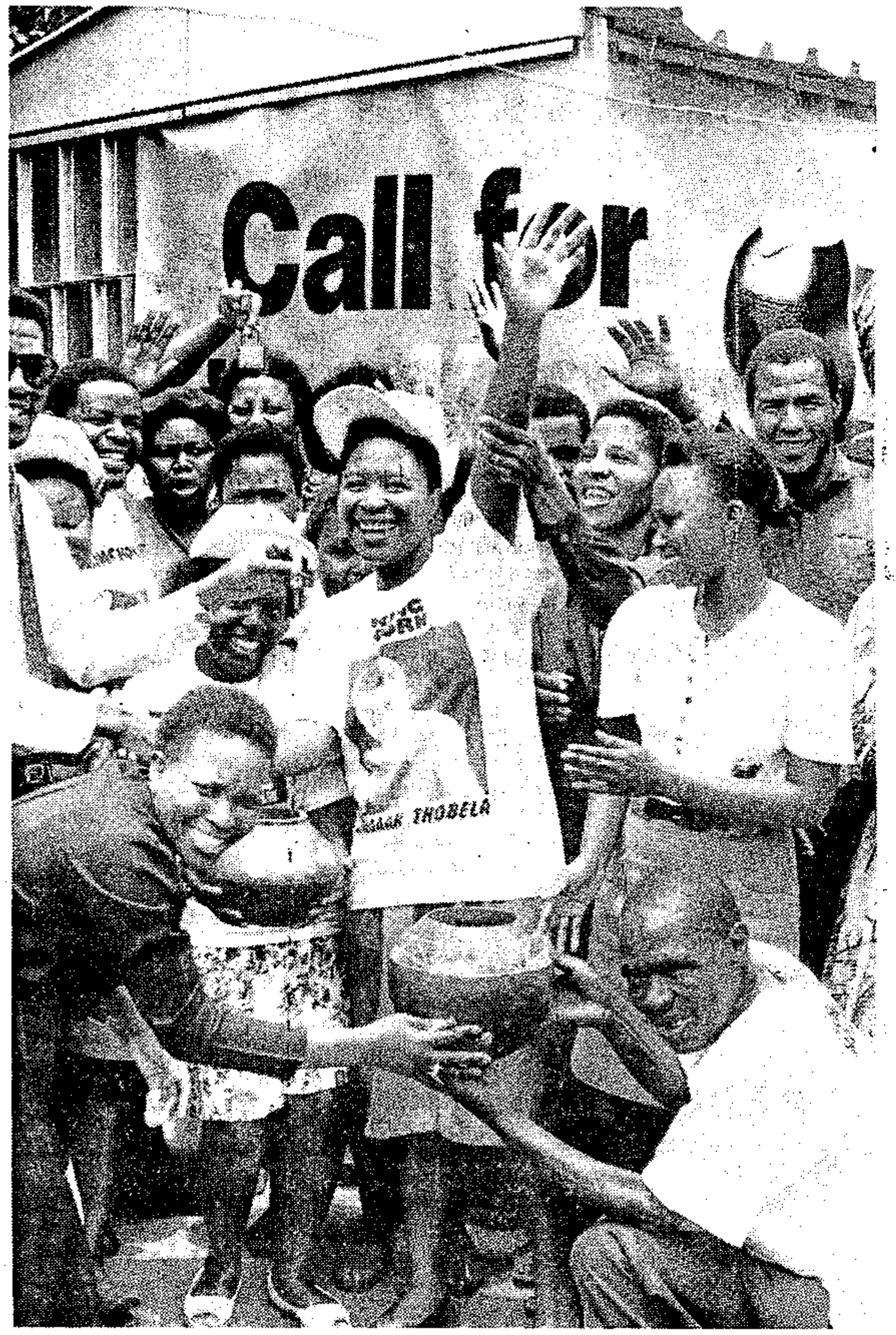
Occupational health practice requires particular abilities, such as history taking -'with a knowledge of typical hazardous exposures in each occupation.

Health worker training programmes in South Africa need more emphasis on work-related disease. Primary care professionals, whether family doctors or nurses, need to be aware of how their patients' health is influenced by the social, physical and occupational environment.

In addition, there is a need for more and improved training of occupational health physicians, workers, factory inspectors and industrial hygienists.The goals may best be implemented in training institutes that have close links with occupational health services, so that learning is based on practical experience.

The SAMJ argues that these demands are not Utopian. If health services are to be extended to those who need them most, with a greater emphasis on prevention, then occupational health should be accommodated.

The suggested changes are feasible and affordable. But in this field South Africa needs vision and determination.



Mrs Thembi Khumalo of Orlando West receives the key of the door from Mr Colin Nxumalo for the new King Korn hut she won. Mrs Khumalo, who was surrounded by friends and well-wishers at the presentation, also won hundreds of rands worth of groceries with which to start her own business. There were nine other winners in the contest.

FUND CUTS TIE DOCTORS' HANDS AS TAXPAYERS' HEALTH SUFFERS

Hospital 'chaos' as wards 'wasted'

ST Times (CM) 8/12/91.

(98)

WARDS and operating theatres are standing unused at city hospitals, including Somerset Hospital which is being given a R20-million revamp — a situation that doctors have described as a "scandal" and "shocking state of affairs".

By KURT SWART

Dr John Sonnenberg, a city councillor and member of the Somerset Hospital board, lays the blame for the medical crisis at the feet of the government.

In an angry broadside, he said health services were a "shambles" and that overworked medical staff were fighting a losing battle with dilapidated equipment and shortage of funds.

"The effect of the ideology of apartheid on health planning is directly to blame for the chaos. The chickens are now coming home to roost," Dr Sonnenberg, former health spokesman for the former Cape Provincial Council, said this week.

He was responding to a complaint by a city doctor who described the underuse of facilities at Somerset Hospital as a "scandalous waste of taxpayers' money".

Because of the lack of funds and staff at Somerset Hospital, some wards and a suite of four "small and outdated" operating theatres were not being used, Dr Sonnenberg said.

"Overworked staff members have their jobs made all the more difficult by having to work with faulty, outmoded equipment which is falling to bits and should be on the scrapheap.

"Posts have been frozen and the impression given that the hospital is fully staffed, when in fact more posts need to be created."

The conditions at Somerset Hospital were similar to those in provincial hospitals throughout the Peninsula, said Dr Sonnenberg.

"At Groote Schuur wards are not being used and I believe the situation is the same at Woodstock, Victoria, Red Cross, Conradie and Tygerberg.

"Hospitals are operating on shoestring budgets. Generally it's a chaotic state of affairs caused by maladministration and reflected in a countrywide dropping of standards. Johannesburg General is in terrible shape and Baragwanath is falling to bits."

Strong

Dr Sonnenberg expressed sympathy for National Health Minister Dr Rina Venter. "She has a small budget and because she isn't a strong minister she is unable to demand more money."



STRANGLED ... Samantha Jenkins, 11, whose half-naked body was found near her family home

Girl, aged 11,



STRANGLED ... Samantha Jenkins, 11, whose half-naked body was found near her family home

Girl, aged 11, found raped and strangled

By EUGENE ABRAHAMS

A FRANTIC all-night search for a missing 11-year-old schoolgirl ended in horror yesterday morning when the family dog found her half-naked and mutilated body less than 100 metres from her house.

Police believe that Samantha, a Std 2 pupil at St Mary's Primary, had been raped and then strangled to death.

Samantha, of Runge Way, Retreat, was last seen at 8.15 pm on Friday night when she went into a backroom of her home to make a bed.

Her father, Mr Samuel Jenkins, became worried when he could not find her in the house and started to search for her.

Neighbours and relatives joined in the search which continued until the early hours of the morning. After a break of a few hours, they resumed the search early yesterday morning.

While the hunt was continuing in the area around her home, the searchers were alerted by the barking of the family's dog, Butch, and went to investigate.

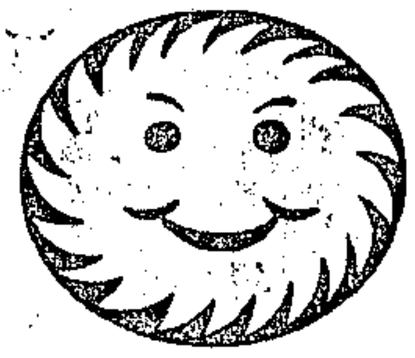
They found her half-naked and mutilated body concealed in grass next to the Cafda Primary School.

Shorts

She was wearing only a T-shirt and was naked from the waist down. Although her panties were found near her body, the knee length shorts she had been wearing could not be found.

The police, who have opened a docket for murder and rape, have appealed to anyone who can assist them to contact the investigating officer, Det-Constable Mervin Kannemeyer at ☎ (021)-7011391 or to call ☎ 10111.

WEATHER WATCH



The Weather Bureau's forecast summary for today:

Cape Peninsula and Boland: Cloudy and cold with showers, but clearing partially. Wind south-easterly. Cape Town temperatures: Min 12°/Max 17°.

Western Cape Coastal Belt: Cloudy and cool. Wind fresh south-easterly.

Overberg and Coastal Belt to Mossel Bay: Cloudy and cold with light rain. Wind moderate south-westerly becoming southerly.

Namaqualand and the South-Western Cape Interior: Cloudy and cool with isolated showers clearing partially.

West and Central Cape: Cloudy and cold with showers along the coast, clearing partially over the west and south-west coast later. Over the interior it will be cloudy and cool with scattered showers or thundershowers clearing partially from the west later.

New rescue station at docks

THE National Sea Rescue Institute's new Table Bay rescue station, costing R300 000 and featuring a glass boathouse, was opened yesterday.

The new complex — considered to be the flagship of the NSRI's 24 stations nationally — consolidated two NSRI stations within the Cape Town harbour area and is located at Quay 4 at the Victoria and Alfred Waterfront.

same at Woodstock, Victoria, Red Cross, Conradie and Tygerberg.

"Hospitals are operating on shoestring budgets. Generally it's a chaotic state of affairs caused by maladministration and reflected in a countrywide dropping of standards. Johannesburg General is in terrible shape and Baragwanath is falling to bits."

Strong

Dr Sonnenberg expressed sympathy for National Health Minister Dr Rina Venter. "She has a small budget and because she isn't a strong minister she is unable to demand more money."

The alleged censoring of Mrs Elna Boesak's recent SABC television programme on the medical crisis had been an attempt to spare the minister and the government embarrassment, Dr Sonnenberg said.

The government had woken up 10 years too late to the fact that massive amounts should have been spent on day hospitals and clinics "instead of building big academic disease palaces".

Ten years ago "more progressive people" had realised the country was facing a tremendous health crisis, but warnings were ignored, Dr Sonnenberg said.

The government had duplicated medical services in the homelands and the tricameral parliament had produced further fragmentation.

When the government commissioned a multimillion-rand extension of Groote Schuur hospital in 1980, he had pleaded for more medical institutions on the Cape Flats, Dr Sonnenberg said.

"They laughed at us when we asked for hospitals to be built in Khayelitsha and Mitchells Plain 10 years ago. Instead millions were spent on big, half-used edifices."

Care

There was a need for big academic hospitals for training, research and the treatment of difficult cases.

"However, these hospitals are being inundated with daily cases and the sort of patients who could have benefited from skilled primary health care staff at smaller, community-based facilities.

"People should not have to trek into city centres for health care. Johannesburg General stands half-empty."

Cape Provincial Administration spokesman Mr Andries Visser confirmed that a Somerset Hospital theatre suite had been "mothballed" because of the rationalisation of services and shortage of funds.

"The hospital has been reorganised for optimal use. There is absolutely no waste of money."

Hospitals unable to treat extra patients

B|Day 9/12/91.

DAVE LOURENS

AMID fears that major medical aid hikes will drive patients out of private hospitals, the Transvaal Provincial Administration (TPA) has said it does not have enough money to provide services to an increased number of patients.

Medical aid scheme administrators fear subscriptions may rise by up to 40% in the new year, forcing many patients out of the private health care sector.

The TPA confirmed at the weekend that 2 400 beds in 80 hospitals under its control were not used because of a shortage of funds and personnel. If patient numbers increased more medical staff would be needed to cope with the workload, a spokesman said.

Proposed amendments to the Medical Schemes Act have sparked calls for National Health Minister Rina Venter's resignation.

The Medical Association of SA (Masa), which represents about 13 000 of SA's 24 000 doctors, led the growing body of organisations demanding that Venter step down.

The Representative Association of Medical Schemes (Rams) is adamant the amendments are needed to keep medical aid costs within reach of private individuals.

They are supported in this view by brokers Price Consultants. Joint MD Bryan Hirsch said the whole medical aid system was collapsing with growing numbers of schemes facing insolvency.

"Despite the steep rise in medical aid contributions, the gap between the Rams scale of benefit tariff and the tariff recommended by Masa is widening. This means people are paying higher medical aid fees and getting less," said Hirsch.

Rams has consistently supported the introduction of managed health care systems, citing the example of the Vaalmed scheme in Vanderbijlpark which serves 20 000 members at about 60% of conventional medical schemes costs.

Masa federal council chairman Dr Bernard Mandell said Masa rejected the proposed amendments and called for a joint consensus forum representing all health role players.

In addition to Rams, Venter has received support from other health-related interest groups, such as the National Council Against Smoking.

Director Yusuf Saloojee said in the past other ministers had made appropriate noises but taken no action.

"Minister Venter has shown courage and a belief in doing what is right for public health. It would be disastrous if she was forced to resign now."

dling conditions, the group improved its position
t of R1 827 000 to a profit of R4 899 000. The net

Bank still supports clinic despite missing funds

Sowetan 9/12/91 (98)

By JOE MDHLELA

THE First National Bank will continue to support Lesedi Clinic despite reports to the contrary, said chairman of the clinic Dr Nthato Motlana.

Motlana said the board of directors were investigating instances of misappropriation by three senior managers.

"Appropriate action will continue to be taken to recover as much as possible of the missing R400 000. Extensive investigations by independent auditors are almost complete and the extent of the misappropriation is not expected to escalate," Motlana said.

He said the reports which gave the impression that R6 million had been embezzled were mischievous and could not be substantiated.

Motlana said the misunderstanding that existed between the clinic and its staff had been resolved.

"The union and management resolved the misunderstanding and the clinic is now running smoothly," he said.

He dismissed as untrue earlier Press reports that the FNB would pull out because of the misappropriation.

"The truth is that the FNB has been supportive. It is totally untrue to suggest that they are pulling out. They are in fact our major financiers," he said.

Motlana explained that Lesedi was experiencing "severe growing pains."

"The number of beds have increased from 78 to 235 in just one year. The turnover increased from R6 million to over R9 million.

"This growth not only stretched management to the full, but also created an opportunity for dishonesty," Motlana said.

Thefts of cars hamper Soweto health services says TPA chief

Sowetan 10/12/91 (98)

By ISAAC MOLEDI

THE Transvaal Provincial Administration's health services department warned yesterday that it might suspend services rendered by the Soweto Community Health Centres if thefts of its vehicles continued.

Since December 1989, the centre has had 35 vehicles of the Community Health Centres stolen at gunpoint by robbers.

Dr Pieter van den Berg, the TPA's chief director of Hospitalisation and Health Services, said at a Press conference at Baragwanath Hospital that intimidation of staffers and the theft of cars had seriously hampered essential services to the Soweto community.

Services affected include district nursing, which involves the treatment of diabetics, paraplegics and elderly patients at home, the inter-clinic transportation of patients and the supervision of clinics.

He warned that if the situation was allowed to continue the clinics affected would not be able to replace the stolen vehicles and that the TPA would be forced to suspend the services.

Van den Berg said Baragwanath Hospital was not big enough to accommodate the outpatients if the services were stopped.

"At present, the hospital treats more than 3 000 outpatients every day. We expect the number to increase if we have to suspend the services," he said.

Van den Berg said he expected the situation to worsen unless the community assisted the centre.

"Many people are still under the impression that by stealing a Government vehicle they were injuring the Government and not themselves.

"People should know that these cars belong to them and render services to them.

"We appeal to our people in Soweto to help centres in their areas by reporting such matters to the police whenever robbers steal these cars in their presence," said Van den Berg.

West Rand hospice needs funds urgently

STAR 11/12/91.

Staff Reporter

Hospice-in-the-West, an independent organisation which for the past 10 months has been rendering free services to terminally ill patients on the West Rand, this week appealed for donations from the public.

Director Marisa Wollheim said her organisation, an affiliate of the Hospice Association of South Africa, depended on volunteers in its work and faced a bleak new year as "funds are drying up".

Calendars

"We have started with fundraising in the area by selling tapes, calendars and Christmas cards at our Krugersdorp offices, but this is not enough," said Mrs Wollheim.

"Next year we will need more volunteers as we plan to create hospice sub-committees for each area on the West Rand."

Patients cared for by Hospice-in-the-West were from Roodepoort, Krugersdorp, Randfontein, Carletonville, Westonaria, Magaliesburg and Kagiso.

The hospice body has two full-time staffers and a few volunteers.

The organisation has been rendering services in pain control and pain management, symptom control and nutritional guidance.

The hospice body has also been providing basic nursing, Mrs Wollheim said.

Families

"We had also been making available caregivers to families," she said, adding: "We have attended to about 80 families since being established."

Donors and volunteers should write to: Hospice-in-the-West, Box 1694, Krugersdorp 1740.

Telephone inquiries can be made on (011) 953-4863 or (01382) 131.

STAR 11/12/91.

Clinic's bill over R1 000 too much

98

By Jacqueline Myburgh

The delivery of baby Amy Duke in the Park Lane Clinic in January could have cost her parents almost R1 400 more than they paid, had it not been for her father Neil's vigilance.

Mr Duke, an electrical technician, said the account from the private hospital contained errors amounting to more than R1 000 and when he queried certain items, the Park Lane credited the account without fuss.

"How many people aren't checking their accounts and are paying more than they actually owe?" he asked.

Mr Duke's story comes amid accusations from various quarters that "mistakes" in private hospital bills are in fact deliberate over-charging. Clinics have denied such practices.

Errors on the account for Amy's delivery included:

- A charge of R900 for disposable stitch cutters — neither Mrs Duke nor her baby received stitches.
- R350 nursery fees — Amy was never in the nursery; she was in the neo-natal unit from birth and received a separate account.

Mr Duke's initial account was R2 947,86.

Clinic Holdings, which owns the Park Lane, has rejected the suggestion that "mistakes" on hospital bills are deliberate.

"Like in any other businesses, mistakes do occur," executive director Graham Anderson said. "But if they are brought to our attention we correct them."

Mr Anderson expressed regret that incidents of overcharging were regularly reported in the press, but that the frequent "undercharging" on accounts was never reported.

But Medscheme, the administrators of Mr Duke's medical aid, are concerned at regular reports of errors on private hospital bills.

Managing director Keith Hollis said rigorous checks conducted on all accounts revealed many mistakes.

Medicines racket being investigated

Own Correspondent

DURBAN — A special police unit has been established to investigate criminal networks which are plundering scheduled medicines worth millions of rands from South African institutions and feeding them back into legitimate markets.

The medicines, most of them prescription drugs of Schedule 3 and upwards, are disappearing in massive numbers from within the pharmaceutical industry, and also from provincial and state hospitals.

Pharmaceutical Manufacturers' Association executive director John Toerien said today nobody could get to the bottom of how medicines re-entered the legal market.

"Those on Schedule 3 and upwards can only be held, sold or prescribed by doctors, pharmacists, dentists and veterinarians."

* Language: English - 16 Afrikaans

NATIONAL/INTERNATIONAL

Doctors on Elna's programme talk of 'emotional strain'

(98) ARG 12/12/91

DENNIS CRUYWAGEN
Staff Reporter

DOCTORS at Tygerberg Hospital daily made ethical decisions on the treatment of children which put them under emotional strain, said specialist paediatrician Dr Robert Gie in the controversial programme produced for Agenda by Mrs Elna Boesak.

The SABC screened the full 25-minute programme on academic hospitals in its Breakfast TV slot today because of the interest and "controversy" around it, presenter Bettie Kemp said.

Segments of the programme were shown on Agenda on November 18.

Mrs Boesak subsequently complained to the Press that the documentary had been edited in such a way as to protect Health Services Minister Dr Rina Venter.

Last week a two-man SABC disciplinary committee found her guilty of breaking the corporation's staff code.

Mrs Boesak's full programme painted a bleak picture of conditions at academic hospitals.

She said: "In countries such as Britain and America, appointments at academic hospitals are sought-after positions. But this is not the case in South Africa. Financial cutbacks are a big problem."

On the night that the Agenda team visited Tygerberg, the trauma unit had informed Metro that it could not accommodate more patients.

Trauma head Dr Richard Muller said he had a staff of 13 when the minimum requirement was 20.

"If I have to cut the staff by 10 percent I would have to think of closing the unit and turning it into casualty."

Head of Urology Professor Thinus de Kock showed viewers a fully equipped theatre which has not been used since 1979 because it had not been provided with an operating table. It now serves as a storeroom.

Because of the financial cuts doctors were working longer hours and the morale of interns was low, said Dr Heinz Modler.

Colleague Dr Tony Browning said: "The pressures on us are increasing and we have little time for research."

Dr Gie said the public did not realise that health services staff worked under tremendous pressure.

Colleague and specialist paediatrician Professor Budgie van der Merwe said the unit was not working to its full capacity. Twenty of 40 beds were being used.

"We cannot handle big numbers if we want to deliver a good service."

Dr George Watermeyer, deputy director-general of hospital and health services, Cape Provincial Administration, said in the programme that the administration would continue "to give a top-class medical service".

su

ing

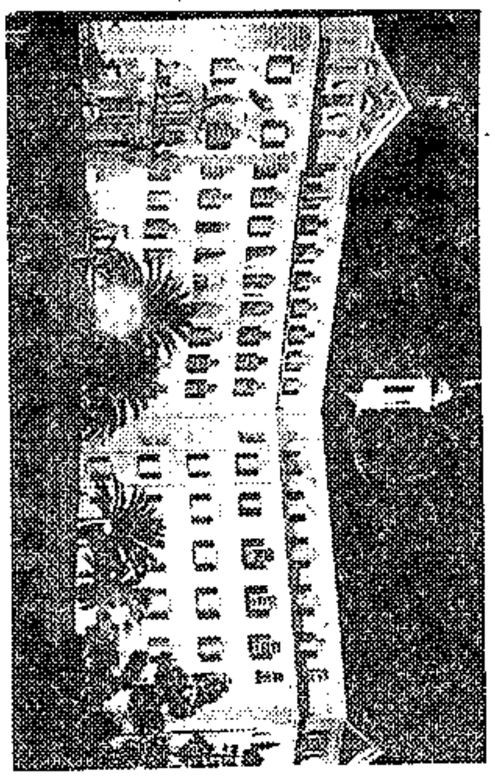
* Criticisms: Age group

CRITICALLY EVALUATE ÑANSA'S TARGET MARKET DEFINITION.

* Definition

* Image portrayed: Enjoyment vs Health consciousness

Groote Schuur staff dreading trauma upsurge



Groote Schuur Hospital ... facing three weeks of trauma.

DENNIS CRUYWAGEN Staff Reporter

OVER-STRETCHED staff at Groote Schuur Hospital's trauma unit are dreading the upsurge in violence expected in the next three weeks, peaking at Christmas and New Year.

"Violence is threatening to overwhelm the country's medical services, especially in the Cape. We are barely coping at the best of times," the unit's acting head, Dr P C Bautz, said today.

Groote Schuur's trauma unit was functioning at maximum levels, but was stretched to breaking point every weekend, when the doors were frequently closed.

"We are dreading what's going to happen in the next three weeks. We have the highest trauma rate in the world. America can't compete with us. It's almost a daily event, this rumbling that goes on outside."

Huge demands would be placed on Groote Schuur when factories closed next week, and on Christmas Eve, Christmas Day, New Year's Eve and New Year, he said.

"Workers must be careful next week. People know that they are getting paid and will be waiting to prey on them. There are many illegal guns floating around and it is no longer a case of patients being knocked over the head," said Dr Bautz.

High bed demand

The demand for beds is high. "At weekends, and on Mondays and Tuesdays our beds are often full."

"Because of the heavy workload and trauma that comes in, the entire staff is over-stretched. The level of anxiety and stress caused by these patients is unrivalled in other professions."

Many of the patients admitted to the unit were under the influence of alcohol, he said.

"This also increases stress levels because they often become abusive."

Less severely injured patients may find that they have to wait many hours before being seen by a doctor.

"Patients at knife's edge must get priority. Patience on the part of patients will be greatly appreciated. We are doing our best, but we are completely snowed under," said Dr Bautz.

If his wishes were granted the people of Cape Town and visitors would stay indoors and drink less.

At Somerset Hospital, at average of 80 patients, the majority of them accident victims, were treated in the emergency section every 24 hours, said medical superintendent Dr P J W Roux.

He appealed to the public to check safety measures at swimmimg pools.

"Pools are our biggest problems. We see a lot of drowning victims... far too many."

The victims were usually toddlers who appeared to be fascinated by water.

"I've seen some real tragedies in the past few years. The tragedy is that even if one saves toddlers they usually have brain damage."

(Turn to page 2, col 8)

98 ARGUS 12/12/91

24-hour trauma unit opens

(98)

STAR

13/12/91

Staff Reporter

Garden City Clinic in Johannesburg has opened a fully equipped 24-hour trauma unit to provide for rapid treatment in cases of extreme medical emergencies.

The R5 million unit is the first in a private hospital and one of only three in South Africa (others are in Johannesburg and Groote Schuur hospitals).

The unit caters for adult, paediatric and neo-natal emergencies which include trauma (head injuries; pedestrian, motorbike and crash injuries; stab wounds; gunshots; burns; traumatic amputations; and spinal column injuries); assault and rape cases; and medical, surgical as well as obstetric emergencies (ectopic pregnancies, emergency deliveries and miscarriages).

Clinic Holdings chairman Barney Hurwitz said yesterday the ultramodern unit had doctors, nursing staff, a radiographer and a laboratory technician on site "24 hours a day, seven days a week and 365 days a year".

The unit also has special resuscitation trolleys, a pathology laboratory and a 24-hour helicopter landing facility.

"Members of the public should be encouraged to use the facilities in an emergency," Mr Hurwitz said.

Treatment is shabby - patients

Sowetan 13/12/91. (98)

By IKE MOTSAPI

MORE than 300 patients at Santa TB Hospital in Soweto yesterday staged a lunch-time demonstration to protest against what they described as "unhealthy food".

The singing and chanting patients refused to eat and alleged that they had been treated shabbily "because we happen to suffer from TB".

A spokesman for the patients, Mr Simon Nkoana, accused the authorities of not caring for the welfare and care of the sickly people.

He claimed that:

* Patients are starving;

* The authorities do not allow patients to go outside to buy better food;

* The kitchen is stinking and unhealthy; and that

When food is available, patients are forced to eat rice and chicken almost everyday.

Nkoana said: "We are really having it tough here. We are even forced to buy milk whenever we need it.

"When we complain that we do not get meat, we are told that we should go and slaughter sheep and goats ourselves."

A Mr Swanepoel, an official at Santa, refused to talk to *Sowetan*.

Santa PRO Ms Julia van Heerden said: "The problem arose when the kitchen was being renovated. Everything is now back in place."

Blowing the whistle on the gravy train

W Mail 13/12 - 18/12/91. (98)

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid



A VERY ill 80-year-old man in Johannesburg, a mere fortnight away from his eventual death from cancer of the pancreas, was subjected to a battery of the most expensive and sophisticated tests and procedures by a phalanx of doctors attached to his private hospital.

The tests were all carried out in the same group of private hospitals, but necessitated trips in ambulances to various appliances. And he would have been spared countless other uncomfortable procedures if anybody had listened to his own private physician. The physician knew the end was close and had suggested simply making the patient comfortable till the end.

One of the reasons why nobody listened involved the inevitable hopes and pressures of a family resistant to the notion that the patriarch was dying — but another reason was that the elderly physician was not hooked into that particular private hospital chain, and had no financial incentive in forcing the dying man through extra tests.

The other doctors, however, all operated their lucrative private practices out of the group of hospitals — which in turn owned all the expensive equipment, which needed frequent use to recoup the capital expense and considerable running costs.

One of the tests involved the use of a Magnetic Resonance Imager (MRI) scanner, a piece of equipment which costs many millions of rands in capital outlay and maintenance. There are at least 13 in private hospitals and clinics in this country and two in public or state-owned hospitals. This is considerably more than there are in the United Kingdom, which has some 60-million inhabitants compared to our 38-million.

What's more, those with access to such equipment here total six or seven million — or some 18 percent of the population. This defies rational medical explanation in an environment where there is not enough money, for instance, to give every woman a pap smear to detect cervical cancer.

Describing how this happens helps to explain some of the extraordinary spiralling costs in medicine. It's a tale, too, of corruption and questionable ethics — and the main victim, of course, is the health consumer of the nation.

The private hospitals, many of which have spent millions of rands sprucing up their image, need to have their facilities used in order to make a profit — their *raison d'etre*.

To do this, they rent space to doctors, often at subsidised low rentals. The doctors are expected to keep the hospital beds full and to use the expensive equipment, which has been bought partly to attract doctors who like to have the use of fancy hi-tech equipment. Of course, patients play a role in this too because it is comforting to know that fewer mistakes will be made when the Cat-scan or MRI scanner is used to diagnose a problem.

An example is the scam offered to pregnant women in the form of a "deal" on the use of the Ultra-sound scan. This equipment, when used appropriately in the diagnosis of problems, can save the lives of mothers and their unborn children. For the pregnant woman, in turn, there is little more exciting or comforting than to be able to see the developing baby's heart beating in her uterus, to watch the miniature arms and legs moving and to know that there is a life inside.

Many women are offered the opportunity of having three scans during their pregnancy, with a de-escalating price for each scan. In normal pregnancies one scan is sufficient (and often not even necessary) — three, however, approaches the level of satisfying the doctor's pecuniary needs with no medical justification whatsoever.

Doctors locked into these arrangements with hospitals find themselves unable to get off the gravy train or blow its whistle without severe consequences. A well-known eye specialist in Johannesburg has waited until his retirement to disclose the problems to the press.

If a doctor does not keep the beds full or use the equipment, he may find that his rental has gone up or that the lease is simply not extended. Many doctors actually own shares in the companies which own the hospitals and so, along with the fact that they gain in any event from the charging for hospital visits and the diagnostic charges for equipment, they stand to gain from their dividends when the hospital chain makes money.

Keeping hospital beds full means that often procedures are carried out which are either not necessary at all or do not require a bed in a hospital. And it often involves keeping patients in hospital a couple of extra days, so that the hospital and the doctor can gain from the costs involved.

Many of these practices are denied by the perpetrators, who give other (plausible) explanations for them. But whatever the cause, they drive costs up, have broken the backs of many medical aids and have made life slightly more comfortable for the hospital owners and many doctors.

Public 'blind' to crisis in health (98) top medic

SOUTH AFRICANS do not appear to be aware of the crisis in medical services, the president of the College of Medicine of South Africa, Professor John Terblanche, claims.

He was responding to a programme on the crisis compiled by Mrs Elna Boesak and broadcast by the SABC on Good Morning South Africa on Thursday.

Professor Terblanche said the college had pointed out that medical services had been on the decline "as far back as September 1988".

'Underfunding and understaffing has now reached the critical point where several teaching complexes face imminent collapse. ST Times (13455) 15/12/91.

"The academic institutions cannot continue to run effectively in a situation where they are facing increasing numbers of patients and an ever-decreasing budget.

"It would take generations to repair the damage."

If academic institutions collapsed, public and private medical care would be dealt a mortal blow, Professor Terblanche said. "We need action immediately."

Clinic Holdings' earnings leap 25%

(98)

B/Day 18/12/91

WILLIAM GILFILLAN

CLINIC Holdings (Clinics) defied the recession by reporting a 25% jump in earnings to R29m from R23m on the back of a 30% rise in turnover for the year to September.

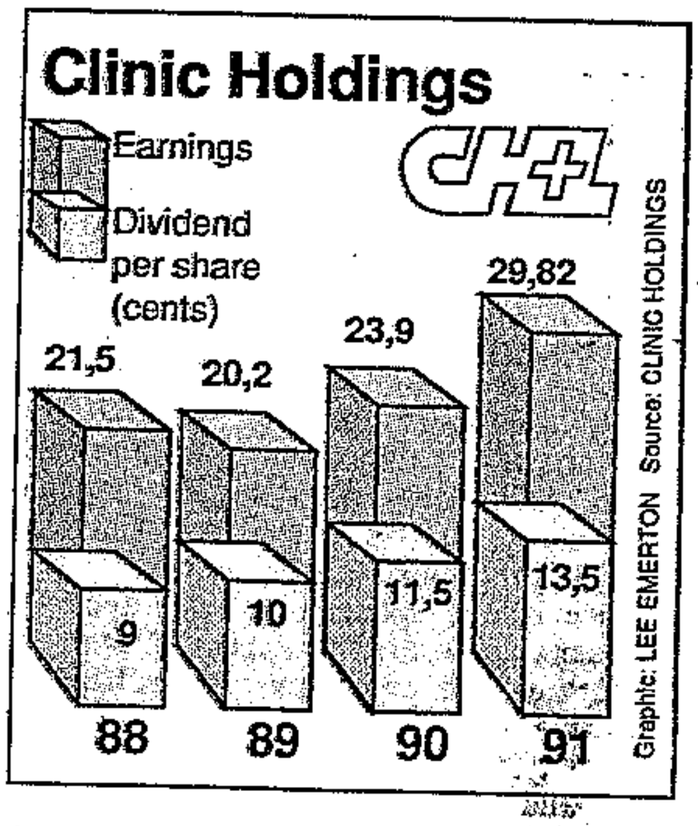
The private hospital group also announced a restructuring to make it more tax effective.

Clinics, some of whose hospitals have recently been criticised for instances of alleged overcharging, declared a final dividend of 8,2c (7c) to take its total dividend to 13,5c (11,5c) a share. On earnings a share of 29,8c (23,9c), dividend cover widened marginally to 2,2 (2,1).

Finance director Stan Berger attributed the narrower operating margin to the rent increase paid by the Clinic Holdings trading operations to the property holding companies.

Before Clinic Holdings went public in 1987, the properties were taken out of the trading operations and are now owned by the Hurwitz family, who also control Clinic Holdings through a 50,4% interest.

"For the three years following the listing



in 1987, rent paid by the trading operations to the property holding companies had been predetermined. But this past year was the first year in which the rent paid by the trading operations was related to their

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Clinics

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turnover," Berger said.

Company secretary Selwyn Feinblum said Clinics was looking at a number of tax structures to make the relationship between trading and property holding companies more tax effective.

As the group, which operates 12 hospitals countrywide, was waiting for a ruling from Inland Revenue, he was not prepared to comment further. An announcement would be made in January.

The group's tax rate this past year was 47%, slightly down on the 50% rate in 1990.

Executive chairman Barney Hurwitz said Clinics had several new hospitals in the pipeline, but declined to disclose their location. New hospitals were governed by the issue of permits by government which were not easily attainable, he added.

Despite this, the group was looking to extend its operations all the time.

He believed the medical insurance products being marketed by some insurance companies would have little benefit for his group. One reason for this was that the average stay in a hospital was three-and-a-half days, but the top-up insurance system generally did not apply to a patient's initial few days stay.

Hurwitz was confident the group would produce real growth in earnings in the coming year.

Mine hospital sold

The Mines Benefit Society (MBS), which provides care for 47 000 workers and their families in the gold and platinum mining industries, has sold the MBS hospital, office block and nurses home complex in Joubert Park, Johannesburg. The MBS plans to vacate the 226-bed hospital in early 1994. MBS general manager Brian Cook said a new hospital was being planned.

Please be 'bloody-minded'

(98) ARG 20/12/91

VIVIEN HORLER, Medical Reporter

THERE is a critical shortage of blood in the Western Cape and the WP Blood Transfusion Service has had to dip into its three-day reserves of O-positive.

"We're desperately worried because we are approaching two short weeks when we are not able to collect much blood," said Ms Riette Burger, a spokeswoman for the service.

"There have been predictions of a violent Christmas and we simply may not be able to cope."

The service had a daily target of 490 units of O-positive blood. Yesterday it collected 276.

"This means we've had to go into our reserves, and we have only enough reserves for three days."

Miss Burger said people were not responding to calls for help.

"We had a caravan at the Boat Show where the response was awful — one day we took only 12 units. At the Waterfront yesterday we took only 21 units all day — and we'd hoped for 60.

The service is holding several clinics in the next few days in a bid to build up stocks for the Christmas break.

Friday: Tyger Valley Centre, Le Rendezvous, 10am to 2.45pm; Westgate Mall, Mitchell's Plain 10am to 2.45pm; Mitchell's Plain Town Centre 10am to 2.45pm; Golden Acre, OK Bazaars entrance, 9.30am to 3.15pm; Waterfront next to Alabama Restaurant, opposite the Pump House on West Quay 11am to 3.45pm; and WP Blood Transfusion Service HQ, old Medipark, Foreshore 8.30am to 3.45pm.

Saturday: WP Blood Transfusion Service HQ, old Medipark building, Foreshore, 9am to 11.30am.

Monday: Westgate Mall, Mitchell's Plain 10am to 2.45pm; Sanlam Centre, Parow, shop 139 10am to 2.45pm; Waterfront besideAlabama Restaurant, West Quay 11am to 3.45pm; Volkskas Centre, Bellville 11am to 2.45pm; Grassy Park public library 4.30pm to 7.15pm; and WP Blood Transfusion Service HQ, old Medipark building, Foreshore 8.30am to 4.45pm.

Tuesday: N1 City 9am to 12.45pm; Westgate Mall Mitchell's Plain 9am to 12.45pm; Waterfront next to Alabama Restaurant West Quay 11am to 12.45pm; Golden Acre at OK Bazaars entrance 9.30 am to 12.15pm; Cavendish Square lower level 10am to 12.45pm; and WP Blood Transfusion Service HQ, old Medipark building, Foreshore 8.30am to 12.30pm.



Picture: HANNES THIART, The Argus

CLOSE SHAVE: Mr Rubin Simpson, a driver for a Woodstock fish company, jumps from his bak-

UCT loses a 'unique professor

ARGT 20/12/91