HEALTH & DISEASE — HOSPITALS & CLINICS

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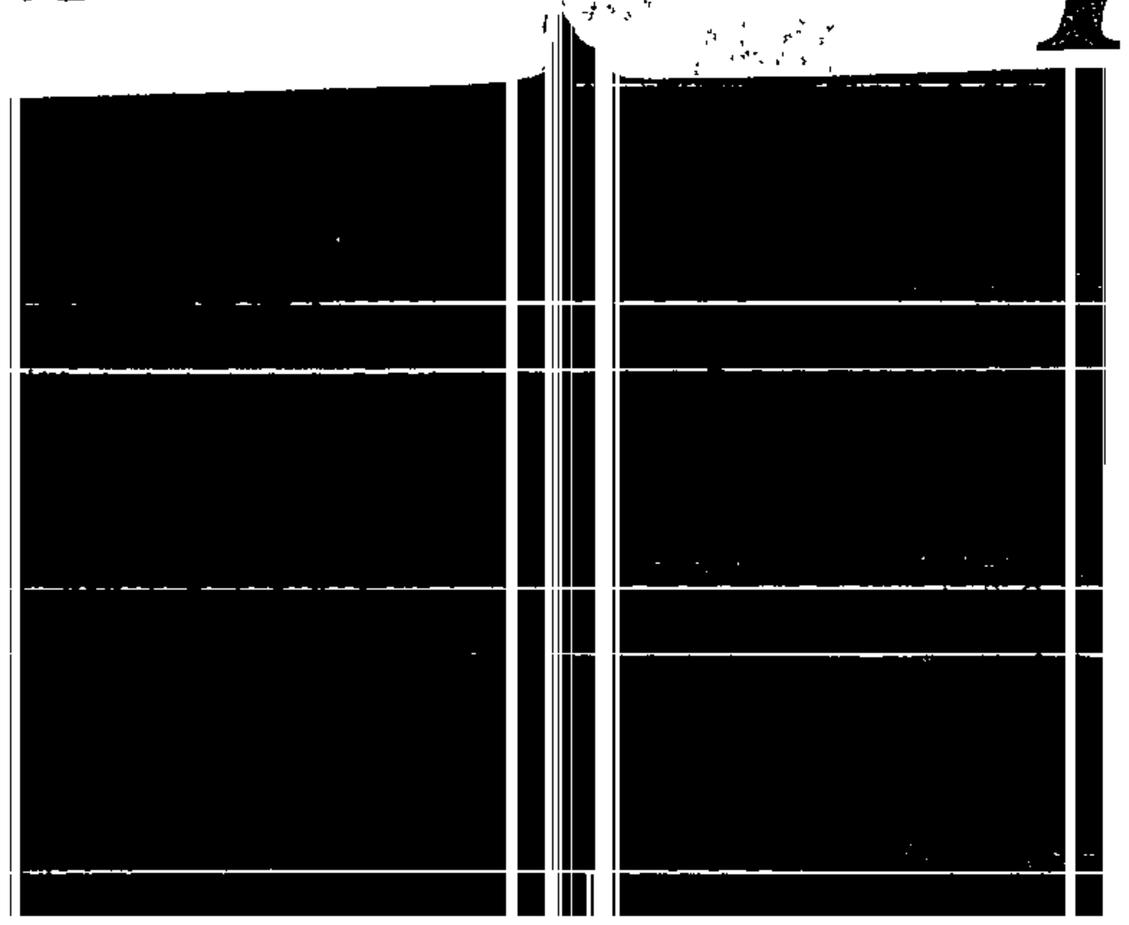
98 SPAR 1/6/95

Recent headlines on Gauteng hospital services with two-year waiting lists and thousands of vital posts not being filled are worrying. Health Writer ***David Robbins*** *reports*

Hospitals on a slippery slope



(98) Star 1/6/95

Of course, the whole hospital crisis in Gauteng revolves around money.

This simple fact has been highlighted by the 1995/6 health budget which was debated in Gauteng's provincial legislature recently.

Jack Bloom, DP spokesman on health, called the budget "a real tragedy". And closer to the ground, listen to a senior superintendent from Hillbrow Hospital: "We're already on the slippery slope. We are very rapidly turning into a Third World institution."

But what exactly is happening? Haven't hospitals always complained about budgetary constraints rather than examining their own inefficiencies? Aren't we over-supplied with academic complexes in Gauteng anyway? Has everybody forgotten that the whole point of South Africa's new health plan is to shift resources from curative to preventive care, in other words from the "disease palace" style of hospital to primary health care facilities?

On the other hand, how can anyone deny that the province's hospitals shoulder a huge portion of the primary health care load? The questions are endless, but to begin even to find a basis on which answers can be sought, we need to return to our starting point: money.

On paper it all looks so simple. In 1994/5 the health budget (established under the previous National Party TPA) was R2,88-billion for the southern Transvaal. For 1995/6 the Gauteng budget has been set (by the new ANC administration) at R3,09-billion, an increase of just over 7%. That's not too bad.

But there was an overspend last year of R386-million. Therefore, when the actual expenditure for 1994/5 of R3,26-billion is compared with the new budget, a different picture emerges entirely. And the situation is exacerbated when inflation is taken into account.

In fact, it is widely agreed that the new budget has been set, in real money terms, at between 20% and 30% *less* than actual expenditure for 1994/5.

This is an impossible cut, if services are to be maintained at their present hardly satisfactory level. The result is going to be a further overspend, this time in the region of R600-million.

Although R300-million has been pledged from the RDP, many people are beginning to question whether RDP funds should be used — as they could be, in spite of such funds being earmarked for transformational projects — simply to reduce the deficit in operating costs. There's no reconstruction or development in such a state of affairs.

"In the interests of real fiscal discipline," Bloom declared in the legislature, "I would far rather we dispensed with this charade and had a realistic budget that could be strictly adhered to in the first place."

Bloom's point is relevant. In a system where overspending is endemic (R121-million in 1993/4 and R93-million in 1992/3) a time must surely come when the tail stops wagging the dog.

But why has overspending become endemic? The answer is that the transformation of South Africa's health system didn't start only after our first democratic elections last year.

As early as 1983, posts in hospitals were being frozen; and certainly under the leadership of the previous Minister of Health, Dr Rina Venter, ad hoc attempts, often strenuously resisted by the provincial authorities, were made to shift resources from hospitals to the periphery.

The results of these attempts were manifested in tighter and tighter budgets for Gauteng's huge regional and tertiary institutions. At the same time, population increases (caused largely by rapid urbanisation as influx control collapsed in the late 1980s) placed increasing pressure on the hospitals to deliver more and more services.

Finally, and undoubtedly aided by major inefficiencies, the financial ends could no longer be made to meet.

So much for the background. Last year, a new health ministry was installed and the task of reconstruction began in earnest. Guiding principle was to work for a health system which offered real equity and accessibility for all.

It is this principle, in the form of something called "interprovincial equity", or equalisation of health funding across the provinces, which lies at the heart of the huge budgetary cuts facing Gauteng hospitals today.

Bloom did not mince his words. "The national Minister has chosen to slash away with a veritable butcher's knife. This is top down planning at its very worst."

Interprovincial equity works like this. The provinces which were traditionally underfunded (those containing the old homelands and other rural tracts) are to receive more funds at the expense of those provinces which have traditionally been well funded. Not surprisingly, Gauteng tops the latter list.

But has it been a simple matter of "top down planning", as Bloom suggested in his speech to the Gauteng legislature?

"The formula for interprovincial equity emerged from a workshop in which all provinces took part," says Dr Olive Shisana, special adviser to the national Health Minister. "This exercise was not done to cripple services. We took into account the large number of referrals which Gauteng hospitals deal with from other provinces. In fact, we sliced off a substantial amount for academic complex support before we applied the formula."

The formula takes into account actual populations as well as the per capita income in the various provinces; and the rate of "restitution" has been set at 30% in year one (1995/6) and 17,5% for four years thereafter. The result, in theory at any rate, is equity in provincial spending by the year 2000.

In practice, it looks as if Gauteng's hospitals are being strangled. Thanks to the slice-off, the academic hospitals are better placed than the regional and community hospitals

And while the budget figure for community health services (clinics and other services) has been increased threefold over last year, this spending still only represents about 13% of the total budget.

Shisana's response is straightforward. "From the old TPA days, the attitude of Gauteng's hospitals has often been to spend, spend, spend, and never mind where the money is coming from. But we at the national level are now determined to be accountable to the public as to how we spend their money.

"The onus is on Gauteng to come to the point where they are prepared radically to shift resources, to prioritise and to chop off what is not needed," Shisana says.

"Gauteng health authorities have inherited a bad system, certainly, but it seems to me that they need to be encouraged and assisted in this paradigm shift. Tough and unpopular decisions are needed to get out of the present situation."

Gauteng health authorities have not responded to a request to be interviewed on this complex subject.

While the controversy rages, more and more ailing people crowd into the hospitals for attention. Staff are demoralised. The queues increase. Hospital-level administrators, most of them dedicated health professionals, tear their hair out.

And Bloom gloomily concludes: "It looks very much is if we're going to stumble through another year without coming anywhere near to addressing the central problems of transformation."

No money to save money

The Northern Transvaal Province has recently installed a computerised management and information system (the Unimed system) to help monitor and control health spending in provincial hospitals and other health institutions.

Gauteng is also interested.

At a cost of R80-million, and a further R20-million over four years, such a system could be installed in every state hospital in the province. There are more than 70 of them.

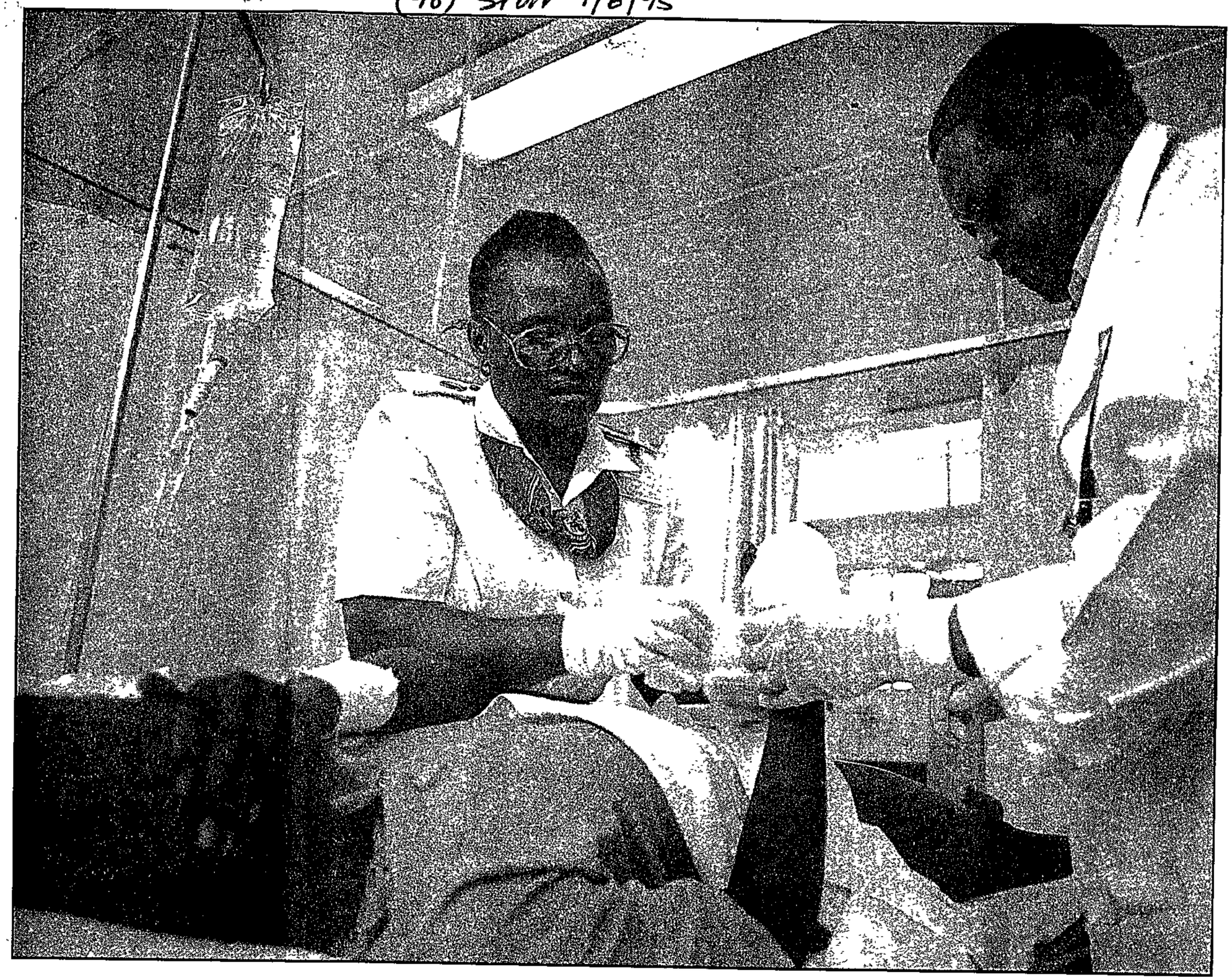
It has been reliably estimated that savings in respect of enhanced inventory control and improved patient and general administration would be in the region of R100-million a year. Moreover, since the system could be installed immediately, these savings would begin to be felt in the current financial year.

Put more bluntly: the system would pay for itself in 12 months, and go on saving R100-million a year indefinitely.

Now listen to the official response, in a written reply to a question raised in the Gauteng legislature early in May:

"Although the system had been budgeted for initially, the underfunding of the department has led to this project . . . having had to be shelved."

The question which begs an answer is this: isn't this sort of project precisely what the RDP was established to finance?



Medical services taking the strain . . . the amount of money budgetted for health care in Gauteng is not sufficient to maintain standards at the leading hospitals with the result that these institutions are facing a severe crisis. PICTURE MYKEL NICOLAOU

vice to facilitate inquiries.

eral for investigation.

Private patient moratorium lifted

(98) BD 7/6/95

Kathryn Strachan

A MORATORIUM on admission of private patients to state hospitals in the Vaal region was lifted yesterday.

The instruction was given by Gauteng health superintendent-general Dr Ralph Mgijima after representations were made by the Medical Association of SA (Masa).

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

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

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

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

Meanwhile, **Nomavenda Mathiane** reports Gauteng DP whip Jack Bloom accused Gauteng health MEC Amos Masondo of not replying to a 100-page memorandum and 48 letters from the Sebokeng/Vereeniging Hospital about the problems.

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

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

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

Sports, recreation, arts and culture MEC Peter Skosana introduced his interim budget. Orlando stadium and Sharp athletic stadium in Soweto were to be upgraded. In the Vaal area, the George Thabe stadium was going to receive attention. Sports facilities costing about R10m were to be built in Soshanguve, Orange Farm and Phomolong informal settlement.

Parliamentary debate

Fury as hospital workers desert patients

(98) Star 7/6/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

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

Theatres, kitchen and laundry facilities were worst affected.

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

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

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

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

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

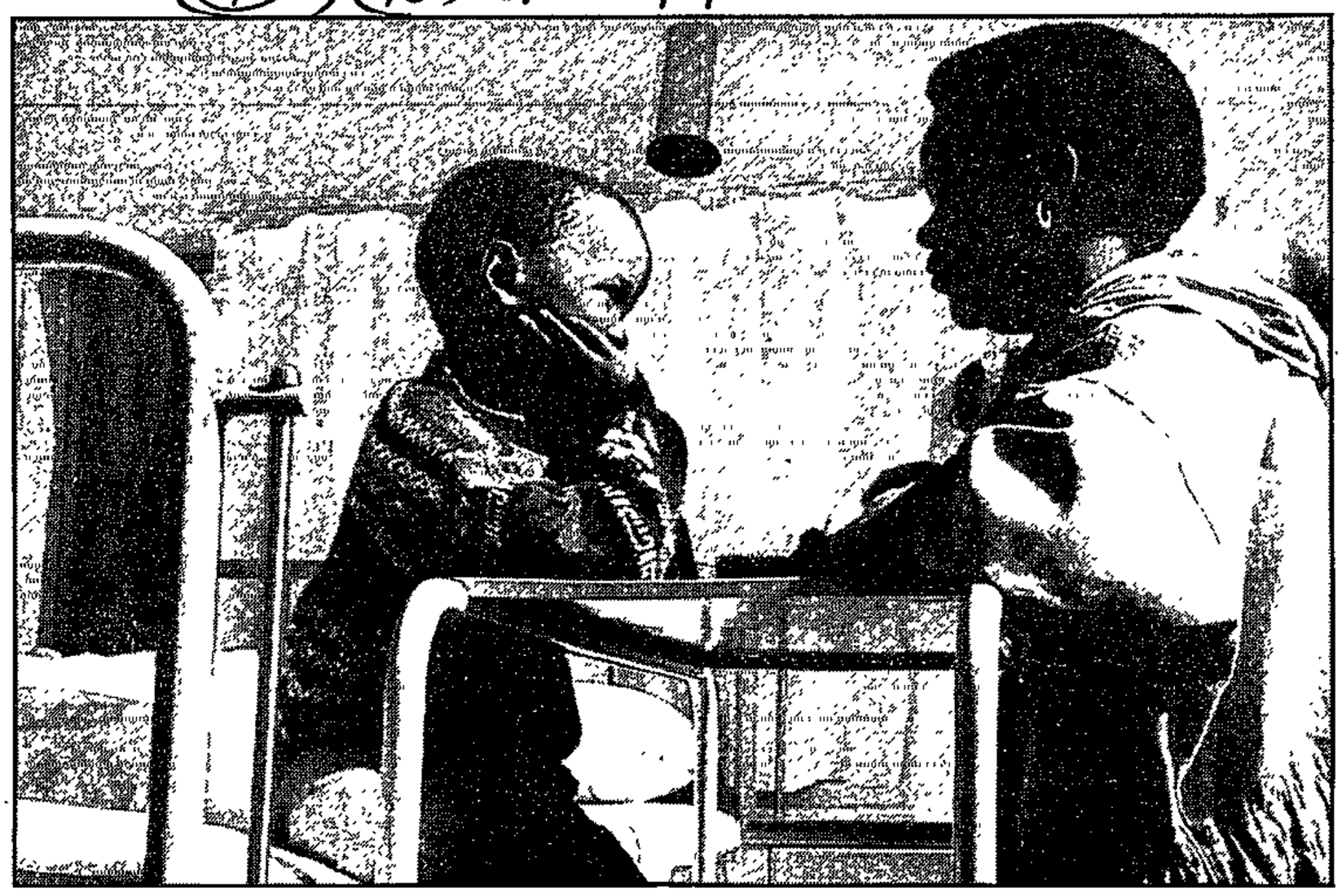
"They fired the general assistants last time, and reinstated them. They should fire them and get a motivated workforce," said one angry doctor.

Hospital spokesman Trudi Schutte said the management had been informed at 3.50pm on Monday that National, Education, Health and Allied Workers' Union (Nehawu) members would be joining the march — despite the union giving two previous assurances that services would not be disrupted.

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

Management was notoriously hostile to workers, he added.

■ Hillbrow Hospital superintendent Dr J Norman-Smith said he had received no reports of any staff stayaway or disruption in services.



Waiting ... a mother stands with her child in the paediatric ward at Johannesburg Hospital.
PICTURE: MOTLHALEFI MAHLABE

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Poor communication behind hospital chaos'

(98) BD 8/6/95

Kathryn Strachan

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

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

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

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

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

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

☐ Within the next two months the four state hospitals in the Vaal region would have depleted their R90m budget for the financial year, Vaal region chief medical superintendent Dr Norman Kernes said yesterday.

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

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

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

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

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

Kernes said hospitals had been instructed that no overspending would be tolerated.

SA lobbying UN countries to set aside R367m in arrears

(336) BD 8/6/95

Adrian Hadland

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

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

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

SA was trying to canvass nations to support it.

Once SA had resumed its seat and had its voting rights in the assembly reinstated on June 23 last year, R40m had been forwarded to the UN in respect of fees, Nzo said. This amount was allocated to the UN's working capital fund, its regular budget and towards peacekeeping operation costs.

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

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

The African Christian Democratic Party (ACDP), meanwhile, launched an assault in question time yesterday against Home Affairs Minister Mangosuthu Buthelezi's perceived leniency on pornography.

ACDP MP Louis Green said SA had been subj[illegible] "flood of filth" in recent [illegible].

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

"Innocent women are raped daily by lustful men obsessed by pornography."

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

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

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

'Red tape strangling Gauteng hospitals'

(98)

■ POLITICAL STAFF

Star 8/6/95

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

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

Staff at Coronation Hospital had had to deal with four changes in the forms used to fill vacancies, Bloom charged.

"The pettiness is startling, with forms being returned because they are hand-written and not typed, or English has been written on an Afrikaans form.

Implore

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

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

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

Closure of Durban hospitals proposed

Farouk Chothia

(98) BD 9/6/95

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

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

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

Health MEC Zweli Mkhize said the property could fetch more than R1bn because it was a prime tourist development site. Two 500-bed hospitals and several community health centres could be built in under-serviced areas with the proceeds.

Philpott said the committee believed the hospital should close only after replacement hospitals had been built.

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

The number of beds at King Edward, the largest hospital in the province, should be cut from 1 900 to 1 000. Osinidiweni Hospital near Verulam and Montebello Hospital in the midlands should also be closed.

Philpott said the committee believed each hospital in Durban should have only 500 beds. Community health centres had to be upgraded and an additional 13 built. At least seven clinics had to be built.

(98)
Star 9/6/98.

Superintendent cuts services to private patients

Action at crisis hospitals

BY JANINE SIMON
MEDICAL CORRESPONDENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scalpel, forceps, swab ... mace!

(98) WM 9-14/6/95

Gavin du Venage

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

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

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

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

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

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

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

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

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

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

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

Many possibilities for Addington site

BD 13/6/95 (98)

Nicola Jenvey

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

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

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

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

KwaZulu/Natal ministry of health public relations officer Dave McGlew said yesterday the 9,3ha site could speculatively raise R1bn, which would be used to pay for two smaller hospitals and a number of clinics in more accessible areas.

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

Saniam Properties regional manager, investment, Dallas Reed did not believe the land would raise R1bn and speculated on R800-R1 000/m². This would raise about R90m for the land alone.

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

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

Draft Bill on sex equality

BD 13/6/95

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

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

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

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

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

Hospitals ready for health plan

Star 13/6/95 (98)

■ **BY JANINE SIMON**
MEDICAL CORRESPONDENT

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

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

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

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

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

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

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

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

UK health economics expert Dr Alan Maynard warned that the new dispensation could fail if the Government did not carry out a strategically sound process of implementation.

The financial crisis in Gauteng hospitals is not being ignored. The new head of Gauteng Health spoke to ***David Robbins***

98 14/6/95

Gauteng health on long road to recovery

Star 14/6/95 98

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

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

In a nutshell, the crisis has been precipitated by a 20% to 30% cut in the Gauteng health budget for 1995/6. Added to this stark reality, which is partly caused by the national Health Department's determination to equalise provincial spending on a per capita basis within five years, are factors like rising demands for health services, and inefficient management and information systems in virtually all the province's 70-plus hospitals.

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

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

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

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

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

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

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

It is worth noting here some of the major elements of the SMT recommendations. Academic hospitals should be protected but shrunk, and resources spread more evenly across the service. Hospitals should be rationalised in terms of what services they offer, avoiding wasteful duplication. Security regarding medicines, equipment and food should be strengthened to avoid the current major losses through theft and waste. Hospital management systems should be improved to cope with more autonomy and to make possible the partial retention of revenue generated at individual hospitals. Improved budgeting should be introduced to a system where overspending was endemic.

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

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

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

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

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

All this points to the acquisition of reliable computer equipment as a crucial step, not only in transforming Gauteng's hospital services, but in reducing the current financial crisis.

An amount of R100-million to introduce the necessary computerised systems in all hospitals in the province was included in the draft budget for this financial year. But then this crucial item was deleted because of "under-funding of the (health) department", according to a written reply given in the provincial legislature.

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

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

"Hopefully not," answers Mgijima. "But if there should be one, it will be looked at sympathetically if all our efforts have been directed towards reconstruction, greater equity in provision, and the installation of good management tools and practices."

The financial crisis in Gauteng hospitals is not being ignored. The new head of Gauteng Health spoke to ***David Robbins***

Gauteng health on long road to recovery

Star 14/6/95 (98)

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

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

In a nutshell, the crisis has been precipitated by a 20% to 30% cut in the Gauteng health budget for 1995/6. Added to this stark reality, which is partly caused by the national Health Department's determination to equalise provincial spending on a per capita basis within five years, are factors like rising demands for health services, and inefficient management and information systems in virtually all the province's 70-plus hospitals.

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

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

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

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

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

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Senior staff keep clear of hospital

(98)

The Argus Correspondent ARG 16/6/95

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

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

By yesterday demonstrations were also being held at Vereeniging Hospital.

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

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

Gauteng Health Minister Amos Masondo said a meeting on the issue would be held on Monday

Fear keeps hospital heads away from work

■ BY MANDLA MTHEMBU

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

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

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

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

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

(154) (98) Star 16/6/95

Shortage of medicines: Patients turned away

(98) Sowetan 16/6/95

By Glenn McKenzie

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

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

At Tladi Clinic, doctors warned patients not to pay the usual R8 fee if they were suffering from colds or fevers. The clinic had no Panado or pain-killers left on the shelves.

At Zola, nurses sent hundreds of parents and children away to see private doctors. There were no medicines available at the clinic, they said.

Zola senior sister Mrs Zini Mtotoba expressed fears that children with respiratory infections could develop pneumonia.

"There is always a risk in a situation like this. We will just have to wait and see," she said.

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

Some parents like Mrs Monica Mogawa wondered where they would get money to buy medicines. Her six-year-old son suffers from a severe ear infection. The medication she needs costs more than R50.

"My husband doesn't have a job. I have no money, but what can I do? My son is suffering," she said.

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

"No one is taking responsibility for this problem. I can understand why patients are angry. I'm angry too," said one doctor.

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

"Only the manufacturers can tell you why we don't have these drugs," he said. Dr Ralph Mgijima, head of the new Gauteng Health Department, said he had been informed about the medicine shortage but had not had time to study the problem.

Threats of violence hit Sebokeng hospital services

(98)

BY JANINE SIMON
MEDICAL CORRESPONDENT

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

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

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

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

BDW 20/6/95

Workers display their might as they toyi-toyi in central Johannesburg yesterday in protest against the Labour Relations Bill. PIC: LEN KUMALO

Committee tackles district surgeons (98)

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

By Bhekie Matsebula and Vuyo Bavuma

Sowetan 20/6/95

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

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

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

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

The Government will have to pump in about R1,36 billion in new funds by 1997 and it is expected that by the year 2 000 the figure will rise to up to R4,90 billion. The Government will pay R154 a person in 1997 and this may increaser to up to R254 a person by the year 2 000.

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

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

Zuma also disclosed that her department had resolved to increase its Aids budget from R21 million to R85,5 million in a bid to intensify efforts to fight the disease.

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

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

About eight percent of 18 000 antenatal patients tested HIV positive in November last year. This meant that about 1,2 million people in South Africa were infected with the HIV virus at that time, Zuma said. The lowest number was in the Western Cape with 1,16 percent, while KwaZulu-Natal had the highest at 14,35 percent.

It's a shame

(98) Sowetan 20/6/95

How can you turn sick children away?

By Glenn McKenzie and Mongadi Mafata

HUNDREDS of patients have been turned away from scores of clinics hit by a national shortage of drugs and medicines in the past week.

In Soweto, where the shortage is worst, 11 community clinics turned away hundreds of patients without medication.

At Koos Beukes Clinic, near Baragwanath Hospital, parents with babies suffering an assortment of diseases had to wait more than five hours for treatment on Sunday evening. When the clinic closed at 10pm some were turned away.

At Mofolo South Clinic patients were given substitute drugs and others were turned away "because there are not enough substitutes", according to a source at the clinic.

Public health workers have, for several months, complained about shortages of commonly used antibiotics, pain killers and other medication. But the effects of these shortages have intensified since the onset, several weeks ago, of an influenza epidemic.

Last week a spokesman at Gauteng's medicine supply depot in Auckland Park, Johannesburg, blamed the shortage on manufacturers who had not delivered supplies of badly needed medicines.

Other sources told *Sowetan* the undersupply of common medicines was the result of a lack of planning by administrators since the introduction of free health care for young children and pregnant women last year.

Soweto Community Clinics head Dr Soonagi Natha said all clinic staff had been instructed to divide packages of medicine and give half portions to patients when necessary.

Natha said provincial suppliers had informed her that the drug shortage could be "a long-term thing, possibly until August. "We received a shipment of antibiotics on Thursday but it is still coming in in dribs and drabs. These will soon disappear," she said.

The shortage comes at a time when far-reaching proposals are being made to transform radically South Africa's health system.

A Health Ministry committee recommended establishing an essential drug list, which could help health institutions stock up on commonly used medicines.

Health Ministry special adviser Dr Olive Shisana said: "We will be dealing with maybe 400 drugs instead of 2 000. And these drugs are used to treat 95 percent of all health problems. It should make things a lot easier."

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

In the meantime, many Soweto patients are expressing frustration about being denied medicines. One physician, who asked to remain anonymous, said those patients who could not be attended to were sent home and told to come back the next day.

"These people don't have any form of transport and are forced to spend their [illegible] on benches out in the cold," the d[illegible] said.

● See [illegible] page 2 and 4

ABOVE: Hundreds of patients wait at the Koos Beukes Clinic in Soweto.

LEFT: This sick baby was among patients who waited for more than six hours at the clinic. Many patients have been turned away.
PICS: MBUZENI ZULU

AL

Four kids die waiting at hospital

Sowetan 21/6/95 (98)

By Glenn McKenzie

FOUR young children have died in a waiting room at Natalspruit Hospital on the East Rand in what doctors are calling an "influenza crisis".

Thousands of babies and young children have flooded the hospital since last week. According to Natalspruit superintendent Dr Ron Mitchell, most are suffering from serious coughs and colds.

Mitchell said the East Rand hospital has seen 600 children a day since the epidemic began. Normally, the hospital treats only 250 to 300 children daily.

To cope with the emergency, Natalspruit staff have converted a surgical ward into a paediatric unit. The South African National Defence Force has also sent a doctor to help deal with the crisis. More military medical support is expected to arrive tomorrow.

But staff at the hospital are still struggling to cope, said Mitchell. Doctors can spend only three minutes on each patient. Up to four babies sleep in each bed. "We don't need more doctors. We need less patients," said Mitchell.

The flu epidemic has struck Soweto as well. In the past week, Soweto clinics have been forced to turn away hundreds of influenza-stricken children, because of serious shortages of some paediatric medicines.

Yesterday Gauteng Health Department Deputy Director-General Dr Eric Buch said emergency supplies of children's medicines had been ordered, as government contracted manufacturers could not keep up with the demand. Extra antibiotics have also been donated by the South African Medical Service.

Buch said most clinics would receive badly needed children's medicines yesterday. "It is hard to predict whether other shortages will occur on some level, but we think we have been able to get a handle on the situation."

Baragwanath takes action over linen shortage

(98) Star 22/6/95

■ BY JANINE SIMON

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

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

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

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

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

Bara is also building a 2,5m-wall around its perimeter to prevent large amounts of linen disappearing from the premises.

Paramedics rushed to assist in flu epidemic

(98)

Star 22/6/95

■ MEDICAL CORRESPONDENT

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

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

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

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

Mitchell said between five and 10 SANDF nurses and paramedics would start work at the hospital today; an earlier start was not possible as they had been tied up with the polio immunisation campaign.

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

Despite the crushing load of patients with influenza, pneumonia and measles, Natalspruit took part in the national polio immunisation programme.

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

QUESTIONS

†Indicates translated version

For oral reply

The PRESIDENT OF THE SENATE: Order! We shall proceed to questions as printed on the Question Paper. However, before we do so, I would like to draw the hon Senators' attention to certain stipulations in respect of questions. Firstly, questions for oral reply shall be limited to two questions per member per question day.

†I notice that there are up to four questions per member appearing on the Question Paper.

Furthermore, a question for oral reply may, in the discretion of the presiding officer be tabled if, in his opinion, it contains information of a statistical nature.

†I am therefore going to apply these Rules today

I will apply these Rules in order to protect the Senate against the zeal and enthusiasm of some Senators who have asked too many questions. I am going to ask Ministers to co-operate by using their discretion, lest I apply my discretion to Table replies or portions of their replies in respect of information that may be of a statistical nature.

†I will be very thankful if I get the necessary co-operation.

†Sen Dr G MARAIS Mr President, on a point of order: When the Minister to whom I am putting questions is never here, then my questions unfortunately pile up.

†The PRESIDENT OF THE SENATE: Order! In the particular case of the hon Senator I am allowing the questions that are standing over, so that he will have three questions to his credit. We proceed.

Questions standing over from Thursday, 8 June 1995:

*4. Sen Dr G MARAIS—Trade and Industry. [Question standing over.]

Imported frozen chicken portions off-loaded in Cape Town harbour

*9. Sen A E VAN NIEKERK asked the Minister of Agriculture:†

(1) Whether a consignment of approximately 52 tons of imported frozen chicken portions was off-loaded in the Cape Town harbour on or about 27 February 1995; if so, from which country or countries was this consignment imported;

(2) whether this consignment was tested for salmonella and/or any other poisoning before being made available for distribution; if not, why not; if so, what were the findings;

(3) whether it has been established whether there was any connection between this chicken meat and the treatment of children for salmonella poisoning at the Red Cross Children's Hospital; if not, what is the position in this regard; if so, what are the relevant details;

(4) whether his Department has taken or will take any steps timeously to prevent the (a) import and (b) distribution for consumption by the public of contaminated food; if not, why not, if so, what steps?

S240E

The MINISTER OF AGRICULTURE (Reply laid upon Table with leave of House.):

(1) No. 3 200 Tons of imported frozen chicken portions, however arrived in Cape Town Harbour on 23 February 1995.
USA and Canada.

(2) Yes The findings were that *Salmonella hadar* was found in poultry meat from USA and Canada. The South African health certificate does not require testing for *Salmonella hadar*.

(3) *Salmonella hadar* from the imported consignments was compared to *Salmonella hadar* isolated from the Red Cross Children's Hospital by the plasmid-isolation technique. Initial tests indicate no relationship between the serovars involved. Final tests will be done in the UK.

(4) (a) Yes.

(b) Yes. It is required that test for *Salmonella* which are pathogenic for man must be undertaken by the export country to the satisfaction of South Africa. On arrival of the consignment similar tests are conducted by the Department.

Amount made available to heart transplant unit at Groote Schuur Hospital

*11. Sen C R REDELIEF asked the Minister for Health:†

(1) What is the total amount made available to the heart transplant unit at the Groote Schuur Hospital;

(2) whether this amount is sufficient to enable the unit to continue its work on a national basis; if not, what amount is needed for this unit to so continue its work;

(3) whether the Government will consider providing the amount still needed; if not,

(4) whether it is the intention to enable any other hospital in South Africa financially to develop a heart transplant unit, if not, why not; if so, what are the relevant details;

(5) whether she will make a statement on the matter?

S242E

The MINISTER FOR HEALTH.

(1) It is not possible to determine the amount made available to the heart transplant unit at Groote Schuur Hospital According to Groote Schuur Hospital the annual operating costs of the Department of Cardiothoracic Surgery is approximately R15 million. The transplant unit estimates that the cost of the transplant programme is approximately R6 million.

(2) No. At present between 35 and 40 heart transplants are done annually. Statistics suggest that South Africa should be doing approximately 100 heart transplants per year This will require an additional R10 million.

(3) All health authorities are re-evaluating their priorities. Once this has been done the funding of the transplant unit will be considered but always in relation to other priorities.

(4) No. The unit at Groote Schuur Hospital will have to operate to maximum capacity and be funded optimally before consideration will be given to funding a second unit

(5) No.

New questions: (98)

National/provincial/local government budgets: auditing

*1. Sen Dr R RABINOWITZ asked the Minister of Finance:

Whether (a) national, (b) provincial and (c) local government budgets are subject to auditing in terms of General Accepted Accounting Practice (GAAP); if so, in what way; if not, in what way are accountability and transparency assured?

S263E

The MINISTER OF FINANCE:

No. Most of the governmental financial systems are controlled on a cash basis. General Accepted Accounting Practice (GAAP) is therefore not generally applied. Furthermore, no external auditing of the budgetary process take place at any level of government. Accountability is assured by the budgeting process at national and provincial level taking place in terms of the regulations and directions of the Department of State Expenditure whilst at local government level the process is controlled by the rules of the Institute of Municipal Treasurers and Accountants It is thus the function of the accounting officer at all levels to ensure the regulations and directives are complied with and at national and provincial level the Department of State Expenditure exercises further control.

The Auditor-General has however, in the interest of enhanced transparency, decided to audit the budgetary process to add further integrity to the data and to the process itself.

A comprehensive guideline in respect of this auditing has been drawn up and was issued in April 1995 This will in future ensure that the budgetary process is audited to General Accepted Government Auditing Standards (GAGAS).

Generally Accepted Government Auditing Standards (GAGAS)
(term used by Senator Rabinowitz in Question No 1 on 7 June 1995)

The International Organisation of Supreme Audit Institutions has developed a set of standards known as GAGAS in terms of which the audit *process* have to be carried out or comply with. Compliance with GAGAS en-

sures that the reliability of audit opinions, be they qualified or unqualified. (In the Private Sector a similar set of standards are referred to as Generally Accepted Auditing Standards (GAAS).

Generally Accepted Accounting Practice (GAAP)
(terms used by Senator Rabinowitz in same question on 9 June 1995)

The manner in which financial transactions are *disclosed* in financial/accounting statements (eg income statement, balance statement, etc) in accordance with statements on Generally Accepted Accounting Practice as prescribed by the South African Institute of Chartered Accountants.

Sen Dr R RABINOWITZ: Mr President, arising out of the hon the Minister's reply, I want to ask him if it would be feasible to subject the local government bodies now coming into existence to some form of GAAP?

The MINISTER OF FINANCE. They will be subjected to GAGAS, not to GAAP. [Laughter.]

Sen J A JOOSTE: Mr President, further arising out of the Minister's reply, I have a follow-up question on that. Would the Minister please tell us what the difference is? [Laughter.]

The MINISTER: As far as GAGAS is concerned, the International Organisation of Supreme Audit Institutions has developed a set of standards known as GAGAS, in terms of which the audit processes have to be carried out and complied with and compliance with this ensures the reliability of audit opinions, be they qualified or unqualified.

As far as GAAP is concerned, the manner in which the financial transactions are disclosed, rather than the processes as in terms of GAGAS, in the financial accounting statements, is done in accordance with the statements of the generally accepted accounting practice, which is a practice prescribed by the South African Institute of Chartered Accountants. So the one is prescribed by the South African Institute of Chartered Accountants and relates to disclosure, while the other one is prescribed by the International Organisation of Supreme Audit Institutions and refers to the specific processes.

*2. Sen Dr R RABINOWITZ—Safety and Security. [Question withdrawn by member in House.]

The DEPUTY MINISTER FOR SAFETY AND SECURITY: Mr President, I am under the impression that this particular question is the one which was withdrawn. Which one are we dealing with here?

The PRESIDENT OF THE SENATE: Order! Could I perhaps guide the hon the Deputy Minister? It is the question which deals with the incorporation of members of uMkhonto weSizwe.

The DEPUTY MINISTER: Mr President, I am ready to answer the question, but that is the one I was informed had been withdrawn.

Sen Dr R RABINOWITZ: Mr President, could I assist in the proceedings? It was withdrawn.

The PRESIDENT OF THE SENATE: Order! It was withdrawn? Well, apparently, the news was kept very closed to the hon Senator's office! [Laughter.]

*3. Sen Dr G MARAIS—Trade and Industry.† [Question standing over.]

*4. Sen Dr G MARAIS—Trade and Industry [Question standing over.]

*5 Sen Dr G W KOORNHOF—Trade and Industry.† [Question standing over.]

Salmonella poisoning: children treated

*6. Sen C R REDCLIFFE asked the Minister for Health:

(1) Whether any children were recently treated for salmonella poisoning at the Red Cross Children's Hospital; if so, how many;

(2) whether she will make a statement on the matter?

S268E

The PRESIDENT OF THE SENATE: Order! I would like Senators around Sen Redcliffe to pay as much attention as he is doing at the moment.

The MINISTER FOR HEALTH:

(1) Yes, 60 confirmed cases;

(2) No.

Taxi violence: introduction of government-run bus services

*7. Sen J SELFE asked the Minister of Transport.

(1) Whether he or his Department has been approached by any persons and/or institutions requesting the introduction of Government-run bus services protected by troops to convey and protect commuters in areas affected by taxi violence; if not, why not; if so, what was the response thereto;

(2) whether he or his Department will consider introducing such services; if not, why not; if so, (a) when, (b) in which areas and (c) what are the further relevant details?

S269E

Hansard 22/6/95

The MINISTER OF TRANSPORT:

(1) No, but private operators of the existing services requested that their services be protected on routes threatened by taxi violence and intimidation. Bus operators were protected by the SA Police in co-operation with the Transport Inspectorate to enable them to render a reliable service.

(2) No. The Department is not in a position to render such services as they have no facilities at their disposal

(a) (b) and (c) Falls away

Locust-combating operations: chemical substances left over

*8. Sen E K MOORCROFT asked the Minister of Agriculture:

Whether his Department has any stocks of (a) DDT, (b) BHC and (c) Dieldrin or related substances left over from previous locust-combating operations; if so, (i) in what quantities and (ii) what steps does he or his Department intend taking in this regard?

S270E

†The MINISTER OF AGRICULTURE.

(a) DDT: Nil.

(b) BHC: 31 600 kg 7% powder and ± 20 000 kg sweepings BHC, Lindaan and Volaton powder.

(c) Dieldrin

(i) Nil.

(ii) The Department has launched a cleaning operation to store left-over substances since last year.

As soon as this operation has been completed, this stock will be destroyed.

Illegal building of houses along coast of former Transkei

*9. Sen E K MOOCROFT asked the Minister of Environmental Affairs and Tourism:

(1) Whether the alleged illegal building of houses within the protected zone along the former Transkei coast has been brought to his attention; if so, on whose authority were these houses built;

(2) whether the MEC for Environmental Affairs in the Province of Eastern Cape has taken any action against the builders and the persons who authorised the building of these houses; if not, why not; if so, what action;

(3) whether he or his Department intends taking any action in this regard, if not, why not; if so, what action;

(4) whether he will make a statement on the matter?

Hansard 22/6/95 S271E

The MINISTER OF ENVIRONMENTAL AFFAIRS AND TOURISM (Reply laid upon Table with leave of House.):

(1) Yes, the alleged illegal building of houses within the protected zone along the former Transkei coast has been brought to my attention. The matter was first brought to my attention when the Chairman of the Council for the Environment approached the Deputy Minister of Environmental Affairs and Tourism to declare a "limited development area" in terms of the Environment Conservation Act, 1989 (Act No 73 of 1989) along the coast of the former Transkei. Studying the Environmental Conservation Decree, 1992 (No 9 of 1992) highlighted the fact that a "coastal conservation area" already existed along the entire coastline of the former Transkei. In this area certain activities are prohibited, including the erection of buildings except for development within municipal boundaries. During informal discussions between officials of the Department of Environmental Affairs and Tourism and officials of the former Transkei Nature Conservation it was mentioned that illegal buildings were being erected along the coast. There are also allegations that some of the houses are being built for family

Army helps hospital

Doctors declare 'disaster area'

Sowetan 22/6/95 (98)

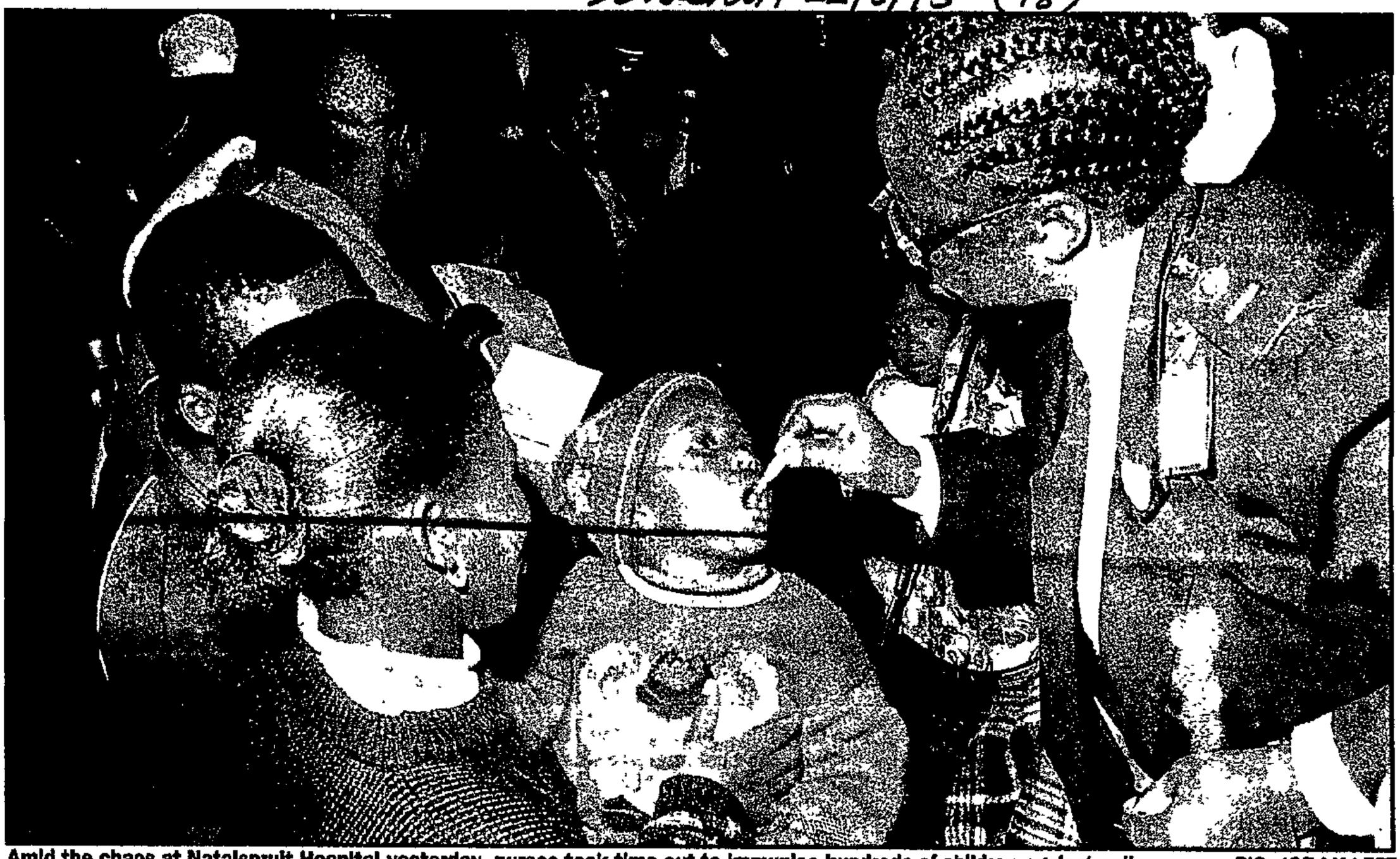
By Glenn McKenzie

DOCTORS have declared Natalspruit Hospital on the East Rand a "disaster area" and have called for army assistance as an influenza epidemic continues to take its toll.

On Tuesday the hospital treated more than 600 children suffering from influenza, pneumonia and measles. Yesterday, paediatric doctors saw more than 50 toddlers each in three hours.

The situation is so severe the South African National Defence Force is sending five to 10 paramedics and nurses to the hospital today. One military doctor has already been sent to the overcrowded hospital. To make matters worse, doctors say the hospital has run out of ampicillin, a highly effective children's antibiotic. They are also in short supply of amoxyl, another drug for children. SANDF physician Dr Zeeva Levin said she was shocked by the constraints under which doctors at the hospital worked. She was worried some of her patients "would not recover" unless they were given more effective medicines.

"This is not very satisfying. I cannot offer my best. I just do the best I can," said Levin.



Amid the chaos at Natalspruit Hospital yesterday, nurses took time out to immunise hundreds of children against polio. PIC: JOE MCLEFE

Since the epidemic began earlier this month, four babies have been found dead in Natalspruit's waiting room. Doctors say most patients are forced to wait more than five hours for treatment. Dr Anastasia Christoforou, head of Natalspruit's paediatric department, blamed part of the current crisis on a lack of primary health care clinics in the Katorus region. One clinic in Vosloorus serves 1,5 million people in the area.

"We need clinics to educate people about health problems. Most of the diseases we see are preventable," she said.

In the children's ward up to four babies currently share a single oxygen tent. Christoforou said the risk of children infecting each other with diseases was high but unavoidable. Since the introduction of free health care for children and pregnant mothers last year, hospitals and clinics around the country have begun running out of common medicines. To exacerbate the situation, millions of rands of drugs are stolen from the public service every year.

In the past week in Soweto, hundreds of patients have been turned away from clinics which faced a shortage of some common medicines. Gauteng administrators have sent emergency supplies to the township, and the SANDF has also donated drugs.

Babies die in waiting rooms at overcrowded East Rand hospital

Cathryn Strachan BD 23/6/95 (98)

AN INFLUENZA epidemic on the East Rand has forced Natalspruit Hospital to deal with 3 800 paediatric cases in just seven days.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Masondo had failed to get to grips with his department. There was a lack of communication between hospitals and health bureaucrats, who seemed far more concerned with enforcing outdated and restrictive regulations, he said.

Medical crisis . . . children share cots in Natalspruit Hospital's overloaded paediatric wards. The hospital has also run out of the most effective antibiotic syrups because state tender contractors can't keep up with demand, which has almost trebled in a year.

PICTURE: THYS DULLAART

Dire need for primary health care

(98) Star 23/6/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Doctors say at least half the patients who flooded into Natalspruit Hospital's corridors this week should have been seen in primary health care clinics.

But there is only one such clinic on the East Rand, at Vosloorus, for a population which tops 1,5-million.

Acting superintendent Dr Jim Mitchell declared a paediatric disaster, and closed a surgical ward to make more beds available. Even then, there were 221 patients for 163 beds yesterday.

Last Monday, three doctors saw 563 patients between 1.30 and 4 pm. On Wednesday this week, 613 patients were seen in paediatric outpatients in four-minute consultations that allow brief questioning.

■ Kathlehong, Thokoza and Vosloorus (Katorus) were not among the four areas earmarked for clinics in the 1994/5 budget, said Chimen Lalla, Director of Policy and Planning for Gauteng's health department.

But the area is a priority presidential lead project, and may still receive part of the R12-million allocated to cover capital costs of clinic-building and upgrading in 1995/6.

No room for the sick

(98) Sowetan 23/6/95

The current crisis at hospitals — where sick children are being turned away for lack of medicines — prompts **Glenn McKenzie** to investigate the country's health problems

These babies waited more than six hours at Natalspruit Hospital to see a doctor. Doctors have declared the hospital a disaster area. In other health institutions, children have been turned away because of a lack of some paediatric medicines. PIC: JOE MOLEFE

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

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

"Patients are angry and I don't blame them. I would be angry too," says one doctor.

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

Soweto Community Clinics director Dr Soomagi Natha wrings her hands in frustration. "It is a terrible situation," she says.

Natha daily faces demoralised staff and angry patients. The 11 clinics in Soweto (two more exist in the Vaal Triangle) have been without various types of medicines for several months.

In addition, nurses and doctors have been extremely overworked since crowds of Sowetans began taking advantage of the clinic's services after the elections last year.

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

"I am horrified ... that when a medicine is 'out of stock' patients have to pay the inflated market price if they wish to have the medicine they need or are recommended."

The doctor goes on to suggest that generic drugs be stocked in the clinics instead of expensive brand-name medicines.

That is exactly what the Government hopes to do, says Health Ministry special adviser Dr Olive Shisana. A Government health committee has recommended establishing a new essential drug list, which will include drugs used to treat 95 percent of the most common health problems in South Africa.

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

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

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

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

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

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

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

Natalspruit, which serves about 1,5 million people, does not have enough money to replace essential equipment like X-ray machines.

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

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

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

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

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

"No one ever expected that our patient load would increase the way it has. It just shows how badly our people have been deprived under the apartheid system," says Buch.

RDP could fail warns Mandela

Erica Jankowitz

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

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

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

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

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

It includes business with other organs of civil society as an essential partner in rebuilding society despite the "suspicion" with which communities had viewed the business sector in the past. BD 26/6/95

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

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

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

Govt red tape puts Bara posts at risk

(98) BD 26/6/95

Kathryn Strachan

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

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

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

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

The hospital was still waiting for the go-ahead from the provincial health authority to appoint 34 doctors to begin work on July 1. There were still 81 administrative, 100 cleaning and "several hundred" assistant nursing posts standing vacant.

The hospital was still battling under its constricting budget, and the allocation for the entire financial year was already almost spent. Baragwanath was allocated a budget of R307m this year, while it spent R420m last year.

This R307m was taken up by salaries and contractual obligations to the SA Institute of Medical Research for laboratory tests, and there was no money left in the budget for food, drugs, transport, equipment and maintenance.

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

At the same time, savings should be effected, he said, but this would best be done by closing certain hospitals rather than trimming services at all hospitals. Baragwanath (which was operating at 68% capacity), Johannesburg and JG Strijdom hospitals had enough empty beds to cope with the needs of the region, and Coronation and Hillbrow hospitals should be closed to generate a saving.

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

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

Baragwanath was allocated R307m against Johannesburg Hospital's budget of R354m. However, Baragwanath had three times the workload — it had 117 000 patient days and did 43 000 operations, while Johannesburg hospital had 40 000 patient days and did 17 000 operations.

MPs to vote on truth legislation

Adrian Hadland

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

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

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

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

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

The truth commission legislation, which was amended more than 200 times by the national assembly's justice committee, is currently with the senate committee.

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

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

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

ANC MPs have been instructed to undertake constituency work during the month recess, in preparation for local government elections scheduled for November 1.

Other parties are likely to take to the hustings in preparation for the first testing of voter opinion since the 1994 general election.

Hospital pleads for help in crisis

(98) Sowetan 26/10/95

Glenn McKenzie reports on a heavy burden of flu-stricken patients at Natalspruit Hospital

NATALSPRUIT Hospital on the East Rand is in a state of crisis and needs urgent assistance from other hospitals.

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

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

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

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

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

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

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

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

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

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

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

Influenza epidemic at Natalspruit Hospital abates

Bonile Ngqiyaza (98) BD 27/6/95

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

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

The epidemic had meant the hospital had to deal with 3 800 cases in about seven days.

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

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

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

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

An internal disaster which had been declared by the hospital was still in force.

Tourists give SA thumbs up

Theo Rawana BD 27/6/95

SERVICE in SA's tourism industry had been given top marks by rugby supporters in the country for the Rugby World Cup, the SA Tourism Board (Satour) said yesterday.

Satour executive director Ernie Heath said a survey conducted during the tournament found that international visitors gave SA a 75% rating.

About 44% of the visitors said service levels in SA were higher than in their countries of origin, he said.

Only fast food outlets, airports and public transport facilities were said to be unsatisfactory.

Services at foreign exchange offices, airlines, car-hire companies, hotels, restaurants, banks and retail outlets received a rating of more than 70%.

Heath said the success of the Rugby World Cup would become a major building block in positioning SA as a tourism destination in the international market.

"International rugby supporters have overwhelmingly given the country a thumbs-up in terms of their travel experiences and are bound to spread a positive message."

Meanwhile, Satour warned against the use of taxi drivers as tourist guides and reminded organisations involved in training taxi drivers as tourist guides that only training by accredited organisations was officially recognised.

This followed recent reports that taxi drivers were being trained as tourist guides by various organisations and local authorities, which led to a debate on the tourist guide registration process.

Satour registrar of guides Greg McManus said in terms of the Tourism Act of 1993, training institutions wishing to offer their courses were required to be accredited by Satour.

He appealed to organisations to have their courses accredited before offering them to the public.

"The registration of guides remains the responsibility of Satour. It is Satour's responsibility to maintain and monitor the quality of tourist guides in SA."

He said Satour had teamed up with the manpower department and taxi associations to develop an accredited tourist taxi programme, which was aimed at providing a standard service to tourists and other consumers.

He said the aim of the programme should not be seen as a sub-standard form of tourist guide training.

"Successful drivers are trained to interact with tourists and courses include vehicle safety and driving skills. Drivers require a thorough knowledge of the area in which the taxis are operating.

"Drivers who complete the accredited course are not registered as tourist guides, but they are provided with essential skills and training to act as recognised tourist taxis. Drivers have to be escorted by registered guides when transporting tourists to specific places of interest.

"Successful drivers are provided with identification cards and decals for their vehicles, but they are not allowed to act as guides while driving because of the safety factor," McManus said.

He said the use of illegal operators and guides had to be curbed by reporting them to Satour.

Business award has many benefits — former winner

Business Day Reporter

PRIVATE companies should take advantage of the opportunity to enter for the SA Non-Listed Company Award, because taking part would help them focus on the their business and pinpoint their strengths and weaknesses. That is the view of Eric Samson, executive chairman of 1987 winners Macsteel.

"We had always tended to keep a low profi[illegible]ut when we won the award people realised we were a force to be reckoned with in the marketplace.

"We immediately used the fact that we had won on our letterheads, and I have no doubt that our success contributed to Macsteel's growth into what is today SA's biggest private company," Samson said.

The award, jointly sponsored by Business Day, Arthur Andersen & Co and the Wits Business School, is being made for the 10th time this year. Companies intending to enter must complete a qualifying questionnaire by next Monday, July 3.

Samson said a major benefit of success in the competition was the effect it had on staff morale. "Business, like anything else, is a team effort, and everyone took pride in our achievement."

The contest is intended to recognise innovation and entrepreneurial skill among non-listed companies which meet certain entry criteria.

Further information, and copies of the questionnaire, can be obtained from Nikki Benfield or Adri Spangenberg on (011) 328-3000.

● See Page 14

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An internal disaster which had been declared by the hospital was still in force.

Hospital requests two more doctors

98

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

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

The 796-bed East Rand hospital treated more than 4 200 paediatric patients in the past eight days, with patient loads in paediatric outpatients exceeding 600 on the busiest days.

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

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

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

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

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

Star 27/6/95

Relief over army medics

■ BY MANDLA MTHEMBU

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

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

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

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

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

Clinics crisis now under control

(98)

Sowetan 27/6/95

By Glenn McKenzie

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

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

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

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

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

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

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

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

Natha said some clinics still experienced medicines shortages but supplies were being packed and should arrive today or tomorrow. He added that hospitals in traditionally "white" areas, including Germiston's Willem Cruywagen Hospital, had gone a long way towards providing badly needed services for disadvantaged people.

Jo'burg emergency services crisis

Star 30/6/95 (98)

IY JANINE SIMON
MEDICAL CORRESPONDENT

lannesburg can no longer put "First World" emergency ser-es, says the deputy director of lannesburg's ambulance divi-n, Danny Joubert. He says the ' is incapable of providing the vice it did a year ago.

ohannesburg's service is the gest of the 22 local authorities tracted by Gauteng province supply emergency medical e.

s vehicles cover 2,5-million a year, and it gets a call y five minutes from the more 1 4-million people for whom it rs.

here are permanent ambu-e stations at Jabulani, Riet-ein and Brixton, and ambu-e stand-by points have been ied in Alexandra and Enner-dale to improve efficiency to those areas, Orange Farm, Len-asia South, and surrounding squatter camps, Joubert said.

But budget cuts and "atten uating factors" meant quality had slipped.

Last year, reponse time to Pri-ority One calls was under 10 minutes, today it's 20 or more; response to P2 calls was 20 mi-nutes, now 30 minutes, an hour, or even three.

Bad roads, poor telephone systems and lack of street names, addresses and lighting slowed response, Joubert said.

These could improve through the R92-million Greater Johan-nesburg TMC had budgeted for patching up infrastructure.

But it would be more diffi-cult to reach a community un-trained in first aid, and unsure of how to call emergency ser-vices.

"Even trained operators speaking the same language bat-tle to get correct details, and judge what's going on."

The budget cut bogey is true, too: there's a projected deficit of more than R20-million for 1995/6, no capital budget for new ambu-lances or cars, and an operating budget frozen at R37,3-million for the third year running.

Joubert says 75% of the 56 ambulances are unreliable and there are only three response cars per shift, or one to more than 1-million people.

Already, at least 20 calls a day are being siphoned to the private sector, in what Joubert says is a "natural adjustment" to provincial services shifting from the over-serviced north to under-serviced south.

Mercy flights ... Africa's first 24-hour emergency helicopter, launched at the Johannesburg Hospital by Europ Assistance's Dr Ian Cornish (left) and Munroe Deysel.
PICTURE: MOTLHALEFI MAHLABE

Helicopters to the rescue

The province and the private sector this year expanded a joint venture EMS service they have been running since 1993.

It is the provincial helicopter ambulance service, which medical travel insurer Europ Assistance salvaged after running costs overwhelmed state budgets.

EA uses private patient payments to foot the helicopter's bills, and the province supplies its medical staff.

The company now has helicopters at Johannesburg and H F Verwoerd hospitals, and at Durban's Virginia Airport, and has introduced a R4,5-million helicopter to fly 24-hour emergency missions from Johannesburg Hospital.

Since 1993, EA has flown 1 500 seriously injured people to hospital and swallowed the annual cost of R2-million.

It expects to pay out another R1,3-million a year for the new 24-hour service.

"We do it as a social responsibility and because we need the infrastructure for our own clients," says GM Munroe Deysel.

"If we recoup our costs from patients — and bad debts run at 40 % — we hope to break even on it," he said.

■ EA client Translux Express has raised R163 000 for a Trauma Fund to pay for full-time and part-time doctors at rural provincial hospitals to be trained in Advanced Trauma Life Support (ASLP).

The heart of the matter

(98) ARG 17/7/95

Historic transplant unit faces big knife

MEDICAL HISTORY: The young Chris Barard who led the medical team of Groote Schuur doctors which made history in 1967

GLYNNIS UNDERHILL
Staff Reporter

■ The future of the historic cardio-thoracic surgery department at Groote Schuur Hospital could be in jeopardy unless funds are found.

CAPE TOWN'S top heart surgeons have vowed to fight back against the imminent threat facing one of our world-renowned national assets.

The cardio-thoracic surgery department responsible for the world's first human heart-transplant operation 28 years ago could be scaled down or even closed as part of the rationalisation of the health services, they fear

Today the future of the cardio-thoracic surgery unit, which services both Groote Schuur and the Red Cross Children's Hospital, is uncertain.

"We are facing a threatening situation. The government is in the process of cutting the budget to Tygerberg and Groote Schuur hospitals as part of the rationalisation of the health services. We are at risk of being told to shut down because we are too expensive," said Professor Ulrich von Oppell, head of the department of cardio-thoracic surgery.

Professor Chris Barnard and his Groote Schuur Hospital team put South Africa firmly on the medical map when they performed the first heart transplant in 1967.

In an epoch-making five hours a Cape Town man, Louis Washkansky, became the first person in the world to have the heart of another person grafted into his chest.

The 53-year-old patient from Sea Point lived only 18 days after the historic operation but the lives of many have been saved through the operation pioneered that memorable morning.

Professor Von Oppell said the doctors were fighting for the recognition that they were providing a national service for the entire country — and therefore the funding should come from a national level.

"At the moment the present regional funding clearly states that if we treat a patient from other regions we many not recoup our expenses from other regions," he said.

The problem was that more than 50 percent of the heart-transplant patients come from outside the Cape Province.

At present, this was the only established heart-transplant unit in South Africa boasting an on-going programme with historic and acceptable results, claimed Professor Von Oppell.

Statistics in other countries had shown that any new programme had a significantly higher mortality rate, he said.

Professor Von Oppell said there were three private hospitals and one provincial hospital in the country which had embarked on heart-transplant surgery.

From December 1993 to the end of May this year, there were 13 heart transplants done outside Groote Schuur Hospital. Of those 13 recipients seven died within 30 days, he said.

During the same period, Groote Schuur Hospital performed heart transplants on 51 patients. Of these 51, only fours died within the first 30 days after surgery, claimed Professor Von Oppell.

The widow of one of the patients who had the operation done privately, recently contacted the Groote Schuur unit to say she was left facing bills in excess of R100 000.

Professor Von Oppell said poorer patients who had heart transplants or other heart surgery at Groote Schuur could pay as little as R50. Patients on medical aid paid around R40 000 for a heart transplant, he said.

There was the perception Groote Schuur Hospital just concentrated on areas like heart transplantation and very expensive tertiary medicine. Yet, the need for the services of the department covered all communities, he said.

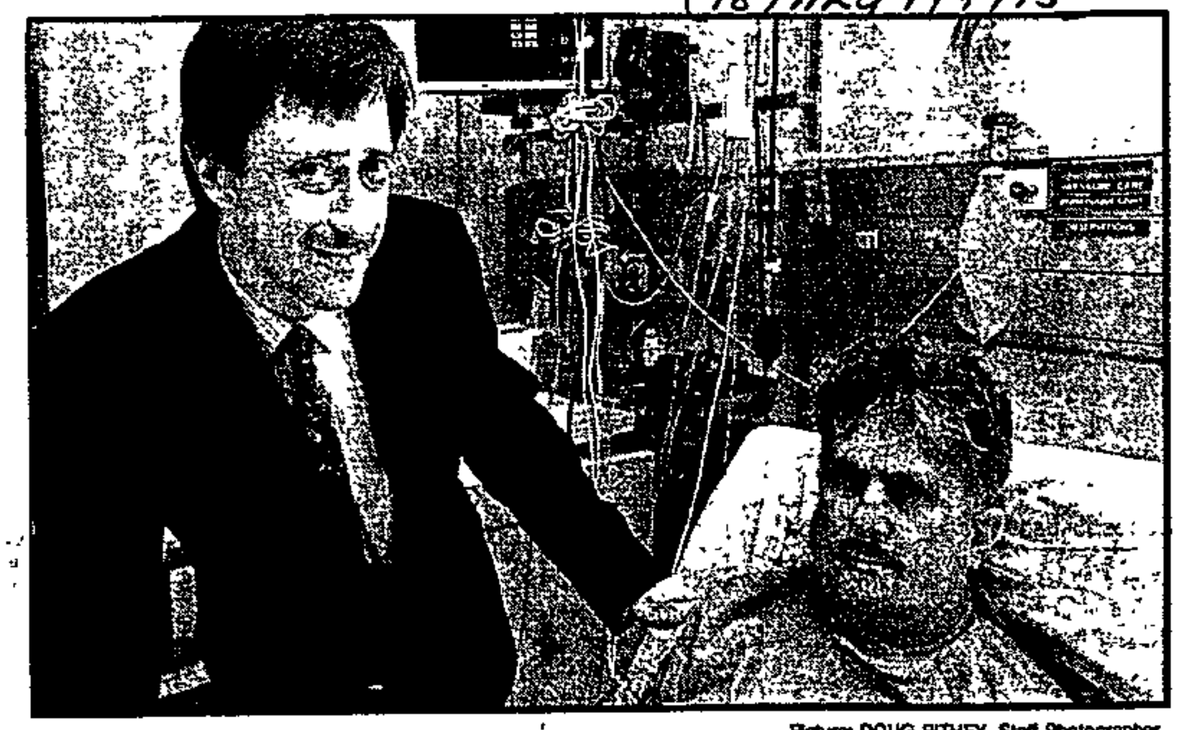
Only 40 percent of all cardio-thoracic surgery was related to the hardening of the arteries, a disease normally associated with more affluent people, he said.

While only 1 percent of the operations performed by the department were heart transplantations — up to 45 percent of the patients at the department underwent valve replacement surgery, a disease associated with poor socio-economic conditions.

Ninety-five percent of all patients treated by the unit had no medical aid.

Professor Von Oppell's plea for the department had not dimmed his support for changes to the health system, he said.

The implementation of a proper funding and management system for health in this country should have been done years ago: "Having to justify your resources can only strengthen academic hospitals like us," he said.



Picture: DOUG PITHEY, Staff Photographer.

HEARTFELT THANKS: Heart patient Marthinus Oosthuisen expresses his thanks to Professor Ulrich von Oppell, head of the cardio-thoracic surgery department at Groote Schuur Hospital.

SATURDAY Weekend Argus, July 1/2 1995 21

Red Cross: Home from home

(98)

How it worked for Nosamkele

ARG 1/7/95

Reports: **ADELE BALETA** Staff Reporter
Pictures: **HANNES THIART** Staff Photographer

□ **HOME FROM HOME:** Amy Abrahams, left, and Daphne Hoogenhout make sure Nosamkele Maqungo of Paarl is happy and comfortable in the new residence for mothers at Red Cross War Memorial Children's Hospital.

A Paarl mother thought her four-year-old son was fooling around when he said he could not stand. A few hours later he was in Red Cross Children's Hospital intensive care unit in a critical condition.

Thandolwetu Maqungo was diagnosed with Guillain-Barré syndrome — a condition that often follows a viral infection.

The result is paralysis beginning in the legs and ascending to the trunk, arms, throat and face. If the muscle weakness rises high enough to affect muscles needed for breathing, the patient has to be hospitalised urgently and breathing assisted with a ventilator.

The syndrome can progress rapidly in hours or days or over weeks. With treatment, patients can recover fully.

In an interview at a new residence for mothers at Red Cross Children's Hospital

Mrs Maqungo says "Thandolwetu is improving rapidly and I believe it has a lot to do with us being here with him.

"It's wonderful to meet other mothers with sick children who are also away from home. We can talk to each other, support each other and it all helps."

And Thandolwetu? He is thrilled to have his parents with him and won't even consider the possibility of them not being with him.

□ RIGHT **FAMILY BOOSTER:** Nosamkele and Nathaniel Maqungo with their four-year-old son, Thandolwetu, at the intensive care unit at Red Cross War Memorial Children's Hospital.

MOTHERS from upcountry who have had to wait anxiously for news of their sick babies in Cape Town, will now be able to stay and comfort their children at Red Cross War Memorial Chil-

reveals home addresses from as far as Windhoek. Others are from East London, Upington, Grahamstown, East London and Port Elizabeth.

Seven of the women in the residence are from the Cape Flats townships. Local mothers who are breast-feeding their children can make use of the live-in facility.

Matron in charge Amy

ally arrive to take their children home, the children often scream and refuse to go with them. They reject their parents and the process of bonding has to be re-established," says Mrs Abrahams.

The residence, which has separate rooms, is not only for mothers.

Ms Hoogenhout says: "If the father only is able to be with

Acknowledging the increased pressure on hospital services and the fact that there is no substitute for the comforting presence of a parent when a child is hospitalised, it was decided to open a residence for 50 mothers in the hospital's grounds.

Senior nursing services manager Daphne Hoogenhout says to date facilities for parents have been totally inadequate.

"There were only 17 beds available for parents and a further 12 in a pre-fab dormitory.

"Mothers with critically ill children have had either to sit at their bedside or where possible sleep on the floor", she says.

But there have been many cases in which children have died without any family with them.

A look at the list of women already in the new residence assess the needs of local women who are unable to visit their children regularly. Bus tickets are given to those who cannot afford them.

"Many of these women are unemployed and have other children to look after at home.

"Instances of children being left by mothers who never return to visit them are high. Social workers keep track of this and try to keep contact with the mothers and get them to the hospitals," says Mrs Abrahams.

Prolonged stays by children can cause negative psychological and behavioral problems. Not having parents around in a strange environment when children undergo painful and distressing experiences can leave emotional scars that could last into adulthood.

"The effects can be devastating. The children get depressed and go through the well-documented syptoms of denial. When mothers eventu- dated. We hope to now include a husband and wife and when needed, a family."

Ms Hoogenhout says the residence, which was part of the old orthopaedic and prosthetic department, was cleaned up and converted with the assistance of the Hospital Board, the Friends of the Children's Hospital and donations.

She says the facilities are basic and are for indigent families who do not pay. There is no budget for the residence and meals cost R5 a day. With 40 to 45 people to cater for daily the annual cost is about R45 000.

Donations for the residence would be welcome.

Ms Hoogenhout says contributions of double bunks, pictures, old clothes, umbrellas, a washing machine twin tub, toaster, microwave, vacuum cleaner, carpets/bedside rugs, curtains and rails. TV sets are needed. Please contact the hospital's public relations officer on 6585448.

Mrs Maqungo, [illegible], spoke of her helplessness and fear when within hours her "healthy" child was rushed to intensive care.

"I don't know what I would have done if I had had to leave him behind and go back to Paarl.

"It would have cost me R20 one way to get to the hospital. I could not afford it. We don't have a phone so if there was an emergency I could not be contacted."

Mrs Maqungo is studying for her matric and her husband Nathaniel, 29, is an employee at a wine estate. He was given three weeks leave to be with his son and is also staying at the hospital.

With the opening of the new residence, Mrs Maqungo has been able to be with her child since she arrived at the hospital.

"We were all very frightened when Thandolwetu became ill. We did not know what was going on. Being here means things are explained to us and we can understand what is going on and what my son needs."

Mrs Maqungo says problems started when her son had a fever.

"I gave him medicine from the nearby clinic and he slept.

"The next day he was playing outside on the wet ground and I told him to come inside immediately but he said he couldn't get up. I thought he was joking with me because he was laughing at the same time saying 'look I can't get up'. I watched him falling over a few times and realised things were not right.

"Later he could not even lift his spoon to feed himself. I took him to the Paarl East Clinic the next day and was shouted at by the nurse who told me there was nothing wrong with my child and that he was sick because I had not finished giving him his medicine.

"She told him to get on the scale but he could not."

The clinic doctor saw Thandolwetu's and diagnosed his condition. He was rushed to Red Cross Hospital.

□ LEFT
LIVE-IN LAUNDRY: Nosamkele Maqungo, left, of Paarl, and Frances Pokwas, of Montagu. Mrs Pokwas's child son, Einero, 8, is recovering from open heart surgery.

R100 000 boost for hospital

(98) ARG 3/7/95

Southern Reporter

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

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

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

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

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

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

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

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

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

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

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

Professor Beatty thanked the community and said they had taken the lead in helping the hospital raise the R28 million needed to upgrade and redevelop the aging building.

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

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

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

"We aim to treat sick children and develop programmes and strategies to solve children's medical problems before they start. But to do this, we need to expand and upgrade our services and buildings."

'Moral substance' lacking in SA policy

Mduduzi ka Harvey (98) DD 3/7/95

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

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

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

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

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

Alcohol a player in car accidents

Adrian Hadland

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

Responding to a question in Parliament from DP senator James Selfe, Transport Minister Mac Maharaj said 9 470 people died in car accidents in 1993, 9 981 in 1994 and 1 348 in the first two months of 1995.

An investigation conducted by Johan van der Spuy, a doctor at Cape Town's Tygerberg Hospital, found that 47,4% of all driver collisions and 74% of all collisions with pedestrians involved alcohol.

In a second investigation, carried out at Addington Hospital in Durban, it was found that alcohol had played a "major role" in 38,3% of all driver collisions.

In a survey conducted by the CSIR's national rapid response programme, it was found that vehicle defects contributed to 9,5% of the more than 3 000 fatal accidents researched.

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

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

Cuts make prolonging life 'a technical issue'

Kathryn Strachan (98) DD 3/7/95

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

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

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

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

[illegible] said the hospital was very short-staffed and patient loads were increasing with the influx of people to Johannesburg. JG Strijdom was experiencing the overcrowding Baragwanath Hospital had endured for years.

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

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

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

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

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

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

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

Hillbrow Hospital superintendent Dr Bonda Renko said the hospital also had an inadequate budget and a shortage of staff.

Urgent need for clinics borne out

(98)

Star 6/7/95

■ BY JANINE SIMON

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

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

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

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

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

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

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

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

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

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

Accrediting private doctors has been identified as a way to "fast track" the proposed restructuring of health services.

8/7/95

Ambulance cash crisis

(98)

Medical Services boss: 'Lack of funds dictates the pace of vehicle replacement'

ARG 8/7/95

(98)

■ The high mileage recorded on Cape Town's muncipal ambulances has raised concern about the replacement programme for the fleet.

GLYNNIS UNDERHILL
Staff Reporter

CONCERN over the high mileage recorded on vehicles in the fleet of ambulances in the Cape Metropolitan Ambulance Service is mounting.

A recent accident involving an ambulance driver — rated as one of the top drivers in the service — had served to highlight the growing concern, ambulance officers said.

The provincial authority which buys the ambulances admitted the high mileage on the ambulances was a reason for concern — but claimed it was hampered by cash restrictions.

Ambulance chief Rod Douglas said the accident on June 27 involved two ambulance drivers who were transporting a woman with a heart condition. The woman died, he said. The identity of the patient and of the drivers could not be divulged and the reason for the accident was not yet known, he said.

Mr Douglas said he was aware of the concern being expressed about the high mileages on the ambulances.

"Certainly, there is concern about the high mileage. The ministry task force investigating ambulances recommended there was a need to review the fleet," he said.

A senior staff member who asked not to be named said the concern over the ambulances had been heightened by the accident involving a "very capable" ambulance driver.

"We are concerned about the number of ambulances with high mileages. Now we have an example of what we are trying to say. Our equipment and vehicles are run down and with that situation, things are likely to go wrong. In our type of business one needs to have a good replacement programme," he said.

Saturday Argus established that at the time of the accident the ambulance involved had clocked up 275 000km.

Marius Kotze, acting-director of Emergency Medical Services for the Western Cape, responsible for the ambulance purchases, said: "Lack of funds dictates the pace of replacement of the vehicles."

Picture: LEON MÜLLER, Staff Photographer

□ **AMBULANCE CRASH:** Ambulance control room operator Ismail Baker with the ambulance which hit a pole on the M5.

Union threat to cut blood supply

ARG 8/7/95 (98) (98) 1st

Nehawu declares dispute after fumigation incident

ADELE BALETA
Staff Reporter

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

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

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

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

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

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

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

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

He said a complaint had been lodged with management and the Department of Manpower had been contacted. "We then held a meeting with members during working hours."

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

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

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

"We decided on a mass hearing because previous indiviudal hearings had failed."

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

(98) (93) ST 9/7/95

By CAS St LEGER

QUEUES of schoolchildren filed across a railway goods yard and up the steps of a train. Inside they found the latest in medical and dental treatment.

The children had never been to a dentist before, so they were not afraid to visit the surgeries aboard Phelophepa, the health-care train which pulled up at the Breyten station in the Eastern Transvaal this week.

Until the RDP dream of rural clinics thick on the ground is realised, Phelophepa brings hope of health to patients in remote places where doctors and nurses seldom call.

The children lay confidently on the cream leather dental chairs as young oral hygienists and dental students stood in attendance.

Without a murmur or a tear, they endured injections, cleaning, fillings and extractions. One boy was so relaxed he fell asleep in the chair. The children left the surgeries clutching toothbrushes and toothpaste — and instructions on how to use them.

The adult patients, some of whom had queued for up to three days, were a tad more apprehensive.

One woman braved pain-killing shots and braced herself to have several teeth pulled. Instead, she felt a weird buzzing and vibrating in her mouth. She screamed in terror and ran from the surgery on her first encounter with the dentist's drill.

Once she was persuaded to return, she was thrilled when the cavities in her teeth were filled. Dentists, to her, had meant only extractions.

Since the dental coach was added on four weeks ago to make Phelophepa a 15-coach train, the rotating teams of dental students and their supervising lecturers have found few of the patients have ever met a dentist before.

Dr Joeren Kroen from Pretoria University's dental faculty, who supervises Phelophepa's dental clinic, has been shocked to discover the poor state of rural teeth.

"Most of these people have had no access to dental care. Most have dirty teeth and need many fillings or extractions. I put it down to a combination of wrong diet and neglect," he said.

Everywhere the train stops, it draws patients from a radius of 100km. Many walk 15km or more to seek help.

Phelophepa is owned by Transnet, which has invested R4-million in the project, and is backed by a range of sponsors. The monthly running cost is R340 000.

Medical, dental, optometry, nursing and psychology services are provided mainly by top students from South Africa's universities.

Two Rand Afrikaans University optometry students, Kevin Rosen and Leeanne Sallis, said some universities chose only the cream of students, and others drew names from the hat for the privilege, experience and fun of working on the train for a month.

Patients pay R10 for dental treatment, an eye test or an X-ray, R5 for medicine and R30 for a pair of spectacles. The rest, from family planning to health education, is free.

So far this year, more than 21 000 patients have been treated at 25 country railway stations. Last year, at 34 stops, more than 30 000 patients used the clinic.

Blood-pressure readings are taken while the patients wait for their medical examinations. More than half suffer from diet-related high-blood pressure. Another common complaint is a shortage of Vitamin A, which can affect growth and eye sight.

Half of those visiting the eye clinic need spectacles, which can be made on hi-tech equipment in 15 minutes.

The train took to the tracks as an eye train with two clinic coaches in 1993. Since then, it has become a fully fledged mobile primary health-care clinic.

On Friday, the train left Breyten for Marble Hall, where fresh queues of the needy will line up on the station platform tomorrow. Then will come a string of smaller towns — including Graskop, Hoedspruit, Taung, Zeerust — ending up in Bethal at the end of September.

A week or two before each stop, outriders visit each place, alerting local community leaders of the train's arrival, pre-sorting patients and visiting schools to screen children's teeth.

the theme committee would ...
That promise has not been kept. —
The Editor

Issues such as freedom of expression
are far too important to be concluded
further occasion to present their views.

Defence cut to the bone

I AM delighted that you feel South Africa
"does need a defence force, properly
equipped" (Ken Owen June 25). I am also
in agreement that we need to re-equip the
navy and the air force.

I am baffled, however, to find that you
also want to "cut, cut, cut" defence fund-
ing. These two arguments, only three
paragraphs apart, are mutually exclu-
sive.

ance and speed necessary to be effective
in our waters.

Perhaps you would like to cut the oper-
ational funding? Much of that, however, is
being spent on border protection and pro-
viding support for the police. Cut that
from the defence budget and you will
merely have to add it to the police budget,
plus additional amounts to allow the pc
lice to provide the support services that
are inherent to the defence force.

[redacted] a shortfall of about

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OPEN WIDE ... Ngwenya Mlungi, 12, bares teeth for Tukkies dental student Frans Venter

ture: HERBERT MABUZA

■ FISH HOEK

Ailing False Bay Hospital in cash crisis

ARG 11/7/95 (98)

☐ 'Give control to doctors, residents'

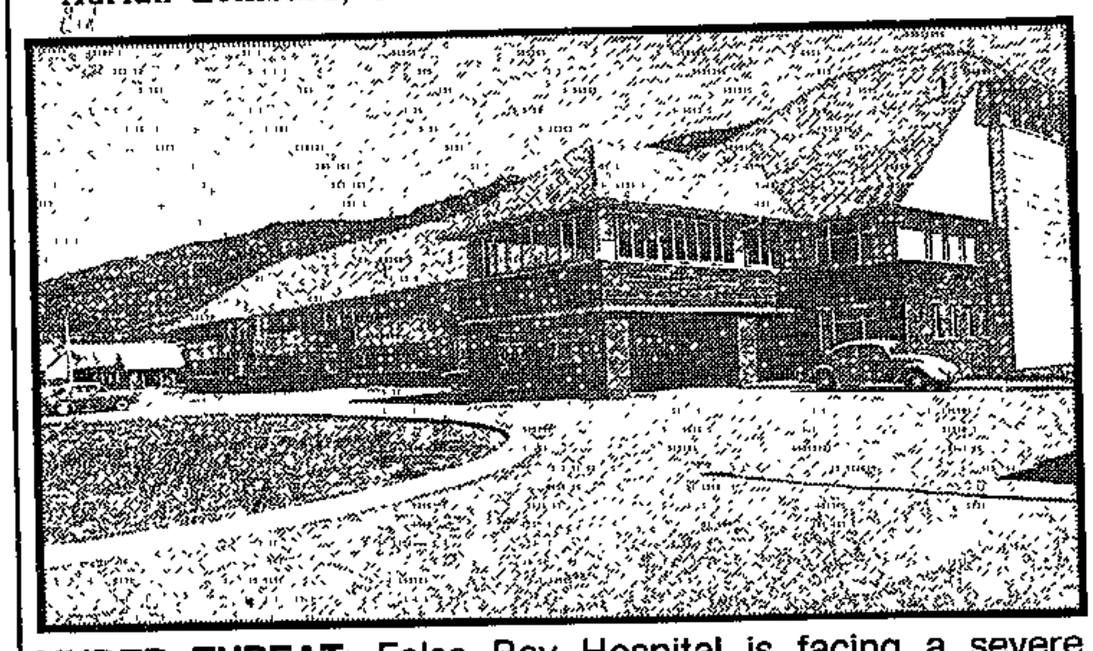
Staff Reporter

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

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

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

"Of particular concern to us is the funding.



UNDER THREAT: False Bay Hospital is facing a severe funding shortage.

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

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

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

The number of beds in the hospital had been reduced to 66 and there was a dire need to upgrade much of the equipment. In addition, part of the hospital was empty.

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

Families bring in meals for patients

PATIENTS' families were asked to bring in meals for them at Groote Schuur Hospital this week while catering staff were on strike over wages and staffing problems.

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

Dr Mitchell said: "Mechanisms have been set up to deal with these grievances and ... the catering department has agreed to suspend their action." — Staff Reporter

I'll go back to UK threatens heart man

Star 14/7/95 (98)

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr Fanus Serfontein . . to meet management today.

More transplant moratoriums considered

Star 15/7/95 (98)

By GRANT ROBBINS

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

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

He said this was in line with national health policy.

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

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

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

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

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

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

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

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

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

He claimed his operating staff were willing to assist for free in heart transplant operations. — Sapa

Heart surgeon's defiance pays off

(98) (SE) ST 16/7/95

By CAS St LEGER

THE surgeon who defied a ban on heart transplants in Gauteng made a midnight phone call to the provincial health minister last week warning that a 22-year-old patient would die unless the minister gave the go-ahead to swop his heart and lungs.

Dr Fanus Serfontein told the minister, Amos Masondo, that he had Bradley Robinson on an operating table and a heart ready for transplant.

He said the Pretoria Technikon student would die if Mr Masondo did not give him permission for the operation to go ahead.

Yesterday a health official, Dr Eric Buch, said Mr Masondo had been forced to give his permission.

This week, the 32-year-old cardio-thoracic surgeon — regarded by colleagues as brilliant and a leader in his field — explained why he had defied the ban and still has four patients on his "most needy" waiting list.

A transplant cost less, he said, than it did to keep a patient in intensive care and on expensive drugs.

Since such operations were banned in January, Dr Serfontein has performed successful heart transplants at the H F Verwoerd hospital in Pretoria on three patients who had days to live without new hearts.

This week, while waiting to see if the ban would be continued, Dr Serfontein whittled his waiting list of needy patients down to four.

"How do you turn away a black woman who needs a new heart and hasn't the funds to travel to Groote Schuur hospital (in Cape Town)?" he asked.

"If politicians have a say in whether we can do heart transplants, where is it going to end?"

He has turned away 35 people needing new hearts this year.

Threats to fire Dr Serfontein for the latest operation fizzled out on Friday morning.

Instead, the Gauteng health department promised him it would decide in a matter of weeks whether his transplant programme could go ahead.

Dr Serfontein reasoned that the eight to 10 heart transplants he needs to do a year are "a drop in the ocean of the primary health care budget." In any case, he claimed, he and his team had performed the three operations free and had arranged private sponsorships to help pay other operation costs.

In private practice, the cost of a heart transplant totals about R100 000.

At Groote Schuur Hospital, where 40 heart transplants are performed every year, it costs between R20 000 and R30 000. The cost of drugs and aftercare the patient will need for the rest of his life adds about another 60 percent on top of this total.

But Dr Serfontein said heart transplants were cheaper and easier to perform than heart bypass operations.

Gauteng's superintendent general of health, Dr Ralph Mgijima, takes a sterner view.

He said that "all expensive treatments" faced budget cuts in favour of primary health care.

The health department was looking for ways to treat larger numbers of patients with the resources it had, he said.

Meanwhile, Dr Serfontein has withdrawn his threat this week to leave South Africa.

"If they decide not to allow us to continue, I'll carry on with our ordinary work," he said. "It would be a pity not to do heart transplants, though."

Heart surgeons said this week they were alarmed at the slide away from First World medicine.

Professor John Barlow, a Wits University cardiology specialist, said: "Even when the concern is with primary care, tertiary care has to continue. Otherwise, where do we end up?

"It is illogical not to do cardiac transplants occasionally."

Professor Ulrich von Oppel, who heads the country's leading unit at Groote Schuur Hospital, where Professor Chris Barnard performed the world's first successful heart transplant in 1967, is fighting budget cuts by raising funds privately in a national drive launched a couple of months ago.

The unit needs another R2-million to R4-million over and above its budget of R4-million, and could do with another R10-million or more to bump up its transplant rate to 100 hearts a year.

In addition to the operations, Groote Schuur cares for up to 150 patients for the rest of their lives after their transplants.

Professor von Oppel said it would take 20 to 30 years to see any improvement in primary health care and, in the meantime, any increase in primary care would result in greater pressures on tertiary care.

"No nation on earth can afford to have free health care for every patient up to transplant level."

A surgeon at Milpark hospital in Johannesburg who conducted the province's first successful private heart transplant in January supports H F Verwoerd hospital's attempts to remain in the heart transplant programme.

He said academic hospitals were already "very shabby".

"The slide has started," he said. "If you are going to stop heart transplants, then you might as well do away with all heart surgery. It is a drop in the ocean of the health care budget. Will they also stop cancer treatment and hip replacements? Where do you draw the line?"

A total of 54 heart transplants were performed on patients at Groote Schuur between December 1993 and May this year. Of these, four patients died within 30 days.

Another 13 transplants were performed at private and other provincial hospitals over the same period. Out of these, seven patients died within 30 days.

University, surgeon sorry about transplant

The Argus Correspondent

PRETORIA. — The University of Pretoria and surgeon Fanus Serfontein have apologised for the heart transplant performed at the university's medical faculty at H F Verwoerd Hospital.

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

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

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

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

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

ARG 17/7/95

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

In international terms, a country like South Africa with a population of 40 million should perform about 100 heart transplants a year, said Professor Von Oppell. (98)

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

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

NP, DP slam health ruling

17/7/95

Business Day Reporter

98

GAUTENG's health department came under fire at the weekend for its "ham-handed" handling of the controversial heart-lung transplant performed by Dr Fanus Serfontein at Pretoria's HF Verwoerd Hospital a week ago.

Both the NP and DP criticised the department for placing a moratorium on "first-world" medical procedures in an effort to divert limited finances to primary health care.

Serfontein's "dismissal" following his flouting of the moratorium to save the life of a 22-year-old student was overturned last week, but officials declined to review their decision not to finance expensive procedures.

Faculty supports moratorium

Varsity sorry over transplant

Star 17/7/95

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

■ BY PAULA FRAY

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

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

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

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

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

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

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

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

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

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

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

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

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

Between December 1993 and May this year, 54 heart transplants had been performed at Groote Schuur. Of these, four patients died within 30 days. During the same period, 13 transplants were performed at private hospitals and other provincial hospitals. Seven patients died within 30 days.

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

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

The unit needs another R2-million to R4-million above its budget of R4-million for ongoing care.

Gauteng faces cash dilemma over heart transplants — official

Kathryn Strachan (98) BD 18/7/95

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

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

Following surgeon Fanus Serfontein's defiance of provincial policy, Buch said, a misconception had arisen that a moratorium was being placed on existing transplants. In fact, the province was only at the stage of considering starting transplants, and a moratorium, agreed to by medical schools and hospitals, was placed on the introduction of the procedure while the process was being costed and planned.

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

The department depended on the expert proposals of the institutions as they were the only ones with the ability to determine the costs of the operation.

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

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

With a 25% cut in real terms in its expenditure this year, the Gauteng health department had difficult choices to make. "We need to look at deaths during childbirth and at children dying because there is no penicillin nearby," he said. "This will not collapse academic medicine — we just need to use the public's money wisely. We need to maintain the vibrancy and expertise of academic institutions without them bleeding the system to death."

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

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

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

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

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

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

Prof Del Khan, head of Groote Schuur's transplant unit, agreed it was cheaper to perform transplants than to treat patients awaiting transplants for long periods.

No oxygen at hospital for hours

(98) Star 18/7/95

■ MEDICAL CORRESPONDENT

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

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

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

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

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

Norman-Smith said yesterday that no problem had been reported to him and he could not answer questions.

Doctors support ban on transplants

Sowetan 19/7/95 (98)

By Glenn McKenzie and *Sapa*

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

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

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

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

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

"We cannot afford the health ministry to be undermined," said Dr Letlape.

Nursing students hold superintendent hostage

CT 20/7/95 (98)

STAFF REPORTER

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

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

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

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

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

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

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

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

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

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

Parks board prepares for invaders

DM 20/7/95 (98)

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

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

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

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

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

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

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

The clan had also made submissions to the MEC.

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

Hospitals face theft crisis

Own Correspondent (98)

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

At Frere Hospital, theft of a copper water pipe resulted in extensive flooding, causing damage estimated at more than R250 000 to sensitive radiology equipment.

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

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

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

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

A Frere Hospital superintendent, Dr Esme Erasmus, said: "Theft of laundry has become a major problem.

"There are also always huge losses in the kitchen."

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

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

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

Reported thefts had included wall clocks and telephones to car batteries and even a stove.

DM 20/7/95

Cold weather is 'the best policeman'

Move to end transplant dispute

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

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

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

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

The Gauteng administration's moratorium on transplants at provincial hospitals was set in place to allow for extra funds to be directed towards primary health care. — Reuter.

(98) (85) Star 20/7/95

'Groote Schuur must handle transplants'

CT 21/7/95 (98)

PRETORIA: Groote Schuur Hospital could handle the country's heart transplants and new facilities would be opened only when it had reached capacity, Health Minister Dr Nkosazana Zuma said yesterday.

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

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

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

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

Violence could end emergency service

CT 21/7/95 (98)

STAFF REPORTER

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

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

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

No one had been seriously injured in the incident.

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

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

Close

Dr Martell said the hospital would inform local community structures that if incidents of violence and gangsterism did not cease, the clinic might have to close at night.

Ambulance problems 'a boil' coming to head

AUG 21/9/95 (98)

BACKGROUND TO THE NEWS

ROGER FRIEDMAN, Staff Reporter

Ambulance response times continue to frustrate Western Cape residents. In historically privileged areas, the response time is around eight minutes for extreme emergencies; in other areas between 20 and 30 minutes. Delays of hours are not uncommon.

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

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

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

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

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

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

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

What are the problems?

It depends on who you ask.

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

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

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

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

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

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

The 38 union members remain on suspension

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

"What needs to happen is that the recommendations made by Mr Rasool's task team should be implemented. But political accountability decisions must be made."

UN mission in the country."

reads through her notes.

Move to ease health-care crisis

ROGER FRIEDMAN
Staff Reporter

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

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

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

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

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

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

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

The implications of all the innovations for the ambulance service were "enormous", Mr Rasool said. ARG 21/4/95

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

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

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

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

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

Ambulance problems 'a boil' coming to head

ARG 21/4/95 (98)

BACKGROUND TO THE NEWS

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

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

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

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

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

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

What are the problems?

It depends on who you ask.

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

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

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

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

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

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

The 38 union members remain on suspension

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

"What needs to happen is that the recommendations made by Mr Rasool's task team should be implemented. But political accountability decisions must be made."

Northwest official denies corruption

Kevin O'Grady BD 21/7/95

NORTHWEST ANC safety and security MEC Satish Roopa yesterday denied allegations of corruption for using state funds to cover personal expenses.

Roopa said a letter to him from the SAPS head of finance in the province, Lt-Col J Wolmarans, confirmed he was innocent.

Roopa said he reserved his legal rights.

Newspapers named Roopa and media, arts and culture MEC Riana de Wet as two of four MECs under investigation as a result of an internal audit ordered by Premier Popo Molefe earlier this year.

The letter by Wolmarans said: "To the best of my knowledge, all the expenditure paid was official and personal expenditure was for own accounts."

Roopa said he had "in many instances" not claimed reimbursement after using his own money for government expenses.

"The manner in which highly confidential documents, still at a preliminary stage, are leaked to the media, suggests agenda setting by possible political opportunists attempting to derail the ruling party's chances in the ... local government elections," he said.

A spokesman for Molefe yesterday denied reports that he had given the MECs until Thursday to respond to the allegations, saying the premier was only in possession of an interim report and would be given the complete report next week. She declined to comment further.

De Wet, who was alleged to have chartered a private aircraft at the province's expense to attend a Joe Cocker concert at Sun City last year, could not be reached for comment yesterday.

Groote Schuur 'can handle all the heart transplants'

BD 21/7/95 (225) (98)

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

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

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

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

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

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

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

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

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

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

Magistrates plan protest

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

"Magistrates believe the government has unfairly divided state funds, and that they should have received a raise of at least 20%, like MPs and judges," the magistrates said.

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

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

Magistrates in Durban had instructed a prominent advocate to take certain steps on their behalf, while their Johannesburg colleagues were making plans, they said. — Sapa.

THE STAR / FRIDAY JULY 21 1995

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'Not our fault' says the hospital

PRETORIA CORRESPONDENT

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

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

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

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

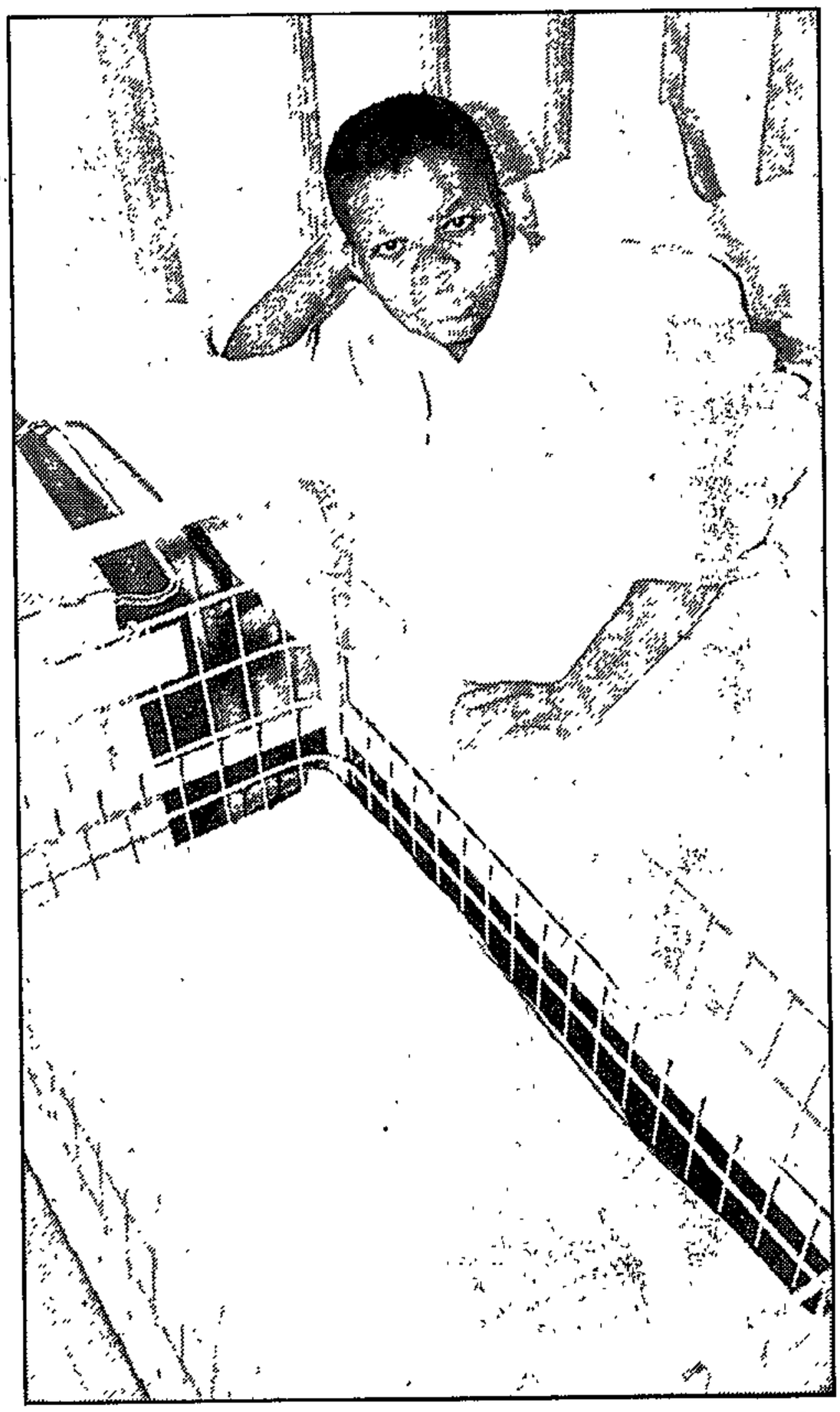
Magwale (22) said she was confident and hopeful that her child was alive.

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

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

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

Anyone with information regarding the incident should contact the Child Protection Unit at (011) 329-6862.



Empty crib . . . a shocked and lonely Ntshebo Magwale in GaRankuwa Hospital. PICTURE: LEE WARREN

Foreign tide hits hospital

■ MEDICAL CORRESPONDENT

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

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

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

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

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

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

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

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

According to a spokesman for Baragwanath Hospital, only 1% of patients admitted were foreigners and 2,3 % were from other provinces.

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

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

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

His department was in the process of planning the evaluation of the free health care policy, he added.

Star 21/7/95 (98)

5-point plan to resuscitate our ailing hospitals

(98) Star 21/7/95

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

As most people now know, the proposed national health insurance system (NHIS) is designed to provide free primary health care (PHC) for all South Africans.

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

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

Although hospitals are directly administered by provincial health authorities, the national Department of Health has a crucial role to play. Some hospital authorities argue that the national department has exacerbated the hospital crisis (at least in Gauteng and the Western Cape) by implementing the equalisation of provincial health spending over five years to redress the imbalances caused by previous underfunding to the old homelands. This, they claim, has led to drastically reduced budgets for some of the country's major hospitals.

Equally, though, the national department has not been idle in working towards an antidote to the hospitals crisis.

"For a start, bridging finance has been allocated," says Dr Olive Shisana, newly appointed Director-General of the national Department of Health. "It should also be remembered that within two months of the installation of the new Government last year, we began discussions on the chaotic situation in hospitals. We found they had a lot of resources which were being poorly managed. This was a situation which we inherited.

In response, the national department has assembled a five-point hospital transformation plan.

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

These changes need to be seen in the light of the proposal that employees in the formal-employment sector contribute to a basic hospital plan for themselves and their dependents. This could inject as much as R1,3-billion into autonomous hospital coffers each year.

"The problem at the moment is not difficult to understand," Shisana explains. "Hospitals are hamstrung by rules and regulations which hamper all attempts at improving efficiency. Even the purchase of basic equipment is often delayed, or even thwarted altogether, by unnecessary and remote bureaucratic control."

2: Overlaying this new autonomy at the tertiary level (where a considerable percentage of health spending takes place) it is proposed to establish a National Academic Health Service Council to deal with issues which concern the implementation of national policy.

(98) Star 21/7/95.

These include numbers of student medical professionals to be trained, numbers of academic beds necessary for this training, where these beds should be situated to provide academic cover to all the new provinces and the improvement of management, including cost saving measures and the generation of additional funds.

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

The national Department of Health has succeeded in raising R5,5-million from the European Union to finance what is essentially a management-training programme to be undertaken by a consortium of South African and international agencies.

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

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

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

Six months ago, the national Department of Health raised sponsorship from Safritel and an American foundation to launch "A Caring Health Service", a project aimed at improving patient/provider relationships.

So far a patients' charter has been drawn up and training for nurses and other workers provided.

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

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

Zuma calms row over transplants

SAW 21/7/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

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

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

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

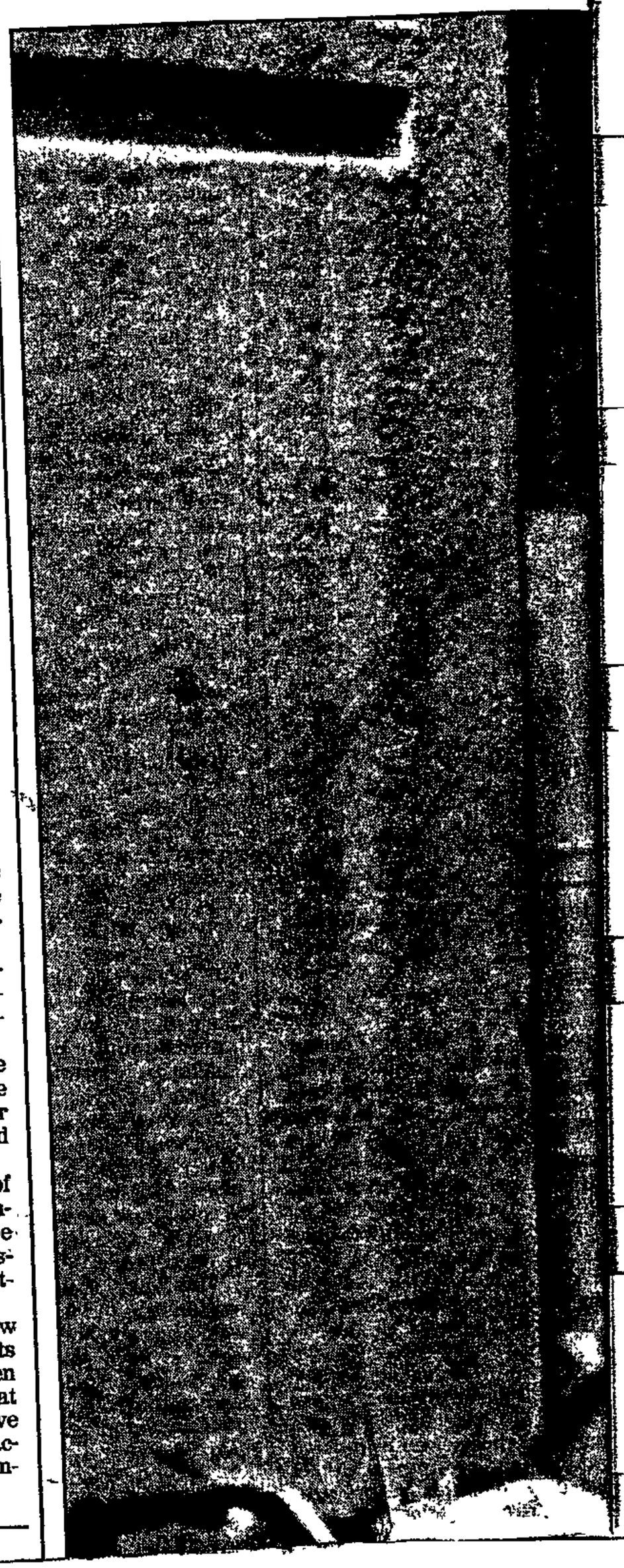
Groote Schuur should be a supra-regional centre as the Government could not condone the dupliction of super-specialities, she said.

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

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

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

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



Everyone has a right to a second chance at life, says transplant patient

(98) ARG 22/7/95

ADELE BALETA
Staff Reporter

HEART-SWOP patient Julius Mzimande, who was prepared to be used as a "guinea pig" to be given a second chance to live, hopes lifesaving transplant operations will be offered at all South Africa's major centres in the future.

This follows this week's government announcement that heart transplants are to be confined to Groote Schuur Hospital.

But Mr Mzimande, chief radiographer at Durban's Mshinyeni Hospital, says the heart transplant performed on him at Groote Schuur in September last year saved not only him but his family.

"I support my mother, my unemployed brother's two sons, my sister — who has had a stroke — and her three young daughters. She has no one else to help her," he said.

"They look to me for help. I see that they have mealie pap at the end of the day. They would be starving if I had died. It would mean great suffering for them."

Fortunately, Mr Mzimande's three grown children, ranging in age from 27 to 31, are all employed and although they get "poor salaries" they can support their own families.

"I believe that heart-transplant operations should be available in Gauteng and KwaZulu-Natal. I spent a lot of money keeping body and soul together in Cape Town during the time I was there," he said.

Mr Mzimande's operation was performed on September 2. He spent 12 days in hospital and more than three months convalescing in the city.

"Cape Town is far from home and the accommodation was expensive for me."

Accompanied by his wife Nomusa, Mr Mzimande, 57, stayed with people in Guguletu.

He had to pay for lodging as well as for groceries for himself, his wife and the owners of the house.

"It would have been easier and less expensive if I could have had the operation in Durban," he said.

Mr Mzimande began receiving treatment for cardiomyopathy — softening of the heart muscle — in 1987.

"In July 1994 I was told I would have to have a transplant and that I would have to travel to Cape Town as there was no other centre that could do it. I wanted the operation to be done immediately. I was short of breath and turning blue.

"My papers had been sent on to Cape Town but there were no beds at the time so I had to wait until I was called.

"I then wrote a personal letter to the professor of cardiology at Durban's Wentworth Hospital. I told him that I did not mind being used as a guinea pig if they could just do the operation there I was in terrible pain.

"I never received a reply."

Aware of the urgency of his situation he left on a Cape Town-bound plane accompanied by his wife, without a referral letter.

"I was knocking on the grave's door by then. I got to see Dr Worthington. "I was going to die," he said.

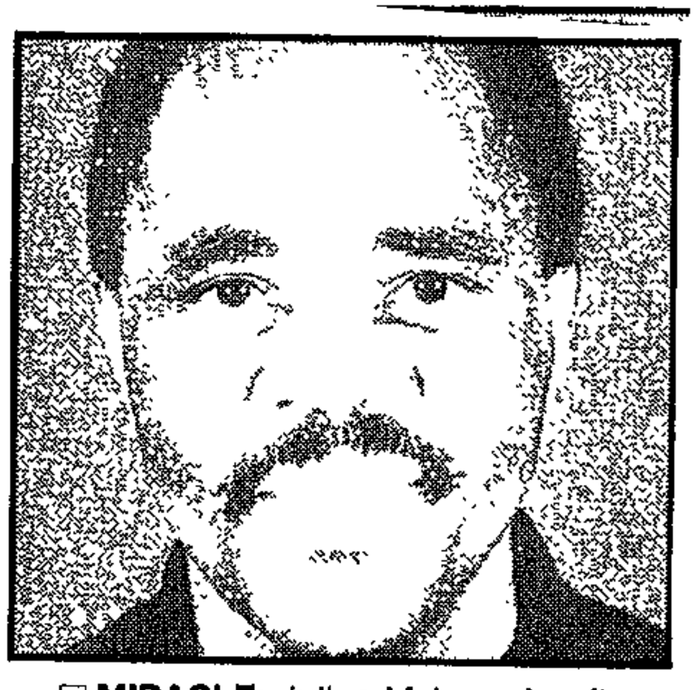
"When the doctors examined me they said: 'Your heart is hopeless. It's not pumping properly anymore. The only thing that can help you is a heart transplant'.

"I was admitted immediately. I felt great. I was also one of the lucky ones for after only two days a donor was found and I got my heart.

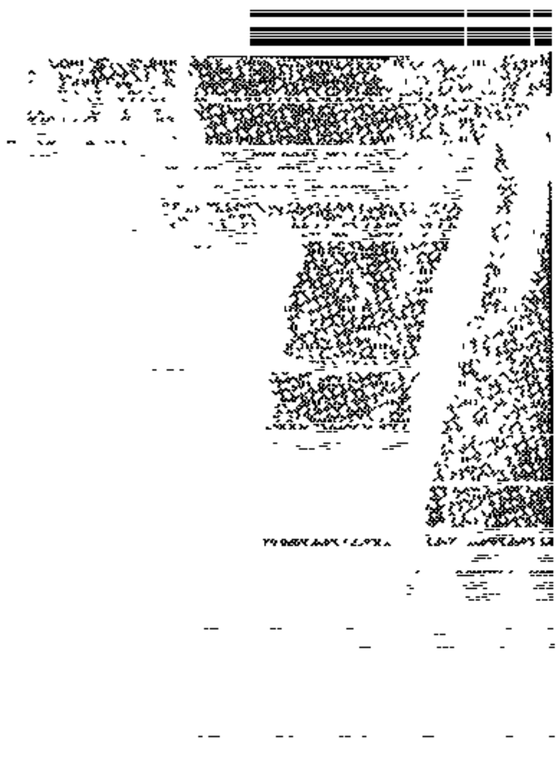
"I arrived back in Durban on January 2 and here I am at work performing my duty even better than before."

Describing himself as an ordinary man who does not like getting involved in politics, Mr Mzimande said there should "never" be a moratorium on transplants, no matter what organs they involve.

"As long as the service and expertise is available, everyone — rich or poor — has a right to the resource," he said.



☐ **MIRACLE:** Julius Mzimande after a heart transplant at Groote Schuur Hospital. "Everything that has happened to me over the past year has been a miracle," he said.



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Cape will remain the heart capital

96 (95)

ARG 22/7/95

ADELE BALETA
Staff Reporter

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

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

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

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

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

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

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

Her decision follows the controversial heart and lung transplant performed at Pretoria's H F Verwoerd Hospital while a moratorium on such procedures existed. Western Cape Health Minister Ebrahim Rasool confirmed that as a supra-regional activity, the money to fund

■ Groote Schuur Hospital which gained international fame after the world's first heart transplant will continue to be the heart centre of the country.

operations at Groote Schuur would come from the national budget and not from the Western Cape budget.

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

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

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

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

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

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

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

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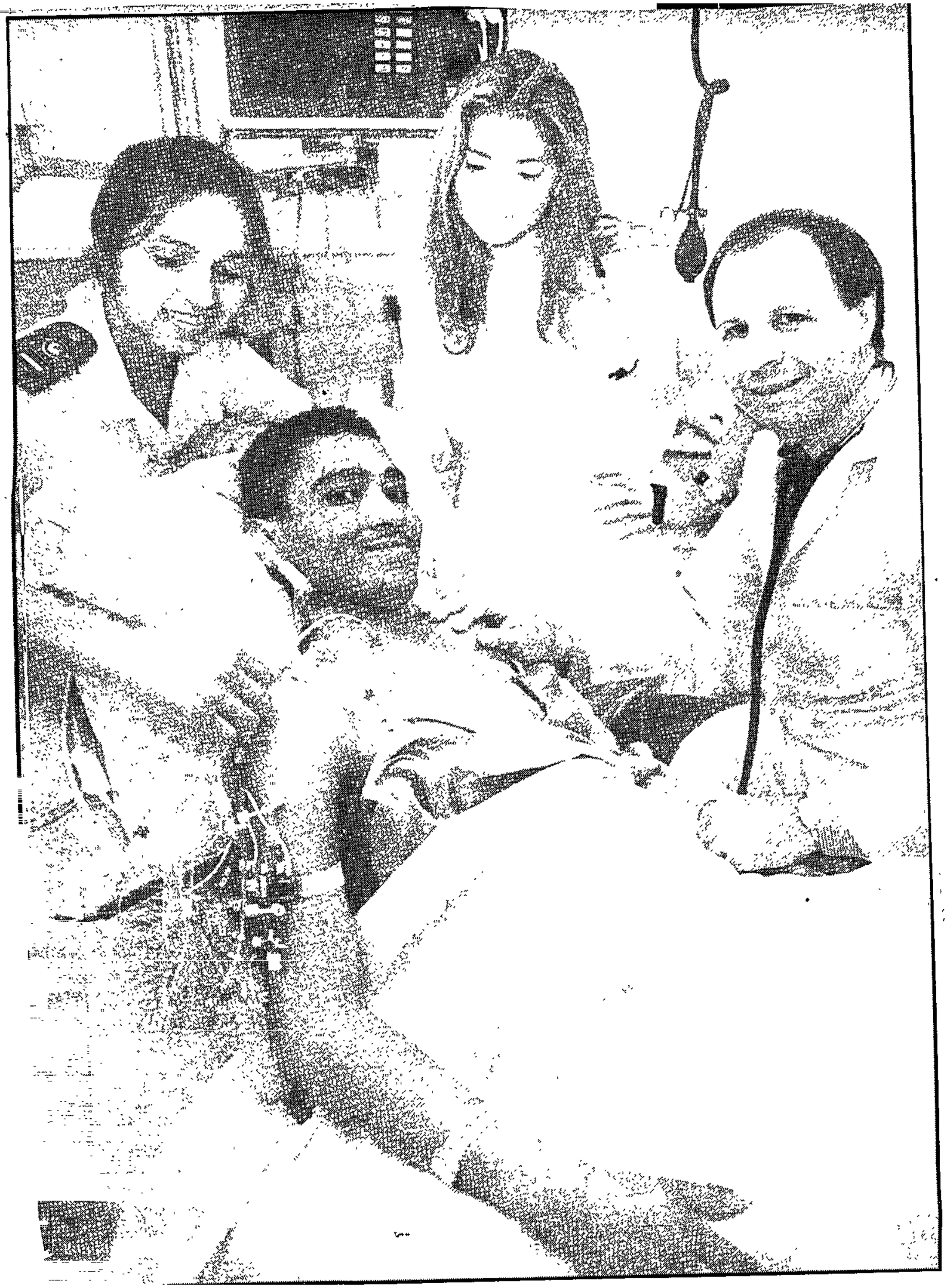


Picture. ROY WIGLEY. Staff Photographer.

☐ **NUMBER 369:** Dr Johan Brink, right, at the bedside of Johan Paulsen, 26, who three days ago was the 369 th patient to have a heart transplant at Groote Schuur Hospital. Sister Sandy Ramlall, left, and Dr Athele Westlake were part of the transplant team.

Rasool slams hostage-taking

CT 24/7/95 98

STAFF REPORTER

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

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

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

Cape attorney-general Mr Frank Kahn said he was "more than willing" to prosecute in such cases.

Experts divided over heart treatment policy

BD 24/7/95 (SB 98)

Kathryn Strachan

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

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

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

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

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

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

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

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

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

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

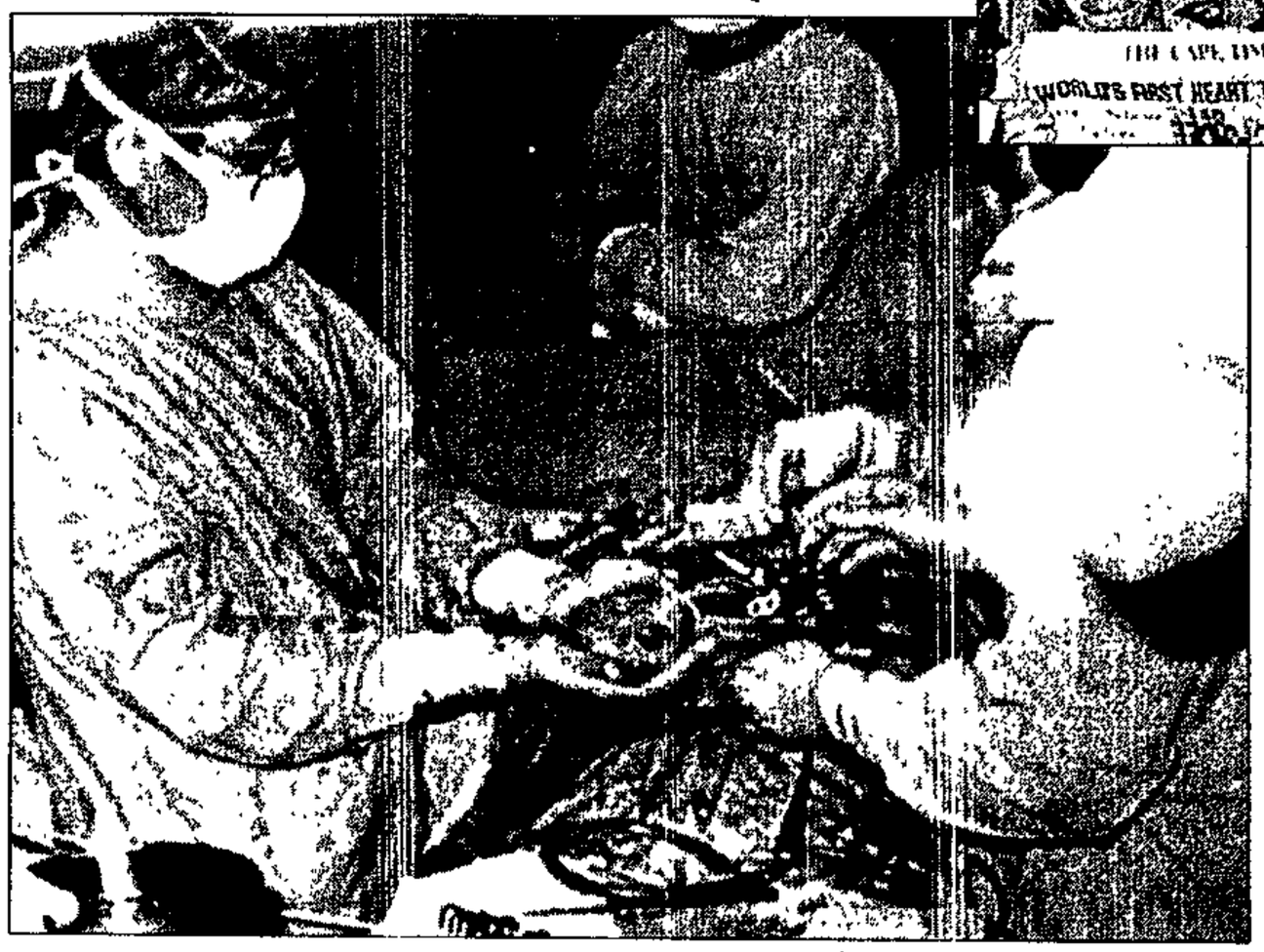
If local pharmaceutical companies dropped prices to the private sector, then public sector prices would go up. Any increase in the cost of medicine to the needy would be disastrous, said Sareli.

No soft hearts swop policy

Star 24/7/95 (98)

IT IS almost three decades since South Africa's audacious Chris Barnard stunned and mesmerised the world by performing the world's first heart transplant at Groote Schuur Hospital in Cape Town. Yet, as the uproar over an unauthorised transplant at Pretoria's HF Verwoerd Hospital emphasised, we are still without guidelines on transplant programmes, or the equitable use of donor organs. Medical Correspondent JANINE SIMON reports.

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



Life in his hands ... a doctor holds a human heart during a transplant operation.

he heart transplant "market" has changed dramatically since 1993, when Groote Schuur held sway as the country's only heart traplant unit.

date, at least three private hospitalsof which two are in Gauteng) have conicted heart transplants. Pretoria's HFerwoerd Hospital thrust itself into a conoversial lead as the only other proncial hospital to have done the procede.

hat brief sprint ended on Friday whe Health Minister Nkosazama Zuma annunced that Cape Town's Groote Schur Hospital would be South Afra's only supra-regional transpla centre.

he reason, she said, was that dupcation of super speciality servio could not be condoned.

F Verwoerd, in fact, never had a tnsplant unit.

nly one transplant had been conicted there by April 19. This wathe date on which Gauteng's heth authorities and the prince's three medical schools aged to a moratorium on transplas.

hey did so because all three acemic complexes had the capcity to do the procedure, but we faced with budget overspends eshated to top R500-million by thend of the year.

Surce organs

And they'd been asked to rationae tertiary services and help exnd primary care.

reality, factors other than buet and surgical skill colour the het transplant debate.

oday heart transplant surgery is routine cost-effective treatment ab, in pioneer surgeon Chris Baard's words, "to be performed byny competent team".

hat makes it problematic, say doors and the SA Organ Donor Fodation, is that donor organs arso scarce barely half of the 50 to 100 pede who should receive new hearts eayear actually get them.

irector Gudrun Clark says donor aweness has increased over the last twvears, enabling a record number of heis to be transplanted in 1994.

ut donor organs are a national resrce which should be equitably distrited, and we have no national protocol do this," she argues.

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

Professor Ulrich von Oppell and Dr Johan Brink, who run Groote Schuur's unit, have compared South African success rates .

Groote Schuur's current 30-day mortality rate for the 120 transplants between October 1991 and April 1995 is five, its one-year survival rate 72.

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

But seven of the 13 patients transplanted outside Groote Schuur died within 30 days – a 54% hospital mortality rate, which is worse than the 47% recorded 27 years ago in 1968 by the string of transplant units opened worldwide to emulate Barnard's example

These figures, the doctors argue, lend weight to their belief that a transplant unit should be a nationally funded resource benefiting the entire population.

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

Gauteng's obviously eager medical professionals and population weight would seem to make it a logical site for a second heart transplant unit.

Minister Zuma's proclamation settles for now the State hospital debate. But without a national organ transplantation policy, like those in place in other Western countries conducting transplants, decisions as to who obtains donor organs, and whether provincial or private hospitals do the procedure, remain **ad hoc.**

An advisory committee on transplantation was appointed in 1992 and reopened in 1994. Its recommendations are still on the table.

Ambulance service faces new crisis

(98) ARG 25/7/95

ROGER FRIEDMAN
Staff Reporter

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

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

The reinstatement has caused bitterness among other ambulancemen who feel they should also be granted three months "paid leave".

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

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

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

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

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

"But it was not paid leave — they were suspended."

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

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

Mr Douglas was also suspended, but successfully challenged this in the Supreme Court and has gone back to work.

Transplant patient dies — doctor hides

CT 26/7/95 (98)

OWN CORRESPONDENT

PRETORIA: Controversial heart transplant specialist Dr Fanus Serfontein has gone into hiding after a transplant operation here was unsuccessful and the patient died.

Dr Serfontein refused to comment on the death of Mr Marius Swanepoel, 28, of Nylstroom, after he had received a new heart and lungs early yesterday at Pretoria Heart Hospital.

Attempts to trace Dr Serfontein last night failed.

The response from people close to the doctor was that it was unlikely he would comment on the operation or Mr Swanepoel's death.

But a second heart transplant operation — carried out using Mr Swanepoel's new heart to replace the faulty heart of a 42-year-old father of four children — was successful.

The second transplant operation was carried out at the Milpark Hospital in Johannesburg by Dr Francois Hitchcock, who trained under heart transplant pioneer Professor Chris Barnard.

Dr Serfontein was not involved in this operation.

Dr Serfontein collected the donor heart and lungs for Mr Swanepoel from Johannesburg General Hospital in the early hours of yesterday.

The double transplant of heart and lungs was carried out because it is apparently easier to do than a heart transplant alone.

After his death Mr Swanepoel's healthy heart was taken back to Johannesburg, where it was transplanted into a patient at Milpark Hospital.

Mr Swanepoel had been transferred from H F Verwoerd Hospital, a Gauteng provincial hospital, to a private hospital because of the moratorium on heart transplants in provincial hospitals.

Last night Dr Serfontein was apparently avoiding press interviews.

A person at his home said he did not think Dr Serfontein would take questions from the press.

Senior staff at Milpark said last night the patient at that hospital was in a stable condition.

In another development, the first patient on the Gauteng waiting list for a new heart, Ms Deborah Mathala, has arrived in Cape Town.

Here she will undergo the operation at Groote Schuur Hospital.

Milestone transplant op at Cape private hospital

ARG 26/7/95 (98)

☐ 'Time for the state and private sector to co-operate'

JOE ARANES
Staff Reporter

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"We need to work together and utilise this scarce commodity to its fullest potential," she said.

Picture HANNES THIART, The Argus.

KIDNEY PATIENT: Willem du Toit, the first patient in the province to have a kidney transplant at a private hospital, is well on the road to recovery.

Waiting for a new heart

ET 27/7/95 (98)

STAFF REPORTER

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

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

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

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

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

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

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

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

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

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

He said Groote Schuur had done 36 heart transplants last year, and could handle about 50 a year. He said about 40% of their patients had come from Gauteng even before the moratorium.

Township sick hard hit by striking clinic staff

(98) ARG 28/7/95

SABATA NGCAI
Staff Reporter.

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

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

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

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

Mothers with sick children on their backs were turned away.

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

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

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

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

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

Regional secretary Stanley Yisaka said: "We understand the emotional trauma that is experienced by the loss of a loved one. For this reason we have decided to provide a skeleton staff to ensure burials could go ahead."

Ambulance row coming to boil

AKG 29/7/95 (98)

■ Tensions are coming to a boil at the crisis-ridden municipal ambulance service.

GLYNNIS UNDERHILL
Staff Reporter

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

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

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

"Now what? That's a good question. I have to wait and see what transpires," said Mr Douglas.

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

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

Disgruntled ambulancemen have warned that should their grievance about the reinstated ambulancemen not be resolved to their satisfaction, they would be forced to resort to "further action".

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

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

The punishment did not satify many ambulancemen in the service, who believed the price for disrupting emergency services should be dismissal.

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

One ambulanceman, who asked not to be named for fear of intimidation, said the reinstated staffers were considered "radical".

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

Angered ambulancemen claimed in a memo prepared for Mr Douglas that the trust between management and workers had been severely affected by the "illegal" industrial action.

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

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

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

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

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

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

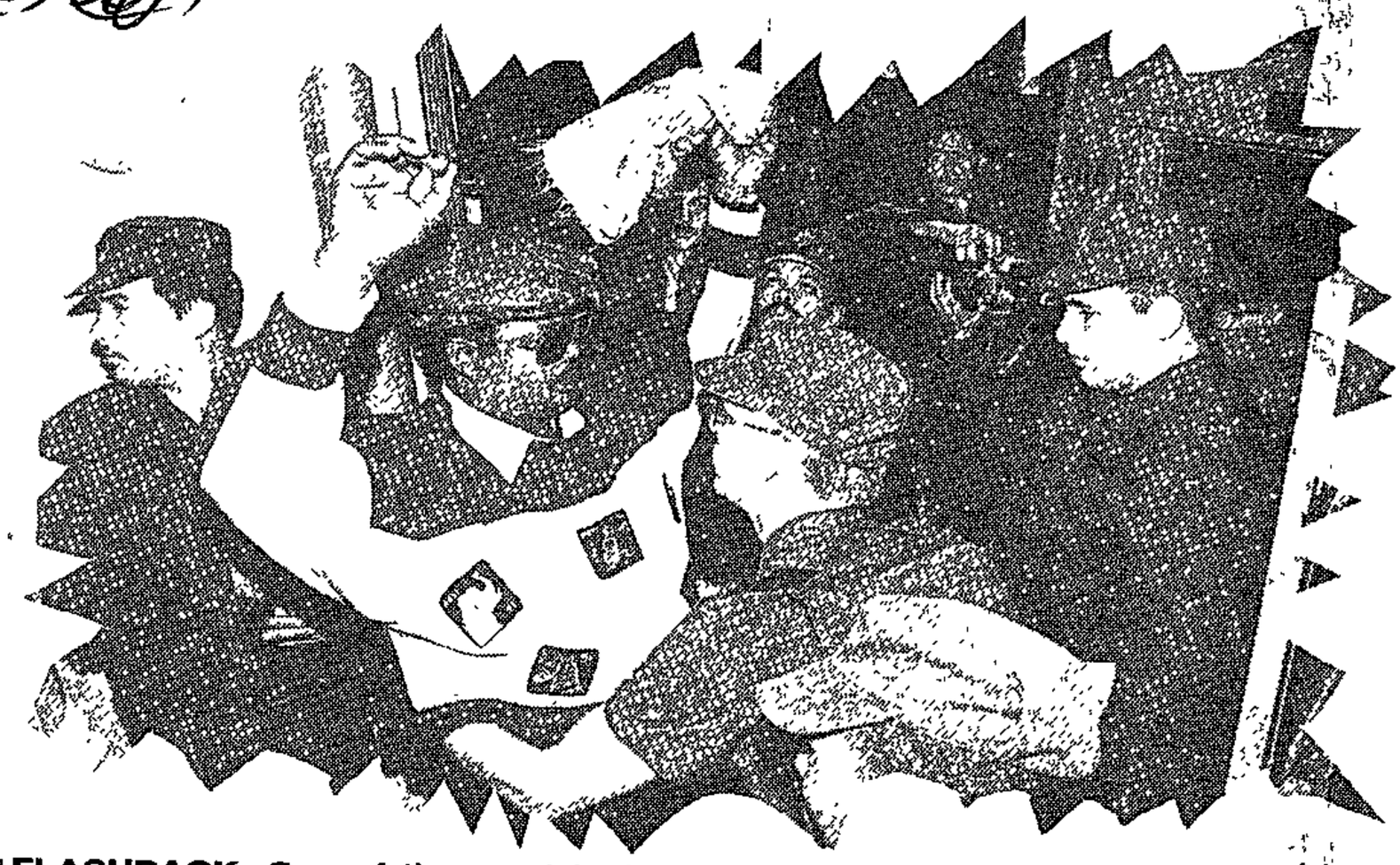
Mr Sibeko said 99 percent of the ambulancemen suspended had been black and he feels racial tensions had built up at the service.

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

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

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

A disgruntled ambulanceman confirmed: "At the end of the day, we frequently don't have any ambulances to send. We are terribly stretched for resources."



☐ **FLASHBACK**: One of the municipal ambulancemen arrested for occupying the ambulance control room in Pinelands in April was searched before being taken to the Maitland police station.

Suspended medics reinstated

ARG 29/7/96

GLYNNIS UNDERHILL
Staff Reporter

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

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

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

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

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

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

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

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

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

On April 25 strikers took over the municipal control room in Pinelands, disabled the 10 177 emergency line and jammed the ambulance radio, rendering the service helpless.

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

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

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

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

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

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

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

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

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

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

The other complaint involved a patient suspected of having a heart attack. He was eventually transported to hospital in a private vehicle and survived.

Ambulance row brews as strikers reinstated

(98)

ST(CM) 30/7/95

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

By CHARL DE VILLIERS

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

At least four of the reinstated men have received written final warnings for other offences which were not taken into account when the council pressed internal disciplinary charges after the April 25 wildcat strike for union recognition.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The hearings followed the April 25 occupation of the ambulance service's nerve centre by 37 staffers demanding recognition of the South African Health and Public Sector Workers Union.

No permits, no service for blacks

(98)

By Glenn McKenzie

POOR black patients at Brandfort in the Free State are required to obtain "official slips" from the local magistrate before they can receive public health services, residents and health workers have told *Sowetan*.

A highly-placed health department official in Pretoria said patients needed court forms to obtain health services only when their identity or nationality was in question. Services should never be refused to people who did not have the forms.

Brandfort's district surgeon, Dr Gerrit van der Merwe, insisted that in cases of extreme emergency, patients were never turned away from his clinic. Public patients had required court forms to receive medical care since the government instituted the system in the 1980s, he added.

"As far as I understand it, the system is only there to prevent unnecessary cases from coming in. Fifty percent of the people who come in are not really sick," Van der Merwe said.

The controversy over "official slips" emerged following the death of a two-year-old girl on her mother's back while waiting for court permission to see a doctor in Brandfort.

The death, which occurred in April, has been linked to what a health department official called "obstructionist and racist" red tape in the town.

Mr Paul Alberts, employer of the child's father Mr Petrus Hokwana, and residents have accused local doctors of being racist. "In this town there are still two systems of health. One for whites, one for blacks," said Alberts.

Katrina Hokwana died of severe inflammation of the stomach and intestines while her mother Maria spent several hours trying to acquire a "slip" from the magistrate's court in the town.

As far as I understand it, the system is only there to prevent unnecessary cases from coming in

Sowetan 31/7/95

Neither of the town's two doctors had turned the child away that day, but one doctor allegedly told the child's mother a week earlier never to come for medical service without the forms.

"They told me I must have money or a slip from the magistrate's court," said Maria Hokwana.

Another doctor in the town, who allegedly saw Katrina a week before she died, denied the visit took place.

REWARDS OFFERED FOR TIP-OFFS

State loses R600m a year in drug thefts

CT 1/8/95

98

"HIGHLY ORGANISED and sometimes violent drug lords" are responsible for huge thefts of state medicines each year. **EUNICE RIDER** reports.

ABOUT R600 million worth of medicines "disappear" from state warehouses and hospitals each year. The problem has become so serious and the thefts so well-organised that the drug industry has had to turn to loss adjustment companies — offering huge rewards — for clues.

Mr Calvin Henry, a director of Roche Pharmaceuticals, said "highly organised and sometimes violent drug lords" were responsible for the theft or diappearance of about R600m worth of medicines from state warehouses and hospitals each year.

Grey market

He said the problem had become so serious that various pharmaceutical companies, including Roche, had been forced to turn to loss adjustment firms offering massive rewards for information and assistance in their fight to stop the thefts and trace back some of the stolen drugs.

Mr Lee Dutton, the managing director of one such firm, Hamilton Whitton and Associates, in Johannesburg, described tracing stolen drugs as "a battle that never comes to an end".

He said there was a "burgeoning grey market" in illegal or stolen pharmaceuticals and thefts from the state were "substantial".

He said that after the drugs were stolen from the state they were "recycled" — some being repackaged — and resold into the private market.

He said his firm also often found illegally imported medicines, which often turned out to be unregistered, expired drugs in counterfeit packaging with "new" expiry dates and serial numbers.

Mr Dutton said there were moves afoot to try to stop all repackaging of medicines by trading or dispensing doctors and pharmacists into jars, bottles and envelopes.

"We are finding state stock in private circulation in retail pharmacies," he said.

Unscrupulous dispensing or trading doctors also bought large quantities of medicines from wholesalers and got stocks of supposedly "free" samples, which they repackaged and sold, illegally, said Mr Dutton.

Sometimes drugs nearing their expiry dates were sold at lower prices to doctors who then sold them at full price.

Tipped off

Detective Sergeant Willem van der Vyver of the narcotics bureau in Sea Point said large quantities of drugs were stolen from state premises, and unmarked state drug delivery trucks were regularly hijacked — especially in Gauteng.

"There is a huge black market out there."

He said: "We believe the drugs are sold to wholesalers by large, syndicated organisations, which include hospital staff — people with a good knowledge of medicines and people with excellent inside information on which medicines are leaving or arriving at state premises at what times. The hi-jackers are tipped-off."

Surgeon vows to continue heart ops

ET 1/8/95 (98)

OWN CORRESPONDENT

PRETORIA: Local surgeon Dr Fanus Serfontein has accepted Cape Town as transplant capital, but has vowed to continue performing transplants locally.

He was speaking yesterday from H F Verwoerd Hospital where he oversaw the transfer of his latest heart transplant patient, Mrs Yvette Pretorius, 28.

Mrs Pretorius received a new heart at a private clinic here at the weekend as it was forbidden at the state H F Verwoerd Hospital.

Dr Serfontein said: "I know there will be a clampdown on provincial hospital patients needing transplants in Gauteng.

"They will be sent to Cape Town. However, there are patients awaiting transplants who have medical aid and I will continue to do transplants."

He said there were many people needing transplant surgery in Gauteng.

In a bid to curb the bad publicity surrounding the transplant controversy, Gauteng Health Minister Mr Amos Masondo claimed last night he had no knowledge of a long list of transplant patients.

He said Dr Serfontein's claim that he had a long list of patients waiting for new hearts, when the senior management and superintendant at H F Verwoerd Hospital had not been told, raised new questions.

Mr Masondo said if the long list existed, why have the patients not been booked at Groote Schuur Hospital, and why had he not been told.

Private hospital no real solution

State to pick up most of transplant tab

Star 1/8/95

■ **BY JANINE SIMON**
MEDICAL CORRESPONDENT

The State will pay at least another R135 000 over the next seven years to treat Yvette Pretorius a 28-year-old mother who underwent a heart transplant by controversial surgeon Dr Fanus Serfontein at the weekend.

Only about R15 000 was saved by transferring Pretorius to the privately owned Pretoria Heart Hospital for surgery because of the moratorium on heart transplants in Gauteng provincial hospitals, estimated Dr Johan Brink, head of Groote Schuur's heart transplant unit.

The operation was successful and Pretorius, of Greylingstad in the Eastern Transvaal, was transferred to H F Verwoerd Hospital yesterday.

Brink estimated that a heart transplant patient's surgery and post-operative care until discharge, usually at 12 days, cost the State between R35 000 and R40 000. Of that, the surgical costs were between R10 000 and R15 000.

Another R25 000 would be spent in the first year of intensive follow-up treatment.

This included the cost of regular consultations with a doctor, three to four hospitalisations, investigations such as biopsies and radioactive scans of the heart, and immunosuppression drugs.

The cost of drugs dropped to between R15 000 and R20 000 in the second year, and even further, to about R10 000, in subsequent years, said Brink. The average transplant price was about R150 000 over seven years.

Heart transplants consume a relatively small amount of the total State health budget: Groote Schuur estimates its optimum budget would be R6-million — enough to do between 40 and 50 transplants a year and give a reasonable follow-up service around the country to 140 existing transplant patients, transport donor organs, slightly increase unit personnel, and improve facilities for patients and families.

The emotional transplant issue had highlighted the tough debate over hi-tech medicine versus primary health care, Brink added.

The value of a second unit in Gauteng was clear, but limited resources would best be spent in bringing the existing unit up to scratch, he argued.

Both Brink and private heart surgeons agree that although the number of patients needing new hearts will increase, the number of transplants will always be held in check by the limited number of donor hearts.

State and private hospitals combined are doing between 40 and 50 transplants a year.

PATIENTS TO BE TRANSFERRED TO W CAPE

Gauteng may set up heart transplant unit

CT 2/8/95

(98)

JOHANNESBURG: Gauteng's health minister yesterday said the province had agreed to investigate the possibility of setting up a heart transplant unit.

ALL state patients awaiting heart transplants at Pretoria's H F Verwoerd Hospital are to be transferred to Groote Schuur Hospital, Gauteng Health Minister Mr Amos Masondo said yesterday.

The decision was part of an agreement between the Gauteng Health Department and Dr Fanus Serfontein, who has continued to perform transplant operations while a moratorium is in place.

It was announced yesterday that the department was prepared to look into establishing an organ transplant unit in Gauteng if there was proper motivation and a needs analysis was conducted.

A committee would be established to approve any emergency transplants in the province. It would comprise H F Verwoerd Hospital superintendent Dr Mary Jane Small and head of the cardiothoracic unit Prof Dirk du Plessis, as well as a representative of the provincial health authority.

Mr Masondo said approval would have to be sought from the committee as soon as the patient was seen at the hospital.

Emergency cases

Dr Serfontein said emergency cases in Gauteng could arise once or twice a year. These patients could be kept alive on life-support machines until the committee made its decision and a donor organ found.

In such cases the bill would be footed by the hospital where the transplant was performed.

Dr Serfontein has agreed to transfer his remaining five or six awaiting-transplant patients to Groote Schuur Hospital.

Once the operations were completed, the patients would be transferred back to the H F Verwoerd for follow-up care.

Head of Groote Schuur Hospital's heart transplant unit Dr Johan Brink said the unit had been catering for patients from around the country for the past 10 years and he did not expect the additional patients to strain resources.

"We will try to make it the best national service possible but ideally there should be another unit in Gauteng because you can't treat people optimally so far from their homes."

He did not expect a dramatic increase in the number of patients but we would ask for more funds "if we are expected to provide a truly national service".

There are about 10 people awaiting heart transplants at Groote Schuur. Up to six patients are to be transferred from Gauteng.

—Staff Reporter, Sapa-Reuter

health department head Ralph Mgijima. Picture: NICKY DE BLOIS

for taxi warlords to use hired gunmen.

Gauteng might get heart transplant unit of its own

Ingrid Salgado

THE Gauteng health department was prepared to consider establishing a heart transplant unit in the province once a proper motivation and needs analysis had been done, health MEC Amos Masondo said yesterday.

But the province's moratorium on heart transplants would remain in place and all transplants would be conducted at Groote Schuur Hospital in the Western Cape, he said.

This had been agreed to at a meeting between health authorities and Dr Fanus Serfontein, the surgeon who recently defied the province's ban on transplants.

Serfontein said yesterday he was "personally happy" with the agreement. Doctors and health authorities were all part of the same team, although it had previously not seemed so, he said.

Serfontein has performed a handful of heart transplants at the HF Verwoerd Hospital in Pretoria since the ban became effective this year. His last transplant patient, Yvette Pretorius, underwent surgery last Saturday at the Pretoria Heart Hospital. She has since been transferred back to HF Verwoerd.

Masondo said the province would consider establishing a Gauteng heart transplant unit once capacity at Groote Schuur had been exhausted.

Despite the ban, a small number of patients could receive heart transplants in Gauteng if their conditions were deemed "emergency" by a committee of HF Verwoerd Hospital's superintendent and cardio-thoracic unit head and a Gauteng health authority representative, he said.

Procedures to hasten committee meetings were in place in cases of extreme emergency.

Serfontein had also agreed to transfer his five or six patients requiring heart transplants to Groote Schuur at their convenience. Patients who had already been operated on would remain at HF Verwoerd.

Serfontein said emergency transplants were "the exception more than the rule", with a probable maximum of three each year.

The transplant he had performed on Pretorius at the weekend had been an emergency.

The department said the moratorium had been instituted to provide more resources for primary health care, which would reach a larger number of people.

Between December 1993 and May this year, 13 transplants had been performed at private and state hospitals other than Groote Schuur. Of these, seven patients had died within 30 days.

Groote Schuur had performed 54 heart transplants in the same period and of these four patients died within 30 days.

Meanwhile, the SA Institute of Race Relations has called "outrageous" Masondo's call that provincial authorities supply him with the names of heart transplant patients.

This would violate doctor-patient confidentiality and impinge on the individual's right to privacy.

Masondo's action was "a perfect example of a politician abusing his position to the detriment of the rights of citizens" and the provincial government should rescind his call, the institute said.

Women execs raise R700 000

ET 3/8/95 (98)

A FORUM for women executives handed over of a cheque for more than R700 000 to a beleaguered Red Cross Children's Hospital redevelopment fund yesterday.

The Executive Women's Club of Southern Africa launched a fund-raising drive last year, after cuts in the hospital's budget.

Emergency head quits as cuts bite

(98) Star 5/18/95

By CHERYL HUNTER

Sandton emergency services head Pine Pienaar resigned after 25 years' service last month after council budget cuts restricted his authority to extend a planned emergency service.

According to North East Community Forum chairman David Jordaan, Pienaar initiated mayday centres and flood-alarm systems in Alexandra and pushed tirelessly for the formation of the crisis control centre, which began in 1991.

Pienaar believed that Sandton traffic officers could be redeployed to assist in the combating of crime by patrolling the entire town on a regular basis.

He arranged for auto diallers to be installed in residential homes whereby home-owners could simply push a button in an emergency.

Their location would then be pinpointed by a computer — funded by the council — and emergency vehicles could be dispatched to assist them.

Jordaan related an incident in which a 3-year-old boy who had fallen into a goldfish pond and stopped breathing was resuscitated by paramedics who arrived by helicopter less than seven minutes after the child's mother made a frantic call for assistance.

No funds

"But just when the programme was succeeding and Randburg asked to be included, all power and authority was taken out of his hands and the council said there were no funds available for the expansion of the project," Jordaan said.

He said the project was a model system and that it should have developed into other areas, but instead had been neglected.

Sandton town treasurer Koos Vos said certain projects had to be prioritised because of budget cuts, but that services were still available to the community.

away.

ARG 7/8/95

(98)

Hospitals hit

JOHANNESBURG. — After-hours emergency medical services have been temporarily suspended at several hospitals on the East and South Rand because of a shortage of doctors.

A spokesman for the South Rand Hospital said the casualty department was no longer open at weekends or after 4pm on weekdays.

Staff shortage shuts down hospitals' casualty service

CT 7/8/95 (98)

JOHANNESBURG: After-hours emergency medical services have been temporarily suspended at several hospitals on the East and South Rands owing to a shortage of doctors, reports at the weekend said.

A spokesman for the South Rand Hospital said that as from Friday the hospital's casualty department was no longer open over weekends or after 4pm on weekdays.

"We don't have enough doctors to work after hours," the spokesman said.

He added that the doctors they did have would, as from Friday, no longer work more hours than their regular shifts required.

A hospital source said several hospitals on the East Rand had also been ordered by the Gauteng health authorities to close their casualty departments temporarily.

People who required after-hours emergency medical treatment would have to go to one of the academic hospitals — to Baragwanath or to Johannesburg hospitals.

However, a superintendent at Johannesburg Hospital, Dr Warrick Sive, said casualty patients from South Rand Hospital would be sent to Baragwanath Hospital only.

(263)

"After discussions with South Rand Hospital's acting superintendent an agreement was reached that patients would not be sent to any other government hospital," Dr Sive said.

7/8/95

Overstressed

He said Baragwanath was an excellent primary health care institution and well equipped to deal with emergencies.

"Johannesburg Hospital is overstressed at the moment, it would not be able to cope with the extra flow," Dr Sive said.

The South Rand Hospital source said the after-hour shut-down was only a temporary measure, and the matter was still being negotiated by the hospitals and provincial health authorities. — Sapa

Concern over health care, clinics crisis

Somerset West — Community consultation was delaying the building of primary health care clinics in rural areas, health director-general Olive Shisana said yesterday.

She told a health policy conference that R228-million had been allocated for clinic-building "which we haven't been able to spend" (98) (88)

Such work could take up to 18 months because communities had to be consulted. Shisana questioned why consultation was needed on "basic things" like water, taps, houses and clinics.

She urged MPLs to return to their provinces and to lobby their health MECs to build clinics in underserviced areas.

On the shortage of medical practitioners in the public service, she said: "The gap is growing every day because of poor salaries," adding that SA's health care system was collapsing and "we have a crisis".

Shisana also said more than 10 000 primary health care nurses would soon be needed. — Sapa.

Star 7/8/95

Final Cape health plan leaves Tygerberg, Victoria intact

ARG 8/8/95 (98)

☐ *R22,9-m cut in annual budget allocation*

JENNY VIALL
Health Reporter

TYGERBERG Hospital will no longer be downgraded to a secondary hospital, Karl Bremer Hospital will be re-opened and Victoria Hospital will remain open, according to the final health plan for the Western Cape.

The final version differs significantly from the draft proposal.

Consensus on restructuring academic hospitals — a contentious issue — has not been reached, but there is a move away from the rigid proposals in the draft plan.

Instead, a set of principles will guide the management of these services.

The question of who should manage the new district health system remains undecided.

The report notes the lack of consensus on this issue and proposes that this decision be delayed until local government elections.

Cuts in the provincial health budget — amounting to R22,9-million this year and each year until the year 2000 — shifting posts, and closing and altering some hospitals will lead to a cut in personnel, notes the report.

Wherever possible, this will be done through attrition, voluntary retirement, abolishing vacant posts and transfers. Retrenchments will be a last resort.

Any major changes from the draft proposals will have to be negotiated, said regional Health Minister Ebrahim Rasool at a Press conference to announce the final plan.

This had been compiled after consideration of 300 submissions on the draft plan.

The presciptive approach of the draft plan had been sacrificed in the new plan, without changing bottom-line objectives, he said.

These objectives were effecting savings, getting rid of duplication, providing a good service and co-ordinating teaching and research.

Areas of consensus had been identified and dates set for their implementation.

Areas of major change would be subject to negotiation. At the regional level, these were:

● Most of Conradie Hospital, which has major infrastructure problems, should close. The spinal cord injuries unit for acute patients will move to Groote Schuur Hospital and then to Princess Alice.

General beds will move to Karl Bremer and post-acute neurosurgical patients will be accommodated at Woodstock.

Long-term patients will be accommodated at Stikland.

The refurbished wards will be used for tuberculosis patients. There also will be a 24-hour community health centre;

● Woodstock Hospital will re-open to house the 170 chronic patients from Westlake — whose TB centre will close.

Proposals for which there was sufficient consensus were:

● Somerest Hospital's North Block will be sold and the funds used to build a 200-bed hospital in the Philippi area.

The West block will be a smaller, regional hospital;

● Karl Bremer Hospital will re-open as soon as possible, without a trauma or emergency unit initially;

● Victoria Hospital will remain at its present site until it is replaced by the year 2000 by a full regional hospital at a still-to-be-determined site;

● St Monica's will have its role redefined to operate as a midwife obstetric unit;

● Mowbray Maternity Hospital will remain as it is;

● G F Jooste Hospital will be opened as soon as possible as an acute general hospital;

● Hottentots Holland Hospital will be upgraded to a full regional hospital; and

● New 200-bed hospitals will open in Phillipi, Blue Downs, south-west Peninsula and Helderberg.

Proposals are that Lentegeur and Alexandra hospitals should stay unaltered, while new proposals have been put forward for:

● Princess Alice Hospital which will be converted into a rehabilitation facility;

● Lady Michaelis, which will revert to a paediatric centre for orthopaedic surgery, rheumatology and rehabilitation;

● Groote Schuur Hospital, which will get spinal chord injury patients and adult orthopaedic and rheumatology patients from Princess Alice; and

● Stikland, Valkenberg and Lentegeur — there will be two acute psychiatric hospitals and one will change its role to accommodate chronic patients.

The plan notes that Department of Health would like to see co-operation with the private sector.

The final plan would be submitted to the provincial cabinet at the end of the month for approval, said Mr Rasool.

'Bosberaad' planned on academic hospitals

Health Reporter

A "BOSBERAAD" on health education takes place this weekend in an attempt to work out how to match needs with what the provincial government is able to provide.

Representatives of the universities of Cape Town, Stellenbosch and the Western Cape and the provincial health department will work out how they fit into the new health plan.

The health budget requires a shift of R37,4 million from academic hospitals to regional and district services and the province can no longer afford two medical faculties.

The final plan for health services in the Western Cape, released this week, envisages a single health sciences faculty evolving over several years.

But the province says it will not prescribe this goal.

According to the final plan, health facilities for training and research will no longer be located mainly at the present academic hospitals.

Adequate consensus between UCT and Stellenbosch University on a single faculty could not be reached.

The final report says provincial health services will be driven primarily by healthcare needs rather than those of the academic institutions.

"The province cannot now or in the future afford to provide two separate and complete sets of teaching facilities.

"Individual hospitals will no longer be regarded as 'belonging' to a particular university.

"Small and expensive subspecialities will be provided through a single department and will be shared."

Hospital shuts down casualty services

(98) Star 8/8/95

MEDICAL CORRESPONDENT

South Rand Hospital in the Johannesburg suburb of Rosettenville has been forced to close its after-hours and weekend casualty services as a result of increased taxation.

The services shut down on Friday because of a new tax rate on overtime pay for doctors.

The 380-bed hospital has only five full-time doctors, and relies on part-time staff to run casualty from 4pm to 8 pm.

Since April, overtime has been taxed at 46%, which has meant that doctors have been receiving only R19 an hour.

"We had an administrative hitch, and the tax deductions only took effect in August. On Friday, the doctors just phoned and said it wasn't worth their while to come," said acting superintendent Dr Denis Cominos.

Patients' fees stolen

(98) Sowetan 8/8/95

By Glenn McKenzie

SOWETO health authorities have uncovered a massive scam involving the theft of patients' fees amounting to thousands of rands at 13 community clinics in the area.

Twenty clerks have already been charged with stealing the fees from the clinics in the past month, a senior administrator told *Sowetan* yesterday.

Mr Berman Mofokeng, assistant director of Soweto's 13 clinics, said the clerks had been charged following an internal investigation that began in June.

Three clerks were suspended without pay and another fired.

An estimated R20 000 was discovered missing from clinics' coffers and further investigations were continuing, Mofokeng said.

"There could be a lot more money missing. We don't know," said Mofokeng.

Suspended clerks

A *Sowetan* investigation has established that six of the suspended clerks are from Zola Clinic.

The clerks allegedly stole money that patients paid for medical treatment.

An investigation team later discovered that files which could be used to prosecute the clerks were also mysteriously removed from the clinic.

Mofokeng said investigations began in June after "a lot of angry patients" began complaining that their R8 service fees were being pocketed by certain staff members.

"Our people in Soweto are not sleeping any more. They are reporting cases where people are stealing," he said.

The administrator said Soweto clinics had begun employing special control measures since last month, adding:

"An estimated R20 000 was discovered missing from clinics' coffers and further investigations were continuing"

"I assure you that we are going to punish the culprits. If they are found guilty their employment will be terminated".

A Zola Clinic employee told *Sowetan* that corruption was rife at the clinic.

Mofokeng said all 13 community clinics were affected by corruption "to some degree".

"I don't want to single out any place. They all have problems," he said.

Security measures have been employed in recent months after serious thefts were reported at the clinics. Armed security guards now escort many medicine shipments to the clinics.

In the past several months, *Sowetan* has reported massive thefts of medicines from various Soweto clinics. In one case, several thousand rands of drugs were found in a house at Zondi in March.

Mofokeng said police were expecting to arrest a Zola Clinic staffer "in the very near future" in connection with the case.

"Someone at Zola Clinic was lying to police about this woman (that she has been absent from work all this time). But we now know who she is and that she is in fact at the clinic. Charges are pending," he said.

The woman employee, sought by police since early this year, was a suspect in the theft of medicines at the clinic.

Gauteng woman gets first heart under new rules

(85)(98)ARG 9/8/95

Staff Reporter and Sapa

THE first heart transplant patient to be transferred to Groote Schuur Hospital from Gauteng after the moratorium on the operations is in a satisfactory condition in intensive care after she received a heart from a Port Elizabeth donor.

Debia Matlala, 58, a domestic worker and mother-of-two from Pretoria, was given a new heart during a four-hour operation at the hospital last night.

This morning a hospital spokesman described Mrs Matlala's condition as stable.

"She is doing well and the operation was very successful."

The transplant was done by surgeon Johan Brink whose medical team was described as "very enthusiastic" and "happy with the operation".

A transplant team spokesman said the donor organ was fetched from Port Elizabeth on a scheduled South African Airways flight by cardiothoracic surgeon Willie Koen.

Heart transplant unit medical social worker, Lynette Barr, described Ms Matlala before the operation as "emotionally ready, relaxed and motivated". She said Ms Matlala had remarked: "The quicker, the better. I want to be home before Christmas."

The heart transplant, the 17th performed by the Groote Schuur team this year, follows almost two weeks of detailed inter-departmental and multidisciplinary tests on Ms Matlala, who was a patient at Pretoria's H F Verwoerd Hospital.

Her flight to Cape town last month was paid for by the South African Society of Heart Transplant Recipients.

Two kidney tranplants will also be performed by the renal transplant team today using the Port Elizabeth donor's organs.

Fury at casualty closure

(98) Star 9/8/95

■ **BY JANINE SIMON**
MEDICAL CORRESPONDENT

Ambulance cases will not be affected by the closure of South Rand Hospital's after-hours casualty service, Greater Johannesburg's director of emergency management Allen Cloete says.

The small regional hospital in Rosettenville, Johannesburg, locked the doors of its casualty department on Friday night when its part-time doctors refused to work because of increased tax rates.

The closure is further evidence of the breakdown of services at smaller hospitals, and the attendant crush of patients at central, tertiary institutions.

The hospital, which serves southern suburbs and surrounding areas and falls under Baragwanath Hospital's area of control, has only five full-time doctors and relies on part-timers for after-hours work.

The closure has infuriated local residents, who, if they come to casualty, are now referred to Baragwanath for emergencies, and Soweto's 24-hour Koos Beukes Clinic for non-urgent cases.

"People are afraid to travel on the road to Baragwanath or into Soweto," says South Rand's acting superintendent Dr Denis Cominos. "Many are taking themselves to Johannesburg Hospital and others are finding the money to go to private casualty departments."

Dr Warrick Sive, acting superintendent of Johannesburg Hospital, says the hospital cannot cope with any more patients.

NEWS

Domestic worker in satisfactory condition

Groote Schuur does Gauteng heart swop patient proud

(98) Star 10/8/95

■ OWN CORRESPONDENT and SAPA

Cape Town — Deborah Matlala, the first potential heart transplant patient referred to Groote Schuur Hospital from Gauteng after the moratorium, was in a stable and satisfactory condition last night after receiving the heart of a Port Elizabeth donor on Tuesday.

Groote Schuur's Dr Helmut Kowolik said the 58-year-old domestic worker from Pretoria could be transferred to a regular ward from the intensive care ward within four days, if she did not have complications like respiratory failure.

Matlala was doing "very well", as did most of their patients after a transplant, unit head Dr Johan Brink said. Her condition could change "any minute", but doctors had not experienced any problems by last night.

The heart transplant, the 17th performed by the Groote Schuur team this year, follows two weeks of detailed tests on Matlala, who was a patient at Pretoria's H F Verwoerd Hospital.

Her flight to Cape town last month was paid for by the South African Society of Heart Transplant Recipients.

Matlala (58), a mother of two, made headlines two weeks ago when she became the first heart transplant patient to be transferred to Cape Town after a moratorium was placed on heart transplants in Gauteng.

The head of the surgical team, Dr Johan Brink, said Matlala was in a very stable condition in intensive care yesterday and, if all went well, would be discharged in two weeks.

He stressed she had not jumped the queue of those waiting for heart transplants, but had just been very fortunate that a donor heart had become available from Port Elizabeth that was not suitable for anyone else.

Transplant unit social worker Lynette Barr said Matlala was "emotionally ready, relaxed and motivated" before the operation. She had remarked: "The quicker, the better. I want to be home before Christmas."

Brink said there was not much risk surrounding the operation itself and the threat of infection or rejection would surface only in a few weeks' time.

Matlala would remain in intensive care for four to five days after which she would be placed in a ward. If no complications arose, she would be discharged and housed in private lodgings near the hospital for three months before returning home.

The heart transplant, the 17th performed by the Groote Schuur team this year, followed almost two weeks of detailed tests on Matlala, who had been a patient at H F Verwoerd Hospital.

Her plight became the focus of national media attention when heart transplants were halted in Gauteng and she was unable to raise funds to fly to Cape Town.

Have a heart – health is for all

(98) (89) WM 11-17/8/95

Dr Paul Davis questions the behaviour of heart transplant surgeon Dr Fanus Serfontein, and suggests there may be a better way to deal with this issue

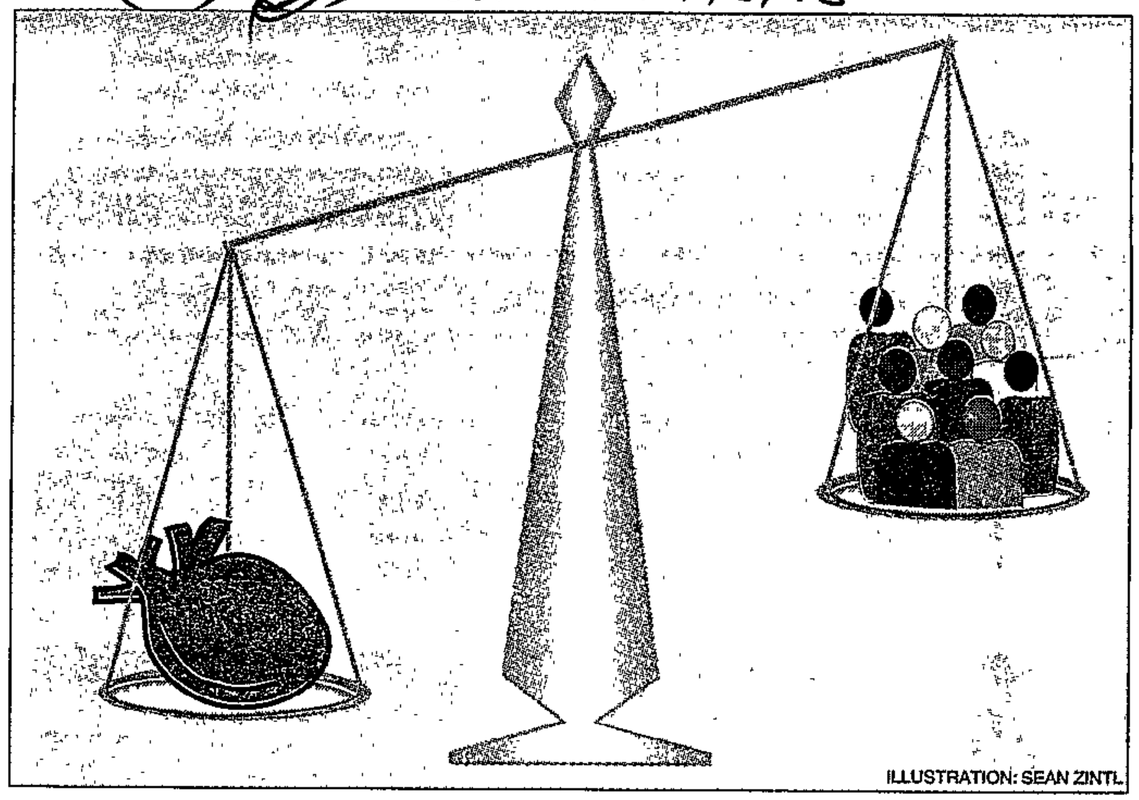


ILLUSTRATION: SEAN ZINTL

ONE has to ask why Dr Fanus Serfontein chose to confront the provincial government over heart transplants in the way he did.

If the Pretoria Medical School, the HF Verwoerd Hospital and the province had agreed to a moratorium on cardiac transplantation, then clearly Serfontein and the university were in direct and flagrant breach of that agreement. The university's apology to the province after the first transplant seems to indicate that this was the case.

The second transplant would then have been a further disregard of the moratorium.

The most recent case, when the operation was done at a private hospital after which the patient was transferred back to the provincial hospital, is nothing but subterfuge. The province still has to pick up the aftercare.

The moratorium was agreed to by people of high standing in the profession and in the province, and they must have considered the ethical and moral problems as part of the decision-making process. So Serfontein's actions make one question his reasons for confronting the province in this way. In the normal course of events the matter should have been referred back to those parties who had agreed to the moratorium before those procedures were undertaken.

Serfontein and the university will have to live with the decision they made which may now deprive many other citizens of South Africa of their lives. Perhaps there is still a lingering notion that "white" lives are worth more than other lives.

In the face of economic constraints and limited resources, painful and difficult decisions were made. The previous government made decisions that favoured the few. This government is beginning to make decisions which will benefit the many.

I also cannot agree totally with Health Minister Dr Nkosazana Zuma's decision to only sanction cardiac hospitalisation in Cape Town. The expertise to do this operation and the necessary follow-up does reside in other centres in South Africa, and there is already a long backlog in Cape Town for transplants. Sometimes the case may be so urgent that transfer to Cape Town is not possible.

In some cases, the heart recipient may have to remain under direct and continuous care of the treating team. This may mean permanent relocation of the patient and his or her family to an area in the vicinity of Cape Town. This may not be possible or desirable — beautiful as the Cape is.

Even if the patient is able to return home, he or she would still have to see the transplant team on a regular basis. This means frequent trips to Cape Town, with accommodation and related costs. Who will pay?

There is too much emotion surrounding heart transplants, which probably cost the same or less than kidney transplants. They are a routine, acceptable form of treatment for certain cardiac conditions.

It is quite clear that there is an increasing demand for this type of surgery, which, in all respects — financial and medical — exceeds our current ability to provide. We are not alone in this awful dilemma. Most countries have to face the problem of limited resources and excessive demand which leads to a prioritisation of services. So what is the fate of high-level or tertiary care in South Africa?

There is too much emotion surrounding heart transplants. They are a routine, acceptable form of treatment for certain cardiac conditions

We spend the equivalent of $156 on the health of each person each year. If this is broken down into what is spent in the private sector and the public sector, the answer is even more revealing: approximately $390 per capita per annum is spent in the private sector and only $97 per capita per annum in the public sector.

Compare this to the USA's $2 763 and $1 039 respectively, and Germany's $1 511.

There are millions of people in South Africa who have very little access to health care. Crude statistics show starkly that things like neo-natal and foetal mortality rates and life expectancy are divided along socio-economic and racial lines. Tuberculosis is rife, Aids is on the march, and 50 percent of the working population is jobless.

On top of this we have a public health system designed for the control of health rather than its delivery. Its structure is not designed to provide health care and is not sensitive to community needs. One only has to note the irrational and provocative distribution of services.

Despite this, we should not destroy what we have. In making changes to the system, the starting point must be to begin with what we have got, and this includes cardiac transplantation.

Our health care delivery system is far too precious and fragile to withstand immediate and fundamental shifts of policy. We must apply our great brains to making the new health initiative work without destroying the whole. I believe the new administration is deeply committed to this principle.

Much can be achieved by enacting change from within the system which should have no adverse consequences for the function of the health service, but would do much to improve it. Hospital and academic facilities are hopelessly inefficient in terms of staffing, service and function. Vast amounts can be saved by properly resourced management without changing the hospitals' current levels of functioning and service.

A new hospital ethos of responsibility and accountability must be stimulated and the whole system decentralised. The hospital systems must be flexible and sensitive enough to be able to respond to changing medical and community needs.

A detailed and ongoing evaluation and registration of all the medical and health facilities in the country should be instituted. In many instances, there is an enormous unused capacity in the hospital sector — for example in Johannesburg Hospital ,which is using about 500 of its 2 000 beds, and the private sector, where there is about 60 percent bed occupancy.

We need immediate and effective loss-control systems: for example, R1,5-billion of drugs bought by the state are not accounted for. Recently the state was informed of the theft of more than R4-million worth of drugs that it was not even aware was missing.

There could also be selective use of the private sector to achieve short- and medium-term Department of Health objectives. The private sector can use easily accessible existing resources and expertise; it has a large capacity-building potential for a more efficient public system; it has an ability to rapidly implement approved projects, side-stepping cumbersome and obstructive bureaucracy; it can source funding from non-government sources.

The structure and functioning of the health system needs to be radically changed to allow for different employment strategies and employment categories; voluntary participation and service; hospitals and clinics to form local alliances and contracts; and community participation in all decisions that affect health care delivery in the area.

There are also compelling reasons to create a special category of service for heart and renal transplantation, the care of cancer, trauma units and even emergency services. These are all expensive to set up and maintain and they require a high level of skill and expertise which is in short supply in South Africa. These services should not be competitive between the private and public sectors as this will dilute their ability to function properly.

Their usage is relatively low. However, their life-saving potential is high and the country does have the required level of expertise. The value of these services to ourselves and our neighbours is immense.

Thus I moot this special category, which I call a quaternary or combined care facility. It combines the resources of both the private and public sectors in a unique and free-standing arrangement where the patient's needs are the only admission criteria. These facilities are not for profit. The real cost of the procedure would be paid from that sector of the economy from which the patient comes.

A private patient using this facility would pay for it privately, and a patient referred from the public sector would be paid for by that sector. Medical control of these facilities would lie best with academic institutions.

Private from private sources, state from state sources. These facilities and their resident skills are national treasures and must be rationally and regionally located so that all in need have access to them.

Dr Davis is the chairman of Medical Rescue International

Patients stranded as Soweto workers strike

ET 18/8/95 (98)

SPECIAL CORRESPONDENT

JOHANNESBURG: Thousands of Soweto patients were left stranded yesterday when health workers in the township's clinics, including nurses and general staff, embarked on illegal strike action.

Gauteng Health Department spokesman Mr Popo Maja said no services were rendered at the clinics and patients had to be referred to Baragwanath Hospital for treatment.

Workers on strike include nursing, administrative staff, cleaners, and security guards. Only doctors were on duty.

There are about 24 clinics in Soweto, each of them catering for around 50 000 people.

The strike, led by a new organisation called the Soweto Health Workers' Forum, is understood to have started to demand the same salaries for the health workers as those earned by Johannesburg local government staff.

In a statement, the department said it was concerned about improving the salaries and working conditions of its staff, but said local government was an independent employer with its own industrial council, separate from that which governed health workers.

Supporting the action by the workers, the Hospital Personnel Trade Union said yesterday indications were that other hospitals and clinics in Gauteng would join the strikers.

But, secretary-general of Nehawu in Gauteng, Mr Oupa Makhura, said the union dissociated itself from the action taken by the workers.

Medical students barred from top teaching hospitals

By CAS St LEGER

HUNDREDS of medical students about to write their final exams have been told they will not be allowed to complete their training at the country's top teaching hospitals.

With less than four months to go until they are due to take up posts for their crucial internship year, they have been told to reapply to smaller hospitals in underserved areas such as Kwazulu Natal and Northern Province.

The traditional allocation of interns has been changed by a government health restructuring committee.

Popular teaching hospitals like Groote Schuur and Tygerberg have had their intern intake slashed by a third. Baragwanath and Johannesburg hospitals have lost more than a tenth of their intern posts — a cut of eight posts at Bara alone.

In the absence of a list of vacancies, hundreds have no idea where to re-apply.

One of the students' prime concerns is that the exodus of consultants and senior doctors will mean that they might be working unsupervised at country hospitals — risking the loss of lives.

Wits Medical School, which has 200 sixth-year students, is drafting an appeal to the Department of Health, said the dean of students, Professor Ahmed Wadee.

"We're furious at the way we've been treated," said a Wits final-year student, Nick van As, speaking for up to 20 students at Wits.

The students have pieced together the fact that they have no internships from rumour and missing names from assignment lists on varsity noticeboards.

"At least 15 of our students have no idea where they are going."

He said some students had been told they had a post — and then learnt, by accident or by telephone call, that they had to re-apply.

Six weeks ago, after being inundated by worried students, Mr van As contacted Dr Ayanda Ntsaluba, the deputy director general of health and head of the provincial health restructuring committee.

He was told the assignment of interns would be worked out according to the needs of a province — and not on the number of hospital beds as in the past. Dr Ntsaluba was not available for comment.

Countrywide, 1 014 medical students will graduate at the end of this year. There are 1 312 hospital posts at about 50 hospitals accredited for internship by the SA Medical and Dental Council (SAMDC) — in theory, more than enough jobs for all. But an unknown number of these posts are frozen.

Dr Jonny Taitz, who heads the Junior Doctors' Association of SA (Judasa), said he and the Medical Association of SA (Masa) asked the restructuring committee for a moratorium on implementing the new system until 1997 — but were told it was too late for this year.

He said Judasa supported servicing disadvantaged areas — provided the policy was phased in and investigated fully.

Dr Taitz said: "The intern year is a training year. What they learn then, they put into practice the rest of their lives. We are going to get a set of cowboy doctors."

The reduction in intern posts would mean that junior doctors — already often working 100 hours or more a week — would be even more overworked, he said.

He and Masa have asked the Health Department to provide a list of available posts urgently.

"The teaching hospitals will have fewer interns than they need," said Professor Dave Morrell, the chairman of Masa's committee for public service doctors.

Peter Brewer, Masa's head of full-time practice, said there was also concern interns might be used "as bodies to do the work rather than as students in training".

Officially, the matter is still under discussion. Vincent Hlongwane, the spokesman for the Minister of Health, Dr Nkosazana Zuma, said the concern of the young doctors was "premature". He said reallocations were "not definite for 1996" and August 18 was the deadline for submissions.

Dr Lennox Mathews, a restructuring committee member and an official in the Health Department's secondary and tertiary health directorate, said: "All interns will get posts and it will be under supervision."

Brain op done

A WOMAN who had brain surgery through an incision in her leg has left the hospital without [illegible] much as a headache only [illegible] after the operation.

Pauline Tones, 52, was the first patient to have surgery using a new £700 000 (R3,9-million) machine at Newcastle General Hospital. She had four aneurysms — weak points on blood vessels in the brain which swell and eventually burst, often killing the victim.

Surgeons treated the abnormalities in the blood vessels of her brain by pushing a catheter into an artery in her groin and

MONDAY
AUGUST 14, 1995 ★

Surgeons slug it out

STAFF REPORTER

CT 14/8/95

PRIVATE heart surgeons have hit back at Groote Schuur Hospital heart transplant surgeons for trying to denigrate the results of heart transplants carried out in the private sector.

In the latest South African Medical Journal Dr Susan Vosloo of City Park Hospital said the attack by Groote Schuur's Professors J G Brink and U O van Oppell on private doctors was an attack from doctors practising private medicine in a public institution.

Dr Vosloo also queried the survival statistics supplied for Groote Schuur heart transplants.

She wrote that "more than half — nine out of 16 — patients operated on in the last four months of 1994 have already died, including all five patients who underwent cardiac transplants in November and December of 1994".

available for comment.

nals at more than 32

BRIEFS

Union slams brokers

CT 16/8/95

DURBAN: Up to 35% of workers here are employed without basic worker benefits by labour brokers, the Azanian Workers' Union said yesterday.

Union secretary Mr Patrick Mkhize said the union planned to agitate against brokers to ensure the brokering system did not erode workers' rights.

Workers will not be paid

WORKERS at the Sea Harvest factory at Saldanha will not be paid on Friday. Most of them are process workers and have been out of work since last week because of the strike by trawlermen and line fishermen. CT 16/8/95

Management has offered the workers options for loans or leave while the fishermen are on strike.

The proposal has been rejected by the Food and Allied Workers' Union as they are not responsible for the strike.

Staff clash at hospital

JOHANNESBURG: Tension ran high at Kalafong Hospital in Mamelodi yesterday when members of the Hospital Personnel Association of South Africa clashed with rivals from the National Education, Health and Allied Workers' Union.

Only the intensive care unit was operational and patients not needing emergency treatment were sent away.

CT 16/8/95

Sapa

Council staff plan next step

SHOP stewards representing 14 000 municipal workers in the Western Cape were due to meet at the South African Municipal Workers' Union regional office in Athlone last night to decide whether to resume their strike as mediation had failed. CT 16/8/95

Samwu regional secretary Mr Stanley Yisaka said shop stewards would present mandates from their structures at the meeting.

He expected the meeting would arrive at a "programme of action". — Municipal Reporter

Heart patients who died were high-risk

(98 JHRG 16/8/95

JENNY VIALL
Health Reporter

ALL five heart transplant patients operated on at Groote Schuur Hospital at the end of last year died because they were high-risk patients.

So says the hospital's chief director Jocelyn Kane-Berman in response to media reports quoting remarks by private heart surgeon Susan Vosloo about the hospital's high mortality rate during November and December 1994.

In a statement, Dr Kane-Berman said there were no lower-risk patients on the waiting list at the time and it had been considered in the best interests of the high-risk patients to use available donor hearts.

Dr Kane-Berman said the cardiothoracic surgery department had now reverted to its previous policy of not transplanting patients with multiple high-risk criteria.

In a letter to the South African Medical Journal, Dr Vosloo said "appalling" mortality figures prior to October 1991 at Groote Schuur Hospital had been "deliberately excluded" in a report by hospital heart surgeons Ulrich Von Oppell and Johan Brink.

Dr Kane-Berman said early deaths after transplantation at Groote Schuur between January and September 1991 had been caused by an outbreak of *aspergillus* infection — a fungal infection known to have a high mortality in patients with a compromised immune system.

A possible source of *aspergillus* was thought to be faulty air-conditioning filters in the intensive-care unit.

Dr Kane-Berman said the cardiothoracic surgery department's main objective was to provide the best possible care for all categories of patients.

"We are more than willing to co-operate with both the private sector and other public sector institutions in pursuit of this objective, provided that quantifiable and cost-effective benefits will be achieved for those members of the community who are dependent on public sector care as well as for those who can afford to pay for health care."

FALL IN STANDARDS PREDICTED

Cut in hospital posts enrages medical staff

CT 16/8/95 (98)

JOHANNESBURG: Staff cuts at academic hospitals will cause conditions to deteriorate and interns in peripheral areas will receive inadequate training, say medical staff.

MEDICAL staff and students are enraged by the Department of Health's slashing of intern posts at leading academic hospitals, including Groote Schuur, Tygerberg, Johannesburg, Baragwanath and J G Strijdom.

They have accused the department of lack of transparency and of allowing conditions at central hospitals to deteriorate by cutting staff complements, while leaving interns to receive inadequate training in peripheral areas.

The cuts were imposed by a government health committee which reworked the formula for intern posts in April to spread training and resources to underserved provinces like kwaZulu/Natal and Northern Province.

The Western Cape has been worst hit, with Tygerberg and Groote Schuur each losing 23 posts, according to Dr Jonny Taitz, head of the Junior Doctors Association of South Africa.

Gauteng students are especially bitter. They say the cuts ignored agreements on the allocation of intern posts in the province. Students had to commit themselves in writing to take up the posts.

"The students played by the rules and signed and then the national government moved the goal posts," said Johannesburg Hospital's Professor of Medicine John Milne.

The number of posts in Gauteng has been cut from 349 to 315 across the board.

Students who had been recommended for posts by their university but had not signed contracts with the hospitals, could now not get posts in the province, Gauteng's deputy director-general, Dr Eric Buch, confirmed.

The official who headed the restructuring committee, deputy director-general for policy Dr Ayanda Ntsaluba, conceded that hospital staff should have been consulted, but said the earlier formula for allocating intern posts had been grossly skewed in favour of major metropolitan regions.

The 1996 formula was an interim measure, he said. A meeting would be convened with stakeholders before the end of the year and a list of available posts was being collated.

Unacceptable

There are 1 312 South African Medical and Dental Council (SAMDC) accredited intern posts at about 50 hospitals. Some of these are at regional hospitals where conditions are regarded as having slipped to unacceptable levels. The number of students expected to graduate is 1 073.

Dr Ntsaluba said the SAMDC would be asked to review all "borderline" accredited hospitals by March so that adequate supervision could be guaranteed.

The SAMDC registrar, Dr Nick Prinsloo, said he would investigate complaints about regional hospitals as soon as these were brought to his attention. — Special Correspondent

Ban on heart swops to stay

CT 16/8/95 (98)

JOHANNESBURG: The moratorium on heart transplants in Gauteng's state hospitals will not be lifted.

The province's standing committee on health decided yesterday to accept the Gauteng government's argument to maintain the moratorium, committee chairperson Ms Maggie Magubane said.

The decision may lead controversial heart surgeon Dr Fanus Serfontein to leave the public health sector.

"I'm looking at other options," he said. "I think there's no future for me in the public sector."

He circumvented the moratorium by performing transplants in private hospitals.

Ms Magubane said the committee did not hear arguments from any doctors opposed to the moratorium. — Sapa

Unions clash in Mamelodi

PRETORIA — Tension ran high at the Kalafong Hospital in Mamelodi, Pretoria on Tuesday when members of the Hospital Personnel Association of SA clashed with rivals from the National Education, Health and Allied Workers' Union.

Only the intensive care unit was operational and patients not needing emergency treatment were turned away (98).

Hospersa officials met Gauteng health MEC Amos Masondo at the hospital to discuss their grievances.

Hospersa legal secretary Chez Milani said Nehawu members had threatened to shoot two Hospersa officials. He said Nehawu members did not want white workers at the hospital and had accused Kalafong superintendent Dr Julius Kunzmann of racism and forced him to leave.

Hospersa members involved in the meeting with Masondo demanded that Kunzmann be allowed to return 30/6/8/95

They also wanted order restored and Nehawu members found guilty of misconduct to be disciplined. — Sapa.

'No battle' between govt and surgeon

(SE) (98) BD 16/8/95

Nomavenda Mathiane

THERE was no battle between the Gauteng health department and Pretoria surgeon Dr Fanus Serfontein, Gauteng health deputy director Dr Eric Buch said yesterday.

Serfontein performed heart transplants at the HF Verwoerd hospital in defiance of a moratorium in government hospitals.

The government had not sacrificed the health of people by imposing a moratorium on organ transplants, Buch told a briefing on the Gauteng health standing committee on government policy regarding organ transplant operations.

He said Serfontein was manipulative and flouted the agreements made between government and academic hospitals.

After Serfontein conducted a transplant in March, a meeting was called on April 18 where it was agreed that patients needing major organ transplants would be referred to Groote Schuur Hospital in Cape Town.

Only emergency cases would be done in local hospitals, after the surgeons concerned had received permission from health MEC Amos Masondo.

Clinics without a tablet, vaccine or bandage

(98) BD 16/8/95

KATHRYN STRACHAN

A GROUP of people have gathered outside the clinic in Tabase village, near Umtata. They have walked for four hours from the next clinic because they heard they could get medicine here.

But at Tabase clinic there is also not a single tablet, vaccine, syringe or bandage. "We don't have what we need to provide the most basic care," says Nontembiso Mabula, the sister running the clinic. "So we have to refer patients to the hospital, but people don't have the money to get transport there, so they don't go. Then they come back two weeks later and they have got much worse."

Sister Thembeka Lunika at Kambi clinic, another simple structure of two small rooms further out in the Umtata district, says the same thing. She has not had medicines for the whole month. The rural clinics have been forgotten, she says, and conditions have become worse over the past year in spite of promises of improvement. Only a fraction of the supplies they order are sent.

In the past doctors visited each clinic once a week, but for the past two years there have been no visits because there are now so few doctors. The appalling roads have also kept doctors away.

The nurses feel that doctors' visits are critical as they provide back-up and it means that patients do not have to travel to town. The nurses struggle to cope with the queues of patients who come each day, with the poor facilities. There is never time for a proper consultation and no space for privacy in the cramped clinics. There are no phones, nurses often have to travel to town to collect water for the clinic, and when the gas for the fridges runs out the vaccines can no longer be kept. There is also no ambulance to go to the clinics. The mobile clinic service which used to visit 32 points a week is no longer operating because of a lack of funds.

While conditions at rural clinics have grown worse over the past year, nurses no longer have the incentive of the rural subsidy which they used to earn, and many are considering returning to the town.

Sister Mabula says: "We are frustrated here. We have no money, the conditions are poor, and we have no medicines — we are staying here only for the sake of the patients." Sister Lunika says: "We can't get any support.For a long time nobody cared about the community health services, and still nobody cares."

A visit to rural clinics in the former Transkei shows the urgent need for a system which will improve health services in rural areas — and the report released recently by the committee investigating a national health insurance, headed by Jonathon Broomberg and Olive Shisana, sets out to do this. The report looks at improving rural facilities and upgrading salaries and housing to draw doctors to rural areas. It proposes new contracts for private doctors which will draw them closer to public health facilities and enable them to make a contribution to underserved clinics.

To make primary-level care more affordable, the committee has recommended that user fees be eliminated altogether, and that a fund be set up to redistribute resources to rural areas.

Community health officer for the Umtata District Dr Costa Gazi says the incentives which attracted medical personnel to homeland areas had been dropped since these areas were reincorporated into SA. With reincorporation, the homeland's low tax rate went up, and doctors found their incomes significantly reduced. This had led to 50 of the 150 doctors serving in the former Transkei leaving over the past year. Nearly all remaining doctors were foreigners.

Siphiwo Stamper, deputy director-general of health in the Eastern Cape, says: "We are trying to stem the tide of doctors leaving the province by addressing their grievances and through massive recruitment. We have to find the means to keep them — they are all running away.

"But actually, we don't know why they ever stayed," says Stamper. "Nobody wants to work in a desolate area with no chance of improving themselves."

At most hospitals there were three doctors holding the fort when there should have been a complement of 10. Reincorporation meant that the homeland medical councils joined the SA Medical and Dental Council, making it easier for doctors in these areas to get jobs elsewhere in the country.

"Now doctors feel free to move to greener pastures.

"It is very difficult to combine the First and Third World aspects of the Eastern Cape and to draw the well-developed health services and the completely run-down facilities in Ciskei and Transkei into a single entity," says Stamper.

The health services, he says, are trying to find a way of shifting resources to the poorer areas of the province without lowering standards or damaging the existing infrastructure in the province. "We have to strike a balance between the two, but it won't happen overnight. We want to see a change in about three years' time."

LETTERS

Heart transplant moratorium to stay

(98) Star 16/8/95

The moratorium on heart transplants in Gauteng's state hospitals will not be lifted.

The province's standing committee on health met in Johannesburg yesterday to consider the issue, and decided to accept the Gauteng government's argument to maintain the moratorium, committee chairman Maggie Magubane said.

The committee was addressed by Dr Erich Buch of the Gauteng health department but did not hear argument from any doctors opposed to the moratorium.

The decision in all probability means heart surgeon Dr Fanus Serfontein will be lost to the public health sector.

Approached for comment, Serfontein said: "I'm busy looking at other options. I think there's no future for me in the public sector."

Serfontein caused a furore recently when he circumvented the moratorium by performing heart transplants in private hospitals and then transferring his patients back to the H F Verwoerd Hospital in Pretoria. He did not charge for these operations.

Serfontein is employed by the state-run H F Verwoerd, but also sees private patients. He has performed six transplants since the moratorium was introduced.

Obviously disappointed, Serfontein said: "It's no surprise to me ... I think I'll celebrate this news with another transplant," when told about the committee's decision.

He said he still had a few patients who needed transplants. His last two transplant patients, Danie de Bruyn and Evette Pretorius, were both reported to be doing well.

At a meeting between Serfontein and Gauteng health authorities earlier this month, it was agreed that he would transfer his remaining awaiting transplant patients to the Groote Schuur Hospital in Cape Town, the only official state heart transplant institution in the country.

The authorities said emergency heart transplant operations could be performed at the H F Verwoerd, provided Serfontein obtained permission from a committee comprising the hospital's superintendent, the head of the cardio-thoracic unit and a Gauteng health department representative.

Gauteng health authorities feel that the money spent on heart transplants should be appropriated to primary health care. — Sapa.

Deteriorating services 'blamed on doctors'

ARG 17/8/95

98

Health Reporter

DOCTORS are being unfairly blamed for deteriorating health services by patients who see them as second-rate practitioners working in second-rate facilities, says Stefan Morrell, chairman of the Senior Hospital Doctors' Association.

He said doctors were trying their best to continue providing quality care in the face of budget cuts, bureaucratic red tape, staff shortages, increasing workloads, strikes and theft.

"We're encouraged by the intentions of the national health plan to strengthen the public health sector and improve the working conditions of health care personnel," said Dr Morrell.

"The first priority now must be to restore the confidence, both of doctors and patients, in the ability of the system to serve their best interests."

Steps should be taken to improve doctors' working conditions and to attract and retain them for the public health service. It was also necessary to change the perception of "second-rate doctors working in second-rate facilities".

"We understand there are other financial pressures on the government, but equitable access to health care must be a priority," said Dr Morrell.

and this must not take place without proper planning. We must manage the issue of intern allocations as well as the remuneration of medical personnel and their working conditions in a responsible manner. There appears to be a perception that certain decisions taken by the department are sprung on the medical profession as a surprise, causing a lot of confusion and uncertainty.

A large-scale exodus of doctors from this country can only lead to grave consequences for health services in general, but more particularly in respect of primary health. I wish to ask the hon the Minister to come up with a plan of action—she mentioned some of the things she was going to deal with—as soon as possible to arrest the demoralisation of doctors in our State hospitals. The problem of the public-sector working conditions of health employees should be an issue of major concern to all of us.

Every day we see reports in the newspapers about the dissatisfaction among doctors. Such a report appeared in *The Argus* yesterday. It says:

> Angry doctors warn: Pay up or no overtime.

The report continues:

> An ultimatum has been issued by State doctors . . .

[Time expired.]

Senator C P MOLOTO: Mr President, the solution to the problems faced by doctors in the Public Service needs to be located within the broader strategy embarked upon by the Health Ministry and this department. That is the primary health care approach. Doctors in many public hospitals are involved in duties which could best be performed by the nursing staff.

The new health policy proposes that we should move away from the emphasis on tertiary care to primary care. The new approach should also penetrate a great deal of our training strategies. The moral element of provision of service to the nation can go a long way in ensuring successful transition to the full implementation of primary health care programmes. The conditions faced by these officers . . . [Time expired.]

Senator D M MALATSI: Mr President, the morale of workers in the public health service is at its lowest ebb. Doctors are no longer looking forward to a full day's work, because they merely expect their full day's work to add to the load of problems that is growing on a daily basis. Interns are confused, because they do not know where they are going to be posted in the next few years after the completion of their studies.

On the other hand, the collapse of medical services is inevitable, and under the present amount of pressure this cannot be overlooked. The division of national health and provincial health is adding to the confusion about the legitimacy of what a provincial MEC is supposed to allow and what not.

On the other hand we find that there is a conflict of interest between a doctor's loyalty to the Hippocratic oath which requires him to treat the patient who is suffering and who is expecting the necessary treatment of him, and his loyalty to the government of the day. I think the Minister should actually give the direction as to what is supposed to happen so that a conflict of interest would not exist in the doctor's mind.

Senator Dr R RABINOWITZ: Mr President, the extent of the problems already experienced in the public hospitals indicates the futility of trying to make the future primary health care system predominantly State-managed. The State is obliged to provide doctors in rural areas and to provide better primary health care services to the public, but if the Government intends to do this by moving money and people around as if they were models on a board the results would only be disastrous.

The private sector should be involved in training a special category of practitioners who are not necessarily qualified doctors to dispense primary care. Nurses should also receive special training to deliver primary health care. Interns, after receiving focused preparation for rural work, should be encouraged with salary and other incentives to rotate through rural hospitals for three months each.

Senator C H WERTH: Mr President, this is a relevant issue and I thank Senator Redcliffe for placing it on the Question Paper. There is no doubt that a crisis exists and that a disaster is approaching.

Unfortunately, the sound system was not working when the Minister was speaking. I would like to ask the Minister whether she was speaking of another form of the "barefoot doctor" which we have discussed in the House before and which she is proposing at the primary health care level or not, because I believe that in order to correct the situation which exists for doctors, someone be-

tween the doctor and the patient at primary level is essential or we shall never be able to cope with the problem.

Senator E K MOORCROFT: Mr President, we in the DP share the concern expressed by hon senators about the position of doctors in the Public Service. We are extremely concerned about the shortages of doctors which exist and about the way in which these shortages are being aggravated by the continuing stream of doctors emigrating out of the country.

According to the Medical Association of SA, doctors and nurses at State hospitals are becoming increasingly demoralised by "work pressure, dreadful working conditions, serious budgetary constraints and a shortage of staff". These are the doctors who have finally decided there is no future for them in public health facilities and who either opt to go into private practice or, even worse, to leave the country and to emigrate.

Senator C R REDCLIFFE: Mr President, it is important to address the question of the long-term solution to the problems in our health services, but we need to address as a matter of urgency the question of the remuneration and working conditions of doctors in State hospitals, and I want to ask the hon the Minister a question.

The hon the Deputy President Mr Thabo Mbeki and the hon the Minister promised to look seriously into the working conditions of doctors in the Public Service after they had met with a delegation of the Medical Association of SA in Cape Town on 10 July this year.

Masa's proposals include a separate salary structure and a Public Service negotiating chamber for professionals; the right of essential service personnel to have disputes arbitrated without interference from non-essential service providers, the availability of adequate funds for overtime remuneration, and a standard system for overtime based on extra hours worked over and above a 40-hour working week. I want to ask the hon the Minister what has been done about this in the meantime.

The MINISTER FOR HEALTH: Mr President, before I answer, could I ask that you allow me more time. I hear that hon senators did not hear me before, because the sound system was not working. I may have to repeat what I said.

The PRESIDENT OF THE SENATE: Order! The hon the Minister will have at least two more minutes.

The MINISTER: Thank you, Mr President.

Responding to the question of Senator Werth, what we are proposing is that instead of starting a new training scheme, we should take a certain number of our present nurses and train them in clinical skills so that they can work in primary health care. I do not want to call them "barefoot doctors". They are nurse clinicians and I think we should keep that name.

Secondly, unfortunately I am not a prophet of gloom and doom like members of the NP. [Interjections.] The NP created the conditions which we now have to grapple with in the democratic South Africa. There is no problem in terms of interns. There is no chaos. It is merely the case that some of the people here unfortunately think that South Africa begins and ends in Cape Town and Johannesburg. They do not realise that South Africa is bigger than that, and that interns have to be distributed elsewhere as well. They are saying that there is chaos merely because some interns have to work outside Cape Town and Johannesburg. Other than that there is no chaos.

With regard to remuneration, doctors are earning salaries that are not satisfactory. Who is responsible for that? It is the very people who are now asking questions. [Applause.] I am glad that they have so much confidence in us that they expect us to correct the years of neglect and mismanagement in only one year. That shows how much confidence they have in us. We will try to live up to that. [Applause.]

Debate concluded.

Academic hospitals: amount made available

2. Senator E K MOORCROFT asked the Minister for Health: (98)

(1) What amount has been made available for academic hospitals in respect of the current financial year;

(2) whether any academic hospitals are due to close and/or to cut back services as a result of financial allocations from the central government; if not, what is the position in this regard; if so, which hospitals and/or services are affected thereby?

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Hansard
17/8/95

The MINISTER FOR HEALTH: Mr President, the Free State received R335 352 000, the Western Cape R802 914 000, KwaZulu-Natal R330 470 000 and Gauteng R1 563 522 000 for academic hospitals alone.

It is very important that we contextualise the development of these academic hospitals and put this into the correct historical perspective. Gauteng, for example, has three medical schools within one hour's drive of one another, and eight academic hospitals within the same radius. Because of apartheid . . . [Interjections] . . . one of the three medical schools had to be Afrikaans, another English and the third had to take care of all the Black people in that province. Of those eight academic hospitals, five are in the White areas. Only three cater for the Black people. [Interjections.] That is the historical background.

Obviously, in a new democratic South Africa we cannot continue with that legacy of one Afrikaans-speaking university, one English-speaking university, and one for everybody else. It is therefore obvious—it should be obvious to anyone who has common sense—that we cannot continue with that structure and that kind of duplication of services. The provinces are therefore planning the rationalisation of those academic hospitals and the services rendered.

I want to touch on just one aspect of the services, one which the hon member may have been referring to, because the question is very vague as well. Maybe they were also referring to the question of heart transplants, a matter which has been in the media, and the services in that connection. I just want to state that heart transplants have been done at Groote Schuur Hospital since 1967 and up to 1994, that is, in the public sector. Liver transplants have also been done at Groote Schuur only.

In the recent months there was a discussion in Gauteng—as in all the provinces—about which services they were going to render, how to rationalise them . . . [Time expired.] [Applause.]

Senator E K MOORCROFT: Mr President, I was interested to hear the hon the Minister's response to this question. Our concern is that if the academic hospitals and the service which these hospitals provide by way of training our doctors, our research workers, our medical workers, and our nurses of the future, are allowed to deteriorate, it is going to impact across the entire spectrum, right down to primary health-care level. It is something which we have to guard against at all costs.

One thing this country is renowned for is the quality of the doctors that it produces, so much so that when doctors have emigrated, they have been sought after by foreign countries. They have been snapped up. They have had no difficulty at all in obtaining jobs in other countries. That is because they have had such good background training in this country, and this has been recognised by foreign countries. This training is something which we cannot allow to be neglected.

What is of concern to us is that it is not the politicians above who are talking about this. It is the doctors themselves who are talking about the problems which they are experiencing. I was told just last night by a doctor who works in Groote Schuur Hospital—the flagship academic hospital in this country—that Groote Schuur Hospital was on the brink of total administrative collapse, because of the problems being experienced there. This is not a doctor who is given to hyperbole. He is just an honest doctor who is trying to do an honest day's work. At Groote Schuur, since the beginning of the year, no less than 12 registrars have resigned out of frustration and despair. That is what has happened at Groote Schuur.

There have been other doctors, for example, Dr Fanus Serfontein, the renowned heart transplant surgeon, talking about conditions at H F Verwoerd Hospital in Pretoria, another well-known academic hospital. He was reported last week as having said that "conditions at this hospital are such that tertiary medical care will definitely collapse". These are his words, not ours.

According to Dr Serfontein essential medical equipment is not being maintained at this hospital. This is depriving doctors of the opportunity to do their work. All that we are saying is that a dire situation is obviously developing at these academic hospitals. Something has to be done, and we are asking the hon the Minister what will be done.

Senator C R REDCLIFFE: Mr President, I have said that we support restructuring in our health care services. We need to address the dichotomy regarding tertiary and primary health care. I accept that we inherited a skewed situation between the various levels of health care, but it is important that we strike a healthy balance between tertiary and primary health care. We must also not throw the baby out with the bathwater.

We must not do one thing at the expense of another.

The hon Senator Moorcroft mentioned some of the problems that we have at some of our academic hospitals. There are the unsociable working hours, terrible pay and conditions that lead to cases of resignation and emigration, as the Head of the Trauma Unit at Groote Schuur Hospital, John Knottenbelt, said recently. This can obviously not continue. As I said, we support the whole question of restructuring, but we must not throw the baby out with the bathwater.

Senator Dr R RABINOWITZ: Mr President, there is a reality that has to be dealt with. The country has limited resources. There are ways in which spending at academic hospitals can be limited. In Gauteng, for example, there are 5 000 training hospital beds; the number could be diminished. On any one night there are five hospitals within reasonable proximity that have units on duty to accept emergency patients. These services could be rationalised and the hospitals could share the responsibility. Hospitals must also rationalise other functions and develop focused areas of expertise.

The solution is not merely to cut back on funds, however. It is to allow State hospitals to be empowered to raise additional funds by attracting private sector patients or by receiving grants for specific projects. Then the hospitals, having rationalised, should decide how best to prioritise their funding, rather than these issues being decided at central level.

Senator L K LOSABE: Mr President, the provinces with the highest health expenditure per person have academic hospitals, which are a national resource as they train health personnel and provide superspecial care for residents of other provinces as well. No academic hospital will be closed. The equalisation fund of R166 million from academic centres will be shifted to create primary health care infrastructure. This will be phased in over five years. Bridging finance will be provided.

Senator E K MOORCROFT: Mr President, I should like to stress our major concern in this debate, which is that if we allow our tertiary medical training facilities to deteriorate or collapse in any way, this will impact right across the board. We cannot see one sector of our medical care programme apart from the other. We cannot just look at primary health care and neglect the tertiary facilities. I believe that this is a very important point. We should not allow ourselves to be distracted from the major debate, which has to do with how we should look after the tertiary health care facilities so that the primary health care facilities are not affected.

Senator C H WERTH: Mr President, I wish to associate myself with the comments of Senator Moorcroft. I think the Minister should take note that the perception is being created, not only with the general public but also with the medical personnel in tertiary institutions, that they are going to be neglected to improve primary health services. The fact that twelve registrars have terminated their specialist training before completion and are leaving tertiary institutions is an indication that the medical profession itself is seriously concerned. I believe that the perception has been created in the media that this is an area of health care which is going to be neglected, and it is the responsibility of the hon the Minister to correct this misconception—if it is a misconception.

Senator E K MOORCROFT: Mr President, I would like to stress one point in closing and that is that the hon the Minister must not think that we are pointing fingers at her and saying that she must bear all the responsibility for what is happening or what has happened. What we are doing is simply articulating our concern at what we see being reported in the papers. We are all together in this. It is a common problem which all of us are facing

I believe that it is time that we put our heads together and come up with constructive ways of meeting the very real problems with which this hon Minister is grappling. She must see it as being a positive contribution rather than a finger-pointing exercise. We are concerned and we believe these matters should be brought out into public debate and discussed, and answers should be sought for them.

The MINISTER FOR HEALTH: Mr President, I would like to thank Senator Rabinowitz for her very constructive contribution to this debate. What she is saying about rationalising, ensuring that things are not duplicated, is exactly what the provinces are grappling with. However, I also want to say that I do not know why people feel that the academic hospitals are being neglected. This year we are spending more that R2,2 billion on academic hospitals alone. So, we have allocated adequate resources there.

Secondly, in terms of training, I do not think for one minute that anyone in this Government or in the department wants to see the standards of training deteriorating. But what we would like to see is change in the intake of students to reflect the population of this country, because at the moment the intake is such that very few Africans are being trained in this country as doctors and that has to be corrected.

The second thing we are saying is that the training should reflect the national needs of the country. We should not train and pretend that we are training for the UK or America. We must be realistic and train people to take care of the needs of this country, South Africa. There is no question of neglect

I agree that the media is misrepresenting the whole situation But unfortunately we do not own the media and sometimes the media is owned by people who are against transformation. They want to reflect that there is a collapse of everything, because they do not necessarily want to support the present Government That is why they are prophets of doom and gloom

What I want to say is that we are looking at everything, including looking at government-to-government recruitment of doctors if we cannot get enough doctors in this country to take care of the people of this country. [Interjections.]

Senator J A JOOSTE: She has sent them away and now she brings them back!

The MINISTER: We have had discussions, even with the United Nations which has a scheme for recruiting. We are looking at other governments, because if we do not have enough doctors nationally, we have to supplement them. Every developing country, one may go to . . I beg the senator's pardon. [Interjections.]

An HON SENATOR: The Minister can go to Cuba!

The MINISTER: Now that the senator is so interested in Cuba, I will recruit from Cuba. [Laughter.]

The PRESIDENT OF THE SENATE: Order! The hon the Minister has definitely transferred some of her time from the previous interpellation to this one, but I cannot retract that now.

The MINISTER: I beg your pardon, Mr President.

The PRESIDENT OF THE SENATE: Order! I said that the hon the Minister had transferred some of her time which was available to the second interpellation, but that I could not retract that now.

The MINISTER: I am sorry about that.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

The PRESIDENT OF THE SENATE: Order! We now come to the questions on the Question Paper. We shall aim to deal with all the questions printed on the Question Paper. To this end, may I therefore please suggest to the hon the Ministers to invoke their right to table those parts of the reply which may be of a statistical nature, or whatever part of the reply they may think fit to table They have that right.

Question standing over from Thursday, 8 June 1995.

Establishment of export processing zone in Walvis Bay

*4. Sen Dr G MARAIS asked the Minister of Trade and Industry:

Whether the proposed establishment of an export processing zone (EPZ) in Walvis Bay in Namibia is expected to (a) have a negative impact on the establishment of export-orientated industries in South Africa and (b) discourage overseas investment in South Africa; if not, what is the position in this regard; if so, what are the relevant details?

S235E

The MINISTER OF TRADE AND INDUSTRY:

(a) No. Countries use a range of measures to stimulate industrial growth. The establishment of an EPZ in Namibia would stimulate investment in that country and, by focusing additional attention on the countries of the Southern African Customs Union (SACU), could enhance the SACU as a whole as an investment destination. A duty rebate/refund permit system is already operational in South Africa, in terms of which manufacturers can import inputs duty and tax free for the production of goods destined for export. In effect, the facility therefore exists for any manufacturer anywhere in South Africa to operate largely as if the firm was in an EPZ There are in addition other wide-ranging initiatives in place in South Africa to stimulate industrial development and to encourage exports.

Hardsard 17/8/95

(b) No. The establishment of investor-friendly policies in the Southern African Customs Union and other neighbouring countries by means of EPZs, or other measures, enhance the attractiveness of the region as a whole as an investment destination. South Africa has a wide range of investment incentives to stimulate local and foreign investment. Given the changed circumstances following South Africa's readmission to the international community, the current measures are being reviewed with a view to creating a more investor-friendly environment. The recent abolition of the financial rand, the negotiation of bilateral agreements for the promotion and protection of investments and the scrapping (from 1 October 1995) of non-residents' tax on dividends are a few examples of measures already introduced The Government will shortly submit to the NEDLAC Trade and Industry Chamber, a set of proposals on further measures to stimulate industrial investment, and to increase the internal and external competitiveness of industry in South Africa.

Questions standing over from Thursday, 22 June 1995.

Competitiveness in SA textile industry: import protection policy

*3. Sen Dr G MARAIS asked the Minister of Trade and Industry:†

Whether his Department has instituted any investigation into the effect of the import protection policy on production costs and competitiveness in the South African textile industry; if not, why not; if so, what was the result of the investigation?

S265E

The MINISTER OF TRADE AND INDUSTRY:

Yes. The effect of the import protection policy on production costs and competitiveness in the South African textile industry was covered in the course of a comprehensive investigation into a strategic plan for the restructuring of the textile and clothing industries by a Panel representative of the private sector, organised labour and government. Indeed, the Southern African Clothing Union was also represented on that panel.

In a subsequent investigation the Board on Tariffs and Trade (BTT) focused in particular on an appropriate tariff protection dispensation for the industries. It was found that both industries have the potential to become internationally competitive but that a fundamental restructuring and a conscious move out of the lower end of the market into higher value added products was required with particular attention to improving productivity through human resource development, work organisation and the upgrading of technology.

Government's response on the recommendations put forward by the Panel and the BTT was announced on 12 June 1995. In deciding on a suitable strategy for achieving international competitiveness in a reasonable timeframe, account had to be taken of the fact that textiles and clothing are internationally sensitive industries. A balanced approach had to be followed in order to minimise the loss of job opportunities in the textile sector as restructuring and upgrading of technology occur, whilst at the same time fostering a net creation of jobs in the clothing sector. Government therefore opted for a phased approach to the reduction of tariffs, linked to moderate supply side assistance to help the restructuring process.

In summary; the *ad valorem* tariff protection levels will be phased down over an eight-year period from their current levels to rates of 40%, 30%, 22%, 15% and 7,5%, respectively, for clothing, household textiles, fabric, yarn and polyester fibre. The minimum and maximum specific duties will be phased out over a much shorter period of four years with a possible extension of one year, provided the industries demonstrate sufficient progress in the restructuring process.

Senator Dr G MARAIS: Mr President, arising out of the hon the Minister's reply, was employment in cotton farming considered in the investigation?

The MINISTER OF TRADE AND INDUSTRY: Mr President, on the panel we had both cotton farmers and wool farmers. The situation in respect of cotton farming was duly analysed. Clearly, it is a highly competitive global market. At this point

Hansard 17/8/95

Transplant stats queried

(98) CT 17/8/95

STAFF REPORTER

HEART transplant doctors at Groote Schuur have said no private unit in South Africa had a current one-year survival rate of more than 50%.

The doctors were responding to queries made by private heart surgeons into Groote Schuur survival statistics.

Heart transplant survival rates at Groote Schuur from December 1967 — the first heart transplant in the world — to May 1995 are 64,7% after a year and 43,4% after 5 years.

● Groote Schuur's chief director Dr Jocelyn Kane-Berman responded yesterday to comments by private surgeon Dr Susan Vosloo on high mortality figures over recent years.

She attributed five deaths in 1994 to available donor hearts being transplanted into high risk patients. Deaths in 1991 were due to an outbreak of Aspergillus infection.

SENATOR: HOSPITALS NEGLECTED

Groote Schuur 'on the verge of collapse'

CT 18/8/95 (98)

HEALTH MINISTER Dr Nkosazana Zuma denies that academic hospitals are being neglected, but says they will have to be directed at South African, not European, needs.

GROOTE SCHUUR Hospital is on the verge of administrative collapse, the Democratic Party's Senator E K Moorcroft said yesterday.

During a 15-minute interpellation debate in the Senate he said he had been informed by a senior doctor at Groote Schuur that the operation of the entire hospital could collapse.

"This year alone no fewer than 12 registrars have resigned out of frustration and despair," he said.

If the academic hospitals were not allowed to deliver, society as a whole would suffer, because they were important in training doctors and health personnel.

The training was so good that doctors who emigrated were snapped up by other countries.

Mr Moorcroft said Dr Frans Serfontein had reportedly said the teaching H F Verwoerd Hospital's services were near collapse.

Health Minister Dr Nkosazana Zuma said academic hospitals had not been neglected. They had been allocated R2,2 billion in the present financial year.

Nobody wanted to see the training standards of doctors drop, but the training had to reflect the country's means.

There were five medical schools in white areas, but only two in black areas. There were three medical schools and eight academic hospitals within an hour's drive of each other in Gauteng.

Duplication

There was no justification for this "apartheid structure" and duplication of services.

The training of doctors in South Africa had to be directed at the needs of South Africa and not those of Europe and the United States. — Political Staff, Sapa

Pay strike at clinics in Soweto

(98)

■ BY JUSTICE MALALA
LABOUR REPORTER

Star 18/8/95

Thousands of patients were left without health care yesterday when workers at Soweto's clinics went on illegal strike action over wages.

Gauteng Health Department spokesman Popo Maja said no services were rendered at the clinics and patients had to be referred to Baragwanath Hospital for treatment.

Strikers include nursing and administrative staff, cleaners and security guards. Doctors were on duty but they were virtually helpless without the other staff, Maja said.

Soweto has about 24, each catering for 50 000 people.

The strike, led by a new organisation called the Soweto Health Workers' Forum, is understood to have started to demand the same salaries for the health workers as those earned by Johannesburg local government staff.

The National Education, Health and Allied Workers' Union distanced itself from the action as the union has reached agreement on wages with the Government.

Maja said the health department was trying to resolve the crisis.

Disaster at health clinics

(98)

Sowetan 18/7/95

By Glenn McKenzie

SOWETO'S trouble-plagued clinics closed their doors yesterday and Baragwanath Hospital was flooded with patients during a work stoppage that plunged the township's health services into chaos.

Several hundred angry clinic workers calling themselves the "Health Workers Forum" congregated at Koos Beukes Clinic, adjacent to Baragwanath Hospital, to demand pay increases from the Gauteng province.

The toyi-toying workers demanded to see Gauteng premier Mr Tokyo Sexwale and refused to negotiate with health department officials.

Meanwhile, 13 clinics stood empty, while hundreds of patients flooded the casualty department at Baragwanath.

Baragwanath Hospital spokeswoman Mrs Esther Hlongwane said 15 paramedics from Bara and Hillbrow Hospital had been sent to assist with the heavy load of patients in the casualty department.

"The situation is chaotic right now. We are urging all people to try to use other health services if possible," she said.

Yesterday's work stoppage was apparently the result of a pay dispute between employees and the province.

Workers demanded to be paid wages equal to employees of Soweto's local authority clinics which provide family planning and mother-child services.

The protesting workers were given a five percent wage increase on Monday. Local authority clinic workers received between six and 12 percent wage increases.

Complex situation

Soweto clinics superintendent Dr Soomagi Natha said the wage dispute was the result of a "chronic, complex situation".

Negotiations were taking place at "top level" to merge Soweto's fragmented health services but it would take some time to complete, she said. "The drastic cut in the province's budget has to be taken into cognisance."

Gauteng health department head Dr Ralph Mgijima said the situation in Soweto was "a priority issue" and that labour relations people were busy monitoring it and trying to address people's fears and concerns.

He said wage issues could only negotiated at a national forum involving the Public Service Commission and the unions. An agreement had already been reached between various unions and the government, he added.

"There are still wide salary disparities everywhere and the government is very sympathetic to that," he said.

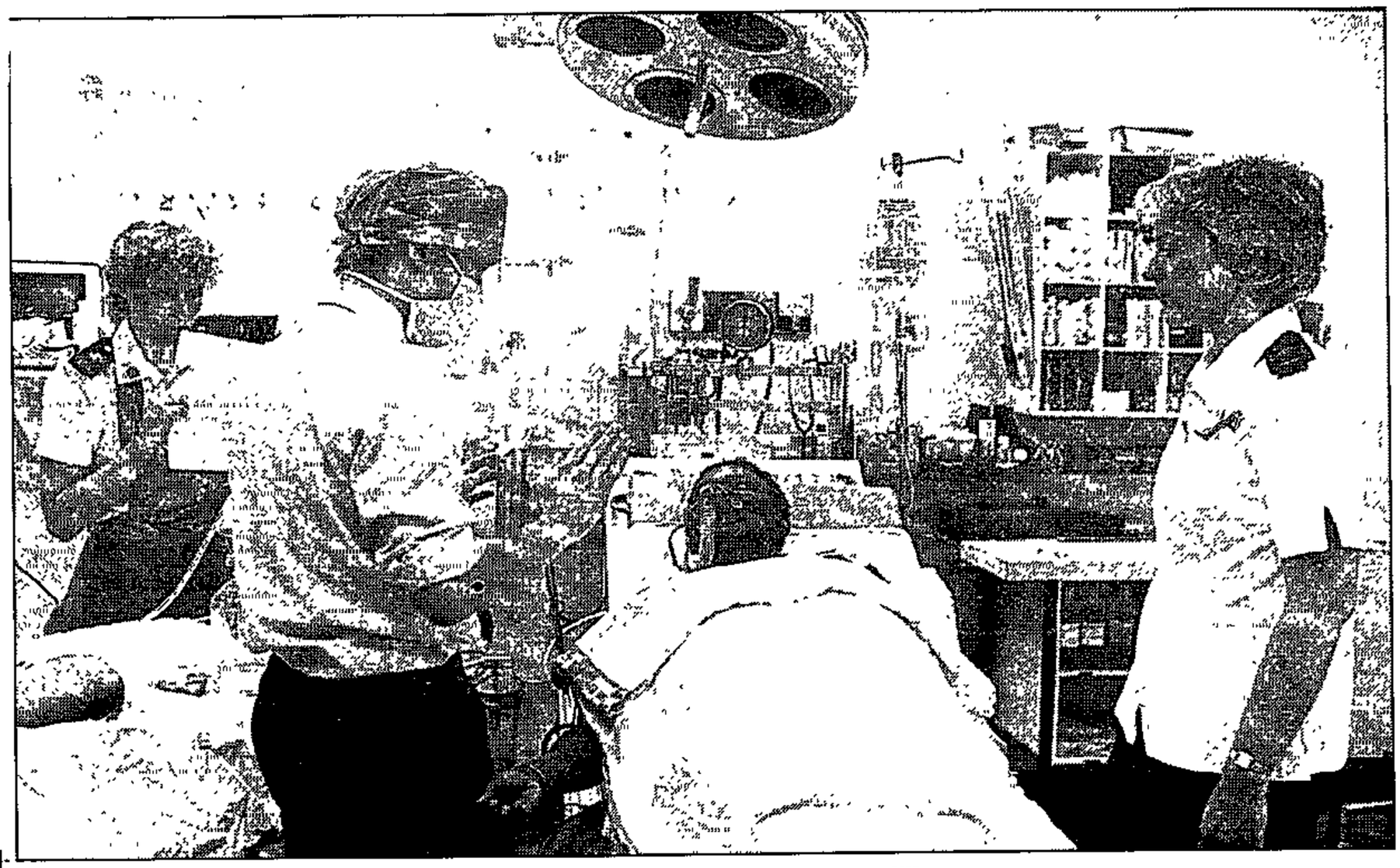
Mgijima added that premier Sexwale would not be able to meet with the angry workers yesterday.

Meanwhile at Baragwanath Hospital, many patients refused to go home, despite long queues and pleas from doctors who said they were overwhelmed.

Hlongwane said: "I cannot say yet if our doctors are coping. They are heavily overworked and only time will tell if the situation will improve."

Soweto's clinics have been plagued with a myriad of problems in recent months. Drug shortages and thefts have resulted in service disruptions.

Corruption has also been rife. Recently 20 clerks were accused of stealing patient fees from the clinics.



Medical emergency: Gauteng's health budget has been cut by R600-million PHOTO: SOUTHLIGHT

Public hospitals in crisis

(98) WM 18-24/8/95

Pat Sidley

GAUTENG'S public hospitals are in a state of crisis. Hospital budgets are strained to breaking point, as the government has cut a whopping R600-million from the province's health budget and sent the money to historically under-served provinces.

Patients crowd Gauteng's health services from all over the country, but there is no way yet of charging better-funded provinces for this care. Johannesburg Hospital takes in 1 500 patients a day. At Sebokeng, they have given up counting.

Heart surgery at Johannesburg Hospital may soon come to a halt — there are too few physiotherapists. The hospital's drug funds run dry at the end of next month.

No management system functions in any of Gauteng's hospitals. Information systems have failed. Nobody knows what anything costs.Most doctors on the lower rungs of the public health system are underpaid and work under trying conditions.

With no money in the kitty, doctors leaving the public service, and with about1 300 posts for doctors unfilled, what is to be done to ensure that the public health sector plays its role in a future health system?

The proposed plan drawn up by the committee looking into a national health system said that incentives needed to be found to keep public health doctors in the system, ensure that they work in certain areas and attract private-sector doctors into arrangements to serve the state. But talks between doctors and the government stalled on the fact that doctors in the public sector are regarded as part of the civil service — and not as professionals. So they stand in line with people who are struggling for a very basic minimum wage and their demands tend to fall on deaf ears.

Health minister Dr Nkosazana Zuma has taken the issue to Deputy President Thabo Mbeki in the hope of finding more cash for doctors, and has set up a committee comprising members of her department and doctors in the public sector — largely drawn from the Medical Association of South Africa (Masa).

The committee is looking at ways of addressing the conditions of service of public-sector doctors as well as internship and community service.

Dr Olive Shisana, Director General of the Health Department, says the issue of incentives to attract doctors is under discussion. She says the department is not looking to match private-sector salaries, but rather pay a "decent" sum. She hopes a means to address this will be found within five years.

She is mindful, however, that present interns' salaries are too low to pay back study loans unless they turn to private practice.

A plan, which has gained currency among provincial planners, hospital administrators and Shisana, would give hospitals more autonomy and a fixed budget. This would allow them to manage their own resources. Among the problems it would raise is the delicate relationships between the various labour groups in the public service and their employers in the civil service. It also presupposes management ability, management systems, information systems and the like, all in short supply in public hospitals.

Professor Dave Morrell, who represents public-sector doctors for Masa on Zuma's committee, says doctors in the civil service are in a weak position, which is why they would like to be seen as a separate category, out of the public-service commission. He believes that the short term will see the deficiencies "patched up" until a whole new system was in place which would address all the issues appropriately from training through to hospitals service.

Cash-strapped NGOs face closure

WM 18-24/8/95 (98)

Rehana Rossouw

ALTHOUGH touted as a model for primary health care in many parts of the world, the Alexandra Clinic is dying for lack of support in South Africa.

For more than six decades the clinic has served its underpriveleged community, now numbering about 300 000, caring for up to 500 patients a day. This week the clinic announced it will have to cut services within the next two months if no funding is found.

It is one of hundreds of non-governmental organisations (NGOs) scaling down operations or facing closure as foreign funders redirect their support to Reconstruction and Development Programme (RDP) projects.

The Alexandra Clinic was fortunate: of its R13-million annual budget, R9-million was secured from foreign donors. The deficit of R4-million was promised by the Guateng MEC for health, but has not yet been forthcoming.

Like thousands of other NGOs, the Alexandra Clinic is pinning its hopes on a task force set up by the recently-launched NGO Coalition and the RDP office to establish a National Development Agency which will provide a mechanism for funding to flow to development agencies. The task force will present its findings before the end of the year.

This week, the RDP office pledged R50-million to launch the agency and negotiations have begun with the European Union to allocate R75-million. Local funders — Kagiso Trust and the Independent Development Trust (IDT) — will also contribute resources.

In a memorandum to the government in June, a consortium of 24 NGOs said immediate funding was required by many of the most worthwhile development projects if they were to survive at all.

They expressed concern at the lack of clarity in government policy over the role of NGOs in development work and the mixed messages emanating from the government which had the effect of putting on hold grantmaking decisions by foreign and domestic funders.

The memorandum also asked the government to examine the lack of capacity in provinces which led to delays and non-delivery of funding where NGOs were involved in contractual relations with them.

This *toenadering* by NGOs to the government is viewed as the last hope for the sector.

The Development Resources Centre (DRC), which is dedicated to strengthening the capacity of the NGO sector, believes that the time has come for NGOs to become market related or to die.

DRC executive director Gavin Andersson said in order to survive, NGOs would have to do development work in communities under contracts signed with the government.

"Like any other market-related project, NGOs will have to tender for projects and grants for overhead expenses would have to come from the 'one-stop-shop' National Development Agency," Andersson said.

Andersson predicted that some NGOs would not survive the transition and would die, particularly those which served poorer communities which were unable to assist financially.

IDT chief executive Professor Merlyn Mehl said if NGOs vanished from the scene, the hopes of delivering on the RDP would be put back for many years.

In the latest edition of the IDT's journal *Leading Edge*, Mehl argued: "Even areas traditionally regarded as the preserve of the state, such as school building, have been taken over by NGO structures which have demonstrated admirable efficiency plus capacity to deliver on scale and at low cost.

"It would be short-sighted indeed to let this capacity of civil society vanish at the time when it is most crucially needed in the history of our country."

Wildcat strikes paralyse Soweto health clinics

AR 19/8/95 (98)

JOHANNESBURG. — More than 30 Soweto health clinics stood idle after wildcat strikes forced 6 000 patients to reroute to Baragwanath Hospital.

More than 100 clinic health workers stopped working on Thursday, demanding the same pay as health workers in Johannesburg.

Workers in Johannesburg are paid from the metropolitan council's budget, whereas health workers in Soweto fall under the small provincial health department budget.

The budgets are due to change after new demarcation boundaries are set for the local government elections. Soweto health workers will then be paid under Johannesburg's budget.

"The question of wages is not something that can be solved today," said Popo Maja, spokesman for the Gauteng Health Department. "It must go through top government levels."

"The department is viewing this matter very seriously and we are committed to the principle of no work, no pay." — Sapa.

Clinics stand idle after strikes bite

(98) (1892)

More than 30 Sowetan clinics stood idle yesterday after wildcat strikes gripped the township's health services, forcing more than 6 000 patients to reroute to Baragwanath Hospital.

More than 100 clinic health workers stopped working on Thursday, demanding the same pay as health workers in Johannesburg. Star 19/8/95

Workers in Johannesburg are reimbursed from the Johannesburg Metropolitan Council's budget, whereas health workers in Soweto fall under the small provincial health department budget.

The budgets are about to be changed after new demarcation boundaries have been set for the local government elections. Soweto health workers will then be paid from Johannesburg's budget.

"The question of wages is not something that we can all solve today," said Popo Maja, who is spokesman for the Gauteng health department.

"The dispute has to go through top government levels including the National Bargaining Council."

Maja said Gauteng health MEC Amos Masondo and Dr Rafik Bismilla, chief director for health services support, met workers yesterday, but they demanded to see Gauteng premier Tokyo Sexwale.

Patients with less serious ailments are being transferred to Baragwanath and Hillbrow hospitals.

"The department views this matter seriously and is committed to the principle of no work, no pay," Maja said. – Sapa.

NOW LEADING A BUSY LIFE: Paul Thesen, who provides jobs for 30 people PHOTOGRAPH: FIONA SMITH

Piggy-back heart man makes plea for programme to continue

Sowetan 19/8/95 (98)

By FIONA SMITH

Knysna – The suspension of heart transplant programmes would be like imposing a death sentence on people whose lives depend on them, says the longest surviving patient of the programme, Paul Thesen.

Thesen (29), a Knysna property developer, has been on the transplant programme at Groote Schuur Hospital for 16 years after undergoing two heterotopic (piggyback) heart transplants performed by Dr Marius Barnard.

Reacting to the controversy surrounding a moratorium on heart transplants in Gauteng, Thesen says he is indebted to the programme not merely as a means of survival but also for allowing him to lead an active, healthy life.

"The cost of the immunosuppressive drugs which I have to take daily is exorbitant and I could not afford them without the State's help," he explains.

Paul made history when, at the age of 12, he was the youngest person to undergo a heart transplant.

He had been diagnosed as having a severe heart condition called myocarditis (inflammation of the muscular wall of the heart). His mother died of the same disease when Paul was a toddler.

But three years later his diseased heart, which the doctors had hoped would recover with the aid of the donor heart, had deteriorated so much that another transplant was needed.

He has been living on immuno suppressive drugs ever since.

"When I was young I was very ill but the transplants changed that," he says. "I am now able to run a successful property development business, employing 30 people who, in turn, support about 130. I am politically active in the ANC branch in Knysna.

Dilemma

"I live a very busy life and it would be impossible without the programme."

According to Dr Johan Brink, head of the transplant unit at Groote Schuur, a month to six weeks' supply of cyclosporin, the immunosuppressive drug used in post-operative treatment, costs about R1 000.

Brink explained that the cost of a heart transplant at Groote Schuur under the programme was R35 000 whereas the same operation performed privately would cost the patient about R100 000. The dilemma of the patient is that no medical aid scheme will cover a transplant patient, which means that without state aid, the patient would have to pay for the entire operation and post-operative treatment.

Paul contends "it would take monumental sacrifices to afford just the drugs without state aid".

His argument is that the programme has allowed him to continue contributing to society instead of being a burden on it.

Brink agrees: "The aim of the programme is to allow patients to continue actively contributing to society and to enable them to enjoy a quality of life which would otherwise have been denied them."

And having lived in the twilight zone of hope and uncertainty, Paul talks about regaining an appreciation for life, making plans and living to the full.

"It is very restricting to dwell on the past, and the best cure is just to get on with living," he says "I sometimes forget that I have two hearts beating inside me," says the man who, as a teenager, took up sports such as motocross and parachuting. He also spent a number of years in Malawi and Botswana as a safari tour guide. As a politically motivated person, which he attributes to the guidance of his father, Charles Thesen, Paul says he understands the importance of primary health care.

Programme

"But if medical research is stymied and development in these fields is stalled, there will be no incentives for doctors to stay in this country. We are talking about the difference between life and death."

Brink said recommendations had been made at ministerial level to adopt a national policy regarding the transplant programme at Groote Schuur and that a "super-regional" funding of the programme should be considered as it was open to all citizens in the country.

Township hospital empty because of row over jobs

(98) ST (CM) 20/8/95

By TAMI MBENGO

A HOSPITAL in Khayelitsha is standing empty because residents do not want outsiders employed there.

The Michael Maphongwana Day Hospital, in the Harare squatter settlement — named after a SA National Civics Organisation (Sanco) activist who died during taxi violence in the Cape in 1993 — was completed in March this year and was due to open in July.

But it is standing empty and is beingguarded 24 hours a day by local residents and Sanco members who are determined not to allow staff from outside the area to work in the hospital.

"We want our own people to be employed and trained here — this hospital is built for us," said Sanco member John Mahlanyaza, who is helping to guard the hospital.

Albertina Sisulu Health Committee and Khayelitsha Health Forum executive member, Jimmy Vinti, said residents were adamant that unless nurses and other staff for the hospital were from Khayelitsha the dispute would continue.

"If the hospital opens without the consent of the people there could be conflict," warned Mr Vinti.

Mr Deon Berger, an assistant director of community health services and a member of the management team of the hospital, has been accused by residents of causing the problem.

"He promised many local people there would be jobs long before the hospital was completed, and now that it is finished he is playing hide and seek," said Sanco member Vuyani Maphuma.

A nursing sister who also serves on the hospital's management said: "This is still going to take a long time to settle. The dispute has already dragged on for more than six months."

"I was in a meeting when Mr Berger gave them the assurance that only people from Khayelitsha would be employed, but we don't have qualified nurses in the townships and we will need to transfer nurses from elswhere to work here."

However, Mr Berger denied he had promised local residents jobs.

"It's not true that I said only people in Khayelitsha will be employed or will get first preference. People will be selected according to their qualifications," said Mr Berger.

He said the problem of opening the hospital had been dragging on "for far too long" and the Minister of Health, Ebrahim Rossouw, had been asked to intervene.

The hospital is intended to serve more than 300 000 people living in Harare, who at present must travel 3km to the overcrowded Site B Day Hospital.

Hospital kit to be audited

By YVETTE van BREDA

LIFE-SAVING hospital equipment is to be examined in a national audit in an attempt to solve the "crisis" in maintenance.

The South African Association for Clinical Engineering is lobbying for legislation to govern the maintenance of medical equipment and for people who repair the equipment to be registered.

The need for legislation has been highlighted by a recent Cape Town Supreme Court finding that a private hospital was negligent as it did not have a working defibrillator on hand to revive a patient when her heart failed. The half-hour delay in restoring Rosemary Lloyd-Roberts' heartbeat left her with brain damage.

Vincent Hlongwane, a spokesman for Health Minister Dr Nkosazana Zuma, said a new directorate of Health Facility Planning had been set up to tackle the problem.

The department would carry out an audit of equipment countrywide.

(98) ST 20/8/95

Doctors in heart

ST.(CM) (98) 20/8/95

By JESSICA BEZUIDENHOUT

A GROUP of state surgeons who run a private practice which performs up to four operations — including transplants — a month at Groote Schuur Hospital have been accused of profiting at the expense of taxpayers.

The head of Cape Town's Groote Schuur Heart Transplant Unit, Dr Johan Brink, confirmed this week that he and five other surgeons had permission to conduct a private practice at the hospital.

The doctors, who specialise in cardiac and thoracic surgery, are allowed to perform up to 12 heart operations a month on private medical aid patients at Groote Schuur, according to Dr Brink. At present they are performing an average of four private operations a month

Last week Dr Brink criticised plans by the privately-owned City Park Hospital to perform its fourth heart transplant, claiming that "possible competition" between smaller units could not be ruled out.

"The results of organ transplantation have proved to be worst if performed in areas where multiple small units exist," he said.

Dr Brink and his colleagues have been criticised by some doctors who have accused them of deriving personal gain by using the facilities of a hospital funded by taxpayers' money.

Several doctors this week claimed there was no guarantee that private patients would not be favoured in terms of the arrangement.

Exposed

In an article in the latest South African Medical Journal, cardiac surgeon Dr Anton Ferreira, who operates at City Park Hospital, said: "The claim that they generate funds for Groote Schuur Hospital will quickly be exposed as a myth" Groote Schuur's Cardio-thoracic Unit "probably has a waiting list with an acknowledged mortality," Dr Ferreira wrote.

"To encourage private practice within such a unit raises serious ethical questions."

Known as the Limited Private Practice (LPP), the system was created to make up for salary demands by doctors which could not be met by the government, according to Dr Kenneth Wells, of the UCT Medical School.

Dr Brink denied that he and his partners were only interested in their own financial gain He said the system was being used to retain the services of poorly-paid doctors who were threatening to leave state institutions.

The LPP enables doctors in full-time state employ to undertake a specified amount of private work of up to 20 percent in addition to their normal contracted time. But this was subject to permission and restrictions by the institutions for which the doctors worked, Dr Brink said.

In the case of Groote Schuur doctors, the hospital and the UCT Medical School gave permission for their medical practitioners to engage in private practice at the hospital, with the proviso that there is a single billing system.

Dr Brink said a percentage of private practice earnings was paid into the UCT faculty fund and the hospital also imposed an additional levy of 10 percent on their income.

One doctor, who spoke on condition of anonomity, claimed this arrangement was open to abuse

"Firstly, there is no guarantee that private patients will not enjoy preference when it comes to organ transplants," he said.

BEAUTY AND THE BEAST ... Student teacher Samantha Stander of Malmesbury checks out a huge Great White which was put together by museum taxidermists using a mould taken f recently. The suspended exhibit, which can be viewed from several different angles, is part exhibition. There is also a kelp forest and replicas of sea creatures ranging from leatherb fish to broadbill swordfish, pelagic stingrays and diamond squid

WP hammer Free State

SKIPPER Tiaan Strauss, playing in his 150th game for Western Province, led from the front when his team hammered Free State 45-24 in their Currie Cup encounter at Newlands yesterday.

Strauss, who was forced to leave the field just before half-time with a bloody nose, returned to the field in the second half to help steer Western Province to one of their best wins of the season.

After their disappointing loss to Northern Transvaal last week, yesterday's impressive win by Province, which included six glorious tries, put them firmly back on track in the hunt for a place in the Currie Cup final.

● **Full report and picture on page 12.**

Nat in fix over

By NORMAN WEST
Political Reporter

A WESTERN Cape National Party member says his party's court battles with the central government in the boundaries dispute have put him in "an embarrassing fix".

Cecil Herandien says he has been cited by the NP as a "respondent" because he was appointed, without being consulted, to the Western Cape Provincial Committee (WCPC) by the Minister of Constitutional Development, Roelf Meyer, a member of the NP.

Court papers cite Mr Meyer as second respondent and President Nelson Mandel spondent.

Parliamentary sou it is the first time in t history that a provin ment, the NP-domina Cape legislature, ha central government

This means that, and ANC both ser government of nation NP has taken certai public representativ

"Had the NP's Ca Court case again government succeed have been part of the team that lost agai party," said Mr Her

The Cape Suprem

DP, NP slam Eastern Cape hospitals

(98)

CT 21/8/95

OWN CORRESPONDENT

PORT ELIZABETH: DP Eastern Cape leader Mr Eddie Trent will call today for an emergency session of the legislature in Bisho to debate the "crises and chaotic conditions" at provincial hospitals.

And NP Eastern Cape leader Dr Tertius Delport has accused the ANC of ineptitude.

The accusations follow weekend reports of babies dying because of a shortage of medication at the Livingstone Hospital, and the death a week ago of a woman, allegedly because there was no gynaecologist on duty.

"Unless something is done, the crisis in the provincial hospitals will rapidly become a disaster," Mr Trent said.

Dr Delport said: "It is clear that the ANC is unable to bring proper administration and keep it running."

Change in medical strategy

Life-support services take the back seat

Star 21/8/95 (98)

BY JANINE SIMON
MEDICAL CORRESPONDENT

The Gauteng provincial emergency service is cutting back on its advanced life-support capability to expand its intermediate care service.

By January, the province aims to be responding to 90 % of emergency ambulance calls within 12 minutes — but, to achieve this, it will limit spending on top-level emergency care.

In Greater Johannesburg, response times for Priority 1 patients has slipped to more than 20 minutes in the past year, and to three hours or more for non-emergency cases.

The province has committed itself to providing intermediate care. That is, providing emergency assistants trained to set up drips and stabilise patients on the spot within 12 minutes, says Dr Philip van Rensburg, director of Emergency Medical Services. It will maintain, but not expand, the advanced life-support (ALS) equipment or material already in place.

ALS uses sophisticated monitors, equipment and top-level critical care assistants qualified to administer drugs and to use breathing apparatus.

"If local authorities feel they need it, they will have to work a deal with a provider company," Van Rensburg says.

The province is negotiating with private ambulance companies to fill the ALS gap, and investigating ways of replacing its ageing fleet of ambulances by January.

Gauteng is doing an audit of response times to evaluate where resources are most needed, says Van Rensburg.

Henk Aartsma, general secretary of the Private Ambulance Association, says a final proposal on the structure and funding of private services for provincial patients should be ready for discussion by early next month.

"We're looking at pre-hospital care and inter-hospital transportation," he says. Using private vehicles to move stable patients would free State vehicles for emergencies.

Aartsma said two of the PAA's 13 Gauteng members were negotiating directly with two local authorities to provide ambulance services.

Clinics strikers back to work

(98) (Sowetan 21/8/95

By Glenn McKenzie

STRIKING Soweto health workers agreed to return to work today after more than 18 hours of negotiations with Gauteng premier Mr Tokyo Sexwale and MEC for health Mr Amos Masondo.

Soweto clinics administrator Dr Soomagi Natha said at the weekend that worker delegates had agreed to go back to work after Masondo made a commitment to pursue wage issues at "all possible levels".

Last Thursday, several hundred provincial clinic employees calling themselves the "Health Workers Forum" went on strike to demand better pay. As a result 13 clinics were forced to close.

In a release to the media on Friday, the department called the Soweto work stoppage an "illegal strike". The principle of "no work, no pay" would be applied to all striking workers.

Hospital neglect is shocking

Sowetan 21/8/92

Understaffed and rundown the hospital is not in line for upgrading

By Mzimasi Ngudle

ONE CAN be excused for mistaking the Eastern Cape's St Lucy's Hospital for a busy *sangoma*'s collection of initiation huts.

Hospital administrator Mr Norman Maphango, who has worked in many Transkei hospitals since 1974, took us around one of the 32 hospitals in the former homeland.

The rondavels house primary health care services, the clinical department, physiotherapy and occupational therapy departments and community health services.

St Lucy's Hospital does not have a laboratory, has a tiny dispensary, a small kitchen with old coal stoves and a nurses' home more suited to serve as a farmer's storeroom than to accommodate profcssionals.

The wind blows dust into your face as you walk along the lanes in the hospital grounds.

There are cracks in the walls of the out-patients department, laundry and doctors' quarters. The paint has peeled from the walls and the floor tiles are worn.

The laundry machines are often out of order. Linen and gowns for patients are hand-washed and dried on the fence outside. This makes it difficult, if not impossible, to change linen in the rainy season.

The old, rusting barbed wire and diamond mesh fence around the hospital adds to the security problems faced by the hospital. The untrained security personnel are also unarmed.

The outlying clinics served by the hospital have no security guards, leaving the nursing staff vulnerable to the continuing violence in the area.

Matron Rosebelle Jele points to a dilapidated ceiling in a kitchen at St Lucy's Hospital. PIC: LEN KUMALO

What makes things worse is that the former Transkei's department of works has made no repairs to the hospital since the missionaries left in 1976 – the year of Transkei's bogus independence.

The inadequate maintenance staff at the hospital does not have the tools to make even minor repairs.

The state of decay, the understaffing and overcrowding, Maphango says, are incompatible with a training hospital.

He says hospital accommodation must be upgraded if the hospital is to meet the criteria for a new four-year course for nurses: "We can then continue as a training hospital. Otherwise we have to stop the training."

Maphango says the hospital serves 14 clinics, all of which are understaffed. He said the hospital needed nine doctors instead of the present five.

Maphango says Eastern Cape premier Raymond Mhlaba stopped all further intakes last year. As a result, the hospital is experiencing chronic staff shortages.

The hospital has only one properly equipped ambulance. The other three are only distinguishable from minibus taxis by their sirens.

Maphango says one of the minibuses being used as a mobile clinic, is unsuited for use in rough, rural terrain, adding that a four-wheel drive van would do the job better.

A station wagon for staff and a pick-up van are the only other vehicles the hospital has.

Worst of all is the poor communication system. The area is serviced by old manual telephones that are not properly maintained.

"The telephone system is as good as no system at all. As a result we have problems in referring patients to other hospitals," Maphango says.

The hospital is also forced to ration electricity to avoid overloading the system. This means student nurses must use candles when the electricity is off in the three tiny lecture rooms.

Maphango is very pessimistic about the hospital ever being upgraded.

This is understandable. At a provincial meeting last week to look into upgrading hospitals, St Lucy's was not on the list.

Groote Schuur forced to bypass non-emergencies

Staff Reporter (98) ARG 22/8/95

STAFF shortages at Groote Schuur Hospital mean that fewer non-emergency operations are being done.

Groote Schuur chief medical superintendent Peter Mitchell said the hospital was doing its best to provide an excellent service.

He was reacting to reports that staff shortages were crippling the hospital.

While there were claims that trainee doctors had to perform complicated operations without supervision, he said the hospital management was forced to work within financial constraints, in accordance with government instructions.

Dr Mitchell acknowledged the total number of medical, nursing and non-clinical staff at Groote Schuur had dropped in the past few years.

The staffing of a large teaching hospital was a complex issue, however, and required a careful balance between all the disciplines, as well as the correct ratio of senior and junior staff.

"At present the anaesthetics department is short of staff and this is creating an imbalance with the other departments which need its services."

Meetings have been held between the anaesthetics department, the University of Cape Town's medical faculty and hospital management to find solutions.

Dr Mitchell emphasised Groote Schuur management was in regular contact with the provincial department of health, bringing any reduction in staff members and delays in filling posts to the attention of the authorities.

The most important reason for the reduction in staff was a reduced budget with clear instruction from the state to reduce expenditure.

This had resulted in the loss of a number of posts and the automatic freezing of posts as they became vacant.

A specific procedure, which applied to the whole country, had to be followed to unfreeze posts. This included detailed documentation and motivation and finally the approval of the premier or the director general of the province.

Unfreezing and filling a post could take up to six months.

There were other reasons for the staff shortage. A number of staff, especially nurses, had taken early retirement.

WORKING HOURS LIMITED

Hospital relief plan

A REDUCTION in state doctors' working hours is part of a new health department plan. **CAROL CAMPBELL** reports.

A NATIONAL plan to alleviate the plight of overworked doctors was revealed to the Cape Times yesterday and, if approved, will be presented by Minister of Health Dr Nkosazana Zuma to the nine health ministers and government officials on October 1.

Among the suggested changes is a move to limit doctors' working hours to 70 a week — at present most doctors in state hospitals work up to 120 hours a week.

Shifts could be cut back to a maximum of 28 hours, after which doctors would be forced to rest for 20 hours.

There is also a suggestion that medical schools, now mostly concentrated in Gauteng and the Western Cape, adopt an outreach programme with the formation of satellite campuses at regional hospitals around the country.

The allocation of interns is to come under the spotlight, as is the funding of academic medicine. The committee also suggested that for the first time doctors be given a job description.

The changes have been drawn up by a committee appointed by Dr Zuma and made up of representatives from the Medical Association of South Africa and the health department.

Yesterday a spokesman for the Registrars' Association of Medical Faculties in SA, Dr Tom Ruttmann, said the changes could mean a cutback in services at provincial hospitals because staff would not be working such long hours.

However, the standard of medical care would be far better because of better conditions for doctors.

Yesterday the chief medical superintendent at Groote Schuur Hospital, Dr Peter Mitchell, said that to avoid the unsafe practice of working overstressed doctors the hospital was reducing the number of non-emergency operating lists.

"Groote Schuur is doing its best to provide for complex procedures and at the same time ensure that the more routine treatment can be provided," he added.

● See Page 6

CT 22/8/95 (98)

Doctors 'snapped up'

LINDA ENSOR

LONDON: Groote Schuur Hospital's poor treatment of its staff, the low salaries it paid and the long hours worked were blamed by a former senior registrar at the hospital for the fact that anaesthetists and other specialists were leaving.

Dr Errol Cornish, 47, worked at Groote Schuur from 1981 and was a senior registrar in the department of anaesthetics before taking up a post six weeks ago as registrar at Queen Mary's Hospital in Kent.

He said he knew of eight anaesthetists who had left Groote Schuur in the past three months, all of whom were "snapped up" by British hospitals.

"I am inundated by requests from doctors at the hospital to find them jobs in Britain," Dr Cornish said yesterday. Four of these requests had come from anaesthetists at Groote Schuur, which has such a staff shortage that trainee doctors are having to perform complicated operations without supervision.

Health strike at clinics ends

(98 / 158)

■ ABBEY MAKOE
SOWETO BUREAU

Star 22/8/95

Striking Soweto health workers resolved at a heated report-back meeting yesterday to end their work stoppage, which started last Thursday, following assurances that their salary increase demand would be treated as a matter of urgency.

The decision to return to work was taken at a meeting held at the Koos Beukes Clinic near Baragwanath Hospital.

Thirteen provincial clinics had been hard hit by the strike of several hundred employees who called themselves the Health Workers Forum.

The strike ended after urgent intervention by Gauteng Premier Tokyo Sexwale and his MEC for Health, Amos Masondo, at the weekend.

The provincial government's hasty appeal to the strikers to resume work came after health authorities claimed that the strike was illegal.

Interviewed yesterday, Soweto's director of health centres, Dr Soomati Natha, said workers were happy that authorities had demonstrated a commitment to look into the grievances.

"We expect the normal duties to be resumed this morning," Natha said.

"We apologise to the community for any inconvenience or distress caused during the strike," she added.

Clinics grind to a halt

Sowetan 22/8/95 (98)

Free State municipal workers enter second week of industrial action

By Joshua Raboroko

MORE THAN 5 000 municipal workers including nurses and other health care employees at 60 transitional local councils in the Free State were still on strike yesterday, demanding better pay and working conditions.

The general-secretary of the South African Municipal Workers Union, Mr Roger Ronnie, said yesterday that the strike followed a deadlock in negotiations between the union and employer organisations.

The union is demanding a minimum of R1 000 a month while management is offering R700 at various local authorities in major towns in the province.

Among the towns involved are Bloemfontein, Bethlehem, Sasolburg, Ladybrand, Frankfort, Virginia, Odendaalsrus, Welkom, Kroonstad and Phuthaditjhaba.

The strike is likely to affect the health of hundreds of thousands of residents who have been forced to go without medical care, refuse removal, burst water pipes and essential health services.

More than 60 clinics, and in some cases hospitals in the Free State, have been rendered ineffective by the strike, which started last Monday and has entered its second week.

Ronnie said about 130 protesting workers marching to the offices of local authorities were arrested in Bethlehem and Bloemfontein during clashes with police.

The workers wanted to present a list of their demands to officials when police stopped them. The union was trying to obtain their release.

Employers' associations would meet with the union this week to negotiate a possible solution, Ronnie said, adding that he was optimistic workers would accede because "some authorities want to listen to workers demands".

In Deneysville in northern Free State yesterday, more than 50 placard-carrying municipal workers protested outside the offices of the local authority. A group of white conservatives watched the proceedings from a distance.

Most white residents in the town told *Sowetan* that they were prepared to do the work themselves.

Health workers may go on strike again

(98) (152) Sowetan 22/8/95

By Glenn McKenzie

SOME of the strikers in Soweto's five-day work stoppage at clinics agreed yesterday to return to work but warned they could walk out again if their demands were not met.

The workers, mostly nurses and clerks, met briefly with Gauteng MEC for health Mr Amos Masondo, who promised them he would pursue wage negotiations at a national level.

Only three of Soweto's 13 provincially-run clinics were open yesterday, despite an announcement at the weekend that the workers, under the banner "Health Workers Forum", had decided to go back to work.

The strike has added extra pressure on Baragwanath Hospital.

'Deaths of babies in hospital': Reports denied

PORT ELIZABETH. — The Eastern Cape Health and Welfare Department has dismissed as untrue claims by Livingstone hospital doctors that recent deaths of babies at the hospital were due to a shortage of medical supplies and staff. (98) ARG 23/8/18

The department was reacting to weekend reports quoting a doctor who claimed two babies had died because of a shortage of basic medicines.

The doctor said the shortage of essential medical supplies was a result of cost-saving measures by provincial health authorities and of administrative blunders.

Provincial health spokesman Linda Rhoda said the claims were untrue and had created a wrong impression of medical care at Livingstone hospital.

"There are problems in certain departments, but definitely not in the obstetrics and gynaecology departments. The only item short is induction gel, which is due to shortage from the supplier."

She also dismissed as untrue reports that medical officers worked 36-hour shifts without a break. — Sapa.

WEDNESDAY
AUGUST 23, 1995 ★

ET 23/8/95 (98)

'Review hospital funding'

OWN CORRESPONDENT

PRETORIA: Parliament's chief health watchdog has called for a re-evaluation of funding mechanisms for teaching hospitals and has made recommendations for national health care policy.

In a report published today, the National Assembly's Portfolio Committee on Health singled out the Medical University of South Africa and the Ga-Rankuwa Hospital near here.

The report follows a recent visit to the Medunsa/Ga-Rankuwa complex by members of the committee and says urgent action is needed to improve conditions.

Inadequate

Facilities at the complex are inadequate to meet the requirements of producing fully-trained, modern health professionals and of managing the large patient load, the report said.

Among its key recommendations are that:

- Funding for teaching hospitals be re-evaluated to address disparities and improve efficiency.
- A blueprint be drawn up for the rationalisation and development of academic hospitals.
- Incentives be improved for doctors to work in the public sector.

No budget cuts, pleads doctor

(98)

CAROL CAMPBELL

ACADEMIC hospitals throughout the country are performing a massive primary and secondary health care function and should not be facing budget cuts, according to Dr Tom Ruttmann from the Registrar's Association of Medical Faculties of South Africa.

Until the state offered incentives which attracted doctors into the periphery health care institutions, patients needing primary health care would continue to flock to the major academic hospitals.

In a letter to the South African Medical Journal, Dr Ruttmann said 60% of the Western Cape's health expenditure went into the province's academic hospital regions but they performed 55% of the medical service in the province.

These figures were calculated by the Strategic Management Team of the Western Cape Ministry of Health.

CT 23/8/95

'Health officials misusing funds'

(98) Sowetan 23/8/95

Striking Soweto health workers accuse administrators of corruption

By Glenn McKenzie

STRIKING SOWETO health workers will call on the Government to investigate corruption in township clinics, a spokesman for the Health Workers Forum said yesterday.

Mr Jacob Letlake, a spokesman for the workers who initiated a township-wide strike last week, accused Soweto health administrators of misusing Government funds. The workers will call on the Government to institute an independent inquiry into mismanagement and corruption in the clinics, he added.

Letlake attacked administrators for allegedly buying expensive vehicles for management's use. Meanwhile, the clinics were without emergency vehicles to take severely ill patients to Baragwanath Hospital.

He further accused administrators of acting prematurely in accusing 20 Soweto clerks of stealing patient fees last month. Three of the clerks were suspended and one was fired. Investigations are continuing.

"We are saying that administrators must prove these allegations or withdraw their statements," said Letlake.

Soweto's clinics have been plagued with allegations of corruption and theft since early this year. In March, police discovered stolen drugs in a house owned by a Zola clinic employee. To date no one has been charged.

Meanwhile, all 13 of Soweto's provincial clinics opened their doors as hundreds of nurses returned to work yesterday.

SUNDAY TIMES, August 27 1995

Plucky hospital struggles on

(98) ST 27/8/95

A PARLIAMENTARY committee visited a Garankuwa teaching hospital last month and found conditions "inadequate" or even "appalling" in certain areas. The Sunday Times visited the same hospital this week and found much that was good.

A report released on Wednesday by the parliamentarians paints a bleak picture of Garankuwa hospital, which is used by Medunsa to train half of South Africa's black doctors and dentists.

The situation is far from rosy, with the hospital suffering from all the problems experienced by other provincial institutions — or worse in some sectors. But it is abuzz with building activity and is coping cheerfully and efficiently with patient loads and budget cuts. Some of the more sensational claims in the report, though, are misleading.

The report of the committee chaired by MP Dr Manto Tshabalala says: "Facilities are wholly inadequate to cope with the requirements of producing fully trained, modern health professionals and of managing the hospital's large patient load. Urgent action is needed to improve conditions."

The report refers to "stretched facilities" with patients lying on beds in corridors. However, there were empty beds in wards and no beds to be seen in corridors this week.

Doctors, says the report, had inadequate accommodation, "often having to sleep in their own cars while on night duty".

What it does not say is that doctors were without their facilities for only a month while their quarters were being revamped.

Chief superintendent Dr Reginald Broekman took issue with the suggestion that training was inadequate for producing modern doctors. The annual intake of 40 interns — due to increase to about 65 next year — received a well-supervised and broad training, he said.

The report emphasised that the Medunsa-Garankuwa complex was deserving of special consideration as almost all of its graduates remained in South Africa.

However, Dr Broekman confirmed it would be difficult, if not impossible, for Medunsa doctors to work abroad as the university did not have international recognition.

"The problem is not in training but in patient care. We are expected to operate as a tertiary care hospital and we have only secondary facilities," Dr Broekman said.

ILL... young patients play at Garankuwa hospital, a bleak picture of which was painted by parliamentarians Pictures: CHRISTINE NESBITT

By CAS St LEGER

The report particularly slammed the kitchen's "appalling" conditions. The crumbling floor surface was being repaired at the time of the parliamentary visit and the report said cement was being mixed next to food.

The report does say that research at Garankuwa's virology department has won world acclaim.

Confirming the report, the present radiology department is in a sorry state — but a new x-ray wing is poised to open. The report also omits to mention an expensive, three-year-old CAT scan machine.

Dr Broekman said that for at least a year it had proved impossible to find a professor of radiology.

There were only two general x-ray machines and a backlog of 200 patients — but staff down tools at lunchtime.

A new casualty wing three times the size of the present department is under construction. The present casualty department was "sometimes a battlefield" catering for 200 patients over a weekend, said doctor in charge, Dr Irene Ntuli.

She has only one heart monitor for critical patients and on Thursday it was in need of repair.

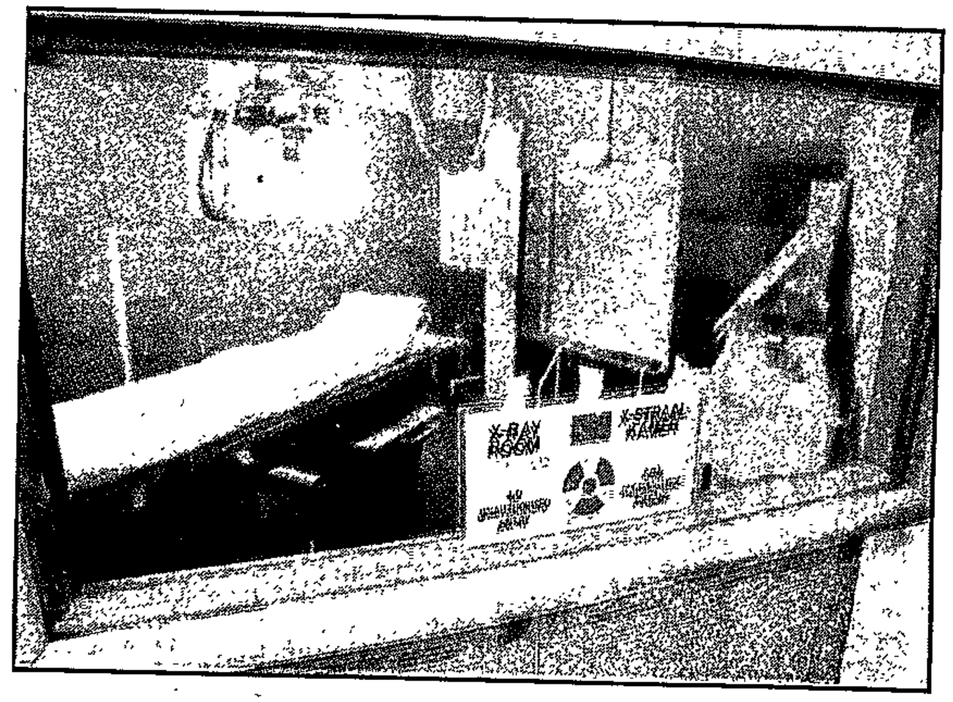
Another major gap in Garankuwa's facilities is the lack of equipment and staff to treat cancer. Oncology patients are sent to H F Verwoerd hospital for treatment. Garankuwa operates 1 650 beds, twice the number of Johannesburg hospital. It has about half the number of doctors and nurses as Johannesburg to cope with a surrounding population in Gauteng and the North West and Northern provinces of six-million people.

Forty-four smaller hospitals and clinics refer patients to Garankuwa.

In common with sister provincial hospitals, Garankuwa's budget has been slashed.

Last year, R285-million was spent. This year, R225-million has been allocated, with 65 percent going towards salaries.

The report recommends that academic hospitals be re-assigned from provincial to national budgets.



INADEQUATE... the radiology section has only two general x-ray machines

Hospital staff continue sit-in

ARG 30/8/95 (98)

The Argus Correspondent

PORT ELIZABETH. — Dora Nginza Hospital workers say they will continue their sit-in action to draw attention to ineffective security at the hospital.

They have also rejected security measures proposed by the regional Health and Welfare department.

The National Education, Health and Allied Workers' Union (Nehawu) members started the sit-in yesterday following the murder of 23-year-old pharmacist Reshma Rampersad in her hospital flat last week.

A man has appeared in court in connection with her death.

Earlier this week, after a meeting with the Dora Nginza Hospital management, Health and Welfare department spokesman Linda Rhoda said short, medium and long-term security measures would be implemented at the hospital.

Mrs Rhoda said spotlights, an extra security guard and peepholes and chains would be installed at residences immediately.

In the medium to long-term security gates and burglar bars would be fitted on residence doors and windows. Offices would also be let to the South African Police Services and a strategy to fence off the residence premises would be examined.

Nehawu spokesman Cyril Langbooi said the workers rejected the measures as "cocoon security".

He said the sit-in would continue with only a skeleton staff working.

Mr Langbooi said the proposed measures by the department only looked at securing the residential areas when there was a lack of security throughout the hospital.

He said that when a Nehawu delegation met the Health and Welfare regional director Dr Thabo Sibeko they found someone who was "not interested to solve the situation".

Mr Langbooi said Nehawu now wanted to meet the Health and Welfare permanent secretary Mvuyo Tom.

He said a Nehawu delegation would approach the hospital management and ask them to leave.

"If they don't, they are not interested in solving the matter. The hospital will be closed soon if the services are further disrupted. We blame Dr Sibeko for that," said Mr Langbooi.

He said about 20 doctors had told Nehawu they supported the union's action.

Workers clash in Benoni hospital corridors

BD 3/8/95 (98)

Kathryn Strachan

CHAOS broke out in the Boksburg-Benoni Hospital on the East Rand yesterday as workers from rival unions, some wielding spears and pangas, clashed.

"It was a dark day for unionism," said Hospital Personnel Association of SA official Mike Ryan. "It was anarchy."

Hospersa members said they were attacked by about 100 armed National Education, Health and Allied Workers' Union (Nehawu) members. "It would have been a bloodbath if we had responded," said Ryan.

Later Nehawu members held 10 association members hostage in a storeroom. Security guards helped them escape.

Hospersa members had gathered to demand the intervention of Gauteng health MEC Amos Masondo in what they said was continuing intimidation by Nehawu.

Masondo met a Hospersa delegation later and promised to meet all interested groups next Tuesday. Ryan said the meeting had been a waste of time.

He said Hospersa members were angry that Masondo had not intervened despite repeated requests over the past month. Hospersa members feared for their safety and refused to return to work. Patient care had been reduced to the minimum and all administrative functions had stopped.

Regional Nehawu officials said they knew there was trouble at the hospital, but did not know the details. They said there was tension at all hospitals between Nehawu and Hospersa, which was perceived as protecting the interests of white workers and management.

Ryan said Nehawu felt threatened as it was losing members to Hospersa, which had a 60% black membership.

HEALTH & DISEASE — HOSPITALS CLINICS

1995

SEPT. — DECEMBER

AL

Health workers protest

Sowetan 1/9/95

Disenchanted health workers threaten a fullblown national strike

By Glenn McKenzie and Mokgadi Pela

THE THREAT of crippling nationwide hospital strikes loomed large yesterday as health workers embarked on angry demonstrations throughout Gauteng.

Hundreds of nurses, cleaning staff and other health workers took part in unrelated protests at Johannesburg Hospital, Boksburg-Benoni Hospital, Tembisa Hospital and South Rand Hospital yesterday.

The demonstrations, which were organised by various unions and employee organisations, seemed to confirm rumours of growing discontent in the public health sector.

Outside Johannesburg Hospital, about 200 nurses picketed, calling for a 25 percent wage increase and an end to a hiring freeze at the hospital. The nurses threatened to embark on a full-scale strike "in the near future" if Gauteng government officials did not address their wage demands.

Florence Blani, a spokeswoman for the Johannesburg nurses, said: "We are tired of the government not returning our phone calls and not returning our faxes. Nurses are not being treated like professionals."

She said that the Gauteng government had been given until next Thursday to respond to workers' demands.

On the East Rand, a bitter dispute between two rival unions entered its second day and several departments at Boksburg-Benoni Hospital were forced to close.

National Education, Health and Allied Workers' Union members appealed to Gauteng MEC for Health Mr Amos Masondo to help resolve a clash with the Hospital Personnel Trade Union (Hospersa).

The union claimed that 10 of its members had been held hostage by armed Nehawu workers on Wednesday. Nehawu has denied the claims. According to Hospersa spokesman Mr Mike Ryan, demonstrations were likely to be extended to hospitals around Gauteng and possibly countrywide.

He called on the provincial government to address wage issues and the alleged "gross mismanagement" of health institutions.

"There is chaos in all of our hospitals. And it appears as if our managers do not have the teeth to do anything about it," he said.

Ryan said Hospersa members at Tembisa and South Rand hospitals were also involved in local protests yesterday. He warned that demonstration campaigns could soon spread to institutions around Gauteng, and possibly countrywide.

Gauteng health spokesman Mr Popo Maja said the government had "listened closely" to the Johannesburg nurses demands.

Relief is in sight for Cape hospitals

(98) MRG 11/9/95

JENNY VIALL
Health Reporter

RELIEF is in sight for hard-pressed health services — and Western Cape Health Minister Ebrahim Rasool has given an assurance that there will be no retrenchments.

The out-patients department at Red Cross Children's Hospital, the trauma unit at Tygerberg Hospital and anaesthetics at Groote Schuur have been identified as needing immediate relief. This is to be done through the creation of additional posts, and not removing personnel.

At a press conference today, Mr Rasool said he was aware that morale was low and there was a sense of insecurity among health workers.

The province has had to cut R22 million from its budget this year, and with 70 percent of the budget going on salaries, it was initially planned to retrench 9 000 of the 40 000 health workforce. This was reduced to 600 posts in the final health plan, and it was then decided it would not be worthwhile to retrench these people.

Negotiations with Health Minister Nkosazana Zuma for R22 million relief for the province are under way.

Mr Rasool said that through natural attrition, staffing levels would fall to the level demanded by the curtailed budget within two years.

He said 1 484 people would be relocated from the Groote Schuur and Tygerberg hospitals to secondary and primary health centres — 1 000 of these within the metropolitan area.

Many people had volunteered to go to new centres.

Rasool injects new life into hospitals

(98) & ARG 2/9/95

JENNY VIALL
Health Reporter

■ Health Minister Ebrahim Rasool plans to move more than 1 000 staff members from academic hospitals to peripheral areas in a move he believes will lighten the patient load at the overworked academic hospitals.

MORE than 1 400 staff will be moved from academic hospitals to peripheral areas as part of the restructuring of health services in the Western Cape.

Health Minister Ebrahim Rasool said this week this move would not cripple academic hospitals but would in fact relieve them of pressure by lightening the patient load.

At a press conference he also assured staff there would be no retrenchments.

Mr Rasool said the transfer of 1 484 people from academic hospitals to secondary and primary health centres would take the pressure off tertiary hospitals like Red Cross Children's Hospital and Tygerberg, as fifty to sixty percent of patients seen at tertiary hospitals could and should be seen at a primary level.

He urged people to use the health system at its lowest level first. When needed, they would be referred upwards.

More staff would be allocated to certain high-stress areas such as the out-patients department at Red Cross Children's Hospital, the trauma unit at Tygerberg Hospital and anaesthetics at Groote Schuur which had been identified as needing urgent help.

Mr Rasool said people were committed to staying in the health service and there was a lot of confidence in its future. This was clear from the 700 applications for the 13 top management health service posts his department had received.

He said staff had indicated a willingness to move, and doctors, especially junior specialists, were happy to move to regional hospitals such as Worcester, Paarl and George, which were being upgraded to have full medical teams with back up staff. The ad-hoc system of placing staff in these areas was no longer tenable.

Staff had volunteered to go to health centres still being built or equipped, such as the Michael Mapongwana Community Health Centre in Khayelitsha and the 200-bed G F Jooste Hospital in Manenberg, both of which would open before the end of the year.

These centres would have enough staff so that porters would be be doing porters jobs, freeing nursing staff to do nursing work.

"We don't have unattractive rural areas in the Western Cape," said Mr Rasool. "People are happy to move."

Other areas to benefit from staff moves were the Mitchell's Plain health centre which needed help to cope with an after-hours patient load of 36 000 a year. The Retreat Day Hospital would change to a 24-hour community health centre and staffing in country areas would be improved.

The perception that posts were frozen and no new appointments were being made was wrong, said Mr Rasool. More than 50 posts at senior levels were approved by him every month.

Under the final health plan for the Western Cape, which must still be passed by the provincial cabinet, certain hospitals or units would be closed, but this did not mean people would be retrenched, said Mr Rasool. "There is place for all our staff," he said.

Hospital 'cannot fire convicted staff'

Nomavenda Mathiane
(98) 00 419 95

A NUMBER of workers at Baragwanath Hospital in Soweto who had been convicted of theft were still on the staff because the authorities feared being accused of unfair labour practices if they were dismissed.

Gauteng DP MP Jack Bloom said the hospital authorities disclosed this to a group of MPs during a recent tour of the hospital. He said they were told that last year a policeman working at the hospital who was found with hospital goods in his car had not been prosecuted.

The hospital has a serious theft problem amounting to about R500 000 a month. Bloom said he believed the situation at the hospital had moved from ordinary pilfering to highly organised crime.

The hospital said it did not have the authority to discharge workers. Disciplinary action was taking at least a year because of staff shortages at head office.

The hospital has called for the urgent review of disciplinary procedures.

Poor security measures and antiquated paper systems were some of the reasons for theft. Although access had been restricted to four gates, there were no video cameras in the buildings and security was lax.

Bloom suggested the hospital privatise security or ensure guards had proper training. He said this was imperative because the hospital had 3 000 staff and about 25 000 visitors coming through its gates over weekends.

Hospital will get a big capital injection

(98)
Staff Reporter AZG 4/9/95

CASH-strapped False Bay Hospital in Fish Hoek has been given a R320 000 shot in the arm and, in a move to gain eventual control of the hospital's management, the local community has registered a trust.

Tomorrow a public meeting will be held to discuss the hospital's future.

Chairman of the False Bay Hospital Board, Roy Anderson said the DG Murray Trust, a welfare trust for the advancement of education, art science and welfare activities had agreed on a contribution to buy essential equipment for the hospital.

"Consistent with the objectives of the trust, the equipment chosen from the False Bay Hospital priority list was done on the basis that it would benefit most people and would remain with False Bay Hospital no matter what develops regarding its future management," said Mr Anderson.

The hospital would buy two sterilising autoclaves (vessel for sterilising under high pressure)for about R270 000 and two bedpan washes for about R40 000.

"This donation has given a considerable morale boost to all concerned with the hospital and specifically the staff," said Mr Anderson.

The newly registered trust will be controlled by the department of health, local doctors and prominent residents elected by the community.

False Bay Hospital has been defined as a level 1 hospital which means it cannot offer any specialist services and will be managed at district level.

A meeting to inform the public about the hospital and to discuss its future will be held at the Fish Hoek Civic Centre, Central Circle, tomorrow.

The guest speaker will be Regional Environmental Health Officer of the Cape Metropolitan Council, Fred Williams.

Joy as mobile clinic opens

Star 5/9/95 (9s)

■ BY LORNA ZOKUFA
CITY REPORTER

The launch of a mobile clinic for the Zevenfontein and Diepsloot informal settlements took off yesterday when more than 10 enthusiastic mothers had their children immunised.

The mobile clinic forms part of the Greater Johannesburg Metropolitan Council's R92-million service delivery project.

"When the TMC embarked on this programme, we said we didn't want to come to our people with empty promises, but with real results. This clinic is proof of that," said Greater Johannesburg TMC chairman Isaac Mogase.

"Service delivery is our duty and responsibility. The community must now take responsibility for this clinic and make sure that they protect and use it well."

Zevenfontein Residents Association chairman William Menzeleleli said: "This clinic will be of benefit to us and our children, but we hope that they will have adequate medication. We do not want Panado only, but other medication so that we can be as healthy as other communities."

The clinic will offer services like mother and child care, immunisation, family planning, cancer screening, HIV testing and treatment for minor ailments like coughs, colds and minor burns.

The clinic will be operated by a staff of four and will be available to the community for two days a week at different locations around the settlement.

Health care ... Nurse Estelle Botha immunising children at the mobile clinic launched at the Zevenfontein informal settlement yesterday. PICTURE: THEMBA HADEBE

Bengu to discipline his deputy minister

BD 6/9/95

Tim Cohen

CAPE TOWN — Education Minister Sibusiso Bengu yesterday censured his deputy Renier Schoeman for objecting to aspects of the controversial National Education Policy Bill, suggesting that his NP deputy would be "disciplined".

Schoeman said on Monday, when the legislation was tabled, that although the NP agreed with the overall objectives of the Bill, he was reserving his position because he had "serious reservations" about certain of its aspects..

The Bill sets out broad powers for the national education minister to determine almost all aspects of education policy, which Schoeman said had sparked fears over its constitutionality.

He said the NP had reservations relating to the extent of the policy-making power of the minister, the nature of the council of education ministers created by the Bill and the minister's discretionary power to create and constitute advisory bodies.

Bengu said in a statement that it was the duty of deputy ministers to abide by the decisions of the Cabinet.

He said Schoeman had supported objectives of the Bill "as necessary and desirable", but had chosen to make public his personal reservations on the national education. "I regard this as a matter of ministerial discipline which I shall take up immediately with Schoeman."

Schoeman declined to comment but NP MP Marthinus van Schalkwyk said Bengu's attitude was "unfortunate".

The NP in the Cabinet had reserved its right to differ with aspects of the Bill while Parliament finalised the legislation.

Schoeman had acted constructively, within the basic guidelines agreed by parties on how the government of national unity should operate and had the full support of the NP.

Meanwhile, Sapa reports that DP Western Cape education spokesman Richard van der Ross said the National Education Policy Bill was a "travesty of democracy and federalism".

The Bill, despite the frequent reference to democracy, people's rights and consultation, virtually gave the education minister full control over education policies of all schools, colleges of education and technical schools in SA, he said.

Bengu also had control over other matters such as curricula, student admission, language, discipline, the ratio of students to teachers, and a "host of other matters which should best be left to the provinces".

Against this background, provisions in the Bill on consultation and the consultative bodies set up became meaningless, Van der Ross said.

The Bill would also become an instrument for providing the minister with "severe and dictatorial powers" which could be used to suppress freedom in education and democracy.

● Comment: Page 12

Unions settle clash at hospital

BD 6/9/95

Kathryn Strachan

THE clash between rival unions that crippled Boksburg-Benoni Hospital during the past week was resolved yesterday, with both sides agreeing to work together to improve health services in the area.

Tension between the unions erupted into conflict in the hospital corridors last week when the Hospital Personnel Association of SA (Hospersa) tried to reinstate two security officials who had been removed from the hospital by National Education, Health and Allied Workers' Union (Nehawu) members earlier in the month.

The parties reached agreement after Gauteng health MEC Amos Masondo spent the day talking to Nehawu members, who agreed to the security officials' reinstatement and resumption of normal duties.

"We don't know what Masondo did to convince them," said Hospersa official Mike Ryan.

Nehawu Gauteng regional secretary Oupa Makhuru said tension between the unions had been resolved at yesterday's meeting. "Both parties agreed to pursue the interests of health delivery rather than their own interests," he said.

The tension has its roots in the fact that Hospersa represents largely white workers and management, while Nehawu represents black workers and nurses.

Hospersa official Mike Ryan said Masondo won Hospersa members over by explaining the problems the department had had in setting up a new health structure for the province.

In restructuring, the department had only recently set up a labour section, so it was only now able to begin attending to Nehawu members' expectations of change.

TRENDS The Star Health

THURSDAY SEPTEMBER 7 1995

Edited by Marika Sboros

Helping the elderly sleep

PAGE 15

Israeli doctors say they have found a way to use a natural hormone to help elderly people with insomnia to sleep. Tel Aviv University physicians say controlled-release melatonin replacement therapy effectively improves sleep quality in this population group. – Reuter.

Alexandra clinic a model of health care

(98) Star 7/9/95

TOWNSHIP BRIGHT SPOT
Alexandra may be one of the poorest townships with one of the highest unemployment and crime rates in Gauteng, but it does have one thing right – a brightly coloured, cost-effective clinic which serves thousands of people. **GLENDA DANIELS** reports.

The heartening impression one gets of Alexandra Clinic is of brightly coloured pink, blue, yellow and green buildings and immaculate cleanliness.

It is also attractive because people walk around in peaceful, human dignity.

This is a change from health care services in the old South Africa, where overcrowded conditions and bad facilities demoralised patients.

Nearly a decade ago Alexandra Clinic was a dilapidated and scruffy building which could not effectively deal with the demanding needs of the township. In 1986, major upgrading and expansion took place, and the buildings have been well maintained.

Today the clinic boasts a fully equipped 24-hour emergency section, a separate maternity hall which gives ante-natal classes and exercises, a paediatric unit, a research unit, a dental clinic and a creche.

Next week a celebration of the upgradingwill take place in the form of a photographic exhibition of the 10 years of Alexandra Clinic at the Isidleke Conference Centre in Modderfontein Conservation Park.

The reason for the attractive colours of the buildings goes deeper than aesthetics, according to director's assistant, Di Franklin.

"We have sophisticated, urbanised people patronising the clinic, but we also see many rural and illiterate people. It is easier to say "go to the pink (or the blue) room" rather than having to give elaborate directions which might not be easily understood."

Bright and full of love ... Alexandra Clinic will be celebrating the transformation of health next week.

PICTURES: MYKEL NICOLAOU

She adds that part of the transformation in health is about allowing people human dignity when they need treatment. To ensure this, there are private consulting rooms to maintain as much privacy as possible for patients.

Besides the outward appearance of the clinic, other real changes are happening, which should set a glowing example to other communities.

The clinic is a non-governmental organisation (NGO) which relies on overseas and local funding, so it charges patients a minimal fee. And with the changing foreign donor climate, the clinic has had to request funding from the Gauteng government recently.

Nevertheless, the clinic has many systems in place, which make it cost-effective. Franklin says that the clinic is proud of its achievements and many donors have commented that it appears to be a model of primary health care.

Since the clinic is on the outskirts of Alexandra (on the border of "Beirut Section", once a no-go war zone) many people have no transport, so a mobile caravan has been used since last year.

With the help of this, thousands of inoculations take place. "It is such a densely populated area, with an estimated 200 000 to 400 000 people, yet there has been no major outbreak of typhoid or cholera, for instance. Eighty percent of our population is inoculated, which apparently compares favourably to the rest of the world," says Franklin.

The clinic saves money, develops people and creates employment at the same time. It trains people from the community to carry out innoculations. In this way, says Franklin, besides utilising people from the community and developing their skills, money is saved because doctors and nurses who normally perform these functions, charge so much more.

The clinic also runs the Geriatric Outreach Programme, which trains young people from the community to go to the homes of aged people to help with simple tasks and to advise on the correct diet, for instance.

The Rehabilitation Programme works on a similar community-drive principle, with trained people from the township going out to homes to help disabled people.

Utilising and staffing their own research unit is a further empowering and unique aspect to the clinic. This enhances its reputation as a model of primary health care. The research unit – the Institution for Urban Primary Health Care – which collaborates with the University of the Witwatersrand focuses its research mainly on Alexandra and is stationed on the clinic's premises.

Restful moments ... women and children do not have to stand in long queues in the spacious prenatal section of Alexandra Clinic.

Situation unclear in other hospitals and clinics

Bara back in business

(95) (98) Star 11/9/95

■ BY JANINE SIMON
MEDICAL REPORTER

Baragwanath Hospital nurses were back at work this morning, and all Coronationville Hospital nurses were expected to be on duty by 10am.

But by 8am other strike hit hospitals and Bara's 13 community clinics still did not know if their nurses would heed Friday's agreement with Gauteng health officials and return to work today.

Gauteng's Head of Health Dr Ralph Mgijima said yesterday that if nurses returned today, the province would waive the legal requirement that they explain their absences in writing or be fired.

PROVINCES agree to waive the legal requirements that the nurses explain their absence in writing

As far as he knew, all had agreed to start working, but because each hospital has its own representative committee, it was difficult to know if all would comply. Health Department spokesman Popo Maya said yesterday it was reluctant to fire nurses as this would further disrupt the health services, but the community had grown impatient with strikers.

At Hillbrow Hospital, nurses were locked in an early morning meeting, said superintendent Dr Jack Norman-Smith.

The situation was similar at GaRankuwa Hospital near Pretoria. The hospital had a skeleton staff of nurses over the weekend, and between 300 and 400 patients, added medical superintendent Dr Petunia Shembe.

Bloemfontein's Pelonomi Hospital had a skeleton staff of 58 nurses last night, and expected more to be on duty today.

Optimistic

About 300 nurses had gathered outside the hospital administration block this morning. Chief Medical Superintendent Dr Neels Conradie said he was optimistic that the strike would be resolved.

Bara spokesman Hester Vorster said this morning that the hospital was not yet fully operational, as many wards had been closed and and hospital management was still working on a plan of action.

Yesterday, the situation at strike-hit Gauteng hospitals remained largely unchanged, with skeleton staffs taking care of the few patients who could not be transferred or needed emergency treatment.

The cost of the Gauteng strike could not yet be calculated, but some costs, like what happened to critically ill babies who never came to the hospital for care would never be known, Mgijima said.

Gauteng Premier Tokyo Sexwale and MEC for Health Amos Masondo toured Baragwanath Hospital wards early yesterday, offering support to patients, staff and community helpers who had assisted patients there.

Military

Doctors and a staff of only 40 helpers, including military medics, were tending to the 400 patients left in Baragwanath hospital yesterday.

There were no protesting nurses on the premises.

Chief superintendent Dr Chris van den Heever said hospital staff had used the lull in activities caused by the strike to do maintenance and cleaning in areas like the intensive care unit.

Nurses are expected to send representatives to a Consultative Forum meeting on September 18. The forum is a national initiative to discuss problems like overcrowding and low pay in the health services.

Kidney patients hard hit by strike – Page 2

Bonitas signs lease for private hospital in Pretoria

CT(BR)11/9/95 (299) (98)

By Roy Cokayne

PRETORIA BUSINESS EDITOR

Premium Properties has clinched a lease worth about R70 million with Louis Pasteur Medical Institute, a consortium with the non-profit Bonitas Medical Fund as the major partner.

Bonitas, founded in 1982 with a largely black patient base, but open to all races since 1986, is one of the largest medical aid funds in the country.

The lease, with an annual escalation of 9 percent, is for a private hospital in Premium Properties' Louis Pasteur Building in Pretoria's central business district.

The institute, trading as Louis Pasteur Hospital, will open a fully equipped hospital in the building in January next year.

It will start with 120 beds and four operating theatres and will offer life-care facilities, a day clinic and a 24-hour emergency service.

Another 60 beds and two further operating theatres are planned in the second phase of the hospital's development. Other specialist services being planned include 24-hour dental emergency and psychiatric facilities.

Primary beneficiaries will be Gauteng members of Bonitas Medical Scheme, but the hospital will be open to the general public.

Premium Properties, the newly listed Pretoria-based variable rate loan stock company, is investing R6 million in upgrading the 20-year-old building to accommodate the hospital.

Sid Lewinsky, the managing director of Premium Properties, said the deal was the result of two years of negotiation.

He said it wiped out 45 percent of Premium Properties' 20 000m² of vacant office space in a R362 million portfolio of 111 properties with a gross lettable area of 256 441m².

"Since this space was discounted when we bought the property, the deal effectively will add R2,25 million in rental income in its first year to profit — with the distinct possibility of Premium adding 2c a share to its year-end payout.

HEALTH CARE *Bonitas Medical Fund chief executive and Louis Pasteur Hospital chairman Yekani Tenza signs the lease for a 120-bed hospital in Pretoria. With him are Sid Lewinsky, Premium Properties managing director (seated), Frikkie Lloyd, joint managing director of the hospital, and director Montie Lloyd*

"The benefit to shareholders is quite dramatic. From the start, we emphasised that the investment growth in Premium as a highly geared variable loan stock company would begin to show up only mid-term in its 10-year closed-end life, as income from lease escalations overtook interest payments."

The hospital will have a staff of 190 and will draw on the services of the 80 medical practitioners in the building.

Yekani Tenza, the chief executive of Bonitas and chairman and joint managing director of Louis Pasteur Hospital, said the facility would be brought into operation at a fraction of the cost of building from the ground.

He said most doctors in the medical centre had been offered a shareholding in the venture.

Tenza revealed the purchase of shares would be funded by banks against future earnings over three to four years.

A total of R15 million is being invested — apart from Premium's R6 million for the conversion of the building, R6 million will be spent on equipment, which is being funded by financial institutions and R3 million is to be provided for working capital.

"We have invested our members' funds to ensure the hospital empowers our community in Pretoria."

About 20 percent of the practitioners are black, comprising the biggest such group in Pretoria.

"This is the RDP in its best sense. We have not gone to government to beg for funds and ask for help. We said we would take the initiative and help the government where it is not able to deliver: all we asked was for the government to facilitate the process by granting us a licence," Tenza said.

Louis Pasteur Hospital will be the third hospital to be opened in Gauteng by Bonitas. The others are the Botshelong Empilweni Clinic in Vosloorus and Tshepo-Thermba Hospital, which opens in Dobsonville this month.

Strike closes Free State clinic

CT 11/9/95

BLOEMFONTEIN: All out-patient clinics at Pelonomi Hospital are to close until further notice due to the nurses strike in the Free State, Premier Mr Patrick Lekota's office said yesterday.

The out-patient departments of Universitas and National hospitals would, however, continue to function normally.

The Free State health department said nurses at the hospital had until Wednesday to return to work or face disciplinary action.

It said the more than 100 nurses who went on strike on Friday, demanding a 25% wage increase, had been issued with an ultimatum in terms of the Public Service Labour Relations Act to return to work by 10am on Wednesday.

"All striking nursing staff at Pelonomi received notices of the ultimatum to resume their duties or face disciplinary action," the department's spokeswoman Ms Elke Grobler said.

She said no patients were being admitted to the hospital. This included the casualty and maternity sections.

Meanwhile, more than 2 000 striking Gauteng nurses are expected to return to work today, ending a week-long strike at 14 clinics, and the Baragwanath, GaRankuwa, Hillbrow and Coronationville hospitals.

Gauteng's head of health Dr Ralph Mgijima said yesterday the agreement to return to work was struck late on Friday.

Nurses' delegates had reported back to their followers over the weekend, he said.

But, as nurses at each hospital had their own committee of representatives, it was difficult to know whether all would comply. If they do, the province would waive the condition that nurses explain their absence or be dismissed, he said.

Strike hits kwaZulu hospital

CT 12/9/95

DURBAN: About 400 nurses at a hospital in northern kwaZulu/-Natal went on strike yesterday to press demands for a 30% pay increase and the removal of Health Minister Dr Nkosazana Zuma.

The 600-bed Benedictine Hospital serves Nongoma and the neighbouring vast rural areas, but is handling only emergency cases.

"We have only a skeleton staff and we are looking into discharging those who are not seriously ill," hospital administrator Mr George Nxele said.

As he spoke, the strikers were singing and dancing outside the hospital's main building.

Nurses also remained on strike at Bloemfontein's Pelonomi Hospital, superintendent Dr Neels Conradie, said. They have been given until 10am tomorrow to give written reasons for their absence. No disciplinary action would be taken against them until then, Dr Conradie said.

All scheduled medical procedures have been cancelled and emergency operations are being referred to Bloemfontein's Universitas Hospital.

Striking nurses in Gauteng returned to work yesterday morning and the four major hospitals affected — Baragwanath, Johannesburg, Hillbrow and Ga-Rankuwa — were running normally by the afternoon.

Dr Zuma, speaking from Beijing, welcomed the return to work. — Reuter, Sapa

Transformation alternatives sought

WESTERN Cape colleges of education agreed at a meeting that any decision now about their future would be premature, and that they should not be closed next year.

The meeting brought together college staff and student representatives, the teaching profession and officials from the Western Cape Education Department.

They said current discussions on the transformation of the colleges should continue, while alternatives to transformation should be sought next year. — Sapa

Good Hope College opens

CT 12/9/95

THE Good Hope College of Education in Khayelitsha will be officially opened by Education Minister Dr Sibusiso Bengu today, despite recent threats that teacher training facilities in the Western Cape would be closed because of financial constraints.

The college has been running since 1987 when students were housed in the Eluxolweni Primary School, but in 1992 they were forced out by pupils who re-occupied the school.

At least 700 trainee teachers moved to the Cape Corps base at Fauré to write their final exams after they spent several weeks being taught in the streets of Khayelitsha.

The government was lobbied to provide a new building, which was completed last year. — Staff Reporter

BUSINESS

Bonitas' new RDP hospital

(98) (~~98~~) Sowetan 14/9/95

By Isaac Moledi

BLACK-CONTROLLED medical aid Bonitas Medical Fund has joined hands with Premium Properties Limited to open a fully equipped hospital in Pretoria next year.

The R15 million Louis Pasteur Medical Institute, with 120 beds and four operating theatres, will offer lifecare facilities, a day clinic and 24-hour emergency services.

An additional 60 beds and two operating theatres are planned in Phase Two. Other specialist services being planned include 24-hour dental emergency and psychiatric facilities.

Although the hospital will open its doors to all people, primary beneficiaries are to be Gauteng members of Bonitas Medical Scheme.

Managing director Sid Lewinsky says the high quality medical care centre is in line with the RDP's principles of the community helping itself rather than waiting for government to provide the facility.

Premium Properties has invested more than R6 million in upgrading the 20-year-old building that will accommodate the hospital and medical practitioners.

"The period to convert the space to a full hospital is ten months: building the same facility from the ground up could take up to two years.

"I must also say the interior finishings chosen by the hospital owners are superior to any seen in South Africa," says Lewinsky. The hospital will have a staff of 190 and will draw on the services of the 80 medical practitioners in the building.

Bonitas director and chief executive Yekani Tenza who is also chairman and joint managing director of Louis Pasteur Hospital, says the facility will be brought into operation at a fraction of the cost of building from the ground up.

He says most doctors in the medical centre, who have built up goodwill over 20 years, have been offered shares in the venture.

Apart from Premium Properties' contribution of R6 million, financial institutions contributed another R6 million for equipment. there is also a R3 million provision for working capital.

"We will be coming with a much lower cost structure and yet will render the same service as any other private clinic or hospital," Tenza says.

"At the same time, we are granting greater economic empowerment to doctors in the medical centre to extend their services on the spot through the facility," he adds. About 20 percent of the practitioners are black, comprising the biggest such group in Pretoria. More black patients will be treated at the medical centre than white.

"This is RDP at its best sense. We have not gone to government to beg for funds. We said we would take the initiative and help the government where it is not able to deliver: all we ask is for government to facilitate the process by granting us a licence," explains Tenza.

The Louis Pasteur Medical Institute is the third hospital to be opened in Gauteng by Bonitas. The others are Botshelong Empilweni Clinic in Vosloorus and Tshepo-Themba Hospital which opens in Dobsonville, Soweto, this month.

Bonitas, one of the black-controlled medical funds in the country, was founded in 1982 with a mainly black patient base. It opened its doors to all races in 1986.

"Membership has been growing at 18 percent annually compared with a pattern of a one percent shrinkage in membership

Right wing aims at own hospitals

BD 15/9/95 (98)

PRETORIA — The "appalling" conditions at state hospitals had prompted the Afrikaner Volksfront to set up a medical co-operative which would build its own hospitals, Volksfront leader Ferdi Hartzenberg said yesterday.

He told a media briefing in Pretoria the co-operative would sell shares totalling R1bn.

Shares of R10 each had already been marketed to about 100 000 people in the past two weeks, co-operative actuary Dave de Waal said. "We are now receiving about 100 share applications a day."

Hartzenberg earlier released a report on conditions at HF Verwoerd hospital in Pretoria. It was compiled by a committee of five, including former surgeon Petrus Retief, former chief matron Cecile Roux and former hospital superintendent Drienie Malan. They found the reception area was being used as a dormitory and toilet by visitors and the main kitchen was overrun by cockroaches.

The co-operative would also form partnerships with existing private hospitals. At least 13 such institutions were interested and talks were under way. — Sapa.

Transplant chief warns against cuts

(98) CT 19/9/95

ANY reduction in organ transplants would have an adverse effect on South African medicine, Southern African Transplantation Society president Prof Rowal van Zyl-Smit said yesterday.

Opening the society's biennial congress at Langebaan, he called for the maximum use of organ transplant services.

Also at the congress, Dr Johan Brink of the transplant unit at Groote Schuur Hospital said the survival rate of heart transplant patients at the hospital up to six months after their operations was on a par with that internationally.

However, the survival rate after one year was 70%, compared with 80% internationally, he said.

This increased mortality had not been fully explained, but contributing factors included difficulty in adequate long-term follow-up of those heart recipients who lived far from Cape Town and the disadvantaged background of some patients, he said. — Sapa

Hospitals urged to work together

Staff Reporter

CO-OPERATION between public and private hospitals is essential to provide people with the best possible treatment at the lowest possible cost.

Western Capen Premier Hernus Kriel said at the official opening of the new Wynberg Hospital last night that greater investment was needed "to cope with the backlog of primary health care services to communities".

But the Western Cape had to take care to maintain its "medical excellence for future generations".

The decision by the central government to locate the country's only state-funded heart transplant unit in Cape Town was a feather in the region's cap.

Mr Kriel said private hospitals helped reduce the pressure on cash-strapped state hospitals.

Private hospitals could provide the best technology and working environment for patients and staff alike while public hospitals could concentrate on affordable and accessible health care.

Private hospitals could even consider renting costly equipment to the state, equipment that the state could not afford to buy.

"It is a fact that the province cannot deliver all the required services due to financial constraints," said Mr Kriel.

"It is also a fact that the weak economy and high unemployment will long continue to exert pressure on the province's ability to deliver services to the most needy.

"The solution lies in close co-operation between the state and private sector," said Mr Kriel.

● Wynberg Hospital provides high-technology care for all medical specialist procedures. It has five operating theatres, a 16-bed intensive care unit and 105 other beds.

The hospital's radiation cancer treatment unit features some of the most sophisticated technology in the country, while the haematology clinic specialises in bone marrow transplants and the management and treatment of all blood disorders.

Health ministry to talk to unions

BD 21/9/95 (98)

Kevin O'Grady

EAST LONDON — The appointment of senior administrative and managerial staff including medical superintendents at Eastern Cape hospitals has been stalled until the process is discussed with the trade unions.

Provincial health and welfare ministry spokesman Khululekile Bata said the posts were initially advertised "but now the feeling is that advertising the posts outside the civil service could bring problems".

He said a meeting between employer and employee representatives would take place today and tomorrow to "discuss their feelings as to how managerial and all other posts must be filled".

Bata said it would not make sense to employ people from outside the public service when it was already bloated and in need of rationalisation.

However, the posts for 183 doctors needed in the province could be filled immediately and government was offering incentives to attract them to the public service.

These included overtime pay for work over and above the normal 56 hours a week, recruitment allowances and limited private practice, he said.

Meanwhile, the primary schools feeding scheme, which collapsed at the end of the second term because of fraud and mismanagement, had restarted in the Eastern Cape, Bata said.

Checks and balances had been instituted to prevent a repeat of events, including greater community involvement to prevent inflated food claims.

Schools in urban areas would receive 53c a pupil a day and rural schools 68c. The scheme had R37m left and it was hoped this would last until the end of the school year.

Central government would be asked to supply funds to continue the scheme from the beginning of next year to the end of the financial year, he said.

'Friendly' hospital takes strain

JENNY VIALL
Health Reporter

98

PREGNANT mothers are being turned away from St Monica's because hospital staff cannot cope with the increase in the number of women attending the Bo-Kaap hospital since the introduction of free maternity care.

Women were coming from as far away as Khayelitsha, Guguletu and Mitchells Plain, said matron Phyllis Baxen, and when people were asked to go to clinics near their homes, the hospital was accused of discrimination.

Attendance at clinics at the hospital increased from 1 203 women in January to 1 704 in April. More than half the women were from outside the area St Monica's was supposed to serve.

ARG 25/9/95

Ms Baxen said the problem was exacerbated by a shortage of nurses. There were five vacancies of a total 19 posts at the hospital. It was difficult to attract nurses because there was little room for advancement as St Monica's was not a provincial facility. The hospital had, however, asked for provincial funding.

Ms Baxen said St Monica's had committed itself to supporting the RDP but couldn't do it alone. "We need the community to help us with education, hospital tours, whatever they can."

Many mothers wanted to come to St Monica's because they had been born there or because they were attracted by the "Baby Friendly" award the hospital was given last year.

Surgeon may quit over transplants

CT 26/9/95

OWN CORRESPONDENT

PRETORIA: Gauteng and South Africa are on the verge of losing one of the country's brightest medical talents.

Brilliant cardio-thoracic surgeon Dr Fanus Serfontein has lost heart with the attitude of Gauteng provincial health authorities and is actively seeking work elsewhere.

One of the last straws for the young Pretoria surgeon, who first incurred the wrath of provincial health authorities when he broke the moratorium on heart transplants in Gauteng, was the arguing at H.F Verwoerd Hospital when one of his latest transplant patients was refused admission at the weekend.

"I was shocked. How can they treat a sick person this way?" Dr Serfontein asked.

The patient — 54-year-old Mr Peter Bekker — was admitted while the furore about his admission was going on.

Dr Serfontein said yesterday it was becoming impossible for him to continue working at H F Verwoerd.

He added he would leave the country if the right opportunity arose.

VS

THE STAR / WEDNESDAY SEPTEMBER 27 1995

Gauteng simply cannot do without its superlative work

Indispensable hospital

(98) Star 27/9/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

On Saturday, an ageing Victorian hospital on 600ha of rolling grasslands north-east of Johannesburg is throwing a centenary party to prove itself indispensable to travellers, doctors and the community.

Rietfontein Hospital for Infectious and Tropical Diseases was founded 100 years ago as a tented camp a day's march away from the smallpox epidemic then raging through the centre of mining, Johannesburg.

It's a lot easier to trek to the hospital today (Rietfontein's in Edenvale, about a two-minute drive from the N3's Linksfield Road offramp) but it remains relatively isolated.

"Few people realise all 10 of the hospital's full-time doctors have diplomas in tropical medicine, or that they are recognised experts in, for example, Ebola virus and Congo Fever," says Rietfontein's enthusiastic new superintendent, Dr Izak Joubert.

Doctors are backed by the expertise of researchers at the nearby National Institute for Virology, who hold legendary Thursday morning meetings and ward rounds on site.

Most patients are long-term multi-drug resistant TB patients.Rietfontein also routinely treats patients with malaria, bilharzia, typhoid, and even poisonous spider and scorpion bites, Joubert says.

The 529-bed hospital, whose grounds are home to monkeys and a prolific number of birds, has remained immune to the most pressing problems of State hospitals, he points out.

With no casualty department, it is not swamped with "walk-ins", nor pregnant women and children presenting themselves for free care; its 160 nurses showed no signs of wanting to join the recent wildcat strike.

But, until recently, the hospital was forgotten, swathed in rumours of demolition, and provided with no money for maintenance.

Its isolation allowed a previously unknown 15ha section of pristine grasslands on its grounds to flourish.

But the hospital's red tin roofs rusted, floor tiles pulled away, and paint peeled down with age.

In the old wards, the air sat as stale and dank as an overworked kitchen.

"When I came here two years ago, it was disgusting," Joubert says bluntly.

Three of the original corrugated iron and stone wards have now been given a fresh grey and turquoise facelift.

The children's ward is being upgraded and there are funds to improve another ward, but none for the kitchen, nurses home, remaining ward and administration building.

Joubert has been singly responsible for co-ordinating these renovations, largely funded by the private sector in response to the centenary appeal.

Joubert also launched Rietfontein's Travel Advisory Service: travellers can book an appointment for a full consultation with doctors, who then plot the patient's journey and supply all relevant medication.

"It's highly profitable for the State, and the best indication of our future role," says Joubert.

Two hospitals where nurses act as doctors

(98) Sowetan 28/9/95

By Glenn McKenzie

ON BAD NIGHTS, Sister Matshidiso Dikgale helps deliver two babies at the same time from women who lie side by side.

On good nights, another nurse is available to help her. She may only have to deliver six babies between dusk and dawn.

Dikgale (not her real name) is one of several dozen nurses who practically work miracles at Helene Franz Hospital near Bochum in Northern Province.

They work long shifts, without relief. Often they are forced to drive ambulances, using their own money to buy petrol. They prescribe medication. And they train foreign doctors.

Like many other hospitals in the former Lebowa, Gazankulu and Venda homelands that now form part of Northern Province, Helene Franz is critically understaffed and often goes without even the most essential equipment and supplies.

Presently, the 350-bed hospital has only five full-time doctors. As a result, nurses bear the lion's share of the health care burden in the area.

"Nurses at Baragwanath hospital in Soweto think they are working in a difficult situation. But I know that if they were to come here, they would realise that they are living in heaven in Gauteng," said Dikgale.

So far nurses at the hospital, which is about 150km northwest of Pietersburg, have not embarked on wildcat strikes like those in Gauteng earlier this month.

Instead, they recently gave their superiors a heartrending letter that detailed the startling conditions they work under.

At night, most wards are attended by only one nurse, they said. If an emergency occurs there is often no one to care for patients.

"We are prepared to render total patient care to our people. But patients are suffering because of the stress we're under," the nurses' letter stated.

About 25km away (over dusty dirt roads) at Blouberg Hospital, nurses work under similarly trying conditions. The 36-bed hospital – many other patients sleep on the floor – serves a population of about 150 000 people.

It has not had a full-time doctor in three years. And often there is no ambulance to transport patients to receive better services.

The 50-odd nurses there act as doctors. They diagnose illnesses and prescribe medication. Sometimes they are even forced to perform emergency surgical procedures.

Matron Gloria Sefefe believes health care will continue to suffer as long as there are no good roads or schools in the area. Developing health care in the region means developing the region's economy and the infrastructure.

"No one wants to work here because we don't have adequate housing.

"Sometimes during the rainy season, we cannot take our patients to Pietersburg because the roads are flooded. So we are the only ones who can save lives," said Sefefe

Northern Province MEC for health and welfare Dr Joe Phaahla told *Sowetan* the province had "identified" 725 vacant posts for 58 clinics. A proposal to create another 2 859 posts for new clinics has also been submitted to the Provincial Public Service Commission.

"We hope this will eventually help ease the burden on our hospitals," said Phaahla.

Doctor in sister's clothing ... There are no fulltime doctors at Blouberg Hospital in Northern Province, so nurses here do the work of doctors, in addition to their regular duties.

PIC: GLENN MCKENZIE

New day hospital in Khayelitsha will take pressure off main institutions

Y Weekend Argus, September 30/October 1 1995

ADELE BALETA
Staff Reporter

ARG 30/9/95 (98)

A NEW day hospital in Khayelitsha will open its doors in January to take pressure off Cape Town's main hospitals in line with the government's intention to restructure health services by building up primary healthcare facilities.

The Michael Mapongwana community health centre in Harare will employ 260 staff and will serve more than 300 000 people in the Harare section of Khayelitsha who at present have to travel three kilometres to the overcrowded Site B Khayelitsha Day Hospital.

Professional personnel will be transferred from the city's academic hospitals to staff the centre and non-professional staff will be appointed from the community.

Western Cape Health Minister Ebrahim Rassool recently announced that health workers would not be retrenched but more than 1 400 staff at academic hospitals would be moved to primary care settings.

The centre has been named after a South African National Civics Organisation (Sanco) activist who died during taxi violence in 1993.

John Frankish of the Western Cape provincial health services says the centre offers increased access for residents to primary healthcare facilities and will act as a referral centre to tertiary hospitals.

"It will help take the load off the stressed Khayelitsha Day Hospital at Site B and ultimately reduce pressure on the tertiary hospitals like Red Cross and Tygerberg," he said.

The new hospital, which had been completed, should have opened its doors on September 1 but this would be delayed because of the need to relocate staff there and employ new personnel, said Dr Frankish.

He denied reports that the hospital was standing empty because there was a row between residents and the authorities over how the hospital should be staffed.

There had been a delay because the public service commission would not approve the creation of new posts. "We had to sort out the reduction of posts at Red Cross and Tygerberg hospitals and sort out the transfer of posts.

"It's a bureaucratic process and this has had to go hand in hand with the financial realities and an agreement for the provincial health plan.

"The community was concerned that there would not be an opportunity for employment for locals, but we also had to be careful that we did not employ and then have to retrench later. We had four meetings with the health forum and we agreed on a process for the filling of posts," Dr Frankish said.

The Khayelitsha health committee and the provincial authority have agreed that professional posts will be filled by people who are transferred from tertiary centres but opportunities will be offered to local residents to fill non-professional posts.

There was agreement over the appointment process which will have a selection committee with representatives from the community.

Dr Frankish said services would start in a phased manner begining with a mother and child service that would be extended into a full day-time service, a 24-hour obstetric service and finally a 24-hour emergency service.

New wards, gymnasium and landscaping for Valkenberg upgrade

(98) ARL 31/10/95

Health Reporter

NEW custom-built wards, refurbishing old wards, building a gymnasium and landscaping with indigenous plants are some of the projects planned to upgrade facilities at Valkenberg Hospital.

Plans to improve the poor conditions for staff and patients at the hospital were announced by the Friends of Valkenberg, a group whose aim is to promote the role of Valkenberg in the community and upgrade its facilities.

At a function to announce the plans, Hannah Reeve-Saunders, deputy director of provincial health services, said one in eight people would need psychiatric care at some stage.

She said mental health had not been given the attention it needed and facilities at Valkenberg Hospital were inadequate, with some being "absolutely disastrous".

Friends of Valkenberg's plans were not for luxury items but were essential to provide good services for mentally ill patients, she said.

More than 250 people were admitted every month to the hospital and 1 200 patients a year used the hospital on an outpatient basis.

Architect Revel Fox briefly outlined plans for Valkenberg which included building new wards, changing others for improved nursing surveillance, using existing cottages for halfway homes for patients, changing the entrance to the hospital, replacing some of the extensive lawns with indigenous vegetation, and building a jogging track for patients.

GAUTENG NURSES TO WORK TO RULE

Cape hospitals in crisis

(98) CT 3/10/95

THE Dean of the UCT medical faculty has accused nurses of endangering the lives of patients.

SEVERAL hospitals in the Western Cape experienced a total breakdown of essential services yesterday, with some places in crisis and patients who had travelled long distances having to be turned away, the Dean of the Faculty of Medicine at the University of Cape Town said.

Professor J P van Niekerk said there were particular difficulties at the obstetrics department and tasks normally performed by nurses had to be done by doctors.

Patients who had travelled from upcountry for an operation to remove cataract growths had to be sent home and told to return in a year's time, he said.

The faculty supported an improvement in the salaries, working conditions and status of nurses, he said. "However we wish to express our strongest censure when members of a health care profession endanger the health and lives of patients through their actions."

Meanwhile disgruntled Gauteng nurses said they would return to their jobs at state hospitals, but would work to rule.

PROTEST: Nurses from Groote Schuur and the Woodstock Maternity Hospital staged a placard demonstration in Main Road yesterday. ***PICTURE : CLIVE SMITH***

Mr Stephen Matlaila of the National Nurses Forum, who handed a memorandum to a representative from President Nelson Mandela's office, said nurses would be unable to provide adequate patient care if their demands were not addressed.

"The government is treating nurses like factory workers. They are creating nurses who are resentful and discouraged ... They say there is no money but there is enough money for warships and new police uniforms," he said.

Hundreds of nurses marched to the Union Buildings to protest against Health Minister Dr Nkosazana Zuma's statement last week that there was no money to meet nurses' demands for an immediate pay increase of 33%.— Sapa, Staff Reporter

Hospitals could 'save millions'

Staff Reporter (98)

MORE than R800 million a year could be saved if public and private hospitals worked together and shared their resources, says Director-General of Health Olive Shisana.

Dr Shisana was speaking at the opening of the Will Thomson Long-Term Care Centre at the Libertas Medical Centre yesterday. ARG 4/10/95

While the government was committed to giving all people access to medical care, it had also inherited problems that would take years to solve.

"We want to deliver services but we need to introduce a new culture of caring for patients.

"It is tragic to see thousands of nurses toyi-toying in the streets while their patients are left unattended. There are problems, which are being addressed, but we have to engender an ethic of caring.

"And the private sector has a role to play — medical care is still very expensive. If state hospitals and private clinics start working together and sharing resources, patients will get better care and we will also save millions of rands."

Clinics get low marks — survey

(98)

POLITICAL STAFF

CT 4/10/95

THE government's health policies of encouraging people to use clinics before going to doctors and hospitals has received low marks from South Africans, according to a health survey released yesterday.

Most people did not report for their first treatment at a public clinic, but chose either a public hospital or a private doctor.

"This is most likely a result of the inaccessibility and scarcity of clinics, particularly in rural areas, restricted clinic opening times and perceptions that the standard of care in clinics is worse than in public hospitals," the survey has concluded.

The 200-page National Household Survey of Health Inequalities in South Africa was released in Johannesburg yesterday.

"Waiting times at public health facilities are excessive and consultation times too short to be effective.

"This is symptomatic of the extent to which the public health service is overburdened and understaffed.

"Health outreach services, including ambulance services, and services for the aged and disabled are poor for all population groups and almost non-existant for Africans," the survey concluded.

The survey also found that 31,9% of blacks and 20,9% of Indians regularly consulted a traditional healer.

Get in line while you can

By CAS St LEGER

PATIENTS can wait for as long as six months for an eye operation at Pretoria's H F Verwoerd hospital.

Amos Masondo, Gauteng's Health MEC, said in reply to written questions from a DP health spokesman this week that there were 1 750 patients waiting for eye operations.

And there are 105 patients who can expect to wait for about 15 weeks for heart operations.

There is a three-month wait for head, neck, plastic and thyroid surgery and a six-month wait for vascular surgery. (98)

At Johannesburg hospital there are 2 000 patients who might have to wait as long as two years for eye surgery while heart patients can queue for up to three years.

ST 8/10/95

'Cora' a mother-and-child hospital

(98) Star 9/10/95

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Coronationville Hospital finally took on its role as a mother-and-child hospital last week, when J G Strijdom Hospital's departments of paediatrics, and obstetrics and gynaecology, moved into 52-year-old "Cora's" newly-painted wards. At least one doctor has labelled the shift premature and disorganised; but Coronationville matron Lorraine Jordan said the hospital was coping.

Paediatric ICU is up and running and labour ward staff successfully delivered 16 babies during Wednesday and Thursday, at the height of the move, she said.

The decision to split academic departments between the two hospitals, which are barely 2km apart, was made by a commission of inquiry last year, after years of confusion and anger over the disparities in their services.

Former health minister Rina Venter amalgamated the "coloured" Coronationville with Strijdom in the early nineties.

It was an explosive move in which "Cora" was downgraded to a low-care hospital and Strijdom left as a specialist institution, and it led to unprecedented complaints, with staff and patients shuttling miserably between the two.

The commission ruled that Coronationville should be transformed into a mother-and-child hospital with obstetrics, gynaecology and paediatric services for children. Other specialities would remain at Strijdom.

Strijdom's ante-natal clinics and labour wards were closed on Wednesday, and patients referred to the new unit at Coronationville.

Principal specialist in the department of obstetrics and gynaecology Dr Johnathan de Souza said the ante-natal clinics were not ready; there was insufficient space in the labour ward; nursing staff was inadequate; and there were insufficient anaesthetists and intensive care beds for babies.

Jordan agreed that nurse staffing was a problem, but said most of the hiccups would be solved by today.

The Department of Health's Director: Hospital Services, Dr Pieter van den Berg, said teething problems were to be expected.

Management under fire

(93) BD 13/10/95

DURBAN — Management at Durban's Addington Hospital was not co-operating with a commission of inquiry into fraud and corruption at provincial hospitals, commission chairman Kenneth Mthiyane said yesterday.

His comments came after the brief appearance of hospital assistant director Lionel Botha. Botha said he was upset about negative media coverage, especially reports recommending he be removed from his position at Addington Hospital. He denied receiving a letter dated September 21 informing the hospital's management about the commission's hearings.

The commission is taking a two-month recess so Mthiyane can take up a Supreme Court acting judge position in the Ciskei from Sunday. —Sapa.

Eastern Cape probes alleged schools fraud

EDUCATION in the former Transkei was in chaos and the Eastern Cape government's probe into an alleged teachers' salaries fraud could lead to several arrests, education MEC Nosimo Balindlela said yesterday.

The investigation had found that salaries had been paid for non-existent teaching posts and that certain schools had inflated pupil ratios and made incorrect salary submissions in an effort to get higher subsidies.

Balindlela said there were schools under the former Transkei education department which "existed on paper only".

The Eastern Cape education department intended appointing a firm of consultants to do an audit, he said.

The government would also carry out spot checks on all departments, after it discovered that there were discrepancies between the numbers of employees and computer records.

The investigations were confirmed yesterday by Eastern Cape director-general Thozamile Botha, who said he thought the government had been defrauded of "millions of rands".

Provincial education and culture permanent secretary Ronnie van Wyk said his department had suspicions that records of numbers of schools and pupils were inaccurate in the former Transkei.

Three schools which had inflated records of numbers of pupils had already been identified.

A systematic audit of more than 6 000 schools in the region would be carried out. —Sapa.

(50) BD 13/10/95

Rural clinics in dire state

(98)

CP 15/10/95

PEOPLE living in rural Transkei are still walking for up to six hours to get to a clinic, an Independent Development Trust (IDT) survey has found.

The Trust says that many Transkei clinics are no more than mud-built rondavels with no electricity, no medication, no running water and no communication system to relay messages to hospitals for emergencies.

In sharp contrast, the trust says it found that clinics in the Komga area were in a good state, with all of them electrified and connected by phone.

One of the Trust's facilitators, Busi Zokwe, said: "We went out to locate clinics for the electrification programme, but we found clinics that should not even be called that, and communities that were not so sure about the wisdom of installing electricity in stick, wattle and mud structures."

A facilitator in the Qumbu district, Nceba Njongwe, said although Qumbu had the greatest number of villages in a single district in Transkei, there was not a single clinic built by past governments

He said: "The one clinic in Tsilithwa, built with prefabricated materials through community initiative, services 12 villages and uses tank water."

However, Nceba said the Trust had started a water-reticulation project which would include a standpipe for the clinic.

The survey was a forerunner to the Trust-sponsored rural electrification programme which will see remote clinics in the region connected.

Work will start at the end of this year.

A report on the survey is in the process of being compiled by a consultant in Durban and has not been released yet.

The provincial government is also awaiting the outcome of a separate study of clinics and hospitals in the region.

East Cape Health Ministry director of Policy Planning and Information, B Mzileni, said on Tuesday that about 90 percent of clinics which are to be built by the South African government would be situated in Transkei.

The government has announced that it will embark on a clinic-building programme which will run until 1999.

She said the cost of building a modern clinic was R550 000. The provincial government had set aside R20 million in its 1995-96 budget for clinic building. Planning had to be precise in order to make the money stretch, she said.

She said the government was installing a two-way radio system to connect clinics and the nearest hospitals and doctors for emergencies.

Mzileni said clinic building in the Transkei needed an integrated development approach that would include the Public Works Department for road building, Telkom for telephones, Eskom for electricity where grids were available and other important stakeholders.

She said: "Because of all the glaring inequities that the apartheid governments created it will be a long process to adequately address the problems. But with planning we will know where, how and when to move forward. Tenders are out already for the building of clinics, so the process is moving forward." - **Ecna-DNA**

Experts question whether new clinics will help

Star 19/10/95 (98)

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Trauma experts are questioning by how much the planned 12 new clinics will relieve overloaded local hospitals of the enormous task of treating serious physical injuries.

Trauma, caused mainly by interpersonal violence and traffic collisions, is the leading cause of premature death of South Africans between the ages of one and 45, according to statistics in the *South African Health Review*.

It accounts for about half the deaths of children between the ages of five and 14, and about one third of deaths of people aged between 15 to 65.

The Medical Research Council trauma expert, Johan van der Spuy, says the clinics will help.

"But how much they help depends on whether they are open after hours, and whether the staff are conversant enough with trauma to treat minor injuries, stabilise serious cases, and conduct follow-up checks for patients treated at tertiary level."

More than 80% of trauma injuries occur after working-hours, and only 5% are life-threatening in the short term. But people won't go to a community clinic if they question the quality of care, he said.

Overall, trauma rates are higher in rural than in urban areas, a recent Rural Injury Surveillance Study has shown.

But the breakdown of services at Gauteng regional hospitals has meant the Baragwanath and the Johannesburg hospitals – the province's most sophisticated state trauma facilities – are flooded with patients from other areas, according to Kenneth Boffard, principal surgeon and head of the Johannesburg Hospital Trauma Unit.

These hospital's services have been compromised because the shift of finances to primary health care meant they received 20% less funding this year.

Apartheid names likely to be scrapped

ARG 27/10/95

Political Correspondent

NAMES of National Party luminaries from the apartheid past — such as Eben Donges and Lapa Munnik — could soon be erased from hospitals in the Western Cape if regional Health Minister Ebrahim Rasool has his way.

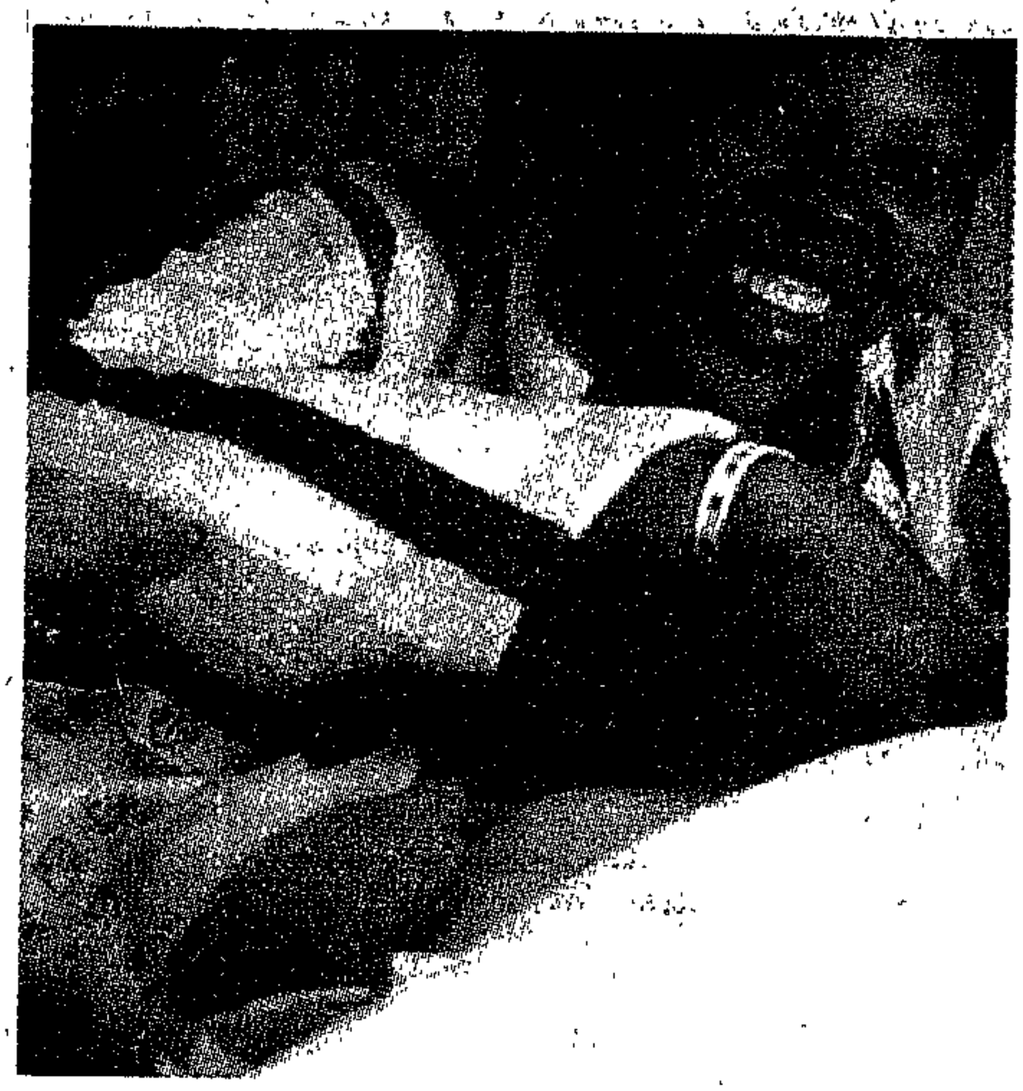
He is to appoint a committee soon to look into renaming such hospitals.

Speaking at an election meeting in Laingsburg last night, Mr Rasool said it was necessary to expunge the past in order to move forward to a future of dignity, love and hope.

He told the meeting that while hospitals were now more accessible, some were still linked to "apartheid figures".

"If such individuals are linked to the apartheid past, we will, in the interim, name the hospital after the town, such as Worcester Hospital."

Singling out the hospital in Worcester — the Eben Donges Hospital — he pointed out that Donges was the Minister of Internal Affairs at the time "when our people were removed from the voters' roll".



Rebirth of Coronation Hospital.... after 55 years the hospital has now become a hospital for women and children only. Rose Carlski pictured with her newly born baby in one of the new post-natal wards.
PICTURE: THEMBA HADEBE

New life for hospital

(98) Star 27/10/95

■ BY PATRICK WADULA

Johannesburg's Coronation Hospital was yesterday officially reopened as a hospital for women and children only.

This follows a commission of inquiry into the overcrowding problem faced by the hospital and mass resignations and transfers of academic medical staff to other institutions such as J G Strijdom in Johannesburg west.

At a ribbon-cutting ceremony Gauteng MEC for Health, Amos Masondo, said there was no way health authorities could avoid the urgent need to transform the country's health-care system.

The hospital, built 52 years ago with a nursing college, serves the residential areas of Sophiatown, parts of Soweto, Newclare and Kliptown.

Long standing employee of Coronation Hospital, Professor Tom Bothwell, said the staff felt threatened by the nearby J G Strydom Hospital because it served the same community with far superior equipment.

Bulletins recently circulated around the area said Coronation Hospital would specialise in health care related to women and children, while J G Strijdom Hospital would specialise in surgery, medicine, bones and muscle, psychiatry, adult intensive care and district nursing services.

The hospital administration assured the community that both hospitals would function as medical clinics. Masondo said the recent strikes had had a negative impact on the health sector.

HEALTH

Private hospitals — cash upfront?

Private hospitals and medical schemes are embroiled in a bitter fight over tariff increases that could see private hospitals withdraw from the Representative Association of Medical Schemes (Rams) tariff structure — potentially leaving patients to pay their hospital bills upfront.

National Association of Private Hospitals executive director Dr Anette van der Merwe says hospitals originally asked for a 10% annual increase — an amount below medical inflation and their real estimated cost increases of 12% — while Rams had refused to entertain any increase at all. Rams has since offered the hospitals 4%, which Van der Merwe took to her members to evaluate this week.

Says Rams executive director Reg Magennis: "Medical scheme payouts for private hospital patients have averaged annual increases of around 26% for the past four years. Medical schemes are simply unable to sustain this level of increased costs. Schemes are also under considerable pressure from employers to keep increases in line with salary increases. The consequence of ignoring this plea will inevitably mean a cutback in benefits." Rams proposes across-the-board tariff increases of around 8%.

The fight is disappointing given the much publicised new tariff structure hospitals fought to get installed earlier this year — a system they believed would apportion costs more equitably, resulting in tariff containment.

Briefly, the new tariff — in place since February — effectively reversed the traditional cross-subsidisation of expensive and complicated procedures by shorter and simpler ones. Since implementation, high care rates and some ward rates have increased by up to 70%, though the cost of shorter procedures has dropped.

Magennis says scheme payments to private hospitals increased 25% for the first five months of this year compared with the same 1994 period.

Van der Merwe denies that the real cost of hospital care has increased. She claims the increase in scheme payments is due to an influx of State hospital patients now using private hospitals.

Magennis accepts this scenario, but stresses that around 50% of cost increases for this period is attributable to increased admissions at private hospitals. The fracas also begs the question whether there's any future for central bargaining between schemes and health care providers to determine payments. The Medical Schemes Amendment Act of 1994 that deregulated the schemes sector ended minimum benefits and guaranteed payment so that Rams' rates are no longer legally binding but just recommended tariffs on schemes.

The logic behind this deregulation was to encourage both sides to negotiate individually to foster greater competition and encourage the emergence of managed health care principles that have cut traditional medical costs by up to 40% elsewhere.

In practice, schemes and providers have continued to rely on a rigid tariff system, though some players are entering individual contracts that include fixed fees and capitation (fee per patient rather than fee for services payments).

Van der Merwe suggests that the present tarif system is no longer workable. "Certainly, existing constraints don't allow us to introduce price competition. But abandoning central bargaining completely could well result in chaos. We definitely need some guiding principles to define precisely what is meant by, for example, theatre time and a specific procedure."

If hospitals do abandon the tariff system patients could become liable for the bulk of hospital costs. Faced with a real crisis, however, health providers and funders might more readily pursue managed health care options more seriously. ■

A new clinic for Vosloorus

Sowetan 30/10/95 (98

By Glenn McKenzie

IN a "welcome surprise", Boksburg health authorities and Finnish trade officials launched a new R58 000 clinic in Vosloorus on the East Rand on Friday.

The clinic, which is located next to an existing one in Vosloorus Extension 9, was donated by a Finnish-South African construction partnership called Scan Homes.

The clinic is expected to be used to counsel and treat pregnant mothers and children under the age of six.

Mrs Peggy Seretsane, a Boksburg health official and former matron at Natalspruit Hospital, said the new clinic, which is expected to be completed this week, was a "welcome surprise".

She had hoped the clinic would be located elsewhere but felt that the site which was chosen "was a good idea after all".

Vosloorus has no comprehensive public primary health care clinic, except for a single mobile facility. Four local authority clinics in the area offer mother-child services, and treatment for tuberculosis and sexually transmitted diseases.

Staff members at the Extension 9 clinic hope the new clinic will eventually offer upgraded services.

Council boosts primary health care with new clinics

Star 31/10/95 (98)

The network of primary health care clinics in Greater Johannesburg is in the process of being expanded.

Using the R92-million set aside for normalising services between areas, the metropolitan council has opened at least 10 "cabin clinics" near isolated informal settlements.

The latest clinic, in Ennerdale, was opened this week.

Cabin clinics fall under the auspices of the existing local authority clinics shown in the graphic.

Gauteng's Health Department also runs primary health care clinics – for example, the 13 community health clinics attached to Baragwanath Hospital.

In some areas, provincial clinics are close to the local authority clinics and services are duplicated.

But in several areas there is a very poor primary health care network.

To address this, the Gauteng Health Department plans to upgrade or build 24 clinics in the province.

At least five of them are in Greater Johannesburg: Randvaal, Ennerdale Clinic, Poortjie, Rockville and Dobsonville.

These clinics will be built and run with money from Reconstruction and Development Programme funds.

Needy areas were identified after a detailed analysis. The siting, plans and facilities for each were decided on in consultation with local communities and local authorities, said Dr Refik Bismilla, Gauteng's Chief Director for Health.

"This is the first time we have analysed and planned our health facilities," he said.

HOW WE GET LOCAL CLINICS

The Structure

NATIONAL HEALTH DEPARTMENT

9 PROVINCES

GAUTENG

GREATER JOHANNESBURG METROPOLITAN COUNCIL

JOHANNESBURG
10 Centres for Community

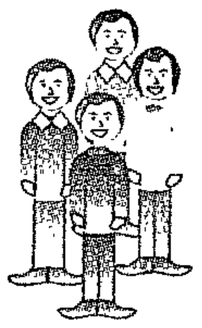
Community Health Department:

- Plan, research and locate clinics.

For your nearest Health Clinic:

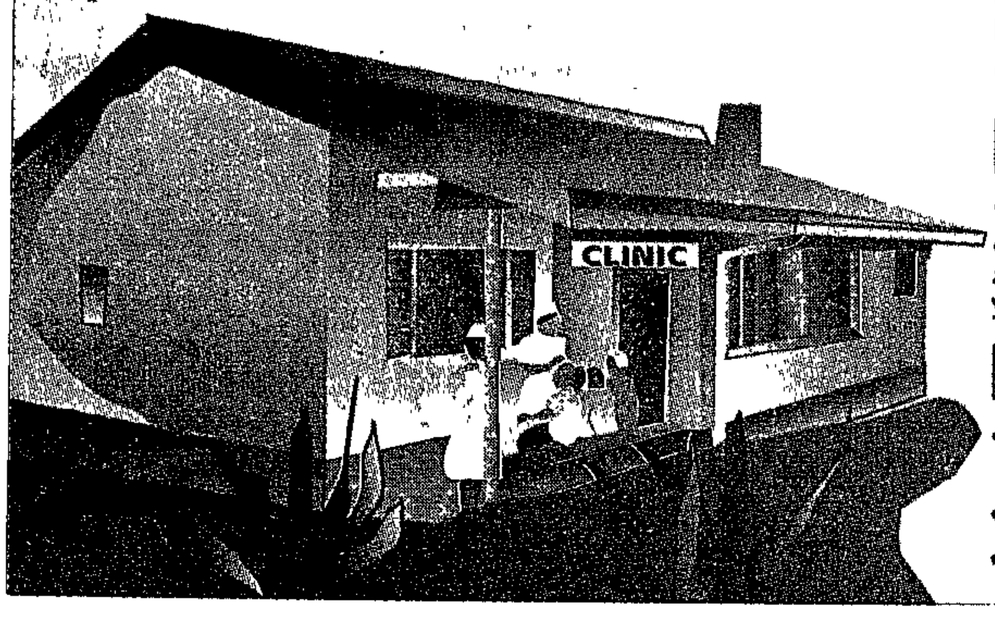
AREA:	TEL:
• Parkhurst (Jhb North)	• 788-1526/7
• Rossetenville (Jhb South)	• 435-1075/6/7
• Hillbrow	• 832-2777
• Lenasia Health Centre	• 852-1054/5
• Eldorado Park Health Centre	• 945-4203
• Jeppe (Jhb East)	• 614-1474/5
• Crosby (Jhb West)	• 837-9118/9
• Urban Health (Jhb CBD)	• 29-5240/1/2/3/9
• Kliptown Health Centre	• 945-4203
• Westbury (Jhb North Western Suburbs)	• 673-1002/3/4

Who pays for clinics?



- Finance for local clinics come from rates and tax payers. Clinics are a free service. Patients may have to pay a minimal charge for medicines.

- In more serious cases, the patient would be sent to either a private or provincial hospital.



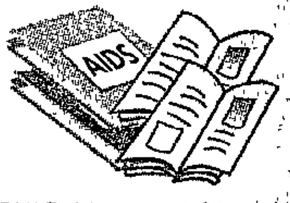
Clinics are provided by the Community Health Department . There are 52 clinics in Johannesburg, including mobile clinics. Clinics offer the following services:

CURATIVE

- Care is provided for any illness or injury.
- Minor ailment treatment for coughs colds, minor burns and wounds.
- Medicines available for a small charge.

PREVENTIVE

- Babies need to be immunised.
- The first immunisation is at birth, the next is at 3 months, followed by 4 more in the next year.



PROMOTIVE

- Educational information on AIDS and sexually transmitted diseases.
- Family planning advice.
- Free contraception supplied.

GRAPHIC: VIJAY GOVENDER

(98) (Rep)

Hospital staff face violence charges

ST 5/11/95

By ANDRE JURGENS

TWENTY hospital workers will face charges of public violence and infringing patients' rights after allegedly unleashing a "biological time bomb" in Newcastle's Madadeni hospital.

Dozens of patients had to be evacuated when striking workers threw samples of blood, urine and faeces taken from a hospital laboratory into the maternity ward on March 31.

Doctors said the samples were infected with tuberculosis, HIV and hepatitis B.

The workers were protesting against salary deductions made after the provincial government discovered they were overpaid for the month of October last year.

A team of Criminal Investigation Division policemen have identified the 20 employees as allegedly being part of a group which went on the rampage in the hospital.

Nine employees have been subpoenaed. A Newcastle police spokesman, Warrant Officer Glenda Holder, said another 11 subpoenas would be issued this week.

The 20 will appear in the Newcastle magistrate's court on November 27.

[redacted]

State hospitals are likely to face more malpractice suits – Shisana

(98) Star 6/11/95

By Janine Simon
Medical Correspondent

The number of expensive malpractice suits against state hospitals is expected to increase, Director-General of Health Dr Olive Shisana said last week.

Shisana said she had requested the Interim National Medical and Dental Council to be vigilant, implement a rigorous system of peer review and mete out punishment to individual doctors where necessary.

Her comments come after years of controversy surrounding the quality of care in state hospitals. The Star has been told of at least one rural hospital which had two malpractice suits filed against it in recent months.

More are likely as patients become aware of their rights, a doctor there said.

The problem has two roots: understaffing, which lays overloaded doctors open to making a mistake, and poor training of some foreign doctors with limited registration.

The foreign doctor debate stemmed largely from a brief period, between April 1990 and January 1992, when doctors trained outside South Africa were given limited registration to work in state hospitals without passing an entry examination.

The ruling was made because of the acute problem in securing doctors for rural and regional hospitals, Nico Prinsloo, registrar of the then South African Medical and Dental Council, explained in a statement.

It succeeded in pushing up by 30% the number of foreign-trained doctors registered here and in securing essential medical services.

But, despite that, according to an SAMDC spokesman, there have been almost no formal complaints about the standard of care from doctors with limited registration, but dissatisfaction was palpable.

"Doctors won't go on record, but four regional hospital superintendents, and other doctors, told me they were shocked at what this loophole did to their patients," Gauteng's Democratic Party spokesman on health, Jack Bloom, said last week.

Most doctors accept that a malpractice complaint could be justified: there are poor practitioners among the many good foreign doctors.

"But will the State protect me when I make a mistake because I have to treat 100 children in the wards a day?," asked one paediatrician at a Gauteng regional hospital.

The State does not cover doctors for malpractice, said Deputy Director-General for Health Dr Ayanda Ntsaluba. "We recognise long hours are a problem and are discussing it with the Medical Association of South Africa."

Hospital guards on strike

Altercation about appointment of a private security company

(98)

Sowetan 8/11/95

A STUN GRENADE WAS fired by members of the internal stability unit to disperse striking security guards at the Prince Mshiyeni Hospital in Umlazi, south of Durban, yesterday morning.

Security guards locked the gates to the premises and barred staff and patients from entering.

Members of the Durban-based reaction unit fired a grenade which dispersed the workers. Police then cut locks to open the gates.

The guards, who are members of the Public Servants Movement, were protesting against the employment of a private company to beef up security at the hospital.

General secretary of the movement Mr Muzuyathuthuka Mkehli said they had not been informed of the decision to employ additional security guards.

Mkehli said Umlazi residents, many of whom were unemployed, should have been employed instead.

A number of security guards were posted outside the hospital entrance to protect both members of staff and patients.

Chief medical superintendent at the hospital Dr Abul Rahman said the disruption outside the premises had not affected services and staff had reported for work.

Rahman said the incident would be dealt with by the health department. – *Sapa.*

Hospital strike spreads to Medi-Clinics

EMPLOYEES of the Louis Leipoldt Hospital in Bellville who went on strike yesterday have been joined by Medi-Clinics Holdings workers, a National Education, Health and Allied Workers' Union spokesman said yesterday (98) (Nee)

He said Medi-Clinics workers in Stellenbosch and Paarl had joined the strike in solidarity with their colleagues.

The workers are striking against a hospital ruling that union members may not be shop stewards. Management reportedly told workers to resign from the union before taking on shop steward duties.

Nehawu said this was unconstitutional and contradicted the Labour Relations Act. — Sapa

CT 9/11/95

Hospital staff return to work

Labour Reporter (98) BRG 10/11/95

WORKERS at the Louis Leipoldt Hospital in Bellville, who stopped work in support of a colleague who was told to choose between promotion and continuing to be a union shopsteward, have returned to work after agreement was reached to refer the matter to arbitration next month.

The arbitration will decide whether or not M Petersen should be allowed to continue to be a trade union shopsteward while assuming the position of supervisor at the hospital.

Willie van Aardt, hospital manager at Louis Leipoldt, said the dispute had arisen when Mrs Petersen, a shopsteward of the National Education, Health and Allied Workers' Union (Nehawu), was promoted to supervisor in August. A condition of her promotion was that she resign as a shopsteward.

Mr Van Aardt said that hospital management had at that time suggested the matter be referred to arbitration but that this had been rejected by Nehawu.

R5-m in hospital fund

(98)

AAG 10/11/95

Staff Reporter

WITH R5m in cash in the kitty, and promised commitments still to come, the Red Cross Children's Hospital's plans to build urgently-needed facilities and upgrade equipment are right on track.

There is, however, still a long way to go to meet the hospital's target of R28 million.

Director of the Red Cross Children's Hospital Trust Dr Bob Bishton says the hospital's plight is now known to people all over the country and money is coming in from several sources in the Transvaal and elsewhere.

"Overseas money is also coming in. The South African Embassy in Belgium will hold a South Africa Day on November 23 and proceeds from the event will come into the hospital's fund."

Dr Bishton says the generosity of the public is overwhelming, particularly from small donors, and he says that in the last three months almost R300 000 has been put in the hospital's coffers.

He said R25 had been received from the Weizman School in Sea Point from their weekly fund-raising activities and R6 000 was donated by the Pip Ack Shell Hole in Newlands from selling parking spots in their grounds for rugby spectators.

An amount of R21 003,68 has been donated by Fairlady magazine readers as a result of an article in their magazine about the burns unit at the hospital. Some of the money came from readers in Zimbabwe and New Zealand.

The MG Car Club has given R11 000 and R7 000 has been received from anonymous donors in R10 notes through the post.

Sick children to benefit from parade

Staff Reporter (98)

A SPECIAL Armistice Day Parade at the Red Cross War Memorial Children's Hospital will be held on Sunday to boost funds for refurbishment.

Executive director Bob Bishton said: "We need at least R28 million to keep the hospital going and for urgent redevelopment. The hospital is in 40-year-old prefabricated buildings with an annual capacity of 50 000 children. Last year, 300 000 children were treated."

The funding campaign has already raised R5 million.

Sunday's parade will be by World War 2 veterans association Moths (Memorable Order of the Tin Hats) at 10.30 am. Entrance is free.

ARG 10/11/95

Donations can be posted to Children's Hospital Trust, Box 38783, Pinelands, 7430.

Ambulance service 'crisis'

Rod Douglas

ARG 11/11/96 (98)

GLYNNIS UNDERHILL
Staff Reporter

CIRCUMSTANCES in the embattled Cape Metropolitan Ambulance Service had rendered Rod Douglas "a lame duck chief officer", according to a confidential report leaked to Saturday Argus.

The competency of senior management, particularly below the level of the chief officer, is looking "suspect", the report says.

Fingers have also been pointed at the provincial government and Cape Town City Council for their role in "making it exceedingly difficult for them to do a good job".

Tension at the crisis-ridden municipal ambulance service has boiled over with the completion of the report, which recommends that consideration be given to replacing the top tiers of management.

"If there is no such resolve, any change in personnel will amount to little more than shifting the furniture on the Titanic," the report says.

An urgent investigation into the management at the ambulance service was undertaken after 37 ambulancemen occupied the control room in Pinelands, disrupting the emergency services for 9½ hours.

The report, by academics Mary Simons and Clive Thompson under the auspices of the Independent Mediation Service of South Africa, has painted a gloomy picture of the situation in the ambulance service.

The Supreme Court recently reinstated Mr Douglas as ambulance chief after he was suspended by the city council, pending the investigation into the ambulance services.

His suspension came in the wake of unresolved labour disputes in the service.

At the time of his reinstatement, Mr Douglas said his victory was a hollow one as he felt he had been made a scapegoat.

Tensions boiled over after 37 ambulancemen were suspended for their part in the hijacking of the control room in April.

Alan Dolby, deputy city administrator, confirmed the report had been presented by the co-authors to the executive committee of the city council.

"It has been held over until December for further discussion with Exco," he said.

The city administrator's office had been asked to come forward with recommendations "on the way forward," he said.

The damning report calls for a fresh management team — and possibly a fresh union leadership or a new leadership attitude — for a revitalised service.

"Circumstances have rendered Mr Douglas a lame duck Chief Officer, and the situation is probably beyond control," the report says.

Other top managers did not command the respect of their subordinates. "And our sense is that they have not earned it," it says.

While the competence of senior management, particularly below the level of chief officer is questioned, the report points to other factors. "But their political masters in both provincial and local government level have made it exceedingly difficult for them to do a good job. Even Florence Nightingale would have struggled," it says.

However, no management overhaul was likely to salvage the ambulance service and "cajole it into rendering an effective community service" until the complications with political and managerial control had been resolved".

'TIME FOR A NEW BROOM'

Sack city ambulance chiefs — report

(98) CT 13/11/95

AN INDEPENDENT REPORT on the Cape Town ambulance service, which was leaked at the weekend, recommends that the entire top management of the service be sacked. **CHRIS BATEMAN** reports.

CAPE TOWN ambulance chief Mr Rod Douglas yesterday backed an expert recommendation that he and his entire top management be replaced, saying it was "time a new broom sweeps clean".

Professor Clive Thomson and Ms Mary Simons of Independent Mediation Services found in a confidential report leaked at the weekend that the city's ambulance service was suffering from "politico-managerial" paralysis.

Relationships between existing management and staff had also soured beyond repair.

Their report lashed the city for its inability to buy an extra base radio set at R75 000, saying this showed "it should not be in the business of attempting to offer the people of greater Cape Town an ambulance service at all".

The ambulance team's "political masters" would have "left Florence Nightingale struggling".

Mr Douglas said the council — which he took to court after being illegally suspended in June — needed "to be fair to me and my family because I've been judged unfairly and a lot of blame has been shifted on to me".

Mr Douglas urged the council to "move fast" to rectify long-identified ambulance problems.

The two mediators recommended that the entire top management be sacked, describing circumstances as having made Mr Douglas a "lame duck" and saying his officers were unable to command the respect of their juniors.

In May this year ambulance staff "trashed" Mr Douglas' office. No one was disciplined.

The report says the council's inability to take remedial action is due to its subordination to the province and an acute lack of funding.

Prof Thomson and Ms Simons suggested a new union leadership or attitude would contribute to a solution.

Deputy city administrator Mr Alan Dolby said the probe was at the SA Municipal Workers' Union's request and that exco had now asked city administrator Mr Gys Hofmeyr to recommend a way forward.

Exco urgently wanted an interview with provincial Health and Social Services Minister Mr Ebrahim Rasool on the financial implications of the report, the current ambulance budget and the future accountability of management.

Mr Rasool said last night that issues surrounding Mr Douglas, staff suitability and defining an entirely new relationship with the council were top of his ambulance agenda.

Instability

"Unless managerial capacity and staff instabilty are addressed, we're just throwing good money after bad," he said.

The council needed to give the ambulance service extra money.

"At present we (the province) are paying the piper but we can't call the tune," he added.

A probe ordered by Mr Rasool last year recommended that the service be wholly transferred to Cape Town.

Picture: SALLY SHORKEND

Call to shut down Umtata hospital

(98)
BD 14/11/95

Kathryn Strachan

THE parliamentary health portfolio committee has described the Umtata General Hospital as "an affront to human decency", calling for the hospital to be condemned, and replaced immediately.

Following a fact-finding visit to Umtata last week, chairman Dr Manto Tshabalala yesterday described the appalling state of the hospital and the need for emergency measures.

"There is a complete absence of emergency facilities, including ambulances and resuscitation equipment," she said.

There were five babies to one cot in the paediatrics ward and two babies to an incubator.

A dilapidated shed served as a psychiatric unit, and the strongroom was strewn with rubbish and broken glass. "Conditions for the hospital's psychiatric patients are, quite simply, disgusting," she said, "The psychiatric unit looks like a mediaeval relic."

The totally inadequate communication facilities left the hospital isolated and the standard of hygiene was poor.

While repair of damage to health services had to be planned on a national basis, the committee believed the severity of conditions at Umtata General and the role it played in the former Transkei called for emergency measures.

The hospital was carrying a budget shortfall of R8m, of which only 50% had been recovered.

Mangope likely to go to court over R18m

Kevin O'Grady

A DEMAND by Northwest's government for R18m allegedly owed by former Bophuthatswana ruler Lucas Mangope would be challenged in court, Mangope's attorney Richard Nesbit said yesterday.

A letter of demand for the money, issued by Northwest government attorney Ismail Ayob, had been "rejected ... I think we will go to court", Nesbit said. Mangope had until tomorrow to respond to the letter of demand.

Nesbit also criticised police — investigating criminal charges against his client — for "raiding" Mangope's home last week and seizing documents which the Northwest government had been told would be handed over.

Some of the documents allegedly seized in the raid would form part of a submission to government this week that would show Mangope had not misappropriated R300 000 in tribal funds, as alleged by the Skweyiya commission of inquiry.

Nesbit claimed the raid last Thursday amounted to "harassment". He also said the documents — "which are indicative of the fact that any funds which Mr Mangope received were accounted for in respect of the tribe" — had been in the possession of the commission but not made public.

"To put it gently, they presented a very one-sided story," he said.

Yesterday, Northwest police spokesman Dave George could not confirm the police raid on Mangope's home.

The commission found that R300 000 in mining royalties went to Mangope instead of his Bahurutshe-Boo-Manyane tribe.

Commission advocate Frans Kgomo said he had asked Nesbit to send him a copy of the documents which he claimed would prove Mangope's innocence of the royalties allegations.

"I am still waiting for that," he said. The commission had handled more than 1-million documents during its investigation and it was difficult to say whether such a document had been in the commission's possession.

Government instructed Ayob to institute civil proceedings against Mangope after a commission recommendation that Mangope, and several former Bophuthatswana ministers and officials, face criminal and civil action over more than R20m that was found to be missing.

Northwest attorney-general J Smit said yesterday police were still investigating the allegations against Mangope, and he did not know when he would be in a position to decide whether or not to prosecute.

Mangope is leader of the United African Democratic Party.

Soldiers 'to be disciplined' after IFP rally actions

BD 14/11/95

Farouk Chothia

DURBAN — Four arrested SA National Defence Force members — who were part of an ANC crowd which allegedly caused disruptions at an IFP rally in Estcourt on Sunday — would face disciplinary action, SANDF KwaZulu-Natal commanding officer Brig Chris Le Roux said yesterday.

IFP defence spokesman Philip Powell said the IFP had informed police last week that the party had received information that local ANC structures had "hired" SANDF members — who were former Umkhonto we Sizwe (MK) members — to assassinate IFP president Mangosuthu Buthelezi at the rally in Okhahlamba, near Estcourt.

Powell said the arrests raised a question of whether the IFP information was correct.

"At best, these members are guilty of violating the constitutional provision of neutrality. At worst, we have a group of SANDF members recruited directly to assassinate Buthelezi," Powell said.

Le Roux said the four SANDF members were on official leave, but had been dressed in brown SANDF uniforms at the time of their arrest. He confirmed that the four had been arrested, and that there would be an in-depth investigation into the allegations against them. They would face disciplinary action in terms of the military disciplinary code, Le Roux said.

Powell said the four had acted in direct violation of SANDF orders which stipulated that soldiers could not participate in political activities in uniform.

Powell said the four were part of an ANC group which hurled insults and threw stones at IFP supporters proceeding to Buthelezi's rally. ANC supporters had reached a declaration of peace signed with the IFP in Estcourt last week. It was clear that the ANC had abandoned negotiations in favour of the "Matabele option" of "physically obliterating" the IFP, Powell claimed.

Powell said the incident highlighted the need for Defence Minister Joe Modise to launch an independent investigation into the role MK members, integrated into the SANDF and the police, were playing in destabilising KwaZulu-Natal.

Health officials' fate will be determined by auditor

98

BD 14/11/95

Sello Motlhabakwe

THE fate of three senior Northern Province health and welfare ministry officials, suspended yesterday, would depend on an independent auditor's report, spokesman Tshepo Moshima said.

Health and Welfare MEC Joe Phahla announced yesterday the suspension of three top officials in his ministry for allegedly authorising about 45 promotions of provincial hospital personnel without ministerial sanction.

Moshima said an investigation conducted by the department on an alert from a number of hospital administrative department heads had uncovered the irregular promotions.

Among the personnel promoted were hospital clerks and nurses whose rankings were upgraded from senior professional nurse to chief professional nurse in September this year. The promotions were backdated to July 1993 with full benefits. The promotions emanated from the former Lebowa government offices.

Moshima said the irregular promotions as well as procedural promotions would be reversed by the department until the conclusion of the auditor's investigation.

He said the preliminary investigation had revealed that the three officials, two of whom were principal personnel officers and one a senior personnel officer, had promoted themselves and the 45 other staff members who were all from the former Lebowa homeland administration.

KwaZulu-Natal to get police reinforcements before voting

Nicola Jenvey

R1-m heart centre for Baragwanath Hospital

Star 15/11/95 (98)

South Africa's black hypertensives are at greater risk of developing problems than their white counterparts

By Janine Simon
Medical Correspondent

The heart of Baragwanath Hospital's dilapidated collection of prefabs and open corridors is to be transformed with a R1-million Sandton-style cardiovascular institute intended to provide top academic support to primary health practitioners.

Construction on the privately-funded Medtronic Southern Africa Institute of Cardio Vascular Medicine is expected to be complete within six months, and the institute fully operational within three years.

The aim, says Baragwanath's determined Head of Cardiology Professor Pinchas Sareli, is to conduct research to provide answers to questions of how best to treat common health problems, such as hypertension, at the primary care level.

"We want to give politicians the information to make the right decisions," he said.

For example, an estimated 15% of the population, some 6 million people, are hypertensive. The blood pressure of black hypertensives is higher than that of their white counterparts, and they also are at greater risk of developing heart problems, stroke and renal failure.

The key is to take this academic knowledge and translate it into practical advice on what facilities and training are needed at the primary health care level, Sareli says.

He adds that he has ignored a common view among medical academics that primary health care is "messing about in the dirt", because he believes primary health care will succeed or fail on the strength of the tertiary information which backs it.

"If we don't have excellent triage (sorting according to priority) at the primary clinic level, the tertiary institutions will be flooded," he says.

One computer at Bara, for example, can supervise hypertensive patients at 25 to 30 clinics, and all that clinic staff will have to do is puncture fingers for blood samples, and connect them to blood pressure monitors.

The institute is to have educational facilities like lecture rooms and a library. It has been promised R2,5-million by its American supporters over the next five years.

Province upgrading its clinics

(98) Sowetan

By Khathu Mamalla 15/11/95

THE department of health and welfare in the Northern Province has set aside R21 million for the creation of 700 posts for nurses in a bid to equip about 250 clinics in the area.

Spokesman Mr Tshepo Moshima said the plan to increase the staff at clinics to enable them to remain open 24 hours a day.

He said 2 000 more nurses were needed to deliver essential services. The provincial government had earlier announced that health care would be provided free of charge

Asked if he believed the new posts would be occupied immediately, Moshima said "the problem is that we do not have enough qualified nurses. We will only rely on those graduating from the three colleges in the province". He said while the output of Gazankulu and Groothoek colleges was fairly good, the pass rate at Venda Nursing College was very low.

Asked to comment on the state of clinics, Moshima said about R35 million had been allocated for their improvement. He said about R250 000 would be spent on each clinic. Some have no electricity or security.

Moshima also said the three suspended senior officials in the Health Department could face criminal charges. An audit report into the alleged illegal promotions would guide the department in its decision.

Conradie Hospital jobs are safe, Minister says

(98) ARG 16/11/95

Labour Reporter

PROPOSALS on Conradie Hospital's future will be reassessed by hospital and community representatives after Western Cape Minister of Health Ebrahim Rassool reached agreement with hospital board members.

Mr Rassool confirmed the agreement and said there would be no retrenchment of staff, and that no-one would lose their jobs. Savings on personnel expenditure would be made through natural wastage.

However, when the hospital's future was finalised, some staff members could well be required to consider transfer to other institutions.

The future of Conradie Hospital has been in the balance since March this year when a draft provincial health plan proposed that the institution be closed, its premises in Pinelands sold and its spinal unit moved to Groote Schuur Hospital.

This proposal and other decisions about the hospital in the draft provincial health plan will now be discussed by a task team to be appointed by Mr Rassool.

A group of senior Conradie Hospital staff were currently investigating the proposed move of Conradie's spinal unit to Groote Schuur and this would continue, Mr Rassool said.

Since the spinal unit was only one component of Conradie, he would also get nominations from groups representing staff, hospital and departmental management and affected communities to establish a team to reassess all the decisions affecting Conradie.

The team would make recommendations in keeping with the draft health plan for the rest of the Cape metro and the province, and which considered the need to limit expenditure, effect savings and minimise the impact of changes on staff.

The reason for having the broad-based team was that any redefined role for Conradie Hospital should take account of the general health service requirements of the communities which the hospital currently served.

Factors such as the convenient location of the hospital, its restful and rural surroundings, future industrial development and the merits and limitations of the hospital's existing infrastructure will also be considered.

NEWS NATIONAL

R15-m to check 400 health centres

Sowetan 16/11/95 (98)

Govt bid to determine whether to upgrade or build new facilities

By Glenn McKenzie

MORE THAN 400 South African health centres will undergo a R15 million Government audit to determine whether to upgrade decaying hospitals, President Mandela's office has announced.

The audit, which will concentrate on referral and community hospitals, will be paid from Reconstruction and Development Programme funds and wants "health facilities to be brought under proper management control".

The director of health facilities and planning in the Department of Health, Dr Malcolm Jones, said many existing hospitals were in a very poor condition and badly needed upgrading. But the Government needed to decide whether repairing old hospitals would in some cases "simply reinforce existing inequalities".

The cost of replacing current health services is approximately R24 billion, said Jones. The Government's maintenance costs have reached R1 billion a year.

"Shifting the priorities of South Africa's health services will only succeed if plans are based on good quality information," he said. "At present there is no comprehensive picture of existing health care properties nor of the maintenance and repair backlog that currently exists."

Health care goals

"This is an unnacceptable situation," he said.

The Government required great skill in deploying resources to gradually reshape the existing health system into one that is more "in line with the new health care goals'.'

"To just repair and upgrade existing hospitals will incrementally recreate what already exists," Jones said. "We want to be able to analyse facilities and create shifts in new directions."

The process would only succeed if it was based on good information.

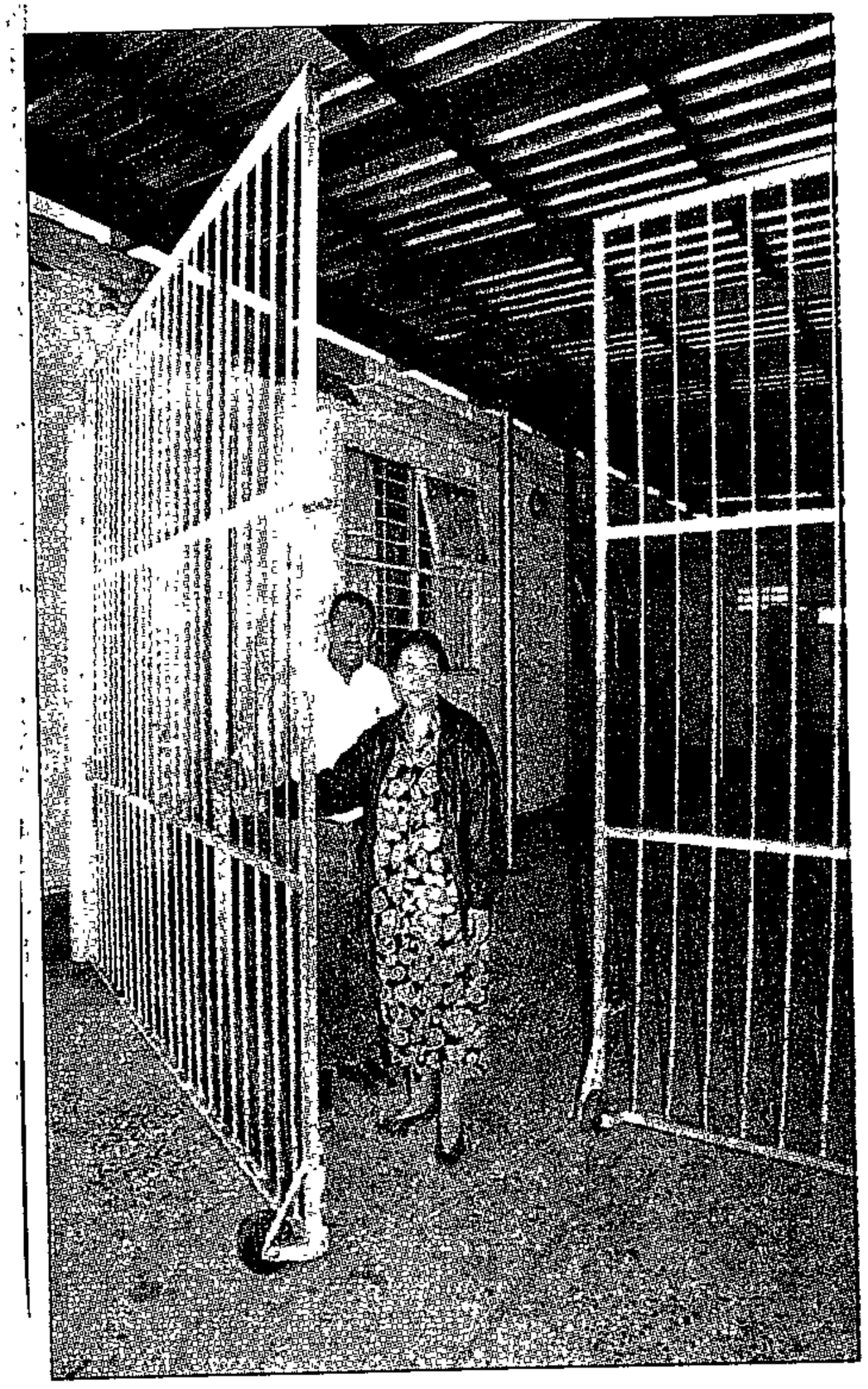
In total, 305 referral hospitals and 105 community hospitals will be audited before March next year. Another audit of academic hospitals and about 3 000 primary health care clinics will be undertaken at a "later stage".

● In another Government strategy, Welfare and Population Minister Abe Williams announced yesterday that a five-year plan to uplift the poorest South Africans was envisaged in the draft White Paper for Social Welfare to be published soon, *Sapa* reports.

This was aimed at advancing self-reliance and ending the handout image of welfare, he said.

Gangs 'terrorise' day hospital workers

(98) CT 17/11/96



DANGER ZONE: The high gates at the entrance to the trauma unit do not put off gangsters who climb over and force medical staff to tend to them. Looking on are hospital volunteer Mr Mogamat Cassiem and policing forum member Ms Avril Phillips. ***PICTURES: ALAN TAYLOR***

CAROL CAMPBELL

WHEN a bullet ripped through the prefabricated wall of a consulting room at Hanover Park Day Hospital and wounded a young doctor, it was the last straw for the tired and demoralised hospital staff.

After months of abuse from gangsters in the area the nurses, doctors and volunteers are ready to close the 24-hour trauma unit because they no longer feel safe working after dark.

Dr Rucknoodien Ismail was shot in the buttocks this week while treating a mother and her baby.

The hospital is a day clinic and the trauma unit is an additional service to the community which puts an added drain on the handful of committed doctors and nurses who are always available.

Western Cape health department head Dr Tom Sutcliffe said a senior member of his staff would probably visit the hospital today to look at ways of helping the staff.

"This is a wider social problem which we all have to help resolve. The health department doesn't have the capacity to keep throwing resources at problems."

On a tour of the hospital yesterday staff said they were terrified of the gangsters who "took over" the hospital during gang fights.

They all tell horror stories of how armed and aggressive gangsters pushed their way to the front of the queue if a gang member was wounded and often, if a gangster was killed and was admitted dead on arrival his friends would demand that the medical staff try to resuscitate him.

CLOSE SHAVE: Hanover Park Day Hospital guard Mr Frederick Stoffberg points out the spot where a bullet went straight through the hospital wall, wounding a doctor inside.

If gangsters were forced to stay outside the trauma unit by security guards they simply climbed over the gates wielding guns and knives and pushed their way in.

On several occasions rival gangs followed their enemies into the hospital and their battle continued amid the hospital beds.

The Hanover Park Health Forum, made up of concerned community members, the community policing forum and staff from the hospital said they were sick and tired of accepting their lot and wanted improvements.

"We want a wall around the clinic or a building with proper walls which can guarantee the safety of our staff — they cannot work like this because they live in fear of their lives," said forum member Ms Adelaide Daniels.

They appealed to Western Cape Health Minister Mr Ebrahim Rasool to visit the hospital to "see for himself" the frightening conditions they worked under.

One doctor said a colleague working night shift always slept on the floor of the staff rest room instead of the bed provided because he was terrified of stray bullets flying through the windows and walls.

The sister in charge, Ms Roslind Fredericks, said since the attack on Dr Ismail more security guards had been sent to the hospital, but even stronger security precautions were needed.

R170m needed for Umtata Hospital

(98) BD 20/11/95

Kathryn Strachan

UMTATA Hospital, which was described as "an affront to humanity" by a parliamentary delegation last week, needed R170m to bring it up to standard, Eastern Cape deputy permanent secretary Sipiwo Stamper said at the weekend. But the entire budget for upgrading health services in the province was only R94m.

The department would present its "master plan" for Umtata Hospital to the Eastern Cape parliament this week, and request it to seek donor funding for the five-year plan.

The parliamentary delegation said conditions at the hospital were appalling. There were broken bottles and rubbish strewn around the shed which served as a psychiatric unit, in the paediatric ward there were five babies to a cot and two babies to an incubator. The hospital lacked basic equipment.

Stamper said R12m was being spent this year on upgrading the hospital, and on building a new outpatients department.

While the delegation said terrible conditions in the hospital were a health risk and it should be condemned and a new hospital built in its place, Stamper said his department was well aware of the appalling conditions. However, the hospital did provide a service, and it was not practical to shut down the building altogether.

There were attempts to take the pressure off Umtata Hospital by rerouting patients to better-resourced hospitals in Queenstown and East London, Stamper said.

Plans for upgrading other hospitals in the province had begun.

Health services in the former Transkei were the worst victims of apartheid, said Stamper, and these were at the top of the department's list of priorities.

However, it was impossible to redress decades of neglect in 18 months, he said in response to criticism of his department's performance.

A computer system which was installed in the Umtata medicine depot earlier this month was expected to improve the supply of medicines to former Transkei clinics, which had complained of running out of essential medicines every month.

De Villiers' no to new NP name

BD 20/11/95

Wyndham Hartley

CAPE TOWN — A change of name for the NP without a rearrangement of its leadership would be purely cosmetic and is out of the question in the short-term, Western Cape NP leader Dawie de Villiers said at the weekend.

For the second time in recent weeks, an NP branch has asked at a provincial congress that serious consideration be given to a name change. It was first mooted at the NP's Eastern Cape congress and again on Saturday when the Western Cape NP gathered in Somerset West.

NP spokesman Danie du Plessis said the congress was told by De Villiers that when the NP changed its colours and logo a few years ago the whole issue of changing the name was researched and the evidence gathered showed that the party should not change its name.

It would be pointless to have a new name for the party which had all the old faces, he said — in the future if there was a rearrangement of the party and its leadership, then a name change was a possibility.

There was considerable opposition to a name change on the basis that supporters would become confused and votes could be lost as a result.

The party leadership emerged bruised from the one-day congress. Sharp criticism from the floor of the congress said that part of the reason for the party's poor performance in the local government elections earlier this month was that the leadership was not seen enough at grassroots level.

Leaders must be seen to be involved on the ground and not purely at large [illegible] meetings, delegates told the congress. They warned that if this did not happen, it would fuel perceptions that the leadership was not interested in those they wanted to vote for them.

Doubt was also expressed about the NP's continued participation in the Government of National Unity.

CT (BR) 20/11/95 (~~297~~) (98)

Hospitals to be audited: Local contractors, on behalf of the provincial health departments, would carry out a physical audit on more than 400 hospitals and health centres in the nine provinces over the next four months at a cost of R15 million, the RDP office said last week. Funds will be allocated from the RDP budget. The audit is needed to help decide where spending would be most appropriate.

Stiff hospital bill for linen losses

CT 21/11/95 (98)

CHRIS BATEMAN

CRITICAL staff shortages were to blame for annual losses of R459 000 and R700 000 in hospital bed linen in the former Cape Province, Dr Tom Sutcliffe, the director of Health Services in the Western Cape, told an inter-provincial committee yesterday.

Advising against a call by the Management Advisory Services for a probe, Dr Sutcliffe told a joint sitting of Standing Select Committees on Public Accounts for the Western, Eastern and Northern Cape that the problem was attributable mainly to staffing.

Posts for linen supervisors were "largely unfilled" and porters and nurses handled often-dangerously-soiled linen in small and cramped rooms not specifically put aside for the task.

"I've visited the laundries and Tygerberg Hospital management has recommended that, notwithstanding severe budgetary restraints, we fill all earmarked laundry posts to prevent further losses," Dr Sutcliffe said.

If the cost of the new posts was greater than the linen losses, then the action plan would be revised.

Dr Sutcliffe said the former Cape Province had lost R700 000 worth of linen in the 1992/93 financial year and a "rough estimate" of R459 000 the following financial year.

Northern Cape parliamentary Speaker Ms Esme Papenfus rejected a suggestion by Ms L Bici (Eastern Cape) that those in overall control should be held accountable. The losses were "an issue about management systems and witch-hunts won't fix it".

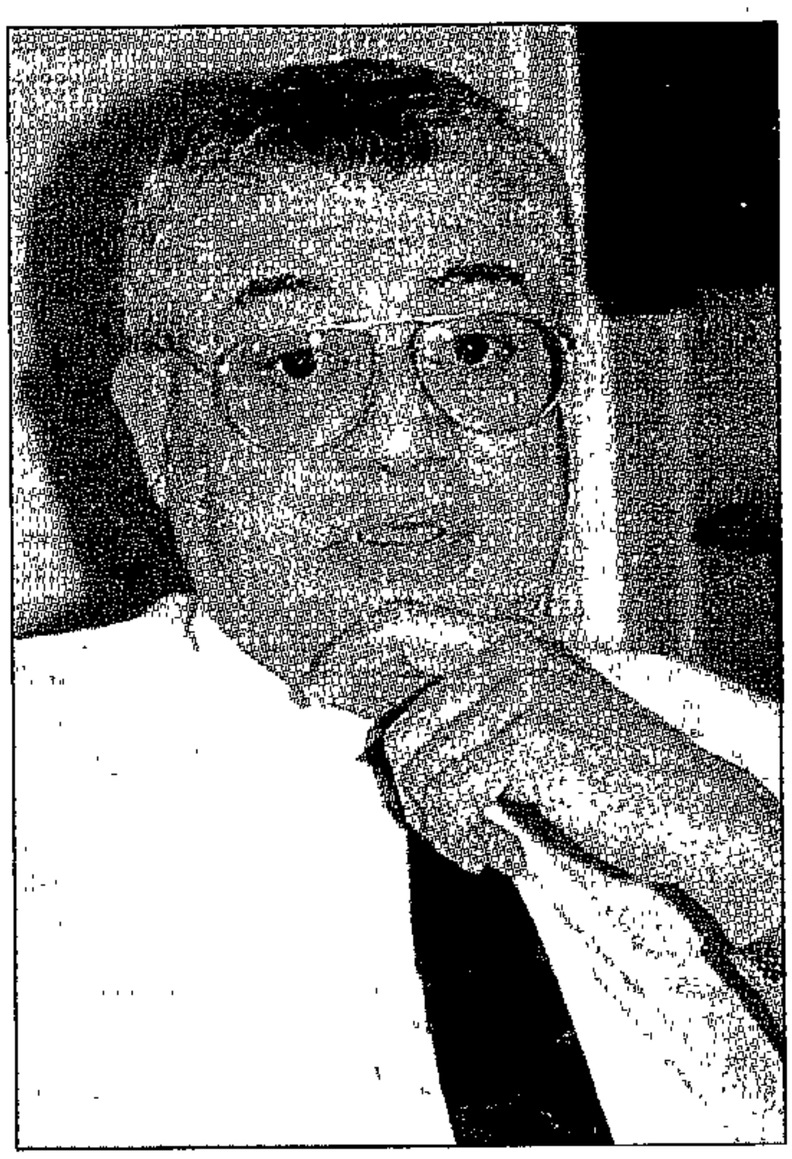
Dr Sutcliffe said administrative and maintenance staff members were being sacrificed in favour of staff who delivered health services.

STAFF THREATEN TO CLOSE TRAUMA UNIT

Clinic demands protection

CT 23/11/95 (98)

THE TRAUMA UNIT at Hanover Park's clinic faces closure over the festive season unless a wall is built to keep gangsters out. **CAROL CAMPBELL** reports.



UNDER FIRE: Health Department official Dr Edmund Michaels faces some flak after he told Hanover Park Day Hospital staff that the department could not afford to build a wall around the hospital. **RIGHT:** Hanover Park nurse Ms Linda McGregor tells health officials that staff fear for their lives and need the wall for their protection.

PICTURES: ANNE LAING

THE embattled staff of Hanover Park's Day Hospital yesterday appealed for the army to be called in to protect them from gun-wielding gangsters who regularly overrun the hospital demanding medical care and terrorising patients.

The meeting was sparked off by a shooting incident last week in which a doctor was wounded when a bullet ripped through the hospital's prefabricated walls.

The doctor was hit in the buttocks and is only expected to be back at work within three weeks. The incident was the fourth of its kind in the past five years.

Guards

The nurses, doctors and other hospital staff also demanded that the Western Cape health department build a wall around the hospital before December 15 or they would to close the trauma unit at night.

Since the shooting incident, security at the hospital had been increased — six security guards, some of them armed, patrol the premises.

Hospital staff said this was not enough because most of the guards lived in the area and were terrified the gangsters would harm their families. The guards were also not adequately trained to deal with the gangsters and did not always know how to handle aggressive crowd situations.

Health department representative Dr Edmund Michaels said financing the 400-metre wall at a cost of R50 000 was a major obstacle, but he would continue discussions with the department to see how the money could be raised.

One nurse suggested the money come out of a recent RDP allocation of R400 000 made to day hospitals for equipment but this would mean other day hospitals in the province would lose out.

The SA Police Service representative at the meeting, Col Jakobus "J P" Engelbrecht said police had been asked to make regular checks on the hospital by going inside to make sure every thing was alright.

Police could not be at the hospital all day and night and he had approached the army to help patrol the area but nothing had been agreed to.

Col Engelbrecht supported the staff's demand for a wall telling Dr Michaels that the cost of R50 000 in the medical world "was nothing".

He was loudly applauded by the staff who repeatedly made the point that they could not work if they felt their lives were in danger.

By the end of the meeting no firm commitment had been made by the health department. None of the representatives would accept responsibility for the staff's safety, each saying another party was responsible.

Another meeting was arranged for November 30 when all stakeholders were asked to come with firm proposals or the trauma unit would be closed for the festive season — putting strain on the ambulance services, other hospitals and severely hurting the Hanover Park community, the hospital staff said.

Mental patients raped, assaulted

Sowetan 24/11/95 (98)

By Glenn McKenzie

A DEPARTMENT of Health committee of inquiry has uncovered human rights abuse at several mental hospitals, and is likely to recommend "significant" changes to the laws governing these institutions, informed sources have told *Sowetan*.

The committee, whose mandate includes probing alleged malpractice and human rights violations in 33 psychiatric hospitals, recently completed a six-month investigation.

Recommendations to "enhance the standard of care in our institutions" will be given to Minister of Health Dr Nkosazana Zuma in December. A full report could be made public by the end of the year.

Most of the human rights violations uncovered occurred before 1994, *Sowetan* has been told. Further details regarding instances of abuse have not been divulged.

Some of the recommendations that are likely to be made by the committee include:

- Repealing a portion of the Mental Health Act which prohibits journalists taking photographs or sketches of mental institutions; and
- Changing the laws by which patients can be involuntarily "certified" and committed to mental institutions.

Nurses witnessed abuse

Meanwhile, the committee itself has come under attack from psychiatric nurses at two hospitals for allegedly failing to consult them about human rights conditions there.

In interviews this week, four nurses from Oranje Hospital in Bloemfontein told *Sowetan* that they had witnessed gross abuses such as rape, assault and racist treatment that went unchecked. The nurses said the committee of inquiry had not approached them to give testimony.

Several outspoken nurses from Millsite Hospital, which has been accused of having an inordinately high death rate and poor patient care, also said they had not been consulted.

Committee members have defended their actions, saying they spoke to unions, workers and patients during the inquiry.

Yesterday, the Citizens Commission on Human Rights said it was concerned that the Department of Health committee did not have "the teeth or manpower" to fully investigate problems in South Africa's mental hospitals.

Mental torture

Racism, rape and malpractice claims at hospital

(98) Sowetan 24/11/95

By Glenn McKenzie

ALLEGATIONS OF RACISM and malpractice have surfaced at a major mental hospital in Bloemfontein amid reports that rape and other forms of abuse are rife among staff and patients.

In four separate interviews with nurses at Oranje Hospital, *Sowetan* has learnt that authorities had allowed male and female psychiatric patients to be housed in the same units for several years until September this year. This continued in spite of the fact that female patients were frequent victims of rape and sexual abuse.

Nurses said that Free State chief of community mental health services Professor Carllo Gagiano had established male-female units because they were "important for socialisation and building of patients' self-esteem".

Staff members have also claimed that:

- An internal inquiry into abuses at the hospital was launched only recently after a white family complained that their relative (who is a patient) had been sexually abused. Rapes and assaults against black patients had not resulted in official action being taken;
- At least two male staff members who have been accused of sexually molesting patients at the hospital are still on duty. *Sowetan* is in possession of their names;
- In September an 80-year-old woman was raped by a young male patient. No action was taken besides the filing of a police report;
- The hospital regularly gave patients HIV tests without their consent, and without the benefit of pre-test and post-test counselling. This continued until August of this year; and
- Sexual activity involving psychologically unstable HIV-positive patients was a "regular occurrence" as a result of a low staff complement in most wards.

Asked about the allegations of rape and sexual assault, Gagiano told *Sowetan:* "It is possible that these incidents occurred but we do not know for sure."

He added that in his opinion, "patient abuse shouldn't happen (when male and female patients are housed together) if they are given optimal care".

Gagiano said he knew that an internal inquiry existed but preferred to reserve his comment about it.

Last month an Afrikaans daily newspaper reported that authorities were investigating two cases of rape against psychiatric patients and three cases of alleged sexual molestation of patients by staff members at the hospital.

The Citizen's Commission on Human Rights said it had been made aware of incidents at the hospital in which "sexual harassment and rape became a daily terror for some of the weaker patients, particularly women".

The CCHR, an organisation that has been accused of fomenting ill-will towards psychiatry, said it was investigating further allegations of abuse at the hospital.

The Free State department of health responded to the allegations yesterday, saying a committee of management personnel, nursing staff, clinical personnel and a human rights lawyer had been appointed to investigate the situation at the hospital.

The department emphasised that while "it would be opportunistic" to presume that the mixed wards resulted in rapes, molestation and assaults, "this was probably conducive to the abuse of human rights".

It further emphasised that no members of staff had been implicated in allegations of rape.

● See Page 2

Health gets cash boost

(98)

cp 26/11/95

More clinics, better hospitals, more jobs

By ROCKY MOKOENA

HEALTH SERVICES in the Northern Province received an injection of R170 million to build more than 26 community clinics before the end of March next year and to upgrade existing health facilities.

About 250 rural clinics will receive R50 000 each, health centres R250 000 and community hospitals will receive over R2 million each.

Most of the funds will be spent on upgrading the dilapidated buildings and buying new equipment.

Rural clinics plan to invest their money on security to allow them to operate for 24 hours.

The cash injection will also create job opportunities for more people as 776 nursing posts have already been advertised.

Health superintendent Dr Nicholas Crisp said many health facilities in the province were in an unhealthy state and "will need more than 10 years to be improved".

Crisp also said the new local authority boundaries followed the old homelands system "which were inappropriate for health".

The complexity surrounding the issue of land was another obstacle in setting up district health authorities as tribal land cannot be sub-divided, he said.

A new initiative in the province is to implement a hospital information system and create a computer system which will allow sectors such as health, agriculture and education to share information and forge links. There is also a new AIDS strategy designed for the region.

With the shortage of doctors in the province, a donation of R300 million from the Overseas Development Agency has also been made available for training extra staff.

Another major project will also be to develop tertiary capacity by concentrating specialists in the five regional hospitals, he said.

"If democracy is to be a success, its effect should be felt in the areas which have borne the brunt of apartheid neglect", said Crisp.

The relentless drought is another problem working against the improvement of health as many hospitals are experiencing water shortages, he said.

'IT DRIVES US CRAZY'

CP 26/11/95

Black mental patients suffer abuse in mental hospital, claim 'frustrated' staff

BENISON MAKELE

ACK MENTAL pa-
ts at the Oranje Hos-
l in Bloemfontein are
lected to gross human
ts abuses, black staff
nbers claim.

taff sources allege
white management
ws a "racist indiffer-
e" to the plight of
k patients – leaving
k staff frustrated at
ng them suffer.

he sources claim no
iplinary action was
n against a white pa-
t who allegedly raped
lack woman – but
a black male patient who allegedly raped a white woman is now in the Grootvlei prison, awaiting trial on a charge of rape.

City Press has the man's name.

Staff claim these incidents occurred as a result of the mixing of female and male patients in an experimental measure by Professor Carlo Gagiano, head of psychiatry at the University of the Free State, and head of the hospital.

Gagiano felt the integration of male and female patients would be good for "socialisation and the raising of patients' self-esteem", hospital sources said.

Last year Gagiano tried a process of "de-institutionalisation" – ordering that patients who wanted to be discharged be released, sources say.

However, this allegedly backfired when 30 minutes later all the patients were back in their wards at the hospital.

■ Gagiano could not be found for comment by the time of going to press – but weekend media reports quote him as preferring to reserve his comments on alleged abuses and on the forthcoming report of a Health Department committee of inquiry into alleged abuses at mental institutions.

■ Hospital sources also claim they fear that the bodies of deceased black patients whose relatives cannot be traced by the hospital are used for "anatomical research".

They claim no funeral rites are conducted for deceased black patients.

When white patients die a funeral service is held at the hospital, after which the service proceeds to the cemetery, the sources claim.

■ However, the hospital's senior superintendent, Dr Susan Otto, says the hospital does its best to trace the relatives of deceased patients – both black and white – and that funeral services are the same for both races.

The State pays all funeral expenses, she says.

■ Staff claim they fear for their safety in the maximum security wards which house violent criminals sent for psychiatric observation.

(98)

The criminals are brought manacled by a police escort – but once admitted they are left in the hospital's care, the sources claim.

Nurses allege one nurse was expected to watch over 12 violent criminals at a time.

They claim a male nurse who had to defend himself against an attack by a criminal was suspended indefinitely.

Black staff allege there is a serious staff shortage and that the patient-nurse ratio for black persons is 28:1, while for whites it is 4:1.

■ However, Otto says that nurses in maximum security wards are protected by high-technology security devices and that staff are trained to handle any security situation.

She says the basic interests of patients are also well protected.

■ Meanwhile, a Health Department committee of inquiry report on alleged human rights abuses at mental asylums is to be handed to the health minister, Dr Nkosazana Zuma, soon.

Empty wards ... Free State chief of mental health services Dr Carlo Gagiano has been lauded for discharging many mental patients from hospitals into community care facilities. But now he is taking heat for alleged rapes and other forms of abuse at Oranje Hospital in Bloemfontein.

Concern at abuse of mental patients

Sowetan 27/11/95 (98)

Too few underpaid nurses and mixed wards lead to rapes

By Glenn McKenzie

IN A SMALL house in Mangaung, Bloemfontein, a nurse divulges the "secrets" of her job. The psychiatric institution where she works at Oranje Hospital is fraught with racism, rape and other forms of abuse, she says.

These problems have existed for many years but now the morale of nurses has fallen to a point where "we (nurses) are becoming as sick as our patients".

The reason she is speaking to the Press, the nurse says, is desperation.

"For a long time we thought we could sort out our problems internally," she says. "We thought that if we kept communicating with management, we could change the hospital. But we have given up now."

The nurse, one of four Oranje Hospital health workers who spoke candidly to *Sowetan*, said the hospital housed male and female patients in the same wards for several years until September.

This was in spite of the fact that female patients were frequent victims of rape and sexual abuse at the hands of male patients and staff members.

The hospital allegedly launched an internal inquiry into abuses only after a white family complained that a relative of theirs (who is a patient) had been sexually abused. Rapes and assaults on black patients went "unnoticed", the nurse says.

All four nurses recount tales of staff members being allowed to remain on duty after they had been accused of sexually molesting patients. They also claimed that:

● An 80-year-old woman was raped by a young male patient. No action was taken other than the filing of a police report. (The Free State Department of Health and Welfare said the accused was immediately arrested.)

● The hospital regularly gave patients HIV tests without their consent and without offering counselling – until at least August this year.

● Sexual activity involving psychologically unstable HIV-positive patients was a "regular occurrence" as a result of a low staff complement in most wards.

Professor Carlo Gagiano, head of community mental health services in the Free State, says: "It is possible these incidents occurred but we do not know for sure."

Patient abuse

He adds that, in his opinion, "patient abuse shouldn't happen (when male and female patients are housed together) if they are given optimal care".

Even more telling is the statement by the Free State Department of Health and Welfare: "It would be opportunistic to presume the living arrangements of the patients did directly result in the allegations of rape, molestation and assault. However, this was probably conducive to the abuse of human rights."

The department says that, according to management, patients are never given HIV tests without their consent or the consent of their families.

It further emphasised that keeping patients of the opposite sex in the same ward (a policy begun under previous hospital management) had been stopped. Patients never slept in the same rooms, they say.

In addition, all male personnel, who were previously responsible for female patients, had been moved to other wards.

Still, the nurses who spoke to *Sowetan* expressed concern over the fact that they had not been asked to give testimony to either the Oranje Hospital internal inquiry or to a national committee of inquiry commissioned by Health Minister Dr Nkosazana Zuma to investigate conditions in 33 mental institutions.

"How are we going to stop these rapes if we are not even allowed to talk about them?" a nurse asks.

Another nurse has more practical concerns: "When you have only two people to take care of 28 psychiatrically ill patients, abuse is inevitable. What we need is more nurses and security to back us up."

He says scuffles often ensue and "sometimes people get hurt".

Recommendations

Sources close to a national committee of inquiry charged with investigating conditions in mental institutions say it is likely to recommend substantial changes to the Mental Health Act, which legally governs psychiatric hospitals.

Some of the recommendations could include:

● Repealing a section of the Act which prohibits journalists from taking photographs or sketches of mental institutions.

● Changing laws by which patients can be involuntarily "certified" and committed to mental institutions.

One committee member says it was difficult to prove many of the abuse claims brought to the group's attention. Another says the committee had successfully uncovered various abuses which occurred "prior to 1994".

The committee will give its findings to Health Minister Dr Nkosazana Zuma in December. A report could be made public by the end of the year.

Upgrade for East Cape hospitals

98
ARG 27/11/96

PORT ELIZABETH. — Work has begun on a R96 million upgrade of Eastern Cape hospitals, provincial says health deputy permanent secretary Sipiwo Stamper.

Hospitals in the province were in dire straits due to a lack of infrastructure and maintenance, and poor discipline from management, Dr Stamper said.

The R96 million allocated was not nearly enough to meet the needs, especially, of hospitals in the Transkei.

Meanwhile, residents of Flagstaff in the former homeland have started cleaning up the local hospital because they fear government action.

A social worker at the Holy Cross Hospital said the clean-up followed reports that health authorities were to urge the hospital's closure.

The future of Eastern Cape hospitals is to be discussed in the Eastern Cape legislature this week. — Sapa.

Bid to lure patients to clinics

(98) ST 3/12/95

By JUSTIN ARENSTEIN

MPUMALANGA'S health and welfare department has pledged free medical care for up to 85 percent of the province's population in an attempt to persuade patients to use clinics instead of hospitals.

The scheme, to be implemented in April next year, will offer provincial patients free medical aid if they report to any of the province's 211 clinics for treatment instead of going to one of only four hospitals in the region.

"The province doesn't have many hospitals and these are being swamped by cases that could easily be treated at our clinics," said Dr Gulam Karim, the head of Mpumalanga Health Services.

He denied the policy would strain an already under-budgeted service, saying the costs of collecting and administrating fees at the clinics exceeded the revenue collected. "The small amounts of money we collect and the security and administration requirements just aren't worth the cost."

Although health care would theoretically be free to all residents of the province, Dr Karim said only those without private medical-aid schemes and other "public-sector" patients tended to use government hospitals and clinics.

"You wouldn't be able to get cosmetic surgery free. This is for those who really need free medicine and doctors. If the ailment is serious enough to need hospital or other specialist treatment, then we'll refer patients to hospitals where their treatment will also be free — but only if they come through the clinics first," he said. Dr Karim estimated that up to 85 percent of Mpumalanga's population qualified as potential "public-sector" patients.

To make the scheme as efficient as possible, the department is demanding full control of all health facilities that it subsidises.

In areas with a mix of urban and rural population centres, such as Mpumalanga, clinics and hospitals are run by Regional Services Councils, municipalities, the health department and even the Department of Environmental Affairs.

"It's crazy. The government is paying for all of these structures to offer similar services," Dr Karim said. His department intends consolidating the various services under a single administration in 23 districts.

Dr Karim said superintendents of hospitals and clinics would cease being "glorified clerks" and return to being supervising doctors under the system.

The department is also negotiating agreements with the University of Pretoria and Medunsa to set up teaching and support units at the province's hospitals. "Doctors trained in pristine universities are often lost when they come to the bush. So we're going to train them here," Dr Karim said.

Transkei health crisis

(98)

Own Correspondent

DD 5/12/95

BISHO — A crisis situation should be declared in former Transkei health services, says a report which has been submitted to President Nelson Mandela and which was presented to the Eastern Cape government yesterday.

Urgent attention should be given to improving dilapidated hospital structures, beefing up security and improving departmental communication channels to address hospital workers' grievances, the provincial standing committee on health recommended in the report.

The report was compiled after a tour of 26 hospitals throughout the Eastern Cape.

It said almost all hospitals suffered from under-staffing problems, absenteeism, poor security, a lack of equipment, insufficient drugs and disintegrating services.

It recommended the involvement of all relevant government departments and the establishment of a departmental labour-relations unit to assist in labour issues.

Other key problem areas included inadequate transport facilities, poor roads and chaotic conditions at mortuaries.

FISH HOEK

False Bay Hospital vows to stay open

(98)
ARG 7/12/95

Call for support from local community

Staff Reporter

TALK about the possible closure of False Bay Hospital is "scurrilous", according to the superintendent of the hospital, Dr Frans Engelbrecht.

In an interview, he said the hospital in Fish Hoek was determined to maintain its high standards, but that it urgently needed more financial and moral support from the local community.

Dr Engelbrecht said that as far as he was concerned the 24-hour hospital would never close because it was the only one in the area and served about 70 000 people.

"Our buildings are in good condition but we are short of about R2 million to buy desperately-needed equipment and furnishing and to make the grounds attractive," he said.

"We do have excellent support from the False Bay Hospital Board, Toch-H and various service clubs like Lions and Rotary but we need to get cracking with more fundraising and more active community initiative."

In order to get the hospital to peak efficiency, his shopping list included:

- An orthodpaedic air drill costing about R60 000.
- A blood electrolyte machine to read blood samples, costing about R100 000.
- More theatre instruments costing about R50 000.
- A separate building close to the hospital for a properly designed creche and furnishing for it.
- Money for laboratary equipment.
- Security guards.
- A microwave oven.
- Television sets for wards.
- Books.
- A kiosk.
- A regular and reliable gardening and landscaping service.
- More nurses.

Dr Engelbrecht said a lot of patients who claimed they could not afford to pay for services were spending their money in the vending machines in the hospital. The minimum daily charge for treatment at the hospital is R8.

Because a number of posts were vacant, the hospital which treats indigent as well as private patients would appreciate locum doctors, he said.

"The majority of patients at our out-patient section are from Ocean View and Masiphumelele or Site 5," said Dr Engelbrecht. "We also treat a lot of geriatrics. About 70 percent of our patients don't pay and this is something we also have to rectify. It would be good if Ocean View's day hospital could extend its weekly hours and provide limited hours over weekends to help us out. Masiphumelele is not functioning properly so this is why we are overloaded with patients from that area."

The Star ... Thursday December 7 1995

First of 24 primary health clinics open

(98) Star 7/12/95

Preventive and curative services offered

By Janine Simon
Medical Correspondent

Gauteng Health Department opened the first of 24 primary health care clinics earlier this week as part of the department's drive to move health care away from costly, centralised hospitals.

A total of R100 000 was spent to turn a dilapidated house in Venterspost into a cheery pink and blue painted clinic for the 4 000 residents of the West Rand mining town.

Building has already started on another nine clinics and at least five are expected to be completed by March 1996, according to a department statement.

Those earmarked in the central Wits region are a new clinic and maternity unit in Randvaal, upgradings of clinics in Ennerdale, Poortjie and Dobsonville, and a new clinic in Rockville.

The Venterspost clinic was previously open for only two hours a week and was serviced by a visiting nurse from the nearby local authority of Westonaria.

At other times residents, mostly unemployed whites, had to travel to the Westonaria clinic, or the Leratong, Paardekraal or Sybrand van Niekerk hospitals up to 30km away for care.

The clinic is now served by a full-time primary health care nurse and health worker five days a week. It is run in conjunction with the local authority, and offers preventive as well as curative services, for example, treatment of sexually transmitted diseases, ante-natal checks, and treatment of minor injuries.

More than R30-million was allocated from RDP coffers to fund the Gauteng clinic building programme.

The department embarked on a detailed situational needs analysis before identifying priorities for clinic upgrading and building.

Hospital begins R6m upgrade

(98) BD 7/12/95

Kathryn Strachan

THE hopelessly neglected Umtata Hospital complex was allocated R6m in April to build up its dilapidated infrastructure, but it is only now as the year draws to a close that building projects are getting under way.

The funds appeared as an item in the provincial budget in April, but nothing happened after that. "No one picked up the ball," said Lisa Kirkpatrick, who runs the African Medical Mission, which works closely with the hospital and aims to improve health in the former Transkei.

It was only after persistent calls from the mission that the hospital eventually got its funding — and this has allowed it to go ahead and commission projects. Once the tender contracts are out next month, building will begin. People in the Eastern Cape public service had little idea of what their jobs were and, as a result, there was no sense of responsibility for carrying forward projects. The Eastern Cape government was overwhelmed by the enormous task of restructuring the threadbare health services, she said. Structures were so far behind most could not even put in proposals for funding to get them going.

The African Medical Mission, run by Kirkpatrick and Dr Chris McConnachie, head of the orthopaedic department at Bedford orthopaedic hospital, which falls under the Umtata Hospital complex, shows how far an initiative can go in such a poor area.

Started by McConnachie 14 years ago when he came to Umtata from North Carolina, the mission has raised funds, mainly from SA and US companies, to improve health conditions in the former Transkei.

The mission's headquarters, a simple hut on the Umtata General Hospital premises, has recruited many volunteer medics from the US, Canada and the UK to serve in Transkei. With only one SA doctor serving in the Transkei public sector, the work of these volunteer foreign medical experts has been vital, particularly in training nurses.

R400 000 pledged to hospital

(98) ARG 11/12/95

JILYAN PITMAN
Staff Reporter

FUNDS totalling nearly R400 000 are pledged to the Red Cross Children's Hospital in Rondebosch as a result of the efforts of fundraiser Gloria Craig and her committee when the masked ball was held in October.

The hospital is calling for all promises and commitments by December 31.

The Children's Hospital Appeal director, Bob Bishton, said if all promises materialised by the end of the year, the much-needed redevelopment of the hospital can begin in the middle of next year.

Dr Bishton said in a recent radio interview local government Minister of Health Ebrahim Rasool had reiterated his support of the hospital's redevelopment project.

"In doing so, he promised the fund that his department would match the current level of donations on a rand-for-rand basis."

The final goal for the fund is R28 million.

THYS DULLAART

Patient patients ... when are they going to experience the new partnership in health?

Healthcare in Gauteng given a clinical facelift

(98)

Star 11/12/95

In the first in a series of wrap-ups of what has been achieved during the year in the various sectors, Medical Correspondent Janine Simon assesses public health, and reflects on the plans and goals for 1996

Forget the errant heart surgeon and irate nurses, and take a hard look at the new bright-pink-and-blue clinic at 115 Carlton Road in the dusty West Rand dorp of Venterspost.

It's the clearest picture yet of the achievements of your new crop of provincial health officials in tackling the tired, top-heavy mammoth that is public health services in Gauteng.

Their job is to provide the means to treat the people of a province where the HIV infection rate is one in 10 sexually active people, trauma is a major cause of death, and the lack of accessible obstetric care is a major basic health concern.

Gauteng, with three medical schools, eight nursing colleges, and 55 hospitals, including eight academic hospitals, epitomises inaccessible, hospital-based health care.

For its population (officially 6-million but probably more than 10-million), there are only 305 clinics; of those, only 35 are curative, that means, can treat, not only diagnose, your STDs or flu.

And, until this year, they were run by the Department of National Health, Transvaal Provincial Administration, and local authorities, in a mix which equally epitomises the description "fragmented and duplicated".

The concoction left Gauteng short of 400 accessible, primary health care clinics, second only to Kwa Zulu Natal, which, Department of Health analysts estimate, needs another 420 clinics.

Venterspost's new arrival, now easily the best house on its block, is also the first of 24 new or upgraded clinics to be opened in Gauteng by June 1996 as a start on plugging that gap.

The clinics were funded by RDP money: a total of R38,6-million grant for capital and running costs over the 1994 to 1996 financial year.

Their siting, and the building process, were controlled by clinic building committees, groups of locals and health authorities in the area, in one of the slow backroom processes that continued behind the year's headlines.

Gauteng health says the clinics should bring primary health care services closer to another 2-million people, and that the maternal and obstetric units some contain will allow 15 000 women to deliver safely in their communities.

They'll be measuring this effect with a series of health indicators which are still being worked out.

The determined spending on clinics has two aims: to bring health care closer to people, and to get patients away from hospitals where even basic treatment costs at least double what it would at a clinic.

Refic Bismilla, Gauteng's chief director, district health services support, plans other improvements on the clinic front next year.

The province will train another 100 primary health care nurses, mostly from peri-urban and rural areas, he says.

A further R4,3-million has been allocated for maintaining and upgrading existing clinics, and the construction of 10 R3-million community health centres, two in each region, is also on the cards.

Gauteng health has given R1-million to local authorities in Germiston, Pretoria and Vanderbijlpark to improve services in their clinics.

But outside Venterspost, patients have yet to see the benefits. They still vote with their feet, straight to Gauteng's strangled hospitals.

In turn, medical aid patients have deserted the public sector in favour of the private, yet another reason why medical aid premiums will rise between 12% and 20% next year.

It is going to take many more months for embattled hospitals to feel relief from the restructuring process.

Democratic Party spokesman on health Jack Bloom says just three things will set them free: "Realistic budgets, management autonomy and decent staff salaries".

Hospitals still reeling following 20% cut in budget

Hospitals are still reeling from what in real terms amounted to a 20% budget cut, slapped on Gauteng this year by national government in the name of shifting resources to under-funded areas.

And it was regional hospitals, like Sebokeng, Natalspruit, and Leratong, which absorbed the bulk of the budget cuts.

The 1994/5 health budget was R3,1-billion, when it should have been closer to R3,8-billion; hospital services, refusing to bow to the folly of drastic cuts, account for all but R3-million of the R565-million deficit.

Gauteng, pinching hard, has a R300-million RDP grant to help cover the deficit. It hopes, too, to get the R160-million it has been chasing as compensation for treating patients from more flush provinces.

Coupled with refunds for long-term and mental patients, and some cutbacks, the province will, only just, make it.

But next year's health budget is also unlikely to reach the R4,1-billion Gauteng should be spending on health services, says Alex van den Heever, economist at the Centre for Health Policy. (And here's the impact of the population debate: the differing headcount plays with R200-million on the health budget, says chief superintendent Dr Ralph Mgijima).

Some aspects of management autonomy are being implemented, but many real improvements will show only in next year's budget, says Gauteng deputy director-general Dr Eric Buch.

And both nurses and doctors have still to plough through the Public Service Commission's bargaining chamber to secure salary increases.

"There's no mention of provincial health committees, no mention of national guidelines, no mention of time frames, no commitment. And our senior colleagues just keep on running, running, running," says Dr Stefan Morell, chairman of the Senior Hospital Doctors' Association of South Africa.

What is under way is a hospital strategy project, or, basically, a stocktaking. Gauteng has already completed the first workload analysis in all facilities, to link staffing levels to actual workload, and budgets.

In this analysis is the information to enable province to allow hospitals to manage their own staff and drug budgets, Buch says.

It also backs what Sebokeng Hospital superintendent Dr Norman Kernes has been screaming for months: regional hospitals are seriously deprived.

By June 1996, officials will have teased out of monolithic hospital records what percentage of patients are in for level one care, and how these sections of the hospitals can best be managed, adds Mgijima. By March there should also be some announcement on the rate medical aid patients can expect to pay at state hospitals, and, early next year, legislation on community forums on hospital boards.

National tenders for a single management information system are being invited, and a three-week trial on drug control already implemented at HF Verwoerd Hospital.

But probably the best sign of change will be the patients' experience when they enter state facilities.

"Nurses have lost public respect," Gauteng MEC for health Amos Masondo says bluntly. "They have to re-establish the culture of caring and earn back that respect."

In the new system, says Masondo, nurses will not think they are running clinics, nor will there be nepotism and inefficient hospital boards.

The new direction is towards a partnership in health.

The MEC appears to stand behind this: he's personally available to see patients with deep grievances from a state hospital, he says.

And as the culture spreads, says Masondo, patients will feel the difference. If not, call him at (011) 240-1521.

Gangsters terrorise hospital (98)

STAFF REPORTER CT 15/12/95

DOCTORS and nurses fled in terror yesterday afternoon when gangsters stormed into the Heideveld Day Hospital and stabbed a man who was being treated for earlier stab wounds.

A doctor, who did not want to be identified, said medical staff had been trying to resuscitate a man who had been stabbed.

After inserting a drip they were stitching several stab wounds when five gangsters stormed into the emergency room. When the staff fled, one of the gangsters stood with a knife raised over the man on the operating table.

Minutes later, when the staff tried to get back into the room, they found the victim was lying against the door. The drip had been ripped out and he had multiple additional stab wounds in his back.

He was moved to a more secure room, where he is in a stable condition.

Police spokesman Captain John Sterrenberg said the actions of the gangsters were "disgusting".

"Even in strife-torn countries the right and immunity of medical personnel is not only recognised but respected," he said.

"These people must bear in mind that tomorrow they could land up in hospital and need to enjoy the immunity of that hospital."

Protest call as gang stabs hospital patient

(98) ARG 5/12/95

LINDSAY BARNES
Staff Reporter

AN attack on a patient by gangsters has sparked protest action by staff of Heideveld day hospital who refuse to continue working under "unsafe" conditions.

One of the staff members said that if their demands for armed security personnel were not met, they would strike.

The attack yesterday on Patrick Bezuidenhout, an alleged member of a gang opposed to his assailants, sent terrified nurses and doctors running and many locked themselves in rooms until the police arrived minutes later.

They emerged to find the rooms spattered with blood and Mr Bezuidenhout lying on the floor with a fresh knife wound in the back.

The attack comes on the heels of an incident a few weeks ago in which alleged gangsters ran amok in the hospital, harrassing staff and robbing patients of valued items.

A placard protest was planned for today when the hospital workers would demand armed 24-hour security.

Doctors flee hospital's corridors of crime

(98) Star 15/12/95

Tembisa staff and patients plagued by thieves, hijackers, and brazen drug dealers

By Cheryl Hunter
City Reporter

Five doctors have fled Tembisa Hospital in the past two weeks as crime escalates in and around the hospital, which is also facing a critical budget deficit.

The hospital on the outskirts of the sprawling East Rand township has been the target of thieves, hijackers and drug dealers in past years, but the situation has become intolerable in the past 14 days, say staff.

"In the past two weeks, the hospital has lost five mini-buses and an ambulance – which was converted into a taxi – to armed hijackers who attack at the hospital gates, hospital Superintendent Dr Sandile Fenyane said yesterday.

One of the first robberies was from a doctor and his pregnant wife, also a doctor, by five armed men.

Since then, staff fear for their lives each time they arrive at or leave work.

The hospital's 37 unarmed security guards have been held hostage several times while staff are robbed at gunpoint, and are now reluctant to guard the gates because they feel defenceless in the face of armed attackers.

"And our drugs have grown feet. Certain staff members are involved in the illegal sale of drugs to dealers who sell the drugs on the pavements outside the hospital where we can see them," Fenyane said, indicating a nearby window.

He said the hospital had instituted a register system whereby a staff member requesting medication for patients had to sign for all drugs removed from the dispensary, but this had not stopped the thieves.

"Now they steal pre-packaged drugs which have already been prescribed and handed to patients in the wards," he said.

Fenyane said the dealers were completely ignorant about the effects of the medication and simply stole anything that was available, although they generally took painkillers which sold easily on the black market.

"Anything from Panado to morphine is sold to the community – a very dangerous practice," he said.

These and other problems have led to a R19-million deficit in the hospital's 1994/5 budget.

"Unless this is curtailed, it will have far-reaching implications for the future of this hospital," chief nursing service manager Jo Oswald said.

"There is dissatisfaction, unease and tension among the staff. At least seven nurses have resigned and many others are talk-

► ... To Page 2

NATASHA PINCUS

In need ... a child is tended by his mother in Tembisa Hospital's paediatrics ward. Staff at the East Rand hospital have been under constant threat from armed robbers, resulting in a spate of resignations and low morale.

Friday December 15 1995

Star 15/12/95 (98)

Doctors flee hospital

◄From Page 1

ing about doing so too. We are all jittery and nervous in a constantly life-threatening situation," she said.

The hospital serves Tembisa, Alexandra, parts of Pretoria and Midrand, Ivory Park and several informal settlements, treating about 1,8 million patients a year. It employs more than 1 700 people, including 88 qualified doctors.

"We perform almost 900 operations a year here and cannot cope with less staff than we currently have," Fenyane said.

"We want permanent police patrols around the perimeter of the hospital by both the SAPS and the traffic department in order to build confidence in our staff again," he said.

It is against area by-laws to arm government-employed security guards, and so the hospital recently had to delve into its already depleted resources to employ five full-time armed guards from a private company to prevent further robberies.

Head of the Paediatric Ward Dr Alet Haasbroek said she regretted the current situation.

"There is a good community here who support this hospital. Mothers bring their babies here and trust us to help them, and we have established good relations with many of them. It is sad that among such goodwill we must face this ugliness."

Gangsters run amok in hospital

ARG 16/12/95

Panic as patient attacked with panga

(98)

ADELE BALETA
Staff Reporter

■ Heideveld Day Hospital will get tighter security after a gang attack in the emergency services caused staff to abandon the hospital.

BLOOD spattered walls and floors, abandoned syringes and drips, and broken glass tell the tale of a frenzied panga attack by warring gang members in the emergency services of Heideveld Hospital.

Distressed doctors, nurses and cleaners, many of them crying, told the Saturday Argus of their anger at being left defenceless when youths believed to be members of the Bun Boys gang entered the hospital and continued an attack on a rival gang member Patrick Bezuidenhout, while he was being treated for multiple stab wounds.

Gripped by fear of revenge gang attacks, none of the staff wanted to be identified — although they were eager to tell their story.

"We are fed up. We cannot work in these conditions. This is the pits.

"How can we work with one security guard 'manning' four entrances. It's a joke."

They have decided not to work until tighter security measures are in place.

A provincial administration spokesman said: "Security measures already agreed upon at workshops held in the past few months will be put in place immediately."

Between 3.30pm and 4pm on Thursday, Mr Bezuidenhout, an alleged member of the IO's gang, was wheeled into emergency services with multiple stab wounds and covered in blood.

Two doctors rallied to his side within seconds. They were assisted by two nureses.

One of the doctors, who did not want to be identified for fear of revenge attacks, said: "The man had deep stab wound on his head, a deep laceration from the nape of his neck to his chest and others on the abdomen.

"We had managed to resuscitate him and I was in the process of suturing his wounds when I heard someone scream and turned to see a panga coming down on the patient from behind my back.

"In an attempt to avoid the attack, the patient crouched on the stretcher and in so doing was stabbed twice in the lower back and once in the spine.

"The emergency service room filled with at least five rival gang members. Everyone fled. I am a single mother with two children, and I felt really close to losing my own life."

A nurse who was present at the time said: "The gangster with the panga aimed for the patient's heart in an attempt to finish him off.

"We abandoned the room for fear of our own lives. Staff and patients began stampeding towards the exits."

In the panic, a nursing sister found herself running together with the panga-wielding attacker in search of an escape exit.

Once the attacker had left the emergency service room, a cleaner helped drag the wounded patient into an adjacent office.

Locking the door behind them, doctors attended to the patient until the police arrived. Metro Service transported Mr Bezuidenhout to another hospital. Police have confirmed the incident.

The hospital, which treats about 200 patients a day, was closed immediately after the incident.

Yesterday queues of patients were being diverted to other hospitals as staff held discussions on whether they would continue working.

BLOODY: Staff at Heideveld Day Hospital mop up blood and clean the emergency services after a patient was attacked by a gangster while he was being given medical attention.

Picture: LEON MULLER, Staff Photographer.

New hospital for Durban

ARG 16/12/95 (98)

DURBAN. — Health Minister Dr Nkosazana Zuma on Friday gave the go-ahead for a new academic hospital to be built in Durban at a cost of about R600 million. ESD

A moratorium was placed on construction of the hospital after last year's general elections.

The facility, which will have 800 beds, will serve as a referral hospital. — Sapa.

Trauma units under pressure

(98)

■ Trauma units are buckling under pressure as gang-related violence and alcohol-elated accidents take their toll on hospitals, ambulance and emergency staff.

ARG 16/12/95

JENNY VIALL
Health Reporter

EVER-INCREASING trauma cases have put provincial hospitals under strain and health authorities have asked that people with non-life-threatening injuries visit day hospitals or use private services.

Trauma cases are becoming more severe, with gangs using guns rather than knives, and the general level of violence is increasing, says head of emergency medical services Marius Kotze.

Trauma units are buckling under the pressure as gang-related violence and alcohol related accidents take their toll on ambulance staff, emergency staff and hospitals.

The situation is exacerbated by abuse and physical assault of emergency staff, some of whom are refusing to work under these conditions and are leaving the hospital service.

Dr Kotze says there has been a fourfold increase in the number of very serious trauma cases at Tygerberg and Groote Schuur hospitals. There has also been a 400 percent increase in gunshot wounds at hospitals over the last two years as gangs turn to guns rather than knives.

"A gunshot wound is major, the victim needs full resuscitation and this consumes a lot of the doctors' time."

The public also poses a problem, bringing minor complaints and abusing staff when they have to wait. Dr Kotze said a substantial number of doctors had left trauma services.

"Its a negative spiral. The doctors get fed up with abuse from the public, on top of the stress and long hours. They leave, and those left battle to cope with the load. And staff are feeling threatened. The gangs used to see medical services as inviolate. Now the medics get roughed up."

With the festive season about to begin in earnest, there are fears that the provincial hospitals' trauma units will not be able to cope with patient loads, in spite of contingency plans which include a suspension of all routine surgery for the next three weeks.

Alcohol plays a big part in the patient load at trauma units, with an increase in car accidents and alcohol-related violence. Most of the car accidents in the past two weeks were alcohol related, said Dr Kotze.

Dr Kotze warned that with the increased load on trauma services, staff might not always be able to treat cases as quickly as they should.

"With the strain and load, we have to prioritise emergencies."

R600-m hospital for Durban

DURBAN. — Health Minister Nkosazana Zuma has given the go-ahead for an academic hospital to be built in Durban at a cost of about R600 million.

A moratorium was placed on construction of the hospital after last year's general elections.

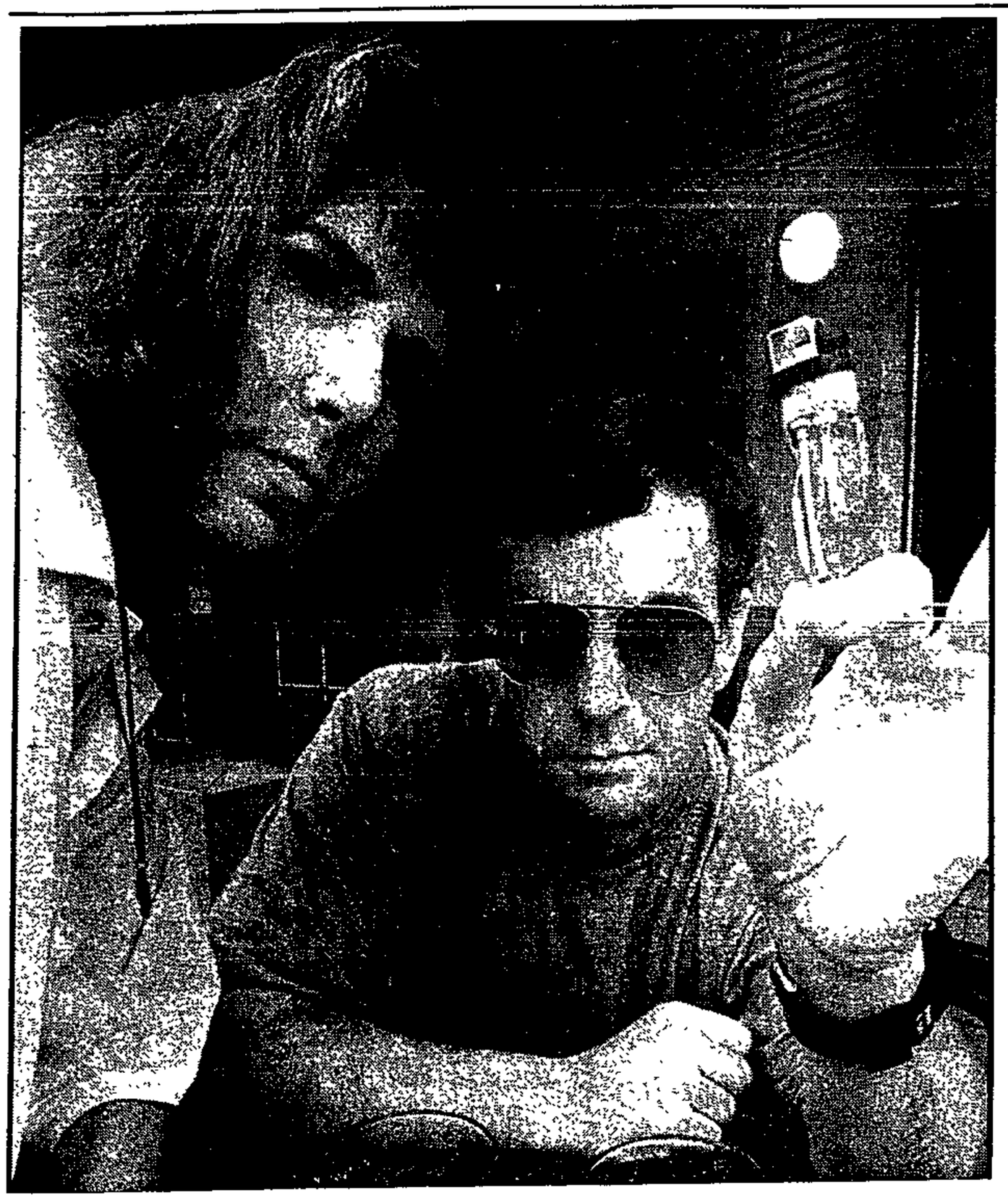
The facility, which will have 800 beds, will serve as a referral hospital.

■ Reports by Sapa.

ARG 16/12/95

Top ambulance 'lame ducks' on way out?

(98) ARG 16/12/95



GLYNNIS UNDERHILL
Staff Reporter

MOVES to replace the top management of the crisis-ridden Cape Metropolitan Ambulance Service allegedly are under way.

The drastic step follows the release of a damning report which claimed circumstances had rendered Rod Douglas "a lame duck chief officer".

Conducted by Professor Clive Thompson and Ms Mary Simons of Independent Mediation Services, the report recommends that the entire top management of the municipal ambulance service be replaced.

"If there is no such resolve, any change in personnel will amount to little more than shifting the furniture on the Titanic," stated the report.

Financial packages or alternative job placements are suggested as options for the five top managers, including Mr Douglas, in the recommendations made to the City Council.

Deputy City Administrator Alan Dolby confirmed consultations were taking place with the managers concerned, but he declined to reveal details.

"The report was on green paper and has not been released by the Executive Committee (Exco)," he said.

However, sources claim Exco has approved a move to work out financial packages or alternative job placement for the managers.

Chief Officer Rod Douglas could not be contacted for comment this week.

An urgent investigation into the management at the ambulance service was undertaken after 37 ambulancemen occupied the control room in Pinelands, disrupting the emergency services for over nine hours.

■ Top managers at the municipal ambulance service are being consulted about the "way forward" which allegedly includes a move to replace them.

In the report, fingers were also pointed at the provincial government and the City Council for their role in making it difficult for the management to do a good job.

The report said the competency of senior management, particularly below the level of the chief officer, was "suspect."

The embattled service has been fraught with problems and Mr Douglas took the City Council to court after being illegally suspended in June.

Tensions boiled over with the completion of the report as staff members waited to see if the City Council would carry out the recommendations.

This week one of the ambulance drivers, who asked not to be named, said the staff were "overjoyed" that the top management could be replaced.

"We are overjoyed. We felt because of their incompetence, the people who were suffering most were the people out there," he said.

People were still on occasion having to wait for up to five hours for an ambulance, said the driver.

There were, however, concerns that the severance packages could be extremely large. In one case it was claimed it could be as large as R500 000, he said.

(98) Star 16/12/95

Hospital staff gripped with fear after gangster attack

Cape Town – Blood-spattered walls and floors, abandoned syringes and drips, and broken glass told the tale of a frenzied panga attack by warring gang members in the emergency section of Heideveld hospital yesterday.

Distressed doctors, nurses and cleaners, many of them crying, told of their anger at being left defenceless when youths, believed to be members of the Bun Boys gang, entered the hospital and continued an attack on a rival gang member, Patrick Bezuidenhout, while he was being treated for multiple stab wounds.

Gripped by fear of revenge gang attacks, none of the staff wanted to be identified. But they were eager to tell their story. They have decided not to work until tighter security measures are in place.

A provincial administration spokesman said: "Security measures already agreed upon at workshops held in the past few months will be put in place immediately."

Bezuidenhout, an alleged member of the 10s gang, was wheeled into emergency services with multiple stab wounds and covered in blood. Two doctors rallied to his side within seconds, assisted by two nurses.

One of the doctors, who did not want to be identified, said: "The man had a deep stab wound on his head, a deep laceration from the nape of his neck to his chest and others on the abdomen. We had managed to resuscitate him and were in the process of suturing his wounds when I heard someone scream, and turned to see a panga coming down on the patient from behind my back."

The hospital, which processes about 200 patients a day, was closed immediately after the incident.

R600-m academic hospital to be built at Cato Manor

Durban – Construction will begin soon on a R600-million academic hospital at Cato Manor near Durban, Health Minister Nkosazana Zuma said yesterday.

She said the hospital, which would deal only with patients referred to it from other institutions, would be a national asset with doctors from around the country being trained there.

She said the KwaZulu Natal government had given almost R33-million towards the hospital, and that central government would contribute the balance. Tenders would be put out early next year, and construction should begin on the complex by mid-1996.

Health MEC Zweli Mkhize said 1 200 academic beds at Durban's Wentworth and Addington hospitals would be reduced and incorporated into the new hospital, which would operate only 800 beds. – Reuters

(98) Star 16/12/95

REVIEW

Millions of rands lost in hospital theft

SOUTH African hospitals and clinics have been plundered of millions of rands worth of medicines, laundry and other expensive supplies this year by cash-hungry health workers.

Part of the problem stems from the low wages paid to health workers. But perhaps more importantly, hospitals and clinics are disorganised, understaffed and lack modern equipment to keep track of and prevent the theft of medical supplies.

Baragwanath Hospital has lost millions of rands worth of medicines and other supplies. No one knows exactly how much was lost, although a few major thefts have been detected, and even intercepted.

Meanwhile, the Gauteng government, under health MEC Mr Amos Masondo's leadership, has suspended a security management system that would, by its own estimation, save millions of rands a year.

The reason? Lack of money. The government apparently does not have money to invest in projects, even if these projects could result in saving more money.

Other provinces, as well as the national Government, have begun looking at implementing a computerised pharmaceutical system, such as the one used by the South African National Defence Force, to prevent widespread theft.

Whether these proposals will see the light of day is too early to tell.

Hospitals on full alert

By BILL BLUMENFELD

THE Western Cape health department has drawn up extensive contingency plans for provincial hospitals to cope with the expected patient load during the festive season.

The plans included the suspension of all routine surgery for the next three weeks and the use of additional support staff, the director of emergency medical services, Dr Johan Kotze, said.

Trauma units and casualty departments of the Cape Peninsula's larger provincial hospitals were already severely stretched, even though the holiday season had barely begun.

"The major contributory factors to patient overload are the sharp increase in gang-related violence and drunken driving-related motor accidents."

Irresponsible behaviour by some of the public — which included abuse and the assault of emergency medical personnel — had fuelled the exodus of qualified staff, Dr Kotze said.

According to statistics, hospitals had experienced a 400 percent increase in gun-wound patients in the past two years.

Dr Kotze appealed to the public to take non-life-threatening injuries to hospitals on the periphery of the Peninsula and local day hospitals. People with medical aid cover should use private doctors.

Meanwhile, R250 000 has been set aside "for ex-gratia payments" for trauma staff "for holding the fort during the festive season" at Groote Schuur and Tygerberg hospitals, Western Cape Health Minister Ebrahim Rasool has announced.

Mr Rasool said he was "filled with admiration" at the way trauma unit staff had adapted in dealing with the changing nature of trauma. — Sapa

ST (M) 24/12/95 (98)

Pictures: HANNES THIART, The Argus.

PEP TALK: Provincial Minister of Health Ebrahim Rasool, right, meets senior nursing staff at Groote Schuur Hospital's trauma unit while the hospital's senior medical superintendent, Jocelyn Kane-Berman, second from left, listens in.

Medics battle to solve the crisis in trauma units

(98)

ARG 27/12/95

JENNY VIALL and ROGER FRIEDMAN
Staff Reporters

BACKGROUND TO THE NEWS

GANGSTERISM, alcohol abuse and an exodus of experienced staff have led to a major crisis at hospital trauma units throughout the Western Cape.

Marius Kotze, head of the province's emergency services, has warned that medical standards in trauma units are slipping.

Tygerberg Hospital's unit has treated 400 percent more gunshot victims this year than last — and the numbers continue to rise by about 100 cases a month.

And Groote Schuur Hospital's trauma unit — which had to cope with a 35 percent staff cut earlier this year — has seen a 20 percent increase in gunshot victims treated there over the last 12 months.

Eight of twelve doctors' posts at Tygerberg's unit are vacant — as are five of twelve at Groote Schuur's — because doctors are terrified for their safety while working conditions are too stressful.

Archbishop Desmond Tutu, who is to head the truth commission, included an appeal to gangsters to "leave our doctors and nurses alone" in his Christmas message.

The police gang unit says it will be assigning a vehicle to patrol hospital precincts during the festive season.

Regional Minister of Health Ebrahim Rasool has announced a R250 000 windfall to be shared by all 24-hour trauma unit staff in the province who are on duty between the second week of December and the second week of January.

Dr Kotze said doctors were seeing up to 200 patients in an 18-hour shift. On top of this, they had to deal with abuse and threats from the public, who could not understand why they had to wait while more serious cases were attended to.

Most under pressure were Tygerberg, Paarl and Victoria hospital's trauma units. He asked that people stayed away from units unless absolutely necessary.

"I wouldn't say the units are not coping, but from a medico-legal point of view, we're worried. Mistakes can be made working under this pressure.

"As a doctor, I don't feel we're practising medicine of excellence. It is not humanly possible to work such long shifts under such pressure and perform as well as we should."

To add to the trauma units' woes, gangsters were no longer "fighting it out with knives, but increasingly making use of very sophisticated, high-velocity guns", said Dr Kotze.

"Therefore, even if you only have to see the same number of patients as before, they can each take three or four hours as long to treat."

Speaking during a recent tour of the Tygerberg unit, Mr Rasool said patients seeking help for minor ailments at major medical institutions were worsening the trauma units' problems.

"We are destroying our capacity for excellence by clogging up the system," he said.

Deputy director-general for health in the province Tom Sutcliffe said working conditions for emergency personnel should be reviewed, advanced training provided, hospitals' physical environments brought up to standard and the manner of filtering patients to less-stretched institutions addressed to start making an impact on conditions at trauma units.

Tygerberg trauma unit head Elmin Steyn said: "Immediately, we need more trained doctors and nurses. Later, we need facilities to be improved.

"But, the basis of the problem is socio-economic ... the people out there need training and jobs and discipline and social awareness."

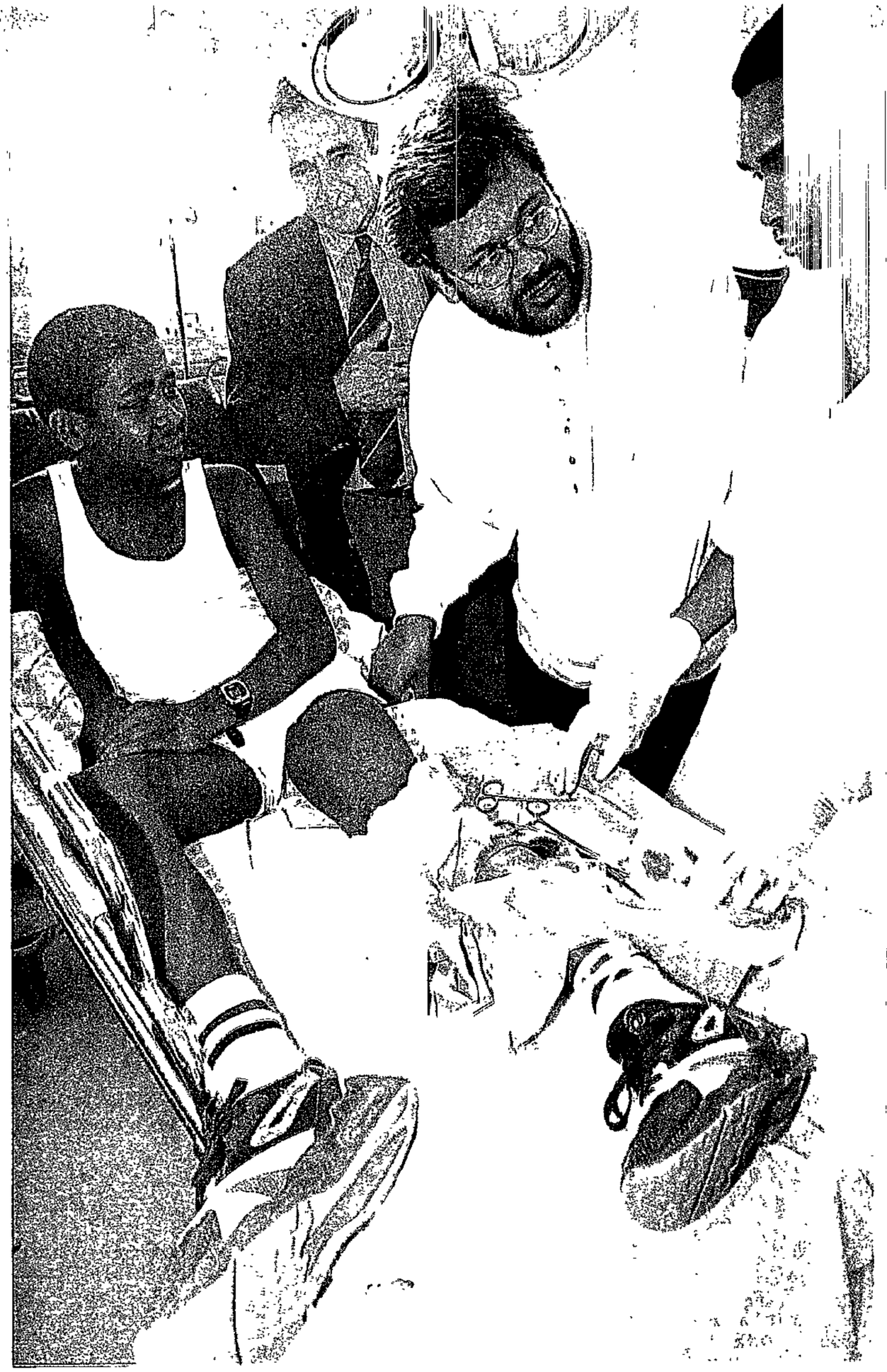
Her counterpart at Groote Schuur, Peter Bautz — who has personally been assaulted four times in recent years by friends or enemies of the victims he was treating — said trauma units needed to be funded separately from the rest of the hospital.

When the hospital felt the squeeze, the trauma unit should not be affected, he said.

● Gang unit public relations officer Charles Carollisen said that although there had been no major gang flare-ups this week, the scourge was by no means under control.

● Dr Kotze announced extensive contingency plans for provincial hospitals in light of the expected extra patient load during the festive season.

The plans included the suspension of all routine surgery for the next three weeks and the use of additional support personnel.



SORE LEG: Western Cape Health Minister Ebrahim Rasool chats to Tygerberg Hospital nursing assistant Denver Brown, while provincial health department deputy director-general Tom Sutcliffe, watches. Wishing Mr Brown would get on with it is Edwin Steyn, 13, of Parow who cut his leg on a piece of glass.

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(98) ST 7/1/96

Gangs take to raiding hospitals

By SIBUSISO BUBESI

GANG WARFARE in Port Elizabeth's northern areas has reached a new low, with gangsters now raiding the city's hospitals to finish off their wounded adversaries.

The attacks in hospitals have raised concern over the safety of patients.

Dr Siphiwo Stamper, a spokesman for health services in the Eastern Cape, said his department had set up a team to look at the provision of security at health facilities. Priority would be given to institutions being raided by gangs, like Livingstone hospital.

Dr Dianne Walker, the superintendent at Livingstone hospital, said the hospital was considering installing security cameras as one way of monitoring visitors to the beleaguered hospital.

The northern areas, which are predominantly coloured, have been ravaged by gang-related killings for the past four years.

Attempts by political parties and community organisations to reduce the violence have proved unsuccessful.

Gauteng asks hospitals to cut their own budgets

(98) Star 19/1/96

By Janine Simon
Medical Correspondent

Gauteng's health department has told its three academic complexes to find their own ways to cut spending and present detailed plans by April 1.

Deputy Director-General Dr Eric Buch spelt out the health budget at a meeting with the deans of Gauteng's three medical schools and heads of departments earlier this week.

Gauteng was absolutely serious about meeting budget targets and overspending would be deducted from next year's funds, he said.

But the province stopped short of instructing hospitals on how to make the savings, both a welcome step toward openness and a neat sidestepping of the decision to cut treatment or services.

Instead, Buch presented the province's ace card, an analysis comparing workloads and expenditure of academic and regional provincial hospitals. Academics said the figures were still rough. But, Buch said, they exposed glaring discrepancies between hospitals and how inequitably taxpayers' money was being used.

Baragwanath, for example, was working with half the number of doctors available to Hillbrow or Ga-Rankuwa, both of which had 0,32 doctors a patient a day. Regional hospitals were worst off, with 0,08 doctors a patient a day.

And while Bara had 1,6 nurses a patient a day, Johannesburg Hospital had only 0,82, and regional hospitals an average of 0,87 a patient.

Kalafong and Johannesburg were the most badly staffed, at 2,12 and 2,05 staff a patient a day respectively. But Johannesburg Hospital spent R472 a patient a day on costs other than staff, while Kalafong spent only R135.

Hospitals now have to appoint an academic task team to decide jointly on fair budgets. Academics said they were impressed by the department's attitude and commitment to academic complexes as national assets, but were uncertain of how to achieve cuts.

"We'll now feel accountable, not isolated islands," said Medunsa's deputy dean for clinical affairs, Professor Patrick Makhobo.

Dean of the University of Pretoria's medical school, Professor Dion du Plessis, said the effort seemed honest. "We were well represented, and they want us involved in technical and strategic committees."

Superintendent of the Johannesburg Hospital, Dr Trevor Frankish, said the figures would have to be refined. "It's too early to come up with an informed reaction."

Dead and dying robbed on way to hospitals

ARG 20/1/96
(98)

GREG KNOWLER
Staff Reporter

SHOCKING evidence of critically injured or dying patients being robbed of their jewellery has been revealed by a hospital after a six-month study of its casualty unit.

The private hospital in Maritzburg began the study after several reports were received from relatives complaining that jewellery was missing.

It found that many unconscious patients brought to the hospital by ambulance, or those pronounced dead on arrival, had no rings or watches, but had suntan marks where the jewellery was worn.

The callous scam was highlighted by Johannesburg businessman Kevin Wright, whose sister, Wendy Viljoen, was critically injured in a car crash near Himeville in the Drakensberg foothills earlier this month. She died the following day.

■ The dead and dying are being ripped off en route to hospitals, a report has found.

Her husband, Frederick, and their four-year-old son Wayne were killed instantly in the accident.

Mr Wright laid a charge of theft with the police this week, saying he believed his sister was wearing about R20 000 worth of jewellery at the time of the accident. When she arrived at Grey's Hospital in Pietermaritzburg, the jewellery was gone.

"I searched their house in Westville and found the valuation certificate for jewellery she owned. Wendy had diamond ear rings, necklaces, wedding and engagement rings but I could find nothing," he said.

A spokesman for Grey's Hospital said they had a protocol "for patients coming in and unable to fend for themselves".

"I have heard of people's goods going missing but I know nothing of this case," a matron said.

However, a spokesman for the private hospital said the stealing had become "common practice".

"This has been happening for many years. It is an absolute disgrace," she said.

David McGlew, spokesman for regional Health Minister Zweli Mkhize, said the theft allegations had been made before and internal inquiries had been held.

"Unfortunately, the allegations have to be proved and sometimes it's difficult to get them to stick, especially in a case where there has been an accident and so many people have been involved in assisting," he said.

"We will co-operate with the police and welcome any investigation because we don't want any allegations like this to ruin a good service," Mr McGlew said.

R23-m going to Gauteng clinics

98

Sowetan 23/1/96

Areas left out during apartheid era to be given priority

By Glenn McKenzie

GAUTENG will boast 24 new or upgraded public health clinics between now and April, senior officials have told *Sowetan*.

The government has allocated R23 million to clinic building projects this year. Priority is being given to areas that had previously been most neglected under the apartheid regime, according to Dr Refik Bismilla, director of district health services.

Many of the governments health plans had been delayed until a new Gauteng health department was formed last year. This is now in high gear, according to Dr Bismilla.

● In the Vaal, new clinics have been finished or are being built in Tshepiso-Vereeniging, Evaton North and Beverly Hills in Vanderbijlpark. A new maternity unit is being built in Boipatong, Vanderbijlpark, and upgrading projects are taking place in Meyerton South and Sharpeville.

● In Pretoria, a new clinic will be built at "Stanza Bopape village" in Mamelodi and upgrading will begin in February at the Boikhutsong Clinic in Soshanguve.

● On the East Rand, the communities of Tsakane-Brakpan and Devon will boast new health centres. A new health centre in Zakhele-Katlehong is being tendered to building contractors. New equipment and renovations will soon be complete at the clinic in Kwa-Thema, Springs.

● On the Northeast Rand upgrading has already begun or will soon begin at Hikensile Clinic and Bophelong Clinic in Midrand, Ratanda in Heidelberg and at the provincial clinic in Midrand.

● On the West Rand new clinics will soon be built in Kagiso (Lusaka Extension 6), Munsieville outside Krugersdorp and Magaliesburg.

A new maternity unit will be built at Dobsonville and upgrading will take place in Mohlakeng outside Randfontein.

● In the Central Wiiwatersrand region new clinics are being built in Poortjie and Rockville, Soweto. Foundations for a new clinic and maternity unit have also been finished in Randvaal. Upgrading is taking place at the Ennerdale Clinic.

Gauteng's 'historically black' hospitals to be upgraded soon

By Janine Simon
Medical Correspondent

Gauteng's health department is well aware that many of its historically black hospitals are in a sorry state with dingy rooms, broken floor tiles and lights.

But, says deputy directory general Dr Eric Buch, upgrading is on the cards, and will probably be financed by the selling of tracts of land adjoining many Gauteng hospitals.

Gauteng's maintenance and repair backlog is R150-million for critical needs only, and at least R200-million, if all the nice-to-haves are included.

An estimated R281-million is needed to remove the apartheid "face" on hospitals, and millions more for required buildings.

Gauteng health is also negotiating a R290-million budget for routine and preventive maintenance and repair in 1996.

This backlog, says Buch, has to be cleared if the department is to start on an even footing.

The health department has only just received permission to retain half of the funds raised from land sales.

It has contracted provincial planners to conduct a land analysis to assess value, and the best social development projects for each and expects a report before the financial year end, Buch said.

Some funds might also come from Cabinet, and the national health department, which has set aside money for capital upgrading and is conducting its first national audit of hospitals to assess what is needed.

Buch warns that there would be a time lag between knowing how much money is available and spending it.

But he said quality of service from the works department should improve immediately, as it had committed itself to better performance and budgetary controls.

Star 24/11/96

(98)

THE NATION

Mayhem at Bara stuns young Canadian medic

☐ *I'll be a better physician for it, says student*

ARG 25/1/96 (98)

VANCOUVER. — A Canadian medical student says he will be a better physician for having spent two months assisting doctors at the Baragwanath hospital in Soweto, but added it was a "mind-numbing" experience.

The national Globe and Mail newspaper devotes most of a page today to John McNern's gory account of a typical night shift at the "surgical pit" of the largest hospital in the southern hemisphere.

"The sheer magnitude of broken bodies is overwhelming," writes Mr McNern, a fourth-year medical student at Vancouver's University of British Columbia. "The resuscitation room is full of the sequelae of the poverty and violence of Soweto."

A plaque on a wall at hospital was "a constant reminder that I am in one of the most violent societies on earth". It was in memory of a German medical student who was murdered in Soweto.

Patients needing emergency attention at any given moment included a man with an abdominal gunshot wound, another who was beaten unconscious with a sjambok and someone with a serious knife wound.

He describes the typical case of one man who, stabbed in the chest, had a leaking lung that shrank as air escaped into the chest cavity. A needle between the ribs resulted in a rush of air, confirming the diagnosis. Mr McNern inserted a chest tube — an opportunity he considered "a treat" for a foreign student, saying these are rare in Canada.

"South Africans are tired of doing them. We feel privileged."

But he felt overwhelming disgust at the sheer scale of violence "How do people do this to each other?" he asks.

He tells of "trails of blood all over the floor, not to be cleaned up till morning. Streaks of it on cubicle curtains. On your white coat sleeves, your scrubs, your boots." And everywhere amid the blood and the urine were rubbish and needles. "There is enough HIV around for this to be frightening," he writes.

Would he consider returning for his internship? "A year at Bara. How many procedures one could do, stuff you won't get anywhere in North America."

While it would be interesting and unique the question was whether the stress would be worth it. He decided against it. Sapa.

Bara not for faint hearts, says Canadian student

This experience 'mind numbing'

SAPA
Vancouver

A Canadian medical student says he will be a better physician for having spent two months assisting doctors at Baragwanath Hospital in Soweto, but added it was a "mind-numbing" experience.

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We feel privileged doing these procedures

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Hospital to close down

(98)

Sowetan 30/1/98

By Glenn McKenzie

A MAJOR East Rand private hospital, which has catered to many black patients in the past, will close permanently tomorrow, staff at the hospital have told *Sowetan*.

Management and staff at Delmore Private Hospital, a 160-bed institution near Germiston, were locked in meetings yesterday afternoon to discuss ramifications of the shut-down.

Earlier in the day, staff toyi-toyied outside the hospital to protest the move. One employee told *Sowetan* that news of the shut-down had come last Thursday, and that all patients were to be transferred to other institutions by tomorrow.

Management of Lifecare Group, which owns the hospital, declined to comment yesterday.

SOWETAN Wednesday January 31 1996

Baragwanath to get new equipment

(98) Sowetan 31/1/96

Nehawu plans to lobby Gauteng premier Tokyo Sexwale to save Delmore hospital

By Glenn McKenzie

SOWETO's Baragwanath Hospital yesterday received sophisticated medical equipment worth R600 000 which could save countless lives of asthmatic patients and improve treatment for hundreds of children with malformed bones.

The hospital received a ventilator, a mobile X-ray machine and a dental unit from the German company Siemens AG.

Germany's ambassador to South Africa, Dr Uwe Kaestner, officially donated the equipment to Gauteng MEC for health Mr Amos Masondo during a ceremony at the hospital yesterday.

Dr Karen Sliwa, a medical registrar at Bara, said the ventilator could save the lives of hundreds of asthmatic patients who cannot breathe on their own. Previously the hospital, which serves a population of more than four million people, had only one ventilator.

"It is extremely frustrating when you have someone who needs a ventilator and you don't have one," said Sliwa. "We have about five patients every day who could use a ventilator."

The X-ray unit will be used to examine children and adults with deformed bones. Paediatric orthopaedic surgeon Dr Christoph Meyer said the X-ray unit meant the hospital would be able to maintain a higher standard of care for disabled patients.

Meanwhile, the management of Delmore Hospital on the East Rand, which will shut it's doors to the public today, said yesterday that the hospital had been hurt by the existence of several private hospitals and day clinics in the region which were "closer to the consulting rooms of the doctors" who worked at Delmore.

Staff said they were told about the shutdown last Thursday. The hospital will cease to operate tomorrow.

Nehawu Gauteng spokesman Mr Oupa Makhura said the union planned to lobby Gauteng premier Mr Tokyo Sexwale to secure the future of the 160-bed hospital.

Boy loses legs

FACES OF DESPAIR...Mrs Lettie Molopo, of Vlaklaagte in KwaNdebele, flanked by her six-year-old child Tsepo and Piet Mbonani, a friend of Thabiso Molopo (7), an aspirant footballer whose legs were amputated following alleged "gross negligence" at Philadelphia Hospital in Dennilton. PIC LEN KUMALO

Sowetan 9/2/96 (98)

By McKeed Kotlolo

SEVEN-YEAR-OLD Thabiso Molopo of KwaNdebele has had both legs amputated because of alleged "gross negligence" by the Zairean doctor who treated him on admission at Philadelphia Hospital in Dennilton.

Thabiso, a Grade 2 pupil at Sakhile Primary School, Vlaklaagte, was one of four children knocked down by a car while playing in a neighbour's yard on January 20.

Others who were injured were his brother, Tshepo (6), his cousin, Victor Molopo (7), and a friend, Piet Mbonani. Tshepo and Piet sustained minor injuries. Victor sustained multiple fractures and is still receiving treatment.

Sources at Philadelphia Hospital have told *Sowetan* that Thabiso's injuries were not properly cleaned on admission. The Zairean doctor, whose name is known to *Sowetan*, apparently stitched the wounds with a lot of dirt still inside.

Thabiso's mother, Mrs Lettie Molopo, told *Sowetan* yesterday: "The ward doctor told me on January 25 that both my son's legs were septic and had to be amputated to stop the sepsis from spreading to the whole body.

"He said the sepsis was caused by the dirt inside the wounds. I then requested that my son be transferred to a better hospital in Pretoria, but the doctor refused.

About four hours after I had signed the consent forms, the first leg was amputated and two days later the remaining one was also cut off below the knee," she said.

Sowetan has learnt that the ward doctor resigned on Wednesday following an argument with a colleague over the alleged improper treatment which resulted in the amputation.

Sowetan has also learnt that a day after Thabiso's admission, several concerned nurses requested that he be transferred to a better equipped hospital in Pretoria, but the request was turned down.

A hospital spokesman said yesterday they would investigate the allegations.

Although *Sowetan* had permission from Thabiso's parents, the hospital's superintendent, Dr Chris Steyn, repeatedly refused us permission to interview and photograph the boy on Sunday.

"I am refusing him permission because I don't trust *Sowetan* as well as this man (the reporter). The paper writes a lot of lies and it is always looking for mistakes. I do not even care if the parents gave you permission or not," he charged.

Before *Sowetan* could name the patient, Steyn said: "I know which patient you are looking for." The refusal has angered Mrs Molopo, who was not satisfied with the hospital's earlier explanation.

National Education, Health and Allied Workers Union (Nehawu) members accused the doctors of "gross negligence" saying they had left the boy's legs for almost five days "to rot". They demand the dismissal of the doctor involved.

The incredible people's people!

(98)

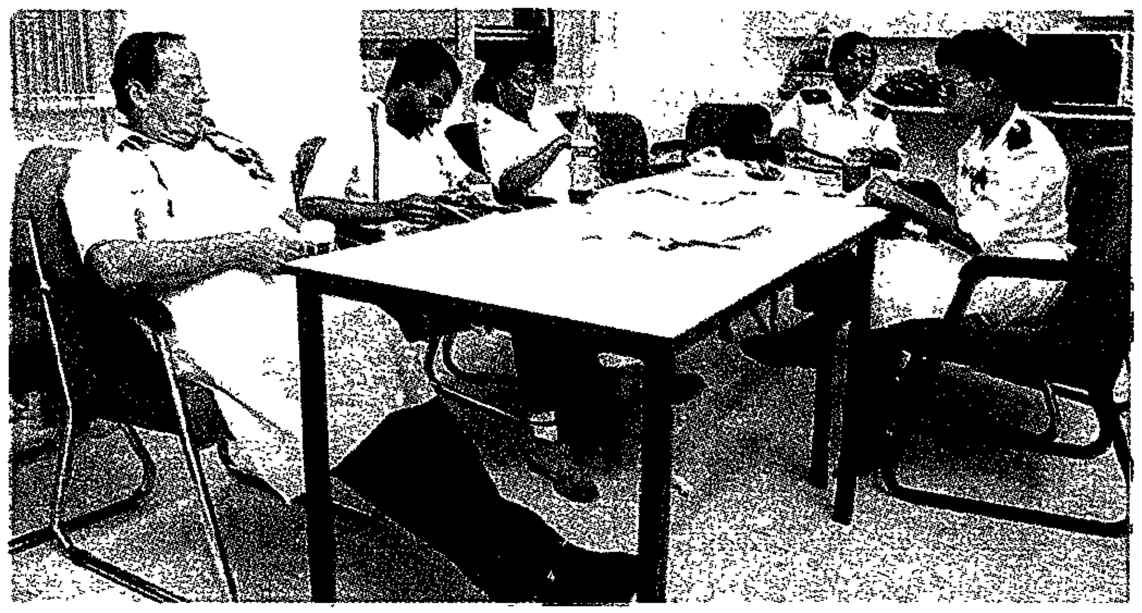
■ Dedicated people who give up free time to help others are performing an essential service at Groote Schuur Hospital.

ADELE BALETA
Staff Reporter

ARG 10/2/96

THE glorious Bafana Bafana victory that spurred the nation to great celebrations had a tragic ripple effect, say health workers at Groote Schuur Hospital's trauma unit.

At least 90 percent of the cases seen by staff at the unit last weekend after the match involved people who had been assaulted during celebrations.



☐ **TAKING A BREAK:** Volunteer medics at the Groote Schuur hospital take a well-earned break after a busy night. Pictures: BRENTON GEACH, Staff Reporter.

Volunteer medic William Kirsten said: "We had the usual MVAs (motor vehicle accidents) and some gunshot wounds but most of people had been assaulted following alcohol abuse.

"One patient came in with an alcohol blood level count of 0,385 — the legal limit is 0,080."

William believes that alcohol abuse is rife and the cause of many deaths, either through assaults or motor accidents.

A one-time window dresser, William now dresses wounds, sets splints and performs other invaluable tasks every Saturday — not for the money but for the love of humankind.

He has been stabbed in the hand with a pair of scissors, verbally and physically abused and frequently unrinated on and vomited on in the course of his duty.

"I have also seen many people die," he adds.

William also works at the Wynberg Military base sports shop and is one of about 85 dedicated men and women who give up their free time to help others at Groote Schuur Hospital whenever they can.

Neville Spriggs, secretary of the Benevolent Association and co-ordinator of the Volutary Aid Services at Groote Schuur, says volunteers contributed 13 863 hours of general work and 2 342 hours on the information desk last year.

They do everything from pushing trollies to answering phones, making appointments and working in the hand and breast clinics. Some have received training and counsel the sick and their families. Others wash patients' hair and make them feel better by just being there and chatting to them.

This group of philanthropists includes a retired lawyer, wealthy housewives, widows and widowers and former psychiatric patients.

"We had an psychiatric patient who would fall to pieces if asked to give 50 cents in small change. He is now a parking attendant and very happy," Mr Spriggs says.

William is the supervisor of volunteers in the trauma unit.

"People have often said to me I need my head read for having asked to go into the trauma unit."

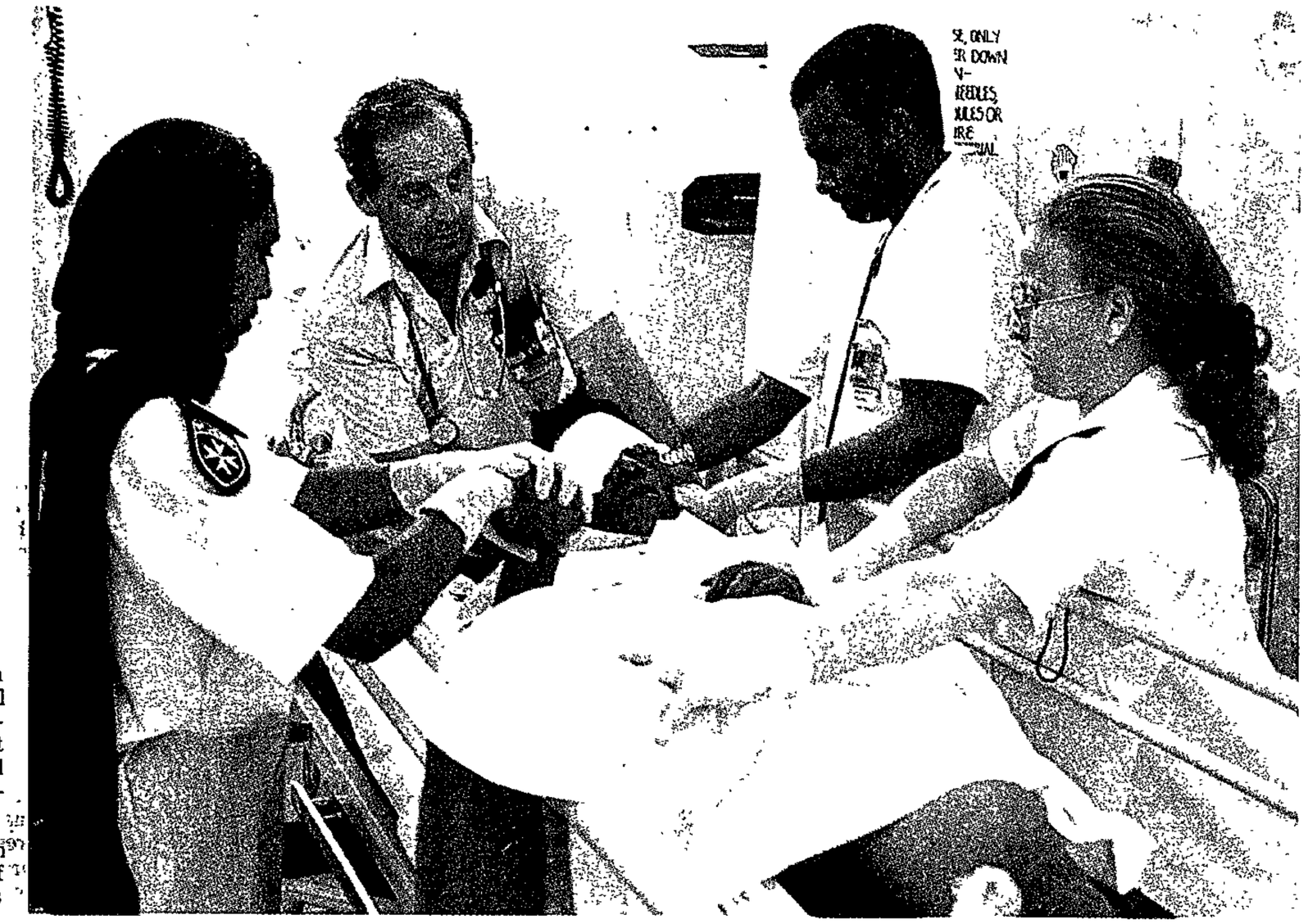
His desire to help others started about 15 years ago when a player was injured on a hockey field at a club in Constantia.

"There was no one around to help. This incident inspired me. I did a St John's ambulance course and went to see Neville at Groote Schuur's Voluntary Aid Service."

Work in the trauma unit "grew" on William and he received more training.

He has frequently been in the line of attack in the unit, where he says people are not only physically traumatised but also psychologically.

"In November 1994, I was talking to an ambulance driver when I noticed out of the corner of my eye a guy with a pair of scissors. He came rushing towards us and tried to stab the driver. He stabbed me in the hand. He had a problem."



There is a lighter side to the job, though.

"When someone has been resuscitated and their life has been saved it is wonderful. It makes me feel good. I feel joyous," he says.

William is full of praise for the people he works with.

"These are people's people. There is no racism or bias here. They will fight for a life no matter who the person is or what they have done. The nursing sisters are incredible. I have learned so much from them. I feel part of the team. I feel valued.

"I was offered counselling by a professor who told me to go to him as soon as I felt traumatised by what I was seeing."

His job is to get the patients undressed, to check for vital signs, blood pressure, pulse and breathing. "I do splints as well."

A great joy for him is his 11-year-old granddaughter's interest in first aid.

☐ **HELPING HANDS:** Volunteer medic William Kirsten, above, lends a helping hand to a badly injured patient in the Groote Schuur trauma unit. He is assisted by other professional staff at the hospital.

☐ **LIFE PULSE:** William Kirsten, left, takes the pulse of one of the patients in the unit.

Dispute at Shongwe Hospital

(98) Star 12/2/96

Health officials, staff and the media keep arguing while patients suffer

By Glenn McKenzie

THE OLD ADAGE "a picture is worth a thousand words" took on new meaning recently when *Mpumalanga News*, a Nelspruit weekly newspaper, published a shocking picture of several dozen pregnant women sleeping on the floor of Shongwe Hospital in the former KaNgwane homeland.

As it turns out, the picture was not taken in recent weeks. In fact, it could be up to two years old. Some health workers say it was published in various newspapers before South Africa's first democratic elections.

But regardless of its vintage, the photo has sparked a blaze of controversy that has engaged the hospital's administrators, the National Health and Allied Workers Union, senior health officials and the local media.

In several telephone interviews with *Sowetan*, health deputy director-general Tiny Jordaan has admitted that Shongwe is the "worst hospital in Mpumalanga, by a large margin".

But he also insisted that pregnant women do not sleep on the hospital's floor, and that "substantial improvements" have been made at the hospital since renovations were initiated last year.

This is clearly not the case. *Sowetan* visited Shongwe Hospital last week and found the maternity ward almost 300 percent full. (One foreign doctor said he had never seen a maternity ward as bad anywhere else in Africa.)

At night women who have recently given birth share beds and huddle on the floor space underneath.

Elsewhere in the hospital, the situation is nearly as bad. The temperature in the hospital's pharmacy registered more than 30 degrees. On some days it is more than 40 degrees, say employees. (Medicines should be stored at lower than 25 degrees.)

> **"Everyone knows that most South Africans don't want to work in the rural areas. We don't even have televisions here!"**

Most wards are crumbling and severely overcrowded. Drainage pipes are broken and blocked, and sewerage regularly spills into the hospital pathways, according to staff.

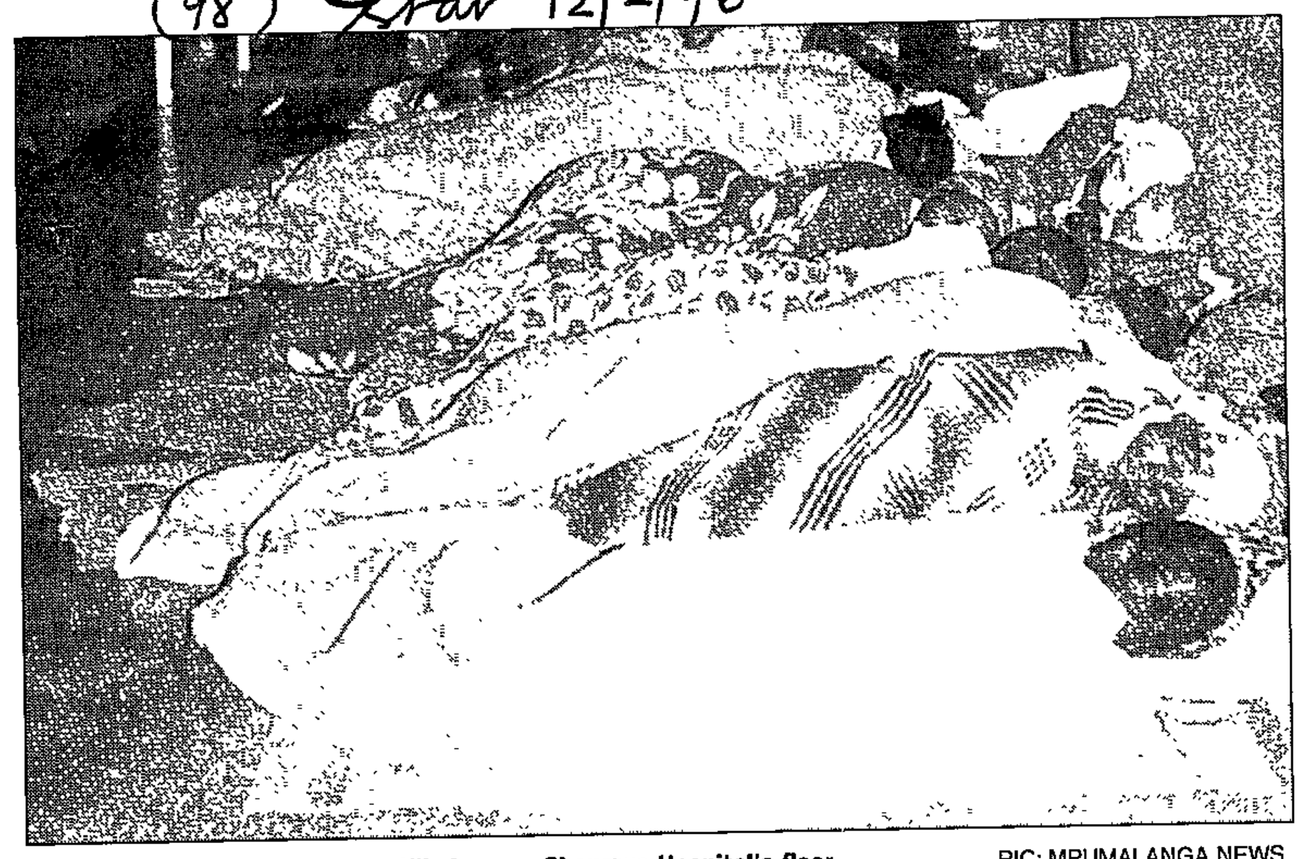
A "quick-fix" contractor, hired by the Health Department, had only managed to fix a few doors, paint a few walls and unclog "a couple of toilets", staff members said.

After *Sowetan*'s visit, Jordaan backtracked on his earlier claims. Real improvements, including a cooling unit for the operating theatre and a renovations budget of R1,4 million would only begin "in the next few weeks".

Up to R9,6 million would be set aside in the 1996/97 budget to build a new maternity ward. And Jordaan assured *Sowetan* that "something would immediately have to be done about women sleeping on the floor, if that is occurring".

"That is not human and cannot be tolerated! I was not aware that was going on!" Jordaan said.

Further controversy has developed out of last week's claim by Shongwe's foreign-born superintendent, Dr Kenneth Adae, that he was not allowed to talk to the media.



This picture is old, but women still sleep on Shongwe Hospital's floor. PIC: MPUMALANGA NEWS

The Ghanaian doctor told *Sowetan* that officials had "prevented him from speaking to the Press". Several days later he retracted the statement, saying he "assumed" he was not allowed to speak to media people after another official had been quoted in *Mpumalanga News* as saying he had been banned from talking publicly.

Banned from speaking

Jordaan told *Sowetan* no one had been banned from speaking to the media. *African Eye News*, another Nelspruit news organisation, told *Sowetan* that many other Mpumalanga health workers had, in the past year, also told them that they were muzzled by Jordaan.

Adae added to the controversy by denying that he had ever spoken to the media at all: "I have been seriously misrepresented in the Press. I also know that one of the hospital's clerks has been impersonating me."

He further accused *Mpumalanga News* of fabricating quotes and manufacturing information. For instance, patients never have to wait 36 hours to be treated as the newspaper claimed, he said.

And he was not opposed to hiring South African doctors, as the newspaper also alleged. He had made many attempts to hire South Africans, but most stayed only a short time.

Said Adae: "Everyone knows that most South Africans don't want to work in the rural areas. We don't even have televisions here!"

Regardless, health officials, staff and the media have managed to keep the debate over Shongwe Hospital raging over insignificant issues while patients suffer in appalling conditions.

A Shongwe health worker with a flair for creativity last week posted a message on a hospital bulletin board.

The message includes a *Sowetan* clipping about Mpumalanga premier Mathews Phosa's pledge to give Bafana Bafana a relaxing weekend of game watching in the province's game parks.

Underneath the clipping, one of the hospital's staff wrote sarcastically: "The team should also be taken to Shongwe Hospital Game Reserve where they can be taken for a game drive via the laundry, maternity ward, junior and infant wards, and have a dinner in our three star KaNgwane kitchen.

"They'll be given accommodation in our cosy chalets in Boschfontein and at our nurses' residence where they'll be massaged at the pool side. After the tour, they'll meet our administrators in their air-conditioned offices at Lost City (the administration block)".

Perhaps the message is fitting – exaggerations and all. No one can deny that Shongwe is a deprived and deeply divided hospital.

Valkenberg 'a disgrace'

ET 16/2/96 (98)

ANEEZ SALIE
HEALTH WRITER

VALKENBERG Psychiatric Hospital is a "disgusting dungeon" where apartheid is alive and well, an official investigation has found.

The probe also found that Valkenberg staff members were being booked off as they were on "unacceptable amounts of anti-depressants".

Countrywide, many psychiatric patients are grossly abused — both physically and sexually — and some have received shock treatment without sedation or guidelines.

This is according to the Mental Health and Substance Abuse Committee, chaired by Professor T B Pretorius of the University of the Western Cape. The committee includes many prominent people in the field of mental health..

The report on the state of mental health institutions was commissioned by the government health department, and was presented to Health Minister Dr Nkosazana Zuma in Parliament yesterday.

Zuma said she was "deeply concerned" by the findings, and would implement corrective measures urgently.

Western Cape Health MEC Ebrahim Rasool said task teams would be appointed immediately to correct the situation.

The committee found unacceptable health standards, inefficient management of patients and staff, a lack of safety measures, neglect of buildings, allegations of human rights violations, overcrowding and staff shortages, among many others.

❐ Turn to Page 3

Valkenberg 'disgusting'

ET 16/2/96 (98)

r From Page 1

Of Cape Town's three institutions, the 1 552-bed Lentegeur Hospital in Mitchells Plain met basic requirements because the facility was relatively new. Programmes in Afrikaans only are a problem, and the quality of the food is unsatisfactory.

Stikland, with 925 beds, was found to be still 99% white. It was one of the best facilities the committee investigated. They said the buildings and wards were in a "splendid" condition.

At Valkenberg, with 900 beds, the wards were in a shambles, the committee found.

"The ablution facilities are totally disgusting" and "most of the old ward dormitories are dungeons", with 60 beds crammed in each, affording no privacy.

Black patients are mostly kept in the worst buildings and white patients in new and better equipped wards.

Some of its buildings have become so dilapidated that patients have had to be evacuated, and others are far below the minimum health and safety standards.

There is an acute staff shortage, and food is a major complaint.

"In essence, there is a gradual disintegration at this hospital," the committee reported, "and we urge that urgent steps be taken to remedy the situation".

In a footnote, the committee says that after its report was concluded, allegations were reported of drug trials and experiments on patients without their consent.

Tembisa Hospital steps up security in bid to attract doctors

(98) Star 16/2/96

By Mandla Mthembu

Violence in and around Tembisa Hospital on the East Rand has led hospital officials to step up security measures in a bid to attract doctors who have been reluctant to work there.

The hospital has long been the target of thieves and drug dealers. In November, five armed men robbed a doctor and his pregnant wife, also a doctor, as they left work. Five minibuses and an ambulance have been stolen by armed hijackers at the hospital's entrance.

Hospital superintendent Dr Sandile Fenyane said this week the hospital had joined forces with the local community police forum which would liaise with the police. "We want to rid the hospital of crime and restore its image," he explained.

The hospital had to delve into its already depleted resources to employ six full-time guards from a private company to prevent further robberies.

An SA Police Service caravan is now manning the hospital's main entrance and covering the other two entrances, while the local traffic department is conducting patrols along the streets near the hospital during peak hours.

Fenyane said these steps were aimed at keeping the medical staff it has and attracting new people as several doctors and nurses left in November because of increased crime.

New private hospitals and clinics have rules to follow

(98) Star

Applications to build private health institutions in Gauteng will now be judged by set provincial criteria.

A statement from the premier's office said the criteria, drawn up by the health department, would give preference to black-owned companies using construction firms from the emerging business sector.

Preference would also be given to facilities which provided the four basic specialities of medicine – surgery, obstetrics and gynaecology, and paediatrics.

The aim was to ensure clinics and hospitals were built where there was a need, and companies would be required to outline their involvement in community development, such as affirmative action and using local labour.

The decision was motivated by the crisis in private health care: cost escalation had begun to undermine the viability of some private clinics and there was a risk of the state having to care for increasing numbers of people unable to afford private costs.– Medical Correspondent.

Decaying mental institutions unfit for patients, says report

(98) Star 16/2/96

Cape Town – Several South African psychiatric hospitals are unsuitable for patients, and the Umzimkulu Hospital in the former Transkei is "a dungeon", a government investigation into the state of mental institutions has found.

This hospital and the Westfort facility near Pretoria should be closed, while other decaying facilities needed urgent upgrading, the Mental Health Committee into reported human rights violations and alleged malpractice in psychiatric institutions stated.

Reacting to the report at a news conference in Cape Town yesterday, Health Minister Nkosazana Zuma said her department would address the situation.

Further investigations would have to be carried out into human rights abuses, she said.

Among the human rights violations listed in the report are assaults of patients by staff in the guise of self-defence, sexual abuse, denial of proper medical treatment and improper medication.

The report describes filthy conditions at several hospitals.

"The beds on which many patients sleep are mere bunks and the linen which they use as well as their clothes appear to be washed irregularly," it says.

The stench in wards at Valkenberg, Weskoppies, Groothoek and Westfort "was such that one fails to understand how doctors and nurses cope".

Although comprehensive in its report, the committee could not give detailed information on malpractice and abuses by staff. This was attributed to a "code of silence" that existed in these institutions, Zuma said. – Sapa.

the US after the shows for the ceremony. Picture: ROBERT BOTHA

Problems in rationalising of Cape medical schools

BD 19/2/96

Kathryn Strachan

WITH the Western Cape's health budget cuts leaving it with enough funds for effectively only one major health sciences complex, the University of Cape Town and Stellenbosch medical schools are having to rationalise the two faculties or risk severe cutbacks.

However, as the two faculties work out how they are going to share the various departments between the two campuses and their associated health facilities, differences are emerging. UCT believes it is the more established institution in terms of research and international standing, while Stellenbosch, which is beginning to make its mark on the global scene, wants to retain its identity.

"But," says UCT deputy vice-chancellor Prof Wieland Gevers, "the two universities have to face up to the resource questions and find a way to preserve the excellence of the Western Cape as a health educational area."

Stellenbosch University rector Prof Andreas van Wyk said the two academic health complexes served very different areas, with Stellenbosch providing for the northern peninsula and right up to the Orange River, while UCT's services extended through to the Eastern Cape. The two also had different "corporate cultures", he said.

"But if we handle it correctly and if there is close co-operation, we will both come out the better for it," he said.

The two medical schools and the regional health department have agreed on a mechanism involving a committee and task groups which would assess the strengths and resources of departments, and decide on the most rational proposals for the services and associated teaching and research activities.

With the expansion of the primary health approach, students from each faculty would, in any case, be travelling to peripheral facilities and possibly to each others' campuses when the rationalisation was complete. Students from UCT, Stellenbosch and those studying health sciences at the University of the Western Cape were likely to have access to the same distributed facilities, but would graduate from their home universities.

The Western Cape has to scale down its academic hospitals by 25% over the next five years. However, Gevers believes budget pressure is being exerted too quickly. The institutions must have sufficient time to produce a result, which can provide the services and educational facilities needed, he said.

Soldiers to be recruited into the SAPS

BD 19/2/96

Wyndham Hartley

CAPE TOWN — The SAPS is planning to recruit members of the SANDF to strengthen its public-order units, Safety and Security Minister Sydney Mufamadi said.

Mufamadi said he had already held talks with the defence ministry over possible transfers of personnel. He said the French government would be assisting with the retraining of any soldiers that transferred to the police.

The French had considerable experience in retraining soldiers to do public-order policing he said.

Increased manpower in the patrolling of SA's borders is also needed, Mufamadi said, because it had to be ensured that the extensive border was properly policed.

Also due for an injection of manpower is the police intelligence arm, the minister said. He pointed out that accurate intelligence was having an effect on controlling crime syndicates of carjackers in Gauteng. He said all the police work was based on intelligence and relied on the national intelligence agency for assistance.

BRIEFS

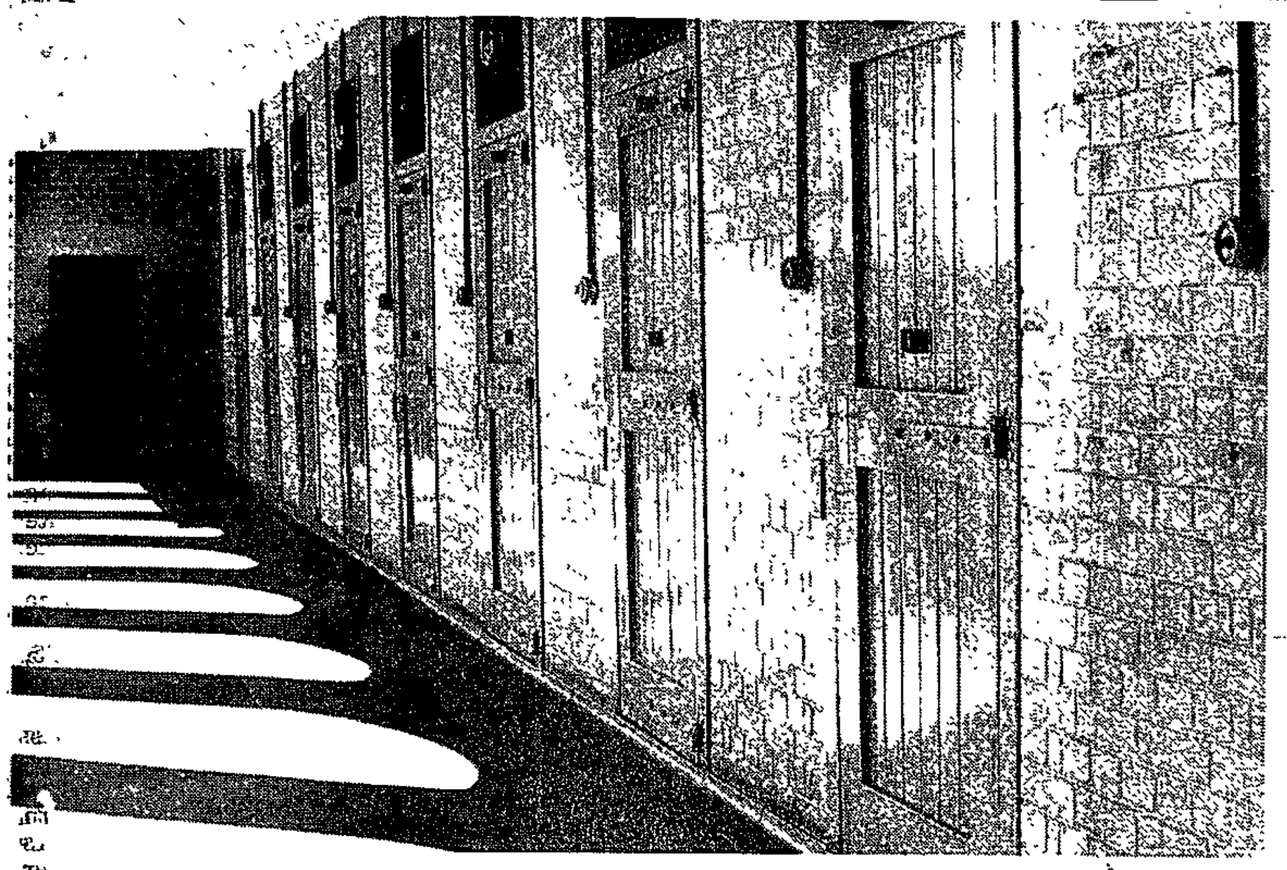
Stikland Hospital 'not 99% white'

THE superintendent at Stikland Psychiatric Hospital, Dr Miles Booker, has denied his institution is 99% white, as alleged in a report by the Mental Health and Substance Abuse Committee presented to Health Minister Dr Nkosazana Zuma last week.

Originally a white facility, Stikland now had 68% whites in its general wards and 37% in the acute wards, he said.

(88) (98)

CT 20/2/96.



The rows of isolation lock-up rooms for severely disturbed patients at a psychiatric hospital highlight the grim conditions at the institutions. Inside the rooms, there are no mattresses or blankets as patients can use them to inflict damage on themselves.

Shortage of funds results in poor mental health services

BD 21/2/96 (98)

Kathryn Strachan

IN THE locked forensic ward of Sterkfontein psychiatric hospital — to which state patients who have committed crimes are admitted — there are only four nurses for the 60 acutely disturbed patients.

With so many psychotic men kept enclosed in one space with hardly any supervision, the reports of violence in wards are given some perspective.

But Sterkfontein — situated on the outskirts of Roodepoort — is one of the better resourced institutions, and as other mental hospitals across the country are even more underfunded so their standards keep plummeting.

Out of these hidden health institutions emerge many reports of abuse and maltreatment.

In her research into patient's experiences of mental health services, Prof Leana Uys, head of the department of nursing at the University of Natal, encountered countless reports of abuse and is now trying to investigate the extent of maltreatment.

In group discussions, patients say they have been threatened by nurses. Some say they have been stripped naked, and there are many complaints that police steal their belongings when they are picked up.

"The way in which police pick up patients at their homes is so traumatic that everyone in the street knows about it, and it makes going back into the community when they have recovered all the more difficult," says Uys.

"When patients are psychotic, they are totally defenceless. Only a small proportion are paranoid so these accounts would not be made up."

Gauteng health department mental health services director Dr Ruth Zwi says lack of humane treatment in the justice system adds to the trauma of being interned.

She relates a recent experience of a psychotic woman who was lucid enough to ask for legal assistance when she was picked up by police and taken to a magistrate's court.

The magistrate then threw a telephone directory at her and told her to find herself a lawyer.

The justice system also works in a way that means that if a person who committed a crime is ruled by the courts to be mentally ill, they may end up being incarcerated in psychiatric institutions for a far longer period than they would have been if they were simply sent to jail.

Patients are also often kept in police cells after having been picked up.

National health department director of mental health services Hlengiwe Mkhize says psychiatric institutions are the most neglected part of the health sector and are in a poor condition country-wide.

"The question of patients' rights is going to emerge as a major issue for mental health if the Bill of Rights goes through," she says. Psychiatry and its institutions are a very old established section, and it will need a careful process to change them.

"But we need to move very fast to ensure that mental health and the care and rights of patients are in line with the Bill of Rights."

Pat Skea, the matron at Sterkfontein Hospital, says the institution is held back from providing better care because it is underfunded, understaffed and overcrowded. There are only five psychiatrists for 800 patients, but Sterkfontein is still a lot better off than most institutions.

Relapses

One factor that would alleviate the burden on the hospital is an adequate community-based service. Patients are sent home once they have received treatment, but without an adequate community-based service to do follow-ups, to pick up relapses at an early stage, and to check that patients are taking their medication, many of the patients are soon readmitted.

More patients could be sent home to their families but without the community-based service to offer support to those who give care at home, families are reluctant to take patients home and they have to remain in the hospital for an indefinite period.

Health professionals are amazed that the mental health system could ever have been designed in such a destructive way, and the system is hampered by relics of the past; the huge institutions hidden away from society's view, and the way in which mental health has been divided at every level of care from the rest of the system.

Community-based care does not only make sense from an economic perspective, but from a treatment perspective as well.

Prof Carlo Gagiano of Free State University's department of psychiatry is one of the leading architects of a fundamentally new mental health system for the country.

The old system of institutionalisation, with very little community-based care, has resulted in stigmatisation and an inaccessible service for most of the people needing care, he says.

A strong community-based service will remove the stigma from patients and render a service for mild and uncomplicated mental illness that comprises more than 80% of the total work load, he says.

With training and back-up from specialists at hospitals, primary care workers are capable of delivering the service, and more complicated cases could be referred on.

Hospital-based care would be available for the treatment of the severely mentally ill but this would not be institutionalised care for the mentally ill in its present form.

Hospital-based care will consist mainly of short-terms admissions with highly specialised therapeutic programmes. A very small component should be long-stay patients. These units should preferably be small 20-bed units linked to a sheltered employment facility, he says.

Karen Ensink, a researcher at the University of Cape Town's psychiatry department, said that when the UCT medical school set out to do an epidemiological survey of Khayelitsha, it was surprised to find that the community placed mental illness near the top of its list of most pressing health problems.

The community requested urgent assistance, particularly with child and adolescent psychological problems, as the psychiatric services in the area were too thinly spread to absorb the high level of mental illness.

A survey showed that 64% of children and adolescents between six and 16 years presented one or more symptoms frequently associated with psychiatric disorders.

Even if primary care mental health services were developed, it was likely that only the most severe psychiatric disorders would be identified and treated at clinics. A great many "at risk" or "marginalised" children would still be overlooked and not receive appropriate interventions, she said.

Absurd doctor: patient ratio

22/2/96 Sowetan

By Bronwen Roberts

THREE state psychiatrists in the Eastern Cape were struggling to treat up to 2 200 mental patients, a top psychiatrist said today.

Head of the Eastern Cape Psychiatric Services Dr Charles Lowe, told *Ecna*: "They (the three psychiatrists) can only stop people from going berserk."

Meanwhile, the mental health of people in East London – the second largest city in the region – was "not very good". This was according to the director of the East London-based Mental Health Society, Beth Burton, who told *Ecna* that depression and stress was rife in the city.

She said this was heavily influenced by an unstable economy, unemployment and a lack of resources.

Burton said: "In this environment people often use dagga and alcohol to escape. This compounds depression and forms a vicious circle of poor mental health."

Dr Lowe said that proper treatment of mental patients was being hampered by huge staff and resource shortages at the four mental hospitals in the region – all in formerly white areas.

These hospitals were absorbing the overflow from three collapsing mental hospitals in former Transkei and Ciskei.

However, Lowe believed the region's mental health service was "good compared to Third World conditions, but not so good compared to First World conditions".

Lowe said one of the Eastern Cape psychiatrists was seeing up to 100 patients a day.

This meant only severely depressed or psychotic people were being treated: "mildly depressed" patients were not being treated adequately.

Lowe firmly denied that patients were being maltreated.

He was commenting on a government report which stated that mental hospitals were in a worse state than the South African prisons.

Rejected report

He rejected a report today which claimed that patients at Grahamstown's Fort England hospital were placed in solitary confinement, or heavily sedated as a form of punishment.

However, he said: "Our hospitals are few and far between and if we need to transport difficult patients, we may drug them for the journey.

Sedation helped to calm patients and to prevent exposure to outside influences which might disturb them.

New mining bill hailed

Miners now have the right to refuse to work in dangerous conditions

Star 22/2/96

By Troye Lund

South Africa's 500 000 mineworkers have hailed the new Mine and Safety Draft Bill as a "victory for labour".

Mining houses agree, saying the new proposed legislation heralds a co-operative and safer era for the industry.

A foreman at the Durban Deep mine in Roodepoort said the "biggest win and largest step from the destruction of apartheid" was the draft bill's provision for miners to refuse dangerous work".

"So many times, miners have known a certain job is dangerous, but have had no choice but to obey instructions. We all took chances to keep bread on the table," said the foreman, who asked not to be named.

To illustrate, he referred to what is considered to be South Africa's worst mining disaster. In 1960 a total of 437 miners were squashed under about 160m of rock when an earth tremor collapsed an incline shaft at Sasolburg's Coalbrook mine.

At an inquiry after the incident, it emerged there had been a tremor before the fatal one and that miners had tried to get out but "were driven back" to continue work. The next tremor killed them all.

Mining houses fully support the need for workers to have the right to refuse dangerous work but fear parts of the bill interfere "excessively with mining operation".

But the National Union of Mineworkers is adamant that mining houses cannot "be trusted to self-regulate".

"If they think some things are too prescriptive then they have brought it on themselves and deserve it," said NUM health and safety co-ordinator Fleur Plimmer.

■ An inquiry into one of SA's worst mine disasters, in which 104 men died at Vaal Reefs gold mine, was provisionally expected to present its findings on April 18, Leon Commission secretary Derek Baker said.

An underground train plunged down a shaft on top of a lift and both crashed about 450m to the bottom of the shaft, killing all 104 in the cage. – Reuters.

Workers release hospital staff

Staff Reporter

The Boksburg-Benoni Hospital on the East Rand is calm and back to normal after a hostage drama that threatened to close all but the intensive care unit and maternity ward of the hospital.

Protesting workers took hospital superintendent Peter Croukamp, his secretary, the nursing director and several matrons hostage yesterday.

The workers refused to release them until their demands for higher wages were met.

The protest started at about noon and the staff were released late yesterday afternoon.

Star 22/2/96

Mbeki on poll trail

Deputy President Thabo Mbeki will target minorities and rural communities when he hits the campaign trail in KwaZulu Natal this weekend.

The ANC seeks a turnaround in Indian, white and coloured areas where it fared badly in the 1994 election. The main thrust will be in the Maphumulo district. – Political Reporter.

Mental Health Act changes sought

(98)

BD 22/2/96

Kathryn Strachan

MENTAL health experts are pressing for the abolition of legislation that prevents public scrutiny of psychiatric hospitals following horrifying reports of widespread abuse, assault and neglect at the institutions.

A clause of the Mental Health Act of 1973 has been used to prohibit journalists from reporting on conditions in psychiatric hospitals and a committee of experts believes that, without public scrutiny, these abuses have been allowed to continue "unabated and unchallenged". A report by the committee said: "Culprits have committed gross abuses of patients with impunity and in the certainty that they will get away with it."

A meeting scheduled with the Parliamentary standing committee on health will discuss changes to the Act.

Another concern was about people being certified mentally ill when they were not. The absence of accountability on the part of people who certified patients led to abuse of certification, said the report.

Cheap psychotropic drugs, which had a variety of side-effects, were continuously administered and their persistent use did more harm than good.

The investigation — carried out by the committee which was made up of experts from medical schools, the health department, and Lawyers for Human Rights — detailed claims of sexual abuse and neglect.

Allegations were levelled at Millsite Hospital, near Johannesburg, which is run by the private Lifecare Group. Lifecare said yesterday its comment was still being formulated.

Millsite's wards were overcrowded and patients rarely discharged, said the report, alleging this was because the state subsidised the company for each patient and it made financial sense to have as many patients as possible.

For this reason, it recommended that all patients admitted to private hospitals should be admitted by state doctors rather than by those of the institution. There should be a regular review of patients by state doctors and if a patient was kept in an institution for more than a year, their case should be referred to the ombudsman.

All agreements with private organisations providing in-patient psychiatric care should be reconsidered.

The report heard many claims from patients and staff of sexual abuse, but when these claims were followed up, the standard response of hospital authorities was that the patient was hallucinating.

Patients' rights to dignity implied they should have privacy and supervision, but this was often not the case.

At many hospitals male patients were allowed access to women's sections. With the lack of supervision at Ekuhlengeni in KwaZulu-Natal, girls as young as 12 were sexually abused by male patients. "This included young girls who were spastic," said the report.

At Ekuhlengeni it was "not unusual" for patients to have sex in the open, watched by others and by the public.

Comment: Page 14

Fees protests swamp educational institutions

(98) BD 22/2/96

BOYCOTTS and other protests yesterday developed at a number of educational institutions, mainly around the issues of admission and fees.

Police were called to maintain order at Free State Technikon in Bloemfontein where about 400 people were demonstrating outside the campus.

They were protesting against bail conditions set for 137 demonstrators, including students, arrested on Tuesday and charged with either defying a court interdict obtained by the technikon or trespassing.

In the Free State town of Trompsburg yesterday businesses closed as hundreds of Madigetla Secondary School pupils marched in the streets before handing over a petition at the local police station.

Damage of thousands of rands was caused to houses and businesses in Trompsburg on Tuesday when pupils rampaged through the streets after being chased away from Trompsburg Secondary School by white parents.

University of Zululand students on Wednesday staged a one-day lectures boycott to protest against increased tuition fees, it was reported. — Sapa.

NEW APPROACH TO TREATING CHILDREN

Parents to have role in healing

CT 23/2/96 (98)

RED CROSS Children's Hospital has big plans — but still needs big money. **ANEEZ SALIE** reports.

RED CROSS Children's Hospital is well on its way to transforming itself into Africa's first one-stop child centre and soon parents are to take a direct role in healing their children.

Superintendent Dr Shaheed Hassim says that in addition to its vital curative function, Red Cross intends offering a range of services to children and parents, such as health promotion, accident prevention, day-care facilities, and overnight accommodation for parents, to name a few.

"We are looking at children in their totality," says Dr Hassim.

The active participation of parents is central to the new thinking at Red Cross. At their new drip room, for instance, where children are rehydrated, parents are taught how to prevent gastro-enteritis, as well as how to treat it themselves with a simple salt-sugar-water solution.

This should reduce pressure on the overcrowded Red Cross, the only dedicated children's hospital south of the Sahara, which is scoring another first with the "one-stop" model it has adopted.

Not that the local hospital has all the money it needs yet.

"Yes, we have every paediatric service under one roof, and intend to redevelop, but that roof is collapsing," says Dr Bob Bishton, who heads the Children's Hospital Appeal, a fund-raising effort which seeks to raise R8 million to upgrade and expand the hospital.

The national health ministry, now embroiled in the controversial R14,7m Sarafina 2 Aids awareness play, has pledged R5m to the appeal, to match the R5m raised by Bishton's team in its first year.

"Together with a few big corporate sponsorships and the ministry's pledge, we are now nearly half-way," said Bishton.

The funds enable the hospital to start with phase one of its upgrading — replacing overcrowded, prefabricated buildings which are 30 years old and were meant to be temporary. These buildings house the vital out-patients department, which will be the first to move.

● Donations to the Children's Appeal are tax-deductible and can be sent to the Red Cross Hospital Trust, P O Box 38783, Pinelands 7430.

OUCH: It's time to change the dressings of little Candice Walters, a burn victim at the Red Cross Children's Hospital. Daily clean dressings are vital to prevent infection and aid healing. The two charged with the delicate task are Staff Nurses Tracy Beukes (left) and Desirée Mackrill.

PICTURE: ANNE LAING

LEFT: Former Siamese twins Bernard (left) and Brian Franse, 3, were joined at the pelvis at birth. Successfully separated at Red Cross, they now have a smile for everyone.

RIGHT: Namhla Mjikeliso, 14 months (left), seems less at ease than Akho Matontsi, eight months, who has his mother Mrs Nomzi Matontsi on hand in the drip room, where parents are encouraged to help.

PICTURES: ANNE LAING

Mental-health reform a priority after damning report

Star 23/2/96 (98)

Finding accommodation fit for humans a problem, but no one will be turned on to streets, promises health director

By Janine Simon
Medical Correspondent

Gauteng's department of health has made reform in mental health a priority, but will not be summarily closing wards as a result of the damning report on human rights abuses and malpractices at some psychiatric hospitals.

Among other problems, the report has found that 200 patients at Westfort Hospital near Pretoria are living under conditions unfit for human occupation.

Speaking at Weskoppies Hospital near Pretoria yesterday, Gauteng's director for mental health, Dr Ruth Zwi, said alternative accommodation was a problem, but patients would not be turned on to the streets, as had happened in other countries.

Westfort was a priority capital project and the department planned to sell some of the hospital's extensive land holdings to fund upgradings.

The department was also reviewing contracts that the previous national health department had signed with private contractors to run seven state-subsidised facilities in the province.

Zwi added that all formal complaints of abuse or malpractice would be investigated but, as the report was based on confidential interviews, and no specific examples were given, the findings were difficult to pursue.

Many statements in the report, for example on electro-convulsive therapy, lacked context and therefore had little meaning.

"We acknowlege there is abuse," Zwi said. "And however good the internal environment is for investigating those cases, our aim is to set up democratic hospital boards so that those complaints can be reviewed by an outside body."

Eleven Gauteng hospitals were investigated by the 10-member committee briefed by the national Department of Health to delve into numerous complaints of abuse at psychiatric institutions.

Their investigation was the final part of a broader probe last year into general issues in mental health.

Gauteng's health department welcomed the report, saying it had thrust a subject previously shrouded in secrecy and neglect into the public eye, and was a sobering reminder of the immense task of overhauling the system of psychiatric care in the province.

Director-general Dr Ralph Mgijima said the deficiencies highlighted by the report mirrored many of those in the poorly administered institution-based health service inherited by the new government.

But it was "very thin" on the question of health workers, and the strenuous conditions under which they worked.

Gauteng had overhauled its approach to mental health in the past eight months, and was gradually reintegrating mental health services into the wider network of health care.

The community health services were being boosted, the number of acute psychiatric beds in general hospitals across the province was being increased, and the department planned to gradually increase the budget allocation for bodies which offered community care in day-care facilities and half-way houses.

MOTLHALEFI MAHLABE

Under the spotlight ... a recent report has sharply focused the public eye on conditions at psychiatric hospitals. This is one of the wards at Weskoppies Hospital, west of Pretoria.

Weskoppies staff dispute findings on psychiatric institutions

By Janine Simon

Staff at Weskoppies Hospital yesterday disputed some of the findings of a report on human rights violations and malpractices in psychiatric institutions, but threw their weight behind many of the report's recommendations.

The 1 189-bed hospital said that while the formation of the committee had been seen as a positive step, the presentation and publication of the report had been viewed by nursing and medical staff as an attack on their integrity and professionalism.

It distanced itself from claims of over-use and abuse of electro-convulsive therapy, non-attendance by doctors, inadequate diagnostic treatment regimes or inadequate control.

Responding to the specific remarks about Weskoppies in the report, which was released last week, acting superintendent Dr LeAndre Gauché said the hospital agreed with findings that conditions in some wards were unacceptable and had been trying to draw the department's attention to this for years.

"No specific wards are mentioned, so we don't know, but several are in the process of being demolished, and others improved," he said.

Staff objected to claims that patient abuse was reportedly rife at Weskoppies. All complaints were fully investigated, regular reviews and spot inspections were held, and charges had been laid in three cases of physical abuse, they said.

Prof Wilhelm Bodemer, head of the department of psychiatry at the University of Pretoria, agreed that an external review body would be better equipped to deal with such complaints.

Bodemer also said the report's findings that treatment protocols were not adhered to did not apply to Weskoppies.

Weskoppies is an academic hospital, and standards of practice there are generally regarded as better than average.

Plan to reduce drug prices in state clinics unveiled

BD 23/2/96 (98) (185)

Kathryn Strachan

THE health ministry unveiled an ambitious plan yesterday to reduce the price of medicines in state primary health care clinics through a new national drug policy.

At the heart of the policy is a list of essential drugs, which will be available free of charge to every primary facility. By setting up an essential drugs list and a more effective distribution mechanism, clinics in disadvantaged and remote areas will be assured of a reliable supply of effective and safe drugs.

The plan aims to ensure medicines will be procured at the best possible prices. Price negotiations will take place at national level and all state health facilities will procure essential drugs through the public sector tender system. National tender prices will be monitored and compared with international prices. While preference will be given to local producers, procurement will aim at securing the lowest prices.

At present drugs are not available in the correct quantities where needed and are not selected and used in the most cost-effective way. The optimal use of drugs is vital as drug prices in SA are among the highest in the world.

Health Minister Nkosazana Zuma said at the launch of the new policy the first phases would be introduced in April. Drug procurement and distribution for the public sector would be limited to drugs on the essential drugs list.

The policy also aims to stimulate the national pharmaceutical industry to manufacture drugs on the national list and to promote national self-sufficiency on these lists. A committee of medical and pharmaceutical experts, appointed by the minister, would select drugs for the list. The selection would be based on the drug's proven safety and efficacy, and its cost advantage.

Medicines used by traditional healers would also be investigated for their safety and quality with a view to incorporating their use in the system.

By CAS St LEGER

'FILTHY DUNGEONS' OF ABUSE WHERE THERE IS LITTLE HOPE

(B) (98) ST 25/2/96

HEAVILY medicated patients doze on the grass at Westfort psychiatric hospital. Their meals are delivered by lorry and served outside. At night they stumble groggily back to their wards, a scattered collection of run-down cottages.

A report released last week describes many South African mental hospitals as "filthy dungeons" of abuse where patients and staff appear drunk or high on cannabis.

And the worst of these hospitals is Westfort, a century-old former mission hospital and leper colony on the outskirts of Pretoria.

The report was prepared by the Mental Health and Substance Abuse Committee, which was appointed by the Minister of Health, Nkosazana Zuma, to investigate alleged human rights violations and malpractices at 32 psychiatric institutions.

Westfort is described as literally unfit for human occupation. "For any government to allow it to be used as a hospital is a gross violation of the fundamental rights of the patients," the report says.

It found bedding and patients' clothing to be filthy and tattered, and the patients appeared to be poorly fed.

Buildings were old and also in a state of decay, while toilet and ablution facilities constituted a health hazard.

"There were clear symptoms of the dehumanising conditions under which they are kept," the report says.

This week the gates of Westfort were thrown open to the Sunday Times by superintendent Dr Leandre Gauché. The only restriction placed on the afternoon-long visit was on photographing any of the 211 patients, 95 percent of whom are state certified.

Admission to the grounds is tightly controlled by a guard but there is no complete perimeter fence around Westfort's 356ha even though some of its patients have been committed for rape and murder.

We asked to see the worst conditions and were taken to ward five, for acute patients, on a road that almost required a four-wheel drive.

Like the rest of the hospital, aside from leper wards, it is not a ward at all but a collection of cottages and flatlets surrounded by a fence. The gate is locked only at 5pm, leaving patients free to wander almost at will.

This layout — intended for lepers and not mental patients — causes the most problems as nurses can not monitor patients.

Patients in ward five are heavily medicated and spend most of their time dozing under trees. Those we spoke to seemed cheerful and claimed to be content and well-fed.

We found extreme dilapidation but no signs of filth, or even litter.

Much of the paintwork is peeling so badly that the original colour cannot be seen and there is more raw plaster than paint.

Tiles in shower cubicles are missing and toilet cisterns are holed and rusty. Despite this, they are clean and working. There were clear signs of renovation work and fresh paint in other wards.

Some patients are dressed shabbily, but their clothes are clean and show fresh ironing marks.

Bed linen is scant but clean. Plastic-covered mattresses are ageing but hygienic.

The most disturbing thing the Sunday Times found — which was not mentioned in the report — was the outdoor arrangement for serving meals, common to all wards.

Food is prepared in a central kitchen and distributed throughout the hospital by lorry. Meals are off-loaded and served from an area covered only by a carport-like roof. Patients have no protection from the weather. They must collect their food and eat either outside or crowded into small, TV-equipped rooms where there are a few small tables and chairs. There is not enough space for the average of 50 patients to a ward.

At night, nurses and patients, groggy from medication, stumble over the uneven pathways in the dark. The overhead lights often didn't work, said the matron, Maryanne Evans.

Dagga abuse among patients was rife and impossible to stamp out, she said.

Patients had reacted by toyi-toying when the practice of rewarding them for garden work with cigarettes and tobacco was stamped out in line with Dr Zuma's anti-smoking policy. Smoking is now banned officially but patients obtain tobacco and roll their own cigarettes.

Ironically, Westfort is a victim of the new government's change in focus.

Before the elections, there were plans for a new hospital to house the mentally-ill, AIDS patients and lepers. Some of Westfort's land was to have been sold off to finance the project but it has since been put on hold.

Another project that has been put on hold would have seen buildings on the south side of Westfort demolished when a new road from Pretoria sliced through the property.

Limited resources in the hospital's budget, which has not been increased for five years, were spent elsewhere.

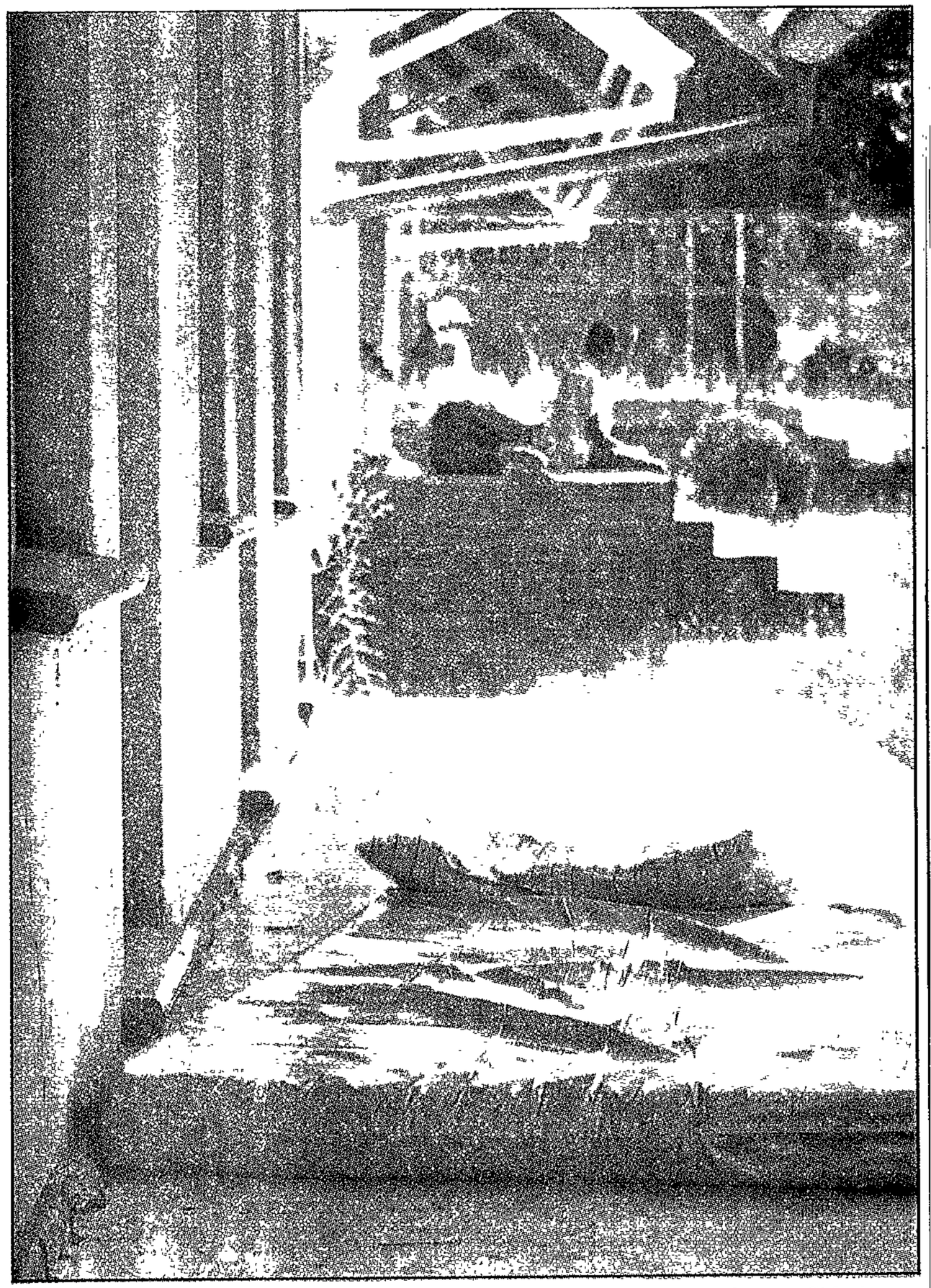
A quote for R6-million-worth of urgent renovations has been gathering dust on Mrs Evans's desk for months. There is no money for the work.

Dr Gauché said he had been begging for years for someone to inspect the poor state of buildings at Weskoppies and Westfort and attend to the lack of funds to fix them.

He had been delighted that investigators were finally on their way and had ensured they were shown the worst conditions at the hospital.

But he was devastated when the report apparently blamed him.

The committee chairman, Professor Tyron Pretorius, dean of psychology at the University of the Western Cape, said he had emphasised to Dr Zuma that massive injections of funds would be required.



PEOPLE ARE LIVING THERE . . . Westfort psychiatric hospital was described as almost unfit for human occupation. We found it to be dilapidated but clean Picture: CHRIS COLLINGRIDGE

'THE POWER OF AN IDEA'

R5m govt boost for children's hospital

CT 26/2/96 (98)

STELLENBOSCH: President Mandela said last night that the mention of the Red Cross War Memorial Children's Hospital warmed the hearts of hundreds of thousands of people, writes **EVELYN HOLTZHAUSEN.**

THE government has given R5 million to the Red Cross War Memorial Children's Hospital to upgrade its facilities. President Nelson Mandela presented the donation last night at a fundraising dinner hosted by Mr Dick Enthoven at Spier Wine Estate, saying it was in keeping with the government's focus on free health care, particularly for children.

"The mention of the Red Cross Children's Hospital warms the hearts of hundreds of thousands of people in South Africa."

He said this was also true for the South African prisoners of war and Red Cross volunteers in the camps when they conceived the idea of building a children's hospital in memory of all who had suffered in World War II.

"Such was the power of that idea that 10 years later, and with substantial contributions from ordinary people, the hospital was built."

Earlier, while the Stellenbosch children's choir sang Khosholoza, Mandela joined them for an impromptu dance and sang their next two songs with them.

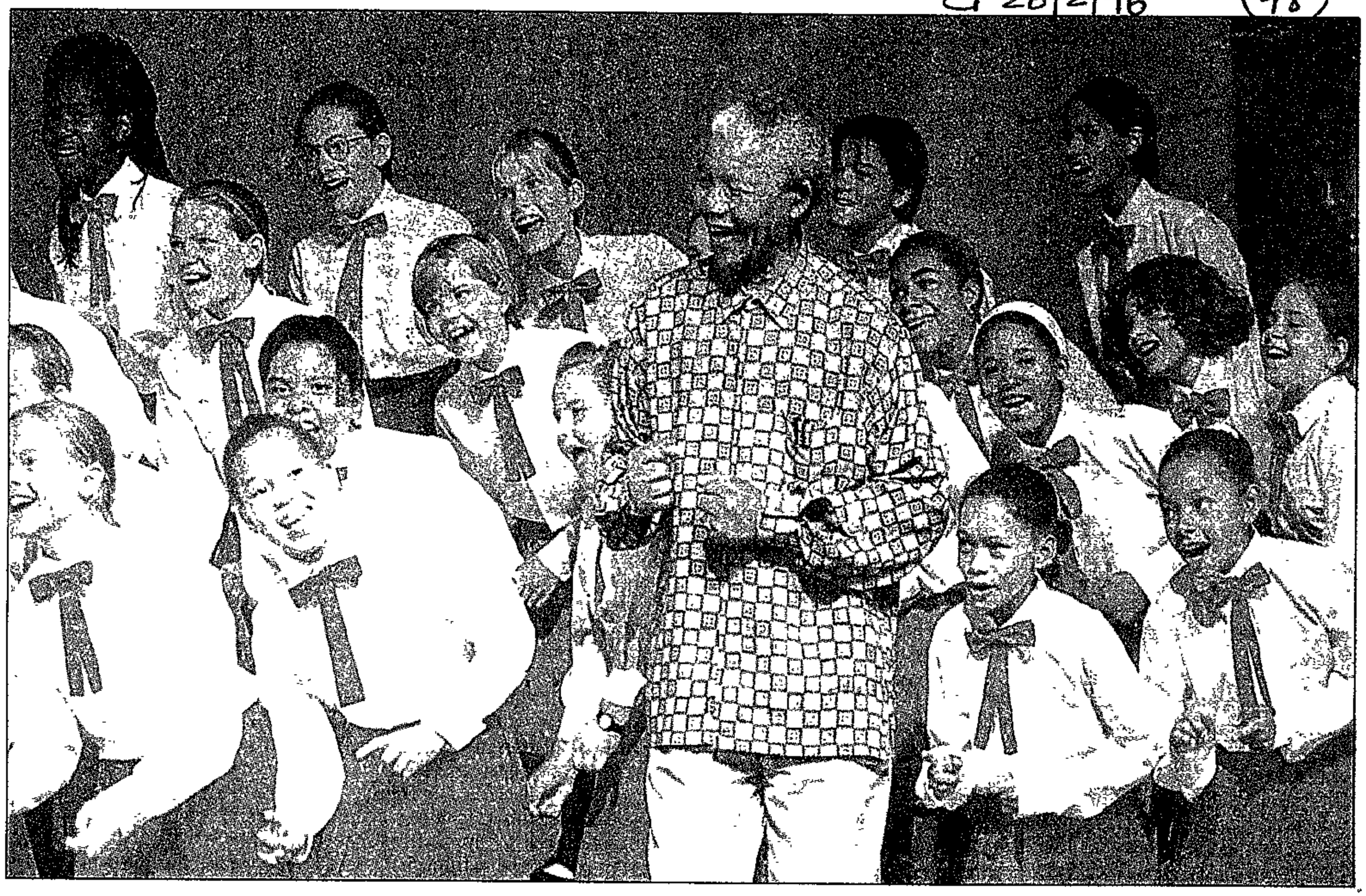
Mandela said he had been inspired to start his children's fund after encountering street children outside a city hotel. After speaking to them he had realised they believed society had stopped thinking about their welfare.

He said that the fund had now reached R12m.

Mandela said that while imprisoned in Pollsmoor he had once heard an eight-year-old child crying and had been told the child was in prison for "stealing from a white man". He had helped the child to find a place to stay.

He praised Health Minister Dr N Zuma, whom he said should be complimented for her hard work. Not all segments of the community were aware of the work she did.

Mandela left the banquet early to hold urgent talks with Ikatha Freedom Party leader Mangosuthu Buthelezi about continued violence in KwaZulu-Natal.



UPSTAGED: President Nelson Mandela joins the Stellenbosch Children's Choir for an impromptu dance at a fundraiser for Red Cross War Memorial Children's Hospital at Spier Wine Estate last night. Mandela joined the children for a song and then remained on stage for another two songs — to the delight of the crowd. The President announced last night that the government was giving R5 million to the hospital. Mandela praised the hospital for its work with children and said it was a valuable community asset. ***PICTURE: BENNY GOOL***

The greening of Valkenberg

ARG 26/2/96 (98)

JENNY VIALL, Health Reporter

HIS vision is to create a garden – with a little help from the patients – that will support the upgrading of Valkenberg Hospital. His philosophy is "no more talking, time for action".

And in two months Gary Glass and his co-workers have taken a giant step towards realising this vision, creating a garden that is producing enough vegetables to sell to staff at the hospital.

Visiting the food garden is like being out in the country. Rows of tomatoes, aubergines and beans alternate with gem squash and courgettes. Parsley and lettuce are abundant.

Other areas have been cleared of rubble, and planting has just begun. "It's time to plant potatoes," says Mr Glass, whose organic garden is free of pesticides and poisons.

He is a volunteer worker for the Valkenberg Farm Project, part of the Friends of Valkenberg group. Working closely with him is James Smith. The occupational therapy department is supporting the project.

RURAL IN THE CITY: Daniel Armoed and Gary Glass with some of the vegetables they've grown in the garden in Valkenberg Hospital's grounds. Picture: JENNY VIALL, The Argus.

There are plans afoot to get a horse and cart and to use a dilapidated old building to raise chickens. Mr Glass wants as many patients as possible to get involved.

"We'll be building a stable and there'll be chickens to look after. We want to offer a variety of projects to keep people interested and involved.

"We want to rejuvenate the old farm and make it beautiful again We want to establish an infrastructure to support funding the upgrading of the hospital.

"We want to go rural in the city," he said. His vision is easy to imagine seeing his energy for the garden ..

Hypnotic talk by an expert

JACK GIBSON, a well-known medical doctor who has used hypnosis instead of anaesthesia on more than 4 000 patients, is in Cape Town for a few days. He has produced tapes on using hypnosis to stop smoking, reduce stress and help asthma patients. For more information on his public talks, tel 788 7586.

NEWS FOCUS

Funding gap highlights reason for mental hospitals' conditions

BD 28/2/96 (98)

Kathryn Strachan

A NEW study on the funding of psychiatric hospitals highlights the huge gap that exists between these institutions and general hospitals — a gap which explains the appalling conditions in psychiatric hospitals.

The review by Cape Town University's department of psychiatry found marked underfunding. "Adequate staff patient ratios cannot be provided at these funding levels, especially for inpatient units for psychotic patients, and it is not surprising that the safety of patients can no longer be guaranteed," says Karen Ensink, a researcher in the department.

The study focuses on the Western Cape, but its findings throw light on trends in other regions. While treatments at psychiatric hospitals are less expensive than at general hospitals (which perform expensive surgery, for example), many more nurses are required for supervision at psychiatric institutions.

Daily unit costs at inpatient facilities for the mentally handicapped are among the lowest, an average of R64. Unit costs at psychiatric institutions are about R100 to R120, whereas unit costs of psychiatric care in academic general hospitals tend to range between R180 and R220. Psychiatric unit costs are on average a quarter those of general health unit costs in academic hospitals and half those in secondary hospitals.

Average psychiatric unit costs are equivalent to unit costs at TB hospitals, which are generally recognised as requiring the lowest level of inpatient care.

The Western Cape psychiatric beds to population ratio of 61:100 000 falls far short of World Health Organisation recommendations for Western countries of 100:100 000 where no outpatient service infrastructure exists, and a minimum of 50:100 000 where there are these services.

Acute services

Contrary to international trends, in the Western Cape beds for short-term psychiatric cases are located predominantly in tertiary psychiatric institutions, rather than at general hospitals. Although international experience indicates that general hospitals can provide effective acute services there has been resistance to implementing this model locally.

The psychiatric bed occupancy rate of 87% is as much as 18% higher than the average rate for all other public general hospitals in the Western Cape and 5% higher than in academic hospitals.

Problems also emerge in the accessibility of outpatient services. Here, blacks make up only 4% of total attendances, and children and adolescents are distinctly underrepresented; only 18% of people attending outpatient or day facilities are under 18 years, while this group comprises 36% of the population.

During the year under review, mental health care in the Western Cape made up 8% of general health expenditure.

Ensink said that while it was imperative that community services were developed, resources for this development could not be released from institutional services without the risk of compromising psychiatric care.

It is important, therefore, that additional or interim funding be obtained for developing community services. These funds will not be required for capital expenditure, but for employing professionals who can provide training and supervision of primary care personnel.

Investing in primary care and community services is likely to result in a decrease in admission rates and may potentially open up possibilities for releasing personnel from institutions in the long term.

sels. All A and B permit holders (approximately 3 500) are also entitled to catch tuna commercially, but relatively few of them use this concession.

(4) As mentioned above, the results of the meeting held between officials from the Department of Environmental Affairs and Tourism and delegates from Taiwan and Japan are awaited. These negotiations, which are meant to take place annually, but which were last held with Japan in February 1994, and with Taiwan in 1991, was called to specifically point out to the foreign operators that a National Fisheries Policy is currently being compiled and that this may substantially influence their existence in South African waters from 1997. The opportunity was also utilised to negotiate more realistic permit fees for 1996. Also to discuss more intensive control, as well as possible development aid for local fisheries communities.

Building of clinics with RDP Funds: private contractors

*8. Sen J SELFE asked the Minister without Portfolio:

(1) Whether contracts have been awarded to any private contractors for the building of clinics with RDP Funds; if so, (a) to whom, (b) what is the nationality of the contractors concerned and (c) where will the clinics be built;

(2) whether the local communities concerned were consulted in respect of or involved in the (a) selection of the contractors and/or (b) siting and construction of the clinics; if not; why not; if so, what was the extent of their involvement?

S44E

The DEPUTY MINISTER FOR SAFETY AND SECURITY *(for the Minister without Portfolio):*

The member should take note that this project falls within the portfolio of the Ministry of Health, and the question should therefore be addressed to this Minister.

The Office of the RDP monitors the use of RDP Fund allocations in terms of the business plans submitted and approved, but is not responsible for the awarding of contracts or for the consultation process.

For written reply:

Elderly persons killed/raped/assaulted

6. Sen W F MNISI asked the Minister for Safety and Security:

How many elderly persons were (a) killed, (b) raped and (c) assaulted in their homes in each specified police region in 1995?

S17E

The MINISTER FOR SAFETY AND SECURITY:

Regions	*(a) Killed*	*(b) Raped*	*(c) Assaulted*
Witwatersrand	49	12	21
Natal	167	7	55
Eastern Transvaal	19	11	33
Western Transvaal	12	2	13
Northern Transvaal	6	7	6
Far Northern Transvaal	10	2	5
Western Cape	17	5	22
Eastern Cape	31	5	19
Northern Cape	4	3	6
Free State	10	5	10
TOTAL	325	59	190

**Please Note: Statistics used in the above tables are subject to change.*

Unemployed persons in informal sector

17. Sen Dr G W KOORNHOF asked the Minister without Portfolio:

(a) What was the (i) number of members and (ii) percentage of the economically active population who were unemployed, and (b) what was the estimated number of persons involved in the informal sector of the economy, in each of the latest specified three calendar years for which information is available?

S28E

The MINISTER WITHOUT PORTFOLIO:

The information requested by the member is obtained from the results of the October Household Survey (OHS), an annual sample survey, first undertaken in 1993 by he Central Statistical Service. Since the TBVC States (Transkei, Bophuthatswana, Venda, Ciskei) still existed at the time of the 1993 OHS, they were not included in the survey. Therefore, because of incompatibility, only the 1994 information is furnished.

The 1994 and 1995 OHS include the whole of the new RSA with the nine Provinces. The 1995 OHS is still being processed and the results will be available after April 1996.

According to the results of the 1994 OHS *(all figures corrected to the nearest one thousand):*

(a) (i) The estimated number of unemployed persons during 1994 is as follows:

1994 4 656 000

(ii) The percentage of the economically active population who were unemployed is as follows:

1994 32,6%

(b) The estimated number of prsons involved in the informal sector of the economy is as follows:

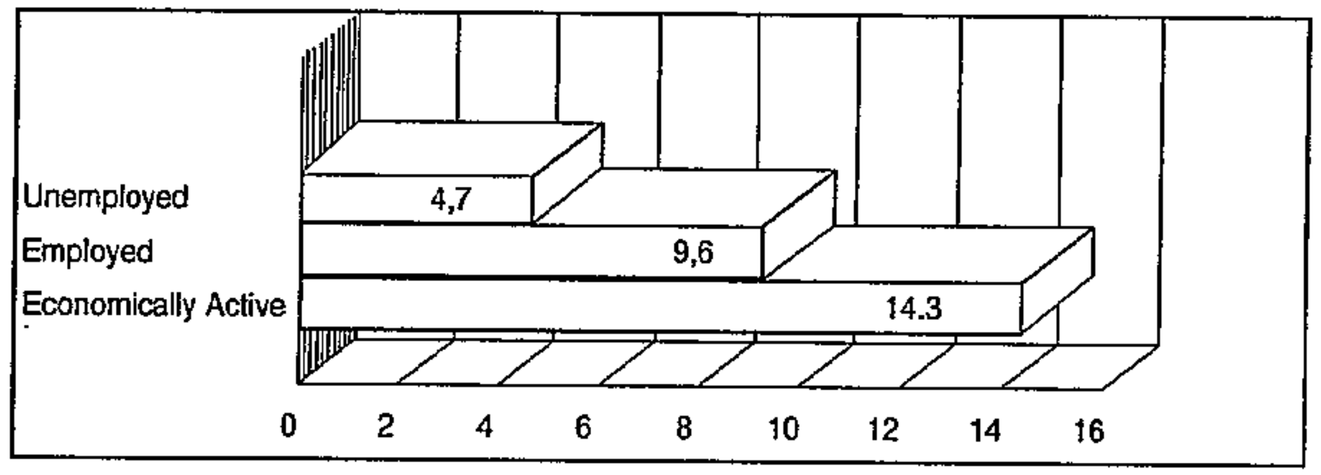
(i) Persons involved only in the informal sector of the economy with no other employment:
1994 1 487 000

(ii) Persons working in both the formal and informal sectors of the economy are:
1994 1 576 000

The unemployment rate is defined here in terms of the "expanded" definition. It is the proporation of people in the economically active population who are not in paid employment or self-employment at a given point in time, but who want to be employed or self-employed.

The CSS figure is very similar to that found in the 1993 South African Living Standards and Development Survey (SALSDS) for the World Bank. The SALSDS study found an unemployment rate of 30% using a similar definition.

Graph: Figures to be projected in '000 000



SAPS members/reservists: suicides/deaths

30. Sen J SELFE asked the Minister for Safety and Security:

(a) How many (i) members of the South African Police Service and (ii) police reservists (aa) committed suicide and (bb) were killed in the line of duty in 1995 and (b) how many members of the SAPS died in or as a result of political violence in 1995?

S52E

The MINISTER FOR SAFETY AND SECURITY:

1995

Failure to get Bara CAT scanner costly

Sowetan 1/3/96 (98)

By Pamela Dube
Political Reporter

THE failure by the Gauteng Department of Health to budget for a CAT scanner for Barangwanath Hospital would cost the taxpayer more than R1 million.

Responding to a question from Democratic Party health spokesman Mr Jack Bloom, Economic Affairs MEC Mr Jabu Moleketi said the delay in installing the scanner was because the first tender was cancelled due to the fact that it was not budgeted for in the 1994/95 financial year.

The first tender was awarded to General Electric in February last year, but was soon suspended when it was discovered the government had no funds for the project.

On February 8 1996, the provincial government awarded the tender to Siemens Medical at R2 907 million. Siemens had the second lowest tender after Tecmed (Pty) Limited.

At the height of the controversy over the cancellation of the tender, Bloom called on Health MEC Mr Amos Masondo to institute a commission of inquiry.

He said the suspicion of those concerned was that the provincial government was pressured to cancel the tender by the major companies which had previously won the tender.

Companies which since 1989 have been operating the CAT scanners in government hospitals in Johannesburg were Siemens Medical and SA Phillips.

While the provincial government was processing second tendering, the hospital had to spend over R71 000 a month, referring patients to private clinics for scanning.

The second tender was also attended by problems. Moleketi said the funds for the second tender were made available for the 1995/96 financial year and the closing date was supposed to have been on June 18 1995.

Before the tender closed, Tecmed wrote to Baragwanath Hospital, complaining about some specifications that would exclude them from tendering, Moleketi said.

After lengthy discussions, Moleketi said, it was decided that an independent committee be appointed to assist the department with the final adjudication of the tender.

Another serious complaint the department had to deal with was that, after the Gauteng Tender Board approved the Siemens tender, the State Tender Board raised several objections to the tendering process.

With the tender now approved, the scanner is expected to be in place in four months time, Moleketi said.

Trying to beat the rush to new clinic

(98)

By Hopewell Radebe
City Reporter

Star 14/3/96

The first 24-hour-service maternity clinic in KwaThema, Greater Springs, has been overwhelmed with requests weeks before its public opening by pregnant women wanting to be the first to use the facilities.

Matron Albina Pitsi said although the public was informed that doors would be opening for patient admittance tomorrow, pregnant women have – in large numbers – begun to ask permission to be the first group to deliver their children at the clinic.

The clinic was visited by Gauteng Premier Tokyo Sexwale and senior health department staff for evaluation on Tuesday.

The clinic will concentrate on providing mother and child care as part of the RDP and the Health Department's plans of uplifting the standard of primary health care within the maternity and family planning sector.

Pitsi said the nursing staff was satisfied with the standards of technical equipment installed in the clinic to assist with diagnosis of patients.

"We are probably the first state-owned maternity clinic in the township with First World sophisticated equipment," she said. The clinic would accommodate at least 18 patients daily.

Far East Rand Hospital and Phomolong Hospital would be used as referral hospitals for complicated pregnancies and if service demand exceeded the facilities available.

Pitsi said there were12 post-natal beds, three beds for the first labour stage and three more for delivery.

Masondo opens new hospital

(98)

Sowetan 20/3/96

By Dan Fuphe

GAUTENG MEC for health Mr Amos Masondo has revealed that the infant mortality rate in the province was 35 for every 1 000 children born, slightly better in comparison with the national average of 42 to 1 000.

Officially opening the new multi-million rand Actonville Hospital in Benoni, the MEC noted that 32 percent of the people in the province did not have access to piped water while 22 percent did not have toilet facilities.

"Clearly, the greatest challenge faced by our province is to enhance services to the under-served or marginalised areas in the face of a declining budget and related problems," he said.

Masondo said his ministry had started with the building of 24 clinics, 15 of which were due for completion before the end of April.

Service extended

He said Ambulance services have been extended to cover areas such as Orange Farm, Cullinan and Soshanguve in Pretoria.

District surgeon coverage has also been improved to include Soshanguve, Mamelodi, Eersterus, Tokoza, Katlehong, Vosloorus, Zonki'Zizwe, Lenasia South and Ennerdale.

Farm school gets funding

Sowetan 20/3/96

THE Lourie Farm Primary School on the outskirts of Daveyton will for the first time in 24 years have more classes added to the old structure.

Area manager of the Department of Education Mr Gibson Mamba's news was received with great enthusiasm by the scholars, parents and teachers alike.

Mamba said despite the lack of funds experienced by the department, enough money was raised from other quarters to fund the building of four classrooms, toilets and an administrative block.

He also assured parents that there is a grant for the employment of seven temporary teachers.

The school is at present manned by 5 teachers and has a roll of 528 pupils. The lavatory facilities consist of two septic tank toilets and two 25 litre buckets of water a day.

This is sick

Locals travel 150km for treatment while hospital is unused

(98) Sowetan 22/3/96

By Glenn McKenzie

A STATE-OF-THE-ART R14-million public hospital in Mpumalanga, which took three years to build, has been standing unused for more than 12 months – all because of bureaucratic red tape within the Mpumalanga and Northern Province governments.

And government officials say the hospital will not be fully utilised even after it is finally opened.

Bureaucratic delays and bungling in the construction of Madibidibi Health Centre, a new 80-bed health facility in the stunningly beautiful Graskop region, have meant that it has not been used since its construction began in 1992.

Ironically, the only other hospital in the region is a government veterinary unit for dogs. As a result, in cases of emergency, local residents, many of whom have no source of income, are forced to travel up to 150 kilometres to be treated at Mapulane Hospital near Bushbuckridge.

Sophisticated equipment

Last year the health centre was laid out with beautiful, well-tended flower gardens and lawns, and fitted with sophisticated state-of-the-art dentistry and X-ray equipment.

Also in 1995, the R14-million facility was given an elaborate and expensive sewage treatment plant, which will treat ground water, convert it to drinking water, and then convert the sewage into irrigation water.

While the hospital has been "ready to use" since last October, Mpumalanga officials say they cannot open it – because it still falls under the control of the Northern Provincial government.

Originally, the hospital was commissioned by the government of the former Lebowa homeland.

Johannesburg architect Mr Peter Malefane, who designed the hospital, blames construction delays on funding problems within the former Lebowa government and indecision by Northern Province on whether to install "loose furniture" worth R1 million.

"Northern Province also delayed us because they wanted to scale down on the sewage treatment plant and we felt that wouldn't be wise," he said.

But the Northern Province department of public works spokesman Mr Tito Nkadimeng said all delays had been "technical" and the fault of the consultant and contractors involved in building the hospital.

"Certain aspects of the building were never fully completed. This is not the fault of Northern Province," said Nkadimeng. He declined to elaborate on the problems.

Costly repairs

Meanwhile, *Sowetan* has been told by independent sources that the building leaked severely early this year and had to be repaired at significant expense.

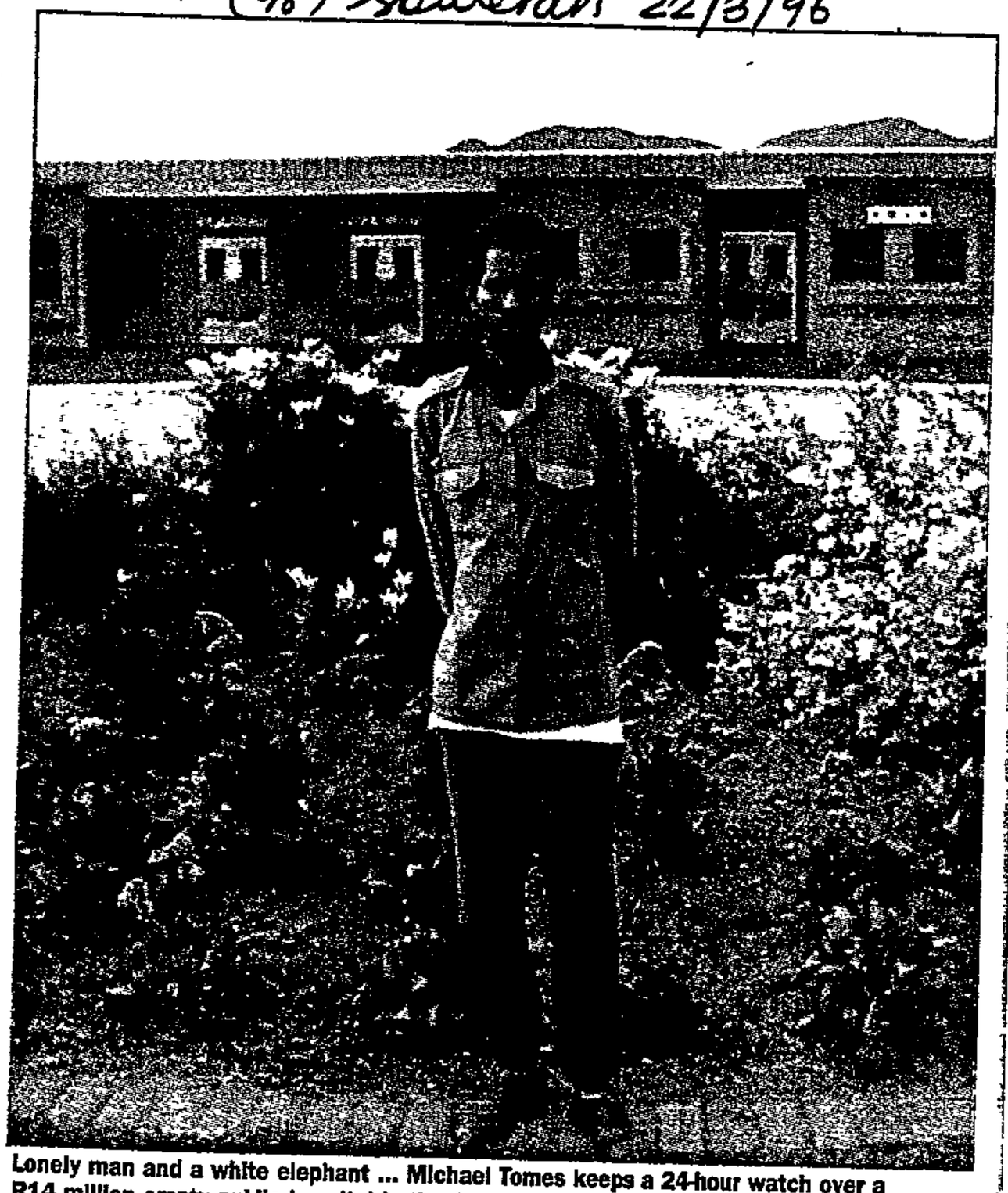
Mpumalanga deputy director-general Mr Tiny Jordaan said the health centre would only be used as a small out-patient clinic after being handed over by Northern Province in April.

He could not say how soon the health centre would be opened.

"I can say that it is a high priority for our province to open this health centre," said Jordaan. "But when that will happen, I cannot say."

Staff for the hospital would be hired from other hospitals and clinics in the province, he added. The province has also arranged to buy furniture like chairs and tables.

"We will take volunteers who want to work there," said Jordaan.

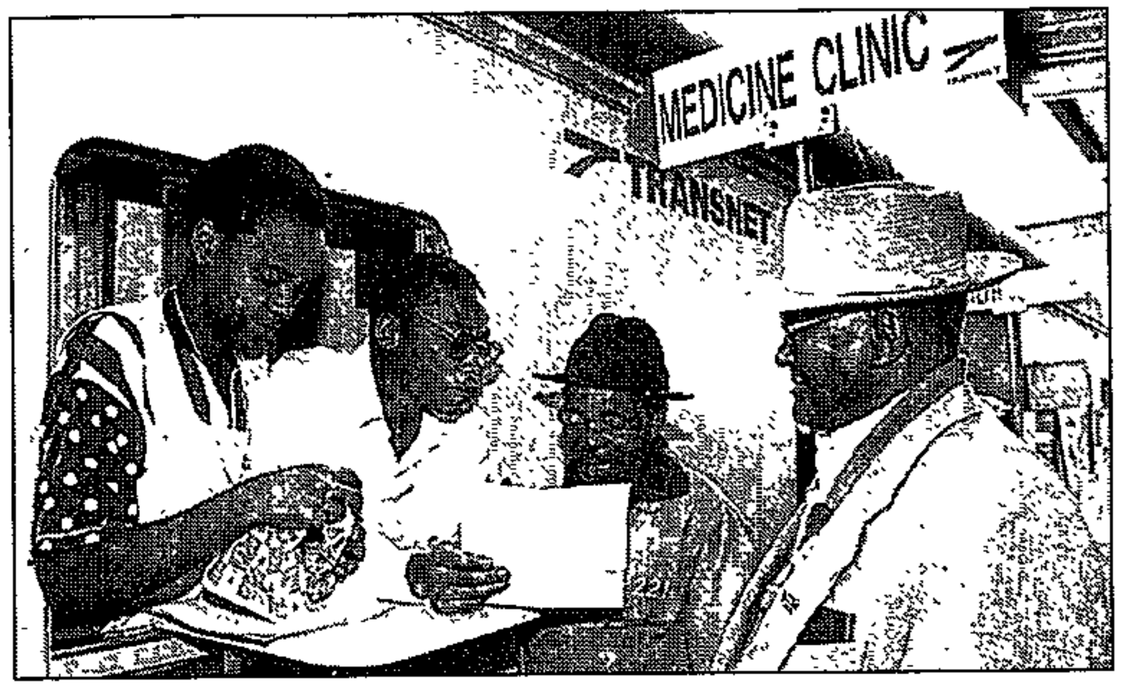


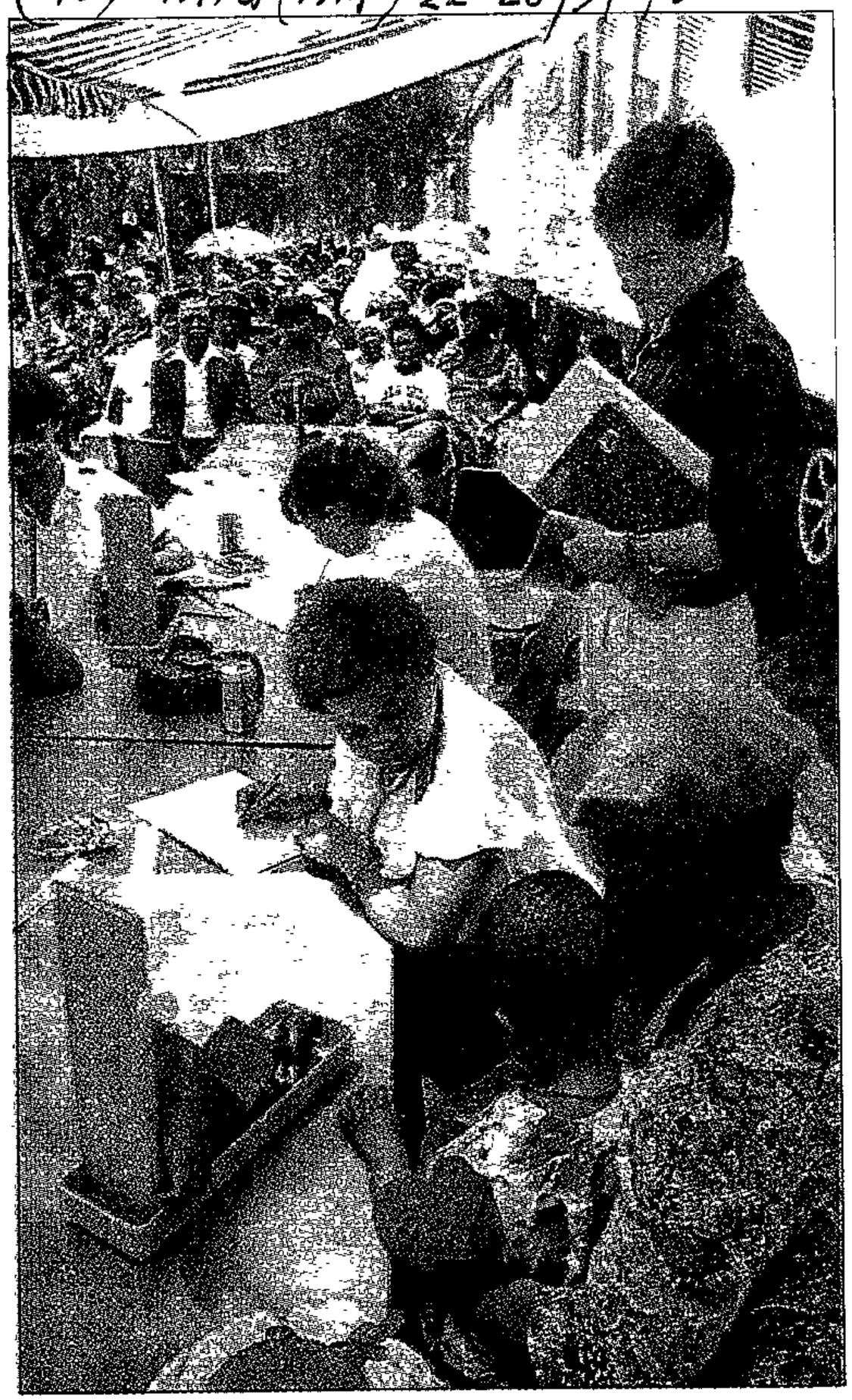
Lonely man and a white elephant ... Michael Tomes keeps a 24-hour watch over a R14 million empty public hospital in the Graskop region of Mpumalanga. The hospital will be transferred to Mpumalanga control at the end of March. PIC: GLENN MCKENZIE

All aboard the health train

(98) M+G (BM) 22-28/3/96

Education is the main thrust behind Phelophepa, Transnet's mobile health clinic, writes **Madeleine Wackernagel**





Clinic on the move: Rural people queue for clinic services (right), while others get medicine from the mobile dispensary (above)

TRANSNET'S mobile health clinic, the Phelophepa, is expanding its field of operations in the Eastern Cape to incorporate East London and surrounding areas.

The health-care train is managed like any other business, says Lynette Coetzee, the mobile healthcare manager. "We acount for all funds invested by Transnet or donations received in money or kind."

The monthly operating costs are about R380 000. "We also receive donations from big companies committed to social responsibility. Roche Pharmaceuticals pays the community nurse's salary, while Colgate Palmolive sponsored the equipment in the dental clinic, as well as the initial stock in the clinic," she explains.

This year's route for the Phelophepa was planned as a two-year project in consultation with the public, community leaders and healthcare officials. The train will make 110 stop-overs. If it stays at a station for five working days, 37 stop-overs can be covered in nine months.

The Phelophepa offers a unique service, bringing accessible and affordable healthcare facilities straight to rural communities. Last year, more than 40 000 patients were treated on the train, bringing the total for the past two years to 75 000.

A large number of the patients come for eyesight problems — nearly 18 000 were fitted with spectacles last year. Eye diseases such as conjunctivitis and cataracts are also prevalent. Other problem areas are musculoskeletal, uro-genital, respiratory and cardiovascular.

Last year, the clinic's services were extended to include dentistry and an X-ray facility. The number of tooth extractions is high (3 555) owing to poor education and lack of dental services. Last year, more than 7 000 schoolchildren were screened and educated in oral hygiene.

Pre-screenings are free of charge; thereafter, the patients pay a nominal fee for dentistry, spectacles and X-rays, with the average expenditure between R5 and R21.

An important part of the clinic's functions is the training of local residents in primary healthcare. Last year, more than 300 people took part. Once the train has moved on, they help out at the local clinics.

In addition, the train provides training facilities for final-year and post-graduate students in optometry, nursing, dental care and psychology. More than 600 students worked on the train last year, supported by 70 lecturers.

"One of the greatest benefits of the Phelophepa is that we unite the different role-players in the medical field," says Retha Ross, the general manager.

In addition, says Phelophepa manager Lillian Cingo, the combined involvement of the health professionals and the community is of vital importance to the successful operation of the train because they had in-depth knowledge of the pressing health issues in the various regions.

The train does not compete with local facilities, nor does it duplicate them, but rather it seeks to promote healthcare and provide further education. Patients are then encouraged to visit local hospitals and clinics.

Five new clinics for the Cape

(98) ARG 25/3/96

CLIVE SAWYER
Political Correspondent

FIVE new clinics have been built in the Western Cape since the 1994 election and a further 18 were in the pipeline, Health Minister Nkosazana Zuma has told the national assembly.

Replying to a question by Farouk Cassim (IFP), she said 14 had been built between May 1994 and February this year. Another 387 were on the way.

■ Public Enterprises Minister Stella Sigcau told the national assembly that local authorities owe Eskom R693million, including interest. This includes R4.9million owed by the Cape Metropolitan Council.

Govt bungle in R14-m hospital

(98)

Sowetan 25/3/96

Architect says someone is lying to save their job by blaming contractor

By Glenn McKenzie

MPUMALANGA'S controversial R14 million empty hospital is not being used because of administrative delays within the Mpumalanga and Northern Province, the hospital's architect has told *Sowetan*.

Mr Peter Malefane, a prominent black architect who designed the controversial health centre, which is situated in Madibidibi, has denied that he or the contractors were responsible for massive construction delays.

"This hospital is a first-class facility that black people deserve and should be proud of," Malefane said. "It is not the fault of the contractors that it hasn't been made operational yet."

Madibidibi health centre took three years to build and has stood unused for more than 12 months. People in the region must travel 150km in cases of medical emergency.

Malefane said construction delays were the result of bureaucratic red tape within the former Lebowa government. In addition, Northern Province could not decide whether to install an "essential" water tank which had been originally budgeted for.

Madibidibi hospital was originally commissioned by Lebowa. The Northern Province administration finished the building's construction in early 1995, and Mpumalanga must now take over administrative operations before the facility is used.

Sources, who wished to remain anonymous, told *Sowetan* last week that the hospital's construction had been delayed by leaks in the roof. But Malefane vehemently denied this.

"There were never any leaks or other technical problems. The design was first class and the builders did an excellent job," he said. "We had nothing to do with any delays.

"What happened was the department took out one item to save money, but it was something that the building was designed for. In the end, they decided to put it back in.

"Somebody is trying to save their job by blaming the contractors for the delays," he said. "This is a blatant lie."

Victoria Hospital survives against all odds

(98) ARG 27/3/96

Southern Reporter

THE Emergency Unit at Victoria Hospital in Wynberg provides emergency medical care 24 hours a day and seven days a week throughout the year in the most trying circumstances.

In spite of being desperately short of nursing staff no patient is left wanting.

On Friday and Saturday nights a constant stream of patients pour through its doors.

Even in the quiet periods doctors are busy stitching stab wounds or trying to make up the backlog of patients, not requiring immediate attention.

In addition to clinical responsibilities, clerical work is done by nurses and doctors, as well as seeing to children and relatives of the patients.

Often patients arrive escorted by drunk friends or relatives, who create a nuisance by getting in the way.

Toddlers coming in with their mothers have to watch traumatic procedures as there is nowhere to go and staff are unable to look after them.

In the event of a crisis all staff are required in the resuscitation room leaving no one to handle the ongoing flow of lesser cases.

Expansion at the hospital over the last 100 years, has taken place as and when needed with no long term planning strategy.

As a result getting to the X-ray department takes a marathon effort on the part of the porters who have to push trolleys at speed round hair-pin corners and up steep inclines.

Although well equipped thanks to funding from a Trust and contributions from Warner-Lambert Parke Davies, the major problem at present is the shortage of nursing staff.

Medical superintendant Ria Kirsten said: "Present government funding for personnel is based on an overall hospital occupancy of 65 percent, but Victoria runs at 85 to 100 per cent with the Emergency Unit overnight ward seeing a turnover of three patients to a bed in a 24 hour period."

Matron Miss Una Harley said: "The emergency ward is an inadequately staffed area, despite being one which requires the most experienced staff."

She said experienced staff were lured by higher salaries and better working conditions into the private sector.

"As fast as nurses are trained they leave for the private sector, which does not provide training for its nurses."

Dr Harald Weber, head of the Emergency Unit, said: "The recruitment of medical personnel to the unit is difficult."

Groote Schuur trauma workers reject 'no bonus'

Labour Reporter

ARG08/3/96 (98)

WORKERS in Groote Schuur's trauma and emergency units are disgruntled over a bonus which they thought would be paid to them for work done during the festive season.

Charlie Andrews, one of the workers, said they had been "promised a bonus at the end of this month" for work done during last year's festive season. He said workers had been informed this week that there would be no bonus.

Jocelyn Kane-Berman, Groote Schuur's chief director at the time and now chief director of administration in the provincial health department, denied that workers had been promised a bonus.

She said the idea of the bonus had been floated during a visit to the Groote Schuur trauma unit by health department officials, including provincial Minister of Health Ebrahim Rasool, in December last year.

"Some people thought it would be a good idea to pay trauma unit and other emergency workers who worked during the festive season a bonus, but others disagreed," she said.

Zuma hands over R5-m gift to children's hospital

(98) ARG 29/3/96

Staff Reporter

HEALTH Minister Nkosazana Zuma has handed a R5 million cheque to the Red Cross Children's Hospital to match the R5 million raised by the hospital's trust last year.

Dr Zuma said that at a time of serious cutbacks, the hospital did not sit back.

Instead, it decided to do something to meet the government half-way.

She said it was still shocking to see what doctors and nurses were paid in the public health system.

But, she added there were exciting new changes ahead in the grading system and that substantial increases would follow in July.

These still wouldn't match the private sectors, she warned.

However, this was being addressed by her department.

Referring to the Cuban doctors arriving in South Africa under a three-year inter-government agreement, she said it was better to have foreign doctors in South Africa than no doctors at all.

The idea was not to undermine South Africa's own doctors, but to help them to stay in the public sector.

The foreign doctors could never replace the worth of local doctors, she said.

Picture: HANNES THIART, The Argus.

MINISTERIAL AID: Health Minister Nkosazana Zuma hands over a cheque for R5 million to Red Cross Children's Hospital chief superintendent Saheed Hassim.

relevant details in each case; if not, in what manner can Members of Parliament assist in the process?

N214E

The MINISTER OF AGRICULTURE:

(1) National Department of Agriculture: (a), (b), (c) and (d): None.

Provincial Department of Agriculture: Eastern Cape: (a), (c) and (d): None.

(b) One application in respect of RDP programmes.

(2) Members of Parliament can assist community leaders to get in touch with the Provincial Department of Agriculture to establish the necessary communication channel for this purpose. Members can also assist newly elected local governments and developing institutions to become involved with communities in order to establish the needs for RDP related programmes.

(123)

Local authorities: amounts written off

120. Mr J A JORDAAN asked the Minister of Housing:

What total amount owing to local authorities was written off in 1995 in respect of housing rentals in each (a) province and (b) municipal area?

N230E

The MINISTER OF HOUSING:

The responsibility for decision-making with regard to the writing off of any rental debt owed to local authorities by individuals is situated at local level and as such, the information required is not readily available at national or provincial level.

To provide this information the nine provincial administrations will have to acquire the information from all local authorities. This will entail a very time-consuming process which, it is respectfully submitted, will not be economically justifiable.

Local authorities: amounts owing

121. Mr J A JORDAAN asked the Minister of Housing:

What total amount was owing to local authorities in respect of housing rentals in each (a) province and (b) municipal area as at the latest specified date for which information is available?

N231E

The MINISTER OF HOUSING:

The information is not readily available in the Department nor in the various provincial administrations. To provide this information the nine provincial administrations will have to acquire the information from all local authorities. This will entail a very time-consuming process which, it is respectfully submitted, will not be economically justifiable.

Transnet: contract

152. Mr A J LEON asked the Minister for Public Enterprises:

(1) What is the (a) nature, (b) extent and (c) value of the contract awarded by Transnet to a certain company, the name of which has been furnished to her Department for the purpose of her reply, as announced by her during her budget debate on 31 May 1995;

(2) whether the contract was awarded following an open tender process; if not, why not; if so, what other companies tendered for the contract;

(3) whether these companies were furnished with reasons for the failure of their tenders; if not, why not; if so, what were the reasons in each case;

(4) whether the fact that the said company is a British company was a decisive consideration in awarding the tender, if so, to what extent; if not, why not;

(5) whether any other factors were taken into consideration in this regard; if so, what factors?

N293E

The MINISTER FOR PUBLIC ENTERPRISES:

The Managing Director of Transnet Limited furnished the following reply to the hon member's question:

(1) (a) and (b) The company referred to is a joint venture established locally between Transnet (40%) and a foreign

company, Securicor Group plc (60%), registered in the United Kingdom.

The establishment of the local joint venture, registered as Crosskeys Security Services (Pty) Ltd, has called for the investment of equity capital in South Africa by Securicor.

The purpose of the joint venture is firstly to provide the Transnet Group with improved and integrated security services and thereafter to extend the boundaries of Crosskeys Security Services (Pty) Ltd's operation to compete in the private sector.

As a 40% shareholder in Crosskeys, Transnet will be sharing in all future profits in addition to getting a much improved and integrated security service, which is not available in South Africa at present.

It should be explained that Transnet was extremely concerned about the extent of losses suffered through theft at its various depots and against this background started discussions in 1994 with its contracted service providers with a view to converting the existing security guards into a comprehensive and integrated security service.

Not one of the locally registered security companies spoken to had the experience or ability to satisfy Transnet's defined needs. Transnet also considered establishing its own security company but realised that it lacked the knowledge and experience to enter into such a venture on its own.

At the same time Securicor of London were also having discussions with local security firms. Their objective was to establish a Joint Venture with one of the local companies to provide the comprehensive service which Transnet was looking for. Securicor was unable to find a suitable partner.

At this point Transnet and Securicor were introduced to each other and found that both were chasing the same goal. This led to extended discussions and Transnet came to realise that through establishing a Joint Venture, they could not only control and restrict its losses, but could establish an opening in the labour market for its own employees which may become redundant through some future restructuring programme.

After discussions with the Trade Unions and taking their concerns into consideration, a Joint Venture was entered into with Securicor and a Shareholders Agreement was signed. This agreement provided for a five-year contract with Spoornet and PX and allowed for a period of 18 months during which the new Joint Venture would take over all their existing guarding contracts. After the initial five-year contract period has expired, it is believed that integrated security services will be firmly established as the norm in South Africa and all renewals will be through the normal tender process.

(c) The value of the contract is not quantifiable in absolute terms as the whole approach to security has changed and penalties for under performance of the stated objectives become applicable For information it can well be stated that by deployment of the full complement of 1 450 guards at Spoornet and PX the monthly value of the contract will be approximately R4,3 million provided that no penalties were applicable.

(2) No.

The contract to provide Spoornet and PX with improved, integrated security services is embodied in the Shareholders Agreement between Transnet and Securicor. (Refer to (1)(a) and (b) above)

(3) Falls away.

(4) No, but the fact that Securicor had the right credentials and is successfully operating in 32 countries, including a number in Africa, were the deciding factors.

powers vested in him. Section 17 of the former Bophuthatswana Police Act, read with Standing Order 143(1) of the Bophuthatswana Police, provided that the former Commissioner *may* suspend a member.

Legal considerations have prevented the member from being suspended by the new South African Police Service.

†Mr J CHIOLÉ: Mr Chairperson, arising out of the reply given by the hon the Deputy Minister, I should like to put the following question to him. In February 1996, the Minister for Safety and Security intimated that the case was ready to go to court

The case was ready for trial. A murder docket was investigated and sent to the attorney-general, who decided to prosecute the member in the Supreme Court on three charges of murder. The case was ready for trial, but the Minister of Justice contacted the attorney-general and requested a postponement.

†Subsequently, we posed a supplementary question to the Minister of Justice, to which he replied:

In the light of the decision to appoint a commission of inquiry to investigate all the deaths, the attorney-general decided to postpone the prosecution.

Now I should like to put the following question to the hon the Deputy Minister. He told us that the Minister of Justice had put the request to the attorney-general, but according to the Minister of Justice, the attorney-general had said the case against the two should now be dropped. This is my first question. I have another question which I will ask afterwards.

The DEPUTY MINISTER FOR SAFETY AND SECURITY: Mr Chairperson, I can only answer on matters relating to the Ministry for Safety and Security. We have had introduced into the question the attorney-general and the Minister of Justice, and I believe that the appointment of a commission of inquiry does have an effect on a decision that an attorney-general may make as to whether or not to continue with a prosecution. However, this is pure speculation. I have no idea what went on in the minds of the Minister of Justice and the attorney-general with regard to this matter.

†Mr J CHIOLÉ: Mr Chairperson, further arising out of the reply given by the hon the Deputy Minister, I should like to quote from what the Minister of Justice said. He said there would be no prosecution, for the following reason:

A perception that can take hold that if all the killings are not thoroughly investigated, selective justice is being applied.

Now I should like to ask the Deputy Minister once the case has been investigated and is ready, all the evidence is there and the case can be taken to court, should the hearing then be postponed so that all other cases can first be investigated, or will the law be allowed to take its course and a charge of murder be considered?

The DEPUTY MINISTER: Mr Chairman, we represent the police. The police hand over the results of investigations to the attorney-general, who is charged with the responsibility of deciding whether or not to prosecute.

I can express an opinion, and I do so now. If a commission of inquiry is contemplated and the President appoints a commission to investigate a particular incident or incidents, then, of course, it is up to the attorney-general to decide whether or not, in those circumstances as a matter of public poilicy, the matter should be proceeded with. That is entirely within his rights. But I do not know what the hon member wants from the police.

The CHAIRPERSON OF COMMITTEES: Order! That concludes Question Time. The time alloted for questions has expired. Outstanding replies will be printed in Hansard.

Business interrupted in accordance with Rule 199 (3) of the Standing Rules for the National Assembly.

Young person serving 10 years for murder

*15. Mr D J DALLING asked the Minister of Correctional Services:

(1) Whether, with reference to certain particulars divulged by him in a speech he made on 5 March 1996 in the National Assembly Chamber, he will furnish details concerning a young person serving 10 years for his part in the murder of another person; if not, why not; if so, (a) what is the name and date of birth of the person convicted of murder, (b) what sentence is he currently serving, (c) for what crime is he serving such sentence and (d) where is he currently serving such sentence;

(2) whether the said person has any previous convictions; if so, what are the relevant details?

N384E

The MINISTER OF CORRECTIONAL SERVICES:

The relevant information is still being awaited and will be supplied to the hon member as soon as possible.

Relationship of Department with certain companies

*16. Mr C G NIEHAUS asked the Minister of Correctional Services:

(1) Whether he or his Department has any relationship with certain companies, the names of which have been furnished to his Department for the purpose of his reply; if not, what is the position in this regard; if so, what is the nature of this relationship;

(2) whether he or his Department has entered into any contractual relationship with the said companies; if so,

(3) whether he will furnish the House with the details of the tendering procedures that were followed before entering into such contracts; if not, why not; if so, what are the relevant details;

(4) whether the said companies have ever provided financial or other support to him, his special adviser, whose name has been furnished to his Department for the purpose of his reply, or any other member of the staff of his Ministry or Department; if so, (a) what support and (b) for what reasons?

N385E

The MINISTER OF CORRECTIONAL SERVICES:

(1) From time to time my Department is approached by companies and individuals with a view to introducing their services and products.

The companies referred to are a part of a larger consortioum of South African and foreign companies which presented a new concept of prison design and construction to the Department of Correctional Services. The concept provides for the design, financing, construction and maintenance of new prisons that are based on a modular design and that facilitate the principles of unit management and direct supervision;

(2) No;

(3) Question 3 falls away;

(4) No.

Provision of houses: local authorities

*17. Mr J A RABIE asked the Minister of Housing:†

Whether she has held discussions with local authorities on the provision of houses by such authorities; if so, (a) with which authorities and (b) what was the result of these discussions; if not, what steps does she contemplate taking in respect of the provision of housing?

N386E

The MINISTER OF HOUSING:

No.

(a) Falls away.

(b) The Housing Amendment Bill, 1996 which, *inter alia,* makes provision for local authorities to apply for accreditation in order to undertake the administration of national housing programmes at local level, has recently been approved by Parliament. Once the Bill has been promulgated, and accreditation criteria have been finalised in terms of the legislation, accredited local authorities will be able to administer housing subsidies in respect of their area of jurisdiction. It is expected that this will greatly enhance housing delivery.

The Department of Housing is presently also busy preparing a draft Housing Bill in which the duties and responsibilities of the three tiers of government with regard to housing functions, are being defined. Such draft bill will be based on the principles as contained in the Constitution, the White Paper on the Reconstruction and Development Programme and the White Paper on Housing. Particular attention will be given to the maximal devolution of power to the lower tiers of government, based on the principle of subsidiarity. The Bill is also aimed at the rationalisation of existing housing legislation including the removal of the previous dispensation's racially based housing legislation from the statute

book. The draft bill will, *inter alia,* be negotiated with the provincial governments and the nine municipal associations and will also be published for comments as prescribed in the Constitution. According to planning the bill will be submitted to Parliament during the latter part of this year.

It should also be mentioned that the Task Team will shortly submit a further report on delivery to me.

Provision of housing: bottlenecks in provinces

*18 Mr J A RABIE asked the Minister of Housing:†

Whether there are any bottlenecks in respect of the provision of housing in the provinces; if so, (a) what are the financial implications of the bottlenecks and (b) what measures have already been taken to overcome these bottlenecks?

N387E

The MINISTER OF HOUSING:

Yes.

(a) An amount of R1,5 billion was budgeted for the 1995/96 financial year for housing through the normal budget process. This amount was increased to R2,9 billion with RDP funds of R1,4 billion. Of this total amount, R1,8 billion was allocated to provincial administrations to finance their capital housing programmes whilst the balance of R1,1 billion was divided between various National housing facilitation programmes of which R515 million has been spent up to the end of February 1996. Another R220 million in respect of the National Housing Finance Corporation (NHFC) will be transferred as seed capital to the NHFC before the end of March 1996.

Over and above the amount of R1,8 billion allocated to provincial administrations for 1995/96, provinces still had a total amount of R1,4 billion unspent funds from the 1994/95 financial year, resulting in a total amount of R3,2 billion being available for capital programmes.

R793 million or 25,1% of this amount has been spent until the end of February 1996.

While this may appear to be disappointing, it is nonetheless a reflection of a combination of a new, non-racial policy framework as well as the long lead times associated with housing. However, it is encouraging to note that the monthly expenditure on Government's housing subsidy scheme is showing a sharp increase. Whilst a monthly average of R5,6 million was paid out during the first four months of this financial year, this expenditure has increased to such an extent that an amount of R95,5 million was paid out during February 1996. Although it is too early to make conclusive deductions, it is clear that there is a marked increase in delivery.

(b) As you may be aware, I have appointed a special task team towards the end of 1995 to identify the bottlenecks which are inhibiting the delivery of housing. The task team's first report was made public on 18 January 1996. The task team had made significant recommendations to enhance the delivery process, which I accepted after consultation with the MEC's for housing.

Inter alia, the following aspects have already been or will shortly be addressed:

(i) The national requirement for a social compact in respect of project linked subsidy schemes, has become a provincial matter in the sole discretion of the Members of the Executive Councils responsible for housing.

(ii) Amendment of existing legislation so that provincial housing boards will in future be accountable to the Members of the Executive Councils for housing of the different provinces. The amendment, which has already passed through both houses of Parliament, also makes provision for the accreditation of local authorities to administer national housing programmes.

(iii) General empowerment of provincial/local government levels in respect of housing, especially the empowerment of local authorities to administer housing subsidies.

(iv) A national awareness and education campaign in respect of housing assistance available from government

which entails a nationally coordinated and provincially extended comprehensive marketing, communication and training programme.

Attention is also being given to the implementation of the other proposals contained in the report with a view to address identified constraints.

Lenasia: planting of trees

*19. Mr D K PADIACHEY asked the Minister of Water Affairs and Forestry:

Whether he has made available 1 000 trees for Lenasia; if so, (a) who was given the task of administrating the planting of these trees and (b) when will such trees be planted?

N388E

The MINISTER OF WATER AFFAIRS AND FORESTRY:

Yes, as part of a nation-wide campaign to green our country and to improve the environment in the previously disadvantaged communities in particular, the Department of Water Affairs and Forestry supplies trees free of charge upon request, provided that proper control is in place to ensure the planting and sustenance of the saplings. In this instance 300 trees were made available.

(a) A local nursery at the Lenasia Teachers' Training Centre is to supply 300 trees at the request and cost of the Department, and the actual planting is to be organised by the Lenasia Greening Committee, the Lenasia Branch of the African National Congress (ANC) and the Lenasia Teachers' Training Centre.

(b) The planting of some of these trees took place over the weekend of 23 and 24 March 1996, to coincide with Red-nose day celebrations, the balance will be planted over a suitable weekend after the Easter holidays.

Labour tenants illegally occupying land

*20. Mr A S BEYERS asked the Minister of Land Affairs:†

(1) Whether he has been approached by the South African Agricultural Union or any other body since January 1996 in connection with labour tenants who occupy land to which, according to the SAAU, they are not entitled; if so, what are the details of such complaints;

(2) whether he has followed up these complaints; if not, why not; if so, what are the relevant details;

(3) whether he will make a statement on the matter?

N389E

The MINISTER OF LAND AFFAIRS:

(1) No

(2) No, not applicable.

(3) No, not applicable.

Deportation of illegal immigrants to Mozambique

*21. Dr R H DAVIES asked the Minister of Home Affairs:

(1) (a) How many illegal immigrants were deported to Mozambique during the period 1 October 1995 up to the latest specified date for which information is available and (b) how many of these illegal immigrants had entered the country illegally on more than one occasion;

(2) whether the rate of deportation of illegal immigrants to Mozambique decreased following a statement by the President to this effect at the end of September 1995; if not, why not; if so, what are the relevant details;

(3) whether, in addition to the recently announced amnesty for Southern African Development Community nationals in the country for more than five years, he or his Department is taking or planning to take, unilaterally or together with the Mozambican authorities, any measures aimed at slowing the rate of entry of Mozambican illegal immigrants into the Republic and/or ensuring a more effective re-integration into Mozambican society of returnees; if not, why not; if so, what are the relevant details?

N390E

The MINISTER OF HOME AFFAIRS:

(1) (a) 72 633 illegal Mozambicans were repatriated during the period 1 October 1995 to 29 February 1996

— rate of growth of the economy

— delivery of basic services

— improvements to human development index

— improvement of the skewed distribution of consumption by poor and rich households.

A work programme was approved by the IGF and by Cabinet in terms of which departments of provinces were required to submit work on specific issues over the period from January to June 1996.

The process is led by Deputy President T Mbeki with my assistance, and the Office of the Deputy President and the Office of the Minister without Portfolio.

A draft report was submitted to a second meeting of the IGF on development planning which was held in Cape Town on 26 February 1996. Representatives of certain standing committees of Parliament were invited to attend both summits.

The February summit identified further work that was required for the growth and development strategy which included strengthening of rural development strategies, improving co-ordination between the provinces and central Government on growth and development and other issues.

The IGF agreed that a further report will be submitted to the provincial and national Cabinets and will then be submitted to Parliament and published

Mr M F CASSIM: Mr Chairperson, arising out of the hon the Minister's reply, could he tell us whether any special fast-track programmes have been launched in any of the provinces in respect of the RDP?

The MINISTER WITHOUT PORTFOLIO: Mr Chairperson, with great respect, the question posed is not really relevant, but I will answer it briefly. Yes, we have undertaken a number of initiatives, in many of the provinces, which are aimed at fast-tracking the RDP programmes and particularly providing project management expertise to ensure that the capacities develop at provincial and local government levels to implement the RDP.

The CHAIRPERSON OF COMMITTEES: Order! I would like to remind hon members that supplementary questions must arise from the Minister's reply. They should not ask general questions about the particular Ministry.

Mortgage Indemnity Board: loans for low-cost housing (123)

*5. Mr M F CASSIM asked the Minister of Housing:

(1) Whether the Mortgage Indemnity Board made available one billion rand in loans for low cost housing in 1995; if not, what is the position in this regard; if so, (a) where in the Republic were these loans made available and (b) what was the total value of these loans;

(2) whether she will make a statement on the matter?

N374E

The MINISTER OF HOUSING:

(1)(a) and (b) It is not the function of the Mortgage Indemnity Board to make loans available. The Board grants MIS cover only in areas where due process of law is at risk. The Mortgage Indemnity Scheme is a narrowly defined mechanism to indemnify banks against loss only if a breakdown in the due process of law means they are unable to reposess houses where borrowers default on their loans. It does not indemnify lenders against commercial risk and it is not available to bail out borrowers experiencing difficulties with repayments.

In assessing an area, the Mortgage Indemnity Board looks at a broad range of indicators. Among them are: the effectiveness of local government, functionality and state of repair of infrastructure, civil stability, whether a payment boycott exists, cohesion of community structures, level of political violence, mortgage default rate, number of repossessed properties which lenders have not been able to access, and the functionality of the legal process.

MIS cover is not a prerequisite for lending: The Record of Understanding between the Ministry of Housing and the Association of Mortgage Lenders says that banks will lend in all areas although it is reasonable that they would not be eager to do so in areas explicitly denied cover by the Board.

A decision by the Mortgage Indemnity Board not to grant MIS cover to an area poses a challenge to government at all levels and to the affected community—the challenge of Masakhane.

The challenge to the community is to ensure that residents pay for their housing and services, look after community facilities, work with local police forums and other organisations to ensure respect for the law, assist the sheriff in his work, and act together to ensure that local government functions effectively. For the governments, a decision not to grant cover signals the need to assist communities taking up the challenge to improve their situations by improving infrastructure, ensuring functioning local government, or improving policing, among other things.

(2) No.

Strikes: hours lost (122)

*6. Mr A J LEON asked the Minister of Labour:

How many hours were lost as a result of strike action in 1995?

N375E

The MINISTER OF LABOUR:

According to the reports of Andrew Levy and Associates the estimated number of workdays lost for the period 1991 to 1995 is:

1995: 1,6 million

1994. 3,9 million

1993· 3,6 million

1992. 3,2 million

1991. 3,8 million

I remain dissatisfied with the lack of capacity in the state system to compile and make available reliable statistical data. One of our frustrations is the inability to recruit people to work in our Directorate: Labour Market Statistics and Information which should manage this statistical base.

The MINISTER OF LABOUR. I notice that the person who asked the question is not here.

Murders/convictions

*7. Mr D H M GIBSON asked the Minister for Safety and Security:

(a) How many murders were committed in 1995 and (b) how many of these murders resulted in convictions? N376E

The DEPUTY MINISTER FOR SAFETY AND SECURITY:

(a) 17 939

(b) 8 962 cases went to court. The SAP 6 system does not provide statistics on convictions for murder cases.

Mr D H M GIBSON: Mr Chairperson, arising out of the hon the Deputy Minister's reply, does he not think that it is time that the SA Police Service had equipment and systems which would enable him to give replies to questions such as these?

The DEPUTY MINISTER FOR SAFETY AND SECURITY: Mr Chairperson, I agree that there should be systems introduced which will enable the police to provide answers with regard to murders or convictions in cases of murder, which is not the case at the moment.

I must, however, point out that it is not the line function of the police to deal with convictions that take place in court. That is really a matter for the Minister of Justice, and I have no doubt that if he were asked how many convictions there were for murder last year, he would be able to give a fairly rapid answer. However, I do think that we need to modernise our systems so that even the police, who happen to investigate these cases, can give statistics on what the results of the cases were.

SAPS captain: charge of statutory rape

*8. Mr D H M GIBSON asked the Minister for Safety and Security:

(1) Whether a certain captain, whose name has been furnished to the South African Police Service for the purpose of his reply, is currently employed by the SAPS; if so

(2) whether an internal inquiry was held by the SAPS into a charge of statutory rape laid against him; if not, why not; if so, what was the outcome of the investigation;

(3) whether he was promoted subsequent to the conclusion of the investigation; if so, to what rank;

(4) whether the findings of the internal investigation were taken into consideration when a decision was taken on his promo-

sion of infrastructure and services by the Government?

N168E

The MINISTER OF LAND AFFAIRS:

(a) The 11 communities that have benefited from the redistribution process in terms of Act 126 of 1993 are:

Tembitshe Buthelezi Development Trust, Nhlawana Buthelezi Development Trust, Khambi Development Trust, Amanthungwa Development Trust, Tembalihle Land Trust, Cornfields Land Trust, Gallawater Trust, Weenen community/ Thuthutka Mngwenya Trust, Meriba Property and Development Trust, Empangisweni Trust, and the Ngcongwana Trust.

(b) Most of the communities are either living on the farms or in the surrounding areas and are in the process of settling on the farms.

(c) (i) The total area is 29 276 hectares.

(ii) None of this land belonged to the state and was acquired on the open market through negotiations by the communities.

(d) (i) Subsidies totalling R20 681 034 were paid out to enable communities to acquire land.

(ii) Some of the communities will as Presidential Lead Projects, receive a planning grant in terms of which the provision of services and infrastructure would be planned.

In terms of the Land Reform Programme, grants will be made available to the other communities for planning for the provision of services and infrastructure. The Department supports communities to the maximum of R15 000 per household for settlement and development purposes.

New clinics built (98)

89. Mr M F CASSIM asked the Minister for Health:

(1) Whether any new clinics were built during the period 1 May 1994 up to 1 February 1996; if not, why not; if so, (a) how many clinics and (b) where;

(2) whether any of (a) these and/or (b) other clinics are currently not fully operational, if so, what are the reasons in each case?

N169E

The MINISTER FOR HEALTH:

(1) Yes; (a) the Clinic Upgrading and Building Programme (CUBP) is currently in the process of building and/or upgrading 401 clinics in total, distributed throughout the provinces as follows:

(b)

Province	*Completed*	*In process*
KwaZulu-Natal	2	109
Eastern Province	0	86
Northern Province	3	70
North West	1	40
Free State	2	15
Northern Cape	0	6
Mpumalanga	0	17
Gauteng	1	26
Western Cape	5	18
Total	14	387

(2) (a) No; (b) some of the clinics being built/upgraded in the Clinic Upgrading and Building Programme are due for completion between February and June 1996. As the clinics reach completion and are handed over, they are put into operation.

South Africa's rating

124. Mr J J NIEMANN asked the Minister of Trade and Industry:

(1) What is South Africa's rating in terms of (a) the remittance of dividends, (b) investment incentives, (c) tax holidays, (d) corporate tax, (e) lack of security and (f) labour disputes as incentive factors for foreign investment compared to (i) Singapore, (ii) Thailand, (iii) Indonesia, (iv) Australia, (v) the Middle East, (vi) the United States of America, (vii) Malaysia, (viii) Costa Rica and (ix) Panama;

(2) whether he envisages any changes in respect of the above categories as essential in order to make South Africa more competitive in attracting foreign investment; if not, why not; if so, what are the relevant details in each case;

(3) whether he will make a statement on the matter?

N234E

The MINISTER OF TRADE AND INDUSTRY:

Reply found in Annexures of House—see M/170.

Restructuring of banking industry

126. Dr K RAJOO asked the Minister of Finance:

(1) Whether he will consider restructuring the banking industry so as to enable stokvels and small credit unions to be created to serve the lower income population; if not, why not; if so,

(2) whether he will consider creating an inspectorate to regulate and advise this sector of financial services; if not, why not; if so, what are the relevant details?

N236E

The MINISTER OF FINANCE:

(1) In recognition of the valuable role fulfilled by stokvels and credit unions in the informal banking sector in the Republic of South Africa, the Registrar of Banks legalised the activities of such schemes by way of an appropriate notice in the Government Gazette. The relevant notice numbered R2173 and published in Government Gazette No. 16167 dated 14 December 1994, was issued in terms of the provisions of the Banks Act, 1990 (Act No. 94 of 1990).

The legal effect of the aforementioned notice is that stokvels and credit unions are permitted legally to conduct "the business of a bank" in the Republic of South Africa, provided such activities are conducted strictly within the conditions and directives of the notice. South Africa is apparently the first country in Africa that has formally legalised the activities of such bodies.

(2) The establishment of a division within the Bank Supervision Department that will be tasked exclusively with inspections of illegal deposit taking in terms of the Banks Act, 1990, is currently being considered by the Governors' Committee of the South African Reserve Bank. Should such a division be established, it will be responsible for the relevant regulatory measures with regard to illegal deposit taking, as contained in the Banks Act, 1990.

Eskom: outstanding service fees

130. Mr P J GROENEWALD asked the Minister for Public Enterprises†

(a) What did the outstanding service fees owing by local authorities to Eskom amount to in (i) 1994 and (ii) 1995 and (b) what did the amount in respect of each specified local authority amount to in respect of each of these years?

N240E

The MINISTER OF PUBLIC ENTERPRISES:

(a) (ii) 1994: R351m (excluding interest) and R458m (including interest).

(ii) 1995: R494m (excluding interest) and R693 m (including interest)

(b)

Local authority	*December 1994*			*December 1995*	
	Account	*Excluding interest Rm*	*Including interest Rm*	*Excluding interest Rm*	*Including interest Rm*
Springs TLC	Kwa Thema	63,90	87,70	86,90	129,50
Heidelberg TLC	Ratanda	9,30	13,20	9,50	15,90
Sasolburg TLC	Zamdela	19,60	28.40	18,60	32,80
Randfontein TLC	Mohlakeng	14,90	19.90	14,80	23,60
Johannesburg TMC	Ennerdale	12,40	14.00	19,50	24,50

Mr R K SIZANI: Mr Speaker, arising from the Minister's question . . .

The DEPUTY SPEAKER: Order! You mean "reply". I hope the Minister did not put a question to you!

Mr R K SIZANI: Yes, arising from the Minister's reply, if the information that he has given us is correct, why is he instituting an inquiry into the fishing quotas and corruption under a judge?

The MINISTER: Mr Speaker, the hon member has not listened to the details of the investigation which has been instituted. The allegations investigated concern members of the quota board who are not qualified in terms of the Act—that is the allegation—to serve on the quota board. It has nothing whatsoever to do with public servants. [Interjections.]

The DEPUTY SPEAKER: Order! Are there any further questions? Mrs De Lille, are you happy?

Mrs P DE LILLE: No, Mr Speaker. I will engage the services of the *Mail and Guardian*. I think they will help me to get those names.

The DEPUTY SPEAKER: That is a great pity, because this is perhaps a better forum. Be that as it may, we have to be friendly to the press.

List of State assets

*7. Mr C A WYNGAARD asked the Minister for Public Enterprises:

(1) Whether her Department is compiling a list of all State assets; if not, why not; if so, when will the task be completed;

(2) whether such list is to be tabled in Parliament; if not, why not; if so, what are the relevant details:

(3) whether she will make a statement on the matter?

N256E

The MINISTER FOR PUBLIC ENTERPRISES:

(1) Yes. We are dealing with two aspects here, namely:

— State assets of a non-commercial nature; and

— State assets of a commercial nature.

In so far as the assets of a commercial nature are concerned my Department is compiling a list of these assets. With regard to what I might call physical assets, the responsibility lies with the Ministers of Public Works and of Land Affairs.

(2) Although it has not been requested by Parliament, I am willing to table it when the list is completed.

(3) No.

Business interrupted in accordance with Rule 199(3) of the Standing Rules for the National Assembly.

Prisoners: previous convictions

*9. Mr A J LEON asked the Minister of Correctional Services:

(a) How many persons currently in South African prisons had previously been convicted of other offences, (b) what percentage of the total prison population does this constitute and (c) in respect of what date is this information furnished?

N259E

The MINISTER OF CORRECTIONAL SERVICES:

(a) The figures in prisons country-wide are not readily available and can only be obtained through a time-consuming, expensive and manpower-intensive national survey. However, the following figures applicable to sentenced prisoners at three of the country's prisons have been made available in order to provide some perspective on the matter:

- Pretoria Local Prison — 571
- Pretoria Central Prison — 750
- Pretoria Maximum Prison — 192

(b) 57,5% of the total prison population at Pretoria Local Prison
67,3% of the total prison population at Pretoria Central Prison
61% of the total prison population at Pretoria Maximum Prison.

(c) Pretoria Local Prison — 96/03/18
Pretoria Central Prison — 96/03/06
Pretoria Maximum Prison — 96/03/06

Primary School Nutrition Programme: amount budgeted

*10. Mr M J ELLIS asked the Minister for Health:

(1) What amount was budgeted in the 1995/96 financial year for each child to be fed in terms of the Primary School Nutrition Programme;

(2) whether her Department and/or any provincial departments have established the actual cost per child of this programme; if not, why not; if so, what is the cost?

N260E

The MINISTER FOR HEALTH:

The following table reflects the situation per province and at national level.

	(1)	(2)
Province	*Average budget allocation per child*	*Average actual cost per child*
Western Cape	50c per child per day	Fixed allocation of 50c per child per day irrespective of actual cost
Northern Cape	88c per child per day	150c per child per day
Eastern Cape	53c per child per day in urban areas 68c per child per day in rural areas	61c per child per day
Free State	25c per child per day	25c per child per day
KwaZulu-Natal	55c per child per day	Fixed allocation of 55c per child per day irrespective of actual cost
Gauteng	88c per child per day	96c per child per day
North West	76c per child per day	58c per child per day
Mpumalanga	68c per child per day	Fixed allocation of 68c per child per day irrespective of actual cost
Northern Province	73c per child per day	73c per child per day
National Average	64c per child per day	71c per child per day

Health care: restructuring

*11. Mr M J ELLIS asked the Minister for Health:

(1) Whether her Department produced any documentation in 1995 in regard to the restructuring of health care in South Africa; if so, (a) what was the name of each such document produced and (b) on what date was each document released;

(2) whether such documents were made available to the Portfolio Committee on Health; if not, why not; if so, on what dates;

(3) whether the said Committee is being fully and timeously briefed in regard to such documents and other activities of her Department; if not, why not, if so, what are the relevant details?

N261E

The MINISTER FOR HEALTH:

Yes; (a) and (b).

(1) Restructuring the National Health System for Universal Primary Health Care (Draft); released on 19 June 1995.

(2) Position Paper on the Decentralisation of Hospital Management (Draft); released on 8 December 1995.

(3) Towards a National Health System (Draft); released on 3 November 1995.

Conditions in mental hospitals

*14. Mrs D GOVENDER asked the Minister for Health:†

(1) Whether she has been informed about the alleged appalling conditions prevailing in mental hospitals; if so,

(2) whether she intends taking any action in this regard; if not, why not; if so, what action;

Hansard 20/3/96

Hansard 20/3/96

(3) whether she will make a statement on the matter?

N265E

The MINISTER FOR HEALTH:

(1) Yes. The Department of Health appointed a Committee to evaluate Mental Health Services with a specific instruction to investigate alleged human rights violations in mental health facilities The report was submitted on 12 February 1996.

(2) Yes. Short-term measures include the development of remedial plans by the provinces to address management issues, investigation into allegations of human rights violations; consideration of close wards and/or facilities found unsuitable for patient care, finding suitable alternative accommodation for affected patients.

Medium to longer term measures include the development of norms and standards for mental health facilities including staff to patient ratios and patient management guidelines; appointment of Hospital Boards at facilities to oversee the management of such facilities; review of legislation governing mental health matters; review of resource allocation to mental health facilities; assessing the physical viability of building through the National Health Facility Audit, and taking appropriate steps to rehabilitate existing facilities or build new ones; review of contracts with private mental health care providers.

(3) Yes.

Shobashobane massacre

*17. Mr J A MARAIS asked the Minister for Safety and Security:†

(1) Whether the investigation into the Shobashobane massacre has been concluded; if not, why not; if so, (a) when will legal action be taken against guilty persons and (b) against how many persons will such action be taken;

(2) whether there is any evidence that the massacre was carried out for political reasons; if so, what are the relevant details?

N269E

The MINISTER FOR SAFETY AND SECURITY:

(1) No. The Shobashobane massacre occurred when approximately 2000 persons attacked residents at Shobashobane on 25 December 1995. 18 people were killed and 12 injured. A case of this magnitude requires extensive investigations. Numerous witnesses need to be interviewed and many leads need to be followed up. To date 109 suspects have been positively identified.

In addition, the investigations into the Shobashobane massacre have provided the police with numerous clues and leads relating to other murders and massacres which were perpetrated in the past along the South Coast of KwaZulu-Natal. The police have investigated these leads and as a result 23 additional cases involving the murder and massacre of 60 persons, are being investigated. Some of these incidents occurred as far back as 1992. 26 arrests have taken place in respect of these 23 cases and 81 suspects have been positively identified.

Some of the suspects in the Shobashobane massacre are linked to some of the 23 additional cases. The investigation into the Shobashobane massacre is therefore interlinked with the investigation into the 23 additional cases and will take time to conclude.

(a) and (b) Not applicable.

(2) It would not be proper for me to reflect on the nature of the evidence. If the Attorney-General for KwaZulu-Natal decides to prosecute, it will be up to the court to evaluate the evidence and to draw conclusions

Government Departments: tender procedures

*18. Mr M F CASSIM asked the Minister of Finance:

(1) Whether tender procedures followed by Government Departments are still being strictly adhered to; if not, why not; if so, what are the relevant details;

(2) whether he will make a statement on the matter?

N270E

The MINISTER OF FINANCE:

(1) Yes. In terms of section 187(1) of the Constitution the procurement of goods and services for any level of government shall be regulated by an Act of Parliament and provincial laws, which shall make provision for the appointment of independent and impartial tender boards to deal with such procurements. Where Government Departments do not adhere to the tender procedures, such deviations will be reported by the Auditor-General. The accounting officer concerned will have to account to the Joint Standing Committee on Public Accounts.

(2) No.

Transfer of N3 to private sector

*19. Mr M F CASSIM asked the Minister of Transport:

(1) Whether his Department intends ceding 100% of the control, development and maintenance of the N3 to the private sector; if not, why not; if so,

(2) whether he intends taking any steps with a view to curbing possible frequent and inordinate increases in toll fees; if not, why not; if so, what steps;

(3) whether he will make a statement on the matter?

N271E

The MINISTER OF TRANSPORT:

(1) It is envisaged that government will grant the private sector a concession to design, build, fund and operate the N3 Toll Road for a period as agreed between the contracting parties.

At the end of the concession period the concession right will be handed back to government free of charge. Being a concession agreement it is important to realise that the road always remains government property. 100% control will not be ceded to the private sector as all matters regarding design, build, funding and operations are subject to government approval.

(2) The National Roads Act (No 54 of 1971, as amended) stipulates that toll fees and the adjustments thereto are subject to the approval of the Minister.

(3) No.

Prisoners injured accidentally

*20. Mr A J LEON asked the Minister of Correctional Services:

How many persons serving terms of imprisonment were injured accidentally in 1995?

N272E

The MINISTER OF CORRECTIONAL SERVICES:

3 136.

New postal code system

*21. Mr J A JORDAAN asked the Minister for Posts, Telecommunications and Broadcasting:

Whether any progress has been made with the introduction of a new postal code system; if not, why not; if so, (a) when is such system to be introduced, (b) what are the estimated costs involved and (c) what are the further relevant details?

N273E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING:

The Managing Director of the SA Post Office Limited has informed me as follows:

Yes.

(a) At this point in time it is not possible to furnish an estimated date of introduction of a new postal code system. This can be mainly attributed to the fact that other Southern African countries are very keen to investigate the possibility of sharing in a common system with South Africa. A study in this regard has already commenced.

(b) It is very difficult to forecast the cost implications at this stage as the structure of the proposed new postal code system has not yet been finalised.

(c) The current system facilities outward but not inward sorting, i.e. the finer sorting of mail into postmen's walks. The opinion is that the new system should provide for inward sorting as well. For this purpose a five to six digit postcode would be required which would have a marked impact on the computer software of the present high speed sorting equipment.

Accounting posts empty

(98)

Ingrid Salgado

BD 10/4/96

LESS than half the authorised accounting posts in Gauteng hospitals had been filled, Gauteng health MEC Amos Masondo said yesterday.

Only 46 of 109 positions in the field were occupied but good financial management was ensured through financial directives, control measures by hospital management, the restructuring process and a "strong control component" at head office, he said.

Gauteng DP health spokesman Jack Bloom said the vacancies were primarily due to salaries being "way below" those in the private sector. Salaries ranged from R18 000 for pupil state accountants to R112 000 for financial management deputy directors.

He said the provincial health department's head was "buried in the sand" if it believed sound financial management could be maintained without qualified accountants being on site. This led to "colossal" waste in state hospitals and a lack of control which resulted in theft.

Scalpels are out for budgets in Gauteng's hospitals

(98)

Star 17/4/96

Academic institutions are going to have to make do with a smaller slice in future, but for the same tasks

By Karin Schimke and Lara Smith

Academic hospitals in Gauteng absorb most of the provincial health budget, and the health department wants to save R200-million from them this year to give better service in primary care and district services, the Gauteng legislature's finance committee heard yesterday.

Deputy director-general for health care Dr Eric Buch presented the health budget to the finance committee which this week investigates the entire provincial budget for its adoption at the end of the month.

Buch said extra money for health care priorities could be found either by enhancing efficiency or reducing expenditure, and his department hoped to provide incentives to academic hospitals to employ both methods so that there would be no shortfalls at the end of the financial year.

The health department's report showed clear imbalances in expenditure, particularly in the personnel area where the ratio of clinical to non-clinical employees is tilted towards the latter.

"We hope to provide each academic hospital the opportunity to manage itself more efficiently. If for instance a hospital needs more nursing staff, they can get more if they rationalise in other areas. At Baragwanath hospital there are almost twice as many cleaners as nurses.

"It is possible for us to address these imbalances by redistributing the staff among the academic hospitals in the province," he said.

Buch said an academic hospitals project had been set up to investigate patterns of expenditure and staff and other management-related issues so that the apportioned budgets of each academic hospital could be divided fairly and used efficiently.

Once the project had been completed, a budget control process would be introduced so that hospital administrations would understand the need and benefit of controlling expenditure.

"In effect, we are giving hospitals the tools to manage themselves."

While most academic hospitals approached by The Star were reluctant to comment on the proposed budget cuts, some said there were ways of overcoming the deficit. These included redistributing staff according to hospitals' individual needs and rationalising the services offered.

Preliminary budgets, much smaller than expected, have been allocated to the nine academic hospitals in Gauteng.

They are Hillbrow, Baragwanath, Johannesburg, J G Strijdom, Tara and Coronationville (falling under the University of the Witwatersrand); H F Verwoerd Hospital and Kalafong (Pretoria University) and Ga-Rankuwa (Medunsa).

Fears of increase in malpractice suits

Deborah Fine (98) (Q12) BD 18/4/96

COULD the recent announcement by President Nelson Mandela that pregnant mothers and children under the age of 18 are entitled to free medical care stimulate the increasing occurrence of malpractice claims against local doctors?

In an article in the April edition of the SA attorneys' journal, De Rebus, University of Natal lecturer Neil van Dokkum said SA public hospitals would soon be subjected to an increased number of patients.

"Where there is pressure, mistakes are made," he said.

He said the concept of medical malpractice liability was not confined to the award of damages flowing from professional negligence. It incorporated a range of other causes such as the invasion of privacy by unwarranted disclosure of medical details or the failure to perform an operation, thereby causing financial loss to a patient.

As hospitals grew in size, so they became depersonalised, as opposed to the previously intimate doctor/patient relationship.

This generated a changing public attitude towards seeking redress for maltreatment, whether real or perceived. The patient no longer had the moral difficulty of suing a close acquaintance.

Consequently, and coupled with the fact that most hospitals were state-supported and backed by what was perceived to be apparently unlimited funds, the aggrieved patient was more inclined — if not encouraged — to seek financial redress.

Van Dokkum did not believe that SA medical malpractice litigation would reach the pandemic preportions seen in the US.

This was because SA law had assumed an "almost protective" attitude to the medical profession in general, and a plaintiff still ran the risk of an order of costs made against him if his case failed, assuming he had the funds to lodge the case in the first place, he said.

However, any increase in malpractice litigation in SA should have the effect of encouraging hospitals to play an active role in maintaining levels of competence among staff and the good repair of equipment.

Old age home staff protest continues

(98) (1652)

ARG 18/4/96

ESTELLE RANDALL
Labour Reporter

PROTESTING old age home workers have focused attention on the fate of elderly people who need frail care as well as the struggle of workers for trade union recognition on the eve of the implementation of the new Labour Relations Act.

A plan to move elderly people who need frail care to new homes was one of the issues which sparked a protest by nurses and general workers employed by the privately-run Cape Peninsula Organisation for the Aged (CPOA) at its head office in Rondebosch.

The workers, members of the in-house Cape Peninsula Employees' Forum (CAPEF), demanded that management involve them, the aged and their relatives in plans to rationalise the homes.

The plan to turn some homes into frail care centres also means that staff will be transferred.

Negotiations this week between CPOA management and worker representatives appear to have resulted in an undertaking that there will be consultation about how rationalisation occurs, and the parties will meet again in early May to discuss this and workers' other grievances.

Besides their immediate concern about rationalisation of CPOA sub-economic old age homes, workers are also aggrieved at their working conditions.

"Management simply refuses to negotiate in good faith with employees," said CAPEF organiser Vicky Gelderbloem.

He said most workers earned less than R850 a month, management had unilaterally cut workers' 1995 bonuses by 25 percent, and there was no medical aid for employees below the rank of supervisor or sister.

Worker representatives were also not allowed to meet with employees at their workplaces.

Mr Gelderbloem said CAPEF had signed up about 700 of the CPOA's 1 000 employees.

CAPEF had been formed about eight months ago, he said, because workers were afraid of joining established trade unions.

Chief executive officer William Rauch said the CPOA did not have a recognition agreement with any trade union, because none of them had a significant number of staff as members. However, he said there had never been a problem with unions and that his organisation held discussions with several unions who had members at its homes.

CAPEF, he said, "make up less than 10 percent of the staff". Asked how he knew this, he said he judged this from the number of people who had turned up for the placard demonstration.

There were liaison committees at workplaces through which management communicated.

Mr Rauch said rationalisation was because of a cut in subsidies from the beginning of April.

Valuable new clinics not being used

(98) Star 19/4/96

OWN CORRESPONDENT

About 30 clinics, built by the Independent Development Trust at a cost of more than R25-million to provide much needed primary health care in rural villages in Northern Province, are unused.

The clinics were built last year, but villagers still have to travel long distances for health services because there are no nurses to work in the clinics.

A visit to some clinics in the Bolobedu area this week showed they were fully equipped. They have running water and electricity. But they are not being used.

Shotong clinic, outside Ga-Kgapane township, is almost completely hidden behind the overgrown bushes in the yard.

The situation is the same at other clinics, all of which are fully equipped inside but neglected outside. "What is needed now is the staff and medicines for these clinics to be used for what they were intended for," said a senior nurse, adding that the clinics could reduce the load at hospitals.

Local residents said the clinics were "mere beautiful buildings" in the impoverished villages. They said they still had to take long journeys to get to a hospital.

Health and welfare spokesman Tshepho Moshima said the IDT had built 44 clinics in the province since 1993. He said each clinic cost about R600 000. Only about eight were operating because of lack of trained personnel. Moshima said 776 nurses were needed to run all the clinics.

"The IDT actually wanted to build more clinics. The department asked them to wait because we were going to have a lot of white elephants," he said.

Saturday Star
April 20 1996

Hospital chief will not lower standards despite budget cuts

Star 20/4/96 (98)

By JACQUI REEVES

Annemarie Richter, superintendent at the J G Strijdom Hospital in Johannesburg, will not let her patients lie on the floor.

"I have been there before, and I will not get trapped in that vicious circle again," she said.

Desperate to help people, Richter says it is so easy to get caught up in a catch-22 situation where there seems to be no solution.

"You allow your standards to drop so that you can treat more people – then suddenly you are being blamed for creating slum conditions," she said.

Richter's hospital is one of nine teaching hospitals in Gauteng that have had their budgets slashed this week by the provincial health department.

According to Richter, academic hospitals have been specifically targeted because of the functions they serve.

"Teaching hospitals have to be fully equipped with all the most up-to-date technology in order to train the medical students," she said.

While the very ill can be offered First World medication at these teaching hospitals, saving these lives can be a very costly process.

Richter authorised a R52 000 treatment for a patient this week, a potentially life-saving course, but one that puts plenty of extra strain on the already tight budget.

"What happens is that after trying all other forms of treatment, eventually the buck stops here, and we are called on to use whatever resources we have – causing our costs to escalate," she said.

Large-scale urbanisation and the opening of hospitals to all races had added to the flooding of state hospitals, Richter said.

WAITING FOR TREATMENT: More and more patients are flooding Gauteng hospitals, where budgets are being cut

"We see tremendous numbers of people passing through our hospital and often we wonder where they all come from. As more and more people stream into Gauteng, obviously they are going to need medical care," she said.

"Also, now that patients can go to any hospital, rather than one dictated to them by their race, city hospitals have felt the change."

The Gauteng health department is hoping to save R200-million by cutting the budgets of the academic hospitals – money that can then be used to give better service in primary care and district services.

Despite the seriousness of the cuts, many of the hospital staff appear to be hesitantly supportive of the move.

"Hospitals still treat ailments like coughs and colds," said Norman Smith, superintendent of Hillbrow Hospital.

"Once this money has been used to set up and develop clinics, we can expect much of our workload to be lifted."

Looking at ways to curb costs, Smith said the hospital's greatest expense was salaries, a difficult area to cut.

"What we could consider is freezing posts when people resign or are moved to other areas," he said.

The redeployment of staff from city hospitals to understaffed, often rural hospitals is another cost-cutting mechanism that has been suggested by the health department.

Earlier this year, the department called on Gauteng's teaching hospitals to appoint an academic task team to decide jointly on fair budgets.

Academics said they were impressed by the department's commitment to academic complexes as state assets and that the joint effort had helped to set up fair budgets.

Sitting in a busy corridor at Baragwanath Hospital, 63-year-old Florence's only concern is an operation she has been waiting for for five months.

The cataracts across her eyes hopefully will be removed in the next month, but she says she will wait.

"This is a very big hospital with many sick people – there are others worse than me who could die – so I must wait," she said.

Meanwhile, **Sapa** reports that Health Minister Dr Nkosazana Zuma said yesterday South Africa was negotiating with the German government for between 20 and 50 doctors.

Addressing a media briefing at Johannesburg international airport on her return from Germany, Zuma said that if all went well, the doctors would arrive before the end of the year.

"We're setting up the same type of agreement as with the Cuban doctors," she said. About 100 Cuban doctors recently began contracts in South Africa.

Zuma, who spent four days in Germany, was invited by her German counterpart, Horst Seehofer.

They discussed the recruitment of German doctors, the effectiveness of the German national health system, the development of the German pharmaceutical industry, and public and private sector interaction in Germany.

Asked about the German doctors' qualifications, Zuma said they would not be juniors.

"We cannot afford to get doctors straight from college. These are not teaching posts."

Zuma added that before the doctors left Germany they would undergo an extensive course to equip them to deal with the type of problems they "would not necessarily see in Germany".

In a memorandum of understanding between the South African Health Ministry and a German non-governmental organisation, it was conditionally agreed to place 20 doctors in SA for a period of up to five years.

The National Progressive Primary Health Care Network yesterday welcomed the recruitment of German doctors.

Cash-strapped Cape hospitals fear collapse

(98)

JENNY VIALL
Health Reporter

ARG 24/4/96

TRAINING hospitals in the Western Cape could collapse in five years if they do not get bridging finance, the province's top hospitals have warned .

The hospitals are under pressure from budget cuts and the move to primary health care. They have indicated they are willing to change, but face closure in the absence of bridging finance.

This appeal prompted urgent tours of Tygerberg, Groote Schuur and Red Cross Children's hospitals by the senate select committee on health, welfare, population development and home affairs this week. The committee also visited the University of the Western Cape's health faculty.

Committee chairman Siyabonga Cwele said it was clear that all hospitals accepted the need to redirect funds but there was concern at the rate academic complexes had to cut budgets and the insufficient bridging funds available.

The Western Cape health plan means that academic complexes will have their budgets cut over five years as money is switched to primary health care.

Dr Cwele said the committee had visited the Western Cape's main academic centres after being told that some institutions were on the brink of collapse. The select committee would draw up a report for debate in the senate as a matter of urgency.

Dr Cwele said it was important not to reduce standards of teaching at academic hospitals. At the same time there was legitimate pressure from people for services and an end to inequalities.

SOWETAN Thursday April 25 1996

W Cape hospitals facing collapse

(98) Sowetan 25/4/96

By *Sowetan* Correspondent

TRAINING hospitals in the Western Cape could collapse in five years if they don't get bridging finance, spokesmen for the province's top hospitals have warned.

The hospitals are under pressure from budget cuts and the move to primary health care. They have indicated they are willing to change, but face closure in the absence of bridging finance.

This is the plea which led to urgent tours of the Tygerberg, Groote Schuur and Red Cross Children's hospitals by the Senate select committee on health, welfare, population development and home affairs this week.

The committee also visited the University of the Western Cape's health faculty.

Speaking after a tour of Tygerberg Hospital, Dr Siyabonga Cwele, chairman of the committee, said there was concern over the rate at which academic hospitals had been forced to cut their budgets.

The Western Cape health plan will mean academic hospitals will have their budgets cut over five years as money is shifted from tertiary to primary health care.

Brink of collapse

Dr Cwele said the select committee had toured the Western Province's main teaching hospitals after being alerted to the fact that some institutions were on the brink of collapse.

He said it was important not to reduce standards of teaching at academic hospitals as it would take a long time to rebuild these resources.

Free primary health care is here

ARG 25/4/96

JENNY VIALL
Health Reporter

THERE will be free primary health care at all clinics and community health centres in the Western Cape from May 1.

This was announced yesterday by Western Cape Health Minister Ebrahim Rasool after the cabinet approved ways to fund the estimated R47 million a year needed to provide free health care in the province.

Health care will be free at all clinics, community health centres and day hospitals, and part-time district surgeons. Patients referred from clinics to community hospital outpatient departments will also get free care, which includes consultation and medicines from the essential drugs list.

Exempt from free care are those with medical aids and households earning more than R35 000 a year. The Western Cape is the only province to make this stipulation.

The Western Cape is the last of the nine provinces to implement free care.

Provinces were caught unawares by the announcement, and the Western Cape, already labouring under severe budget cuts, had to find ways to finance free primary health care.

Mr Rasool said the cabinet yesterday approved three measures to finance free primary health care. These are: Significantly increased tariffs at secondary and tertiary hospitals, which will by and large make up for loss of revenue; accelerating the move from tertiary to primary care by moving R80 million to primary health care facilities; and requesting additional funds from a national task team set up to investigate the funding of free health care.

Mr Rasool asked people to use primary health care facilities so that only referrals would be seen at hospitals.

He said he was confident that an adequate infrastructure for primary health care was in place or being built to cope with demand.

Locals to shut 'ignored' clinic

(98) ARG 29/4/96

Staff Reporter

RESIDENTS in Ocean View have threatened to close their under-staffed medical clinic for a day to highlight problems in their community if the provincial Minister of Health, Ebrahim Rasool, "continues to ignore" their requests for help.

The situation, they say, is serious, because there are not enough doctors, nurses and qualified pharmacists to cope with the increase in population.

They also need a vehicle to get sick people to the only clinic in the area.

They said all efforts to get Mr Rasool to help had failed, and local councillors and church ministers have done nothing to help. "Councillors are well paid and they do nothing to help us," said one resident.

Joseph Johnson, an election candidate, said a pharmacist was urgently needed, as was another doctor and professional nurses.

The residents are planning a campaign to gain public support for a minibus to transport the sick and elderly to the hospital.

The residents, who formed a health forum last year, said a petition asking for help had been taken to the minister in March, and Mr Rasool had said he would personally investigate the matter.

They claim nothing has been done.

Mr Johnson said a 104-year-old man had to walk to the clinic because there is no vehicle.

"I have spoken to many people in Mr Rasool's department, but nobody comes back to us.

"The population in Ocean View is now about 25 000 and the clinic was built in 1968 to handle a much smaller population."

Mr Johnson said problems in the community included overcrowding leading to a high tuberculosis rate, a lack of basic sex education and a high incidence of mental illness.

He said a R2-million project to build a community hall in Ocean View for Judo and Karate championships during the Olympics was planned. He felt this money could be better used to upgrade the clinic.

COMMUNITY CAMPAIGN: Concerned about the situation which they hope to solve are (from left) police station commander Kevin Tiltman, Regina Daniels and Joseph Johnson.

Picture: JILYAN PITMAN

PLAN IN LINE WITH HEALTH AGENDA

Slow govt response to doctors' clinic offer

(98) CT 3/5/96

THERE IS a critical lack of primary health care facilities in the townships, and two doctors who work in the area are trying to offer a solution, writes **ANEEZ SALIE.**

A PAIR of private sector doctors working in Mandela Park and other impoverished parts of Khayelitsha have offered their desperately needed services to the health authorities, but the bureaucracy has been slow in responding.

This is despite an appeal from the health department for private doctors to make themselves available to relieve the chronic shortage of health services to the poor.

Drs Percy Mahlati and Loyiso Mpuntsha have offered their Mandela Park surgery as a primary health care centre, and have made themselves available to staff it on behalf of the department on a contractual basis.

Their proposal is in line with the government's health agenda, in which services are to be decentralised to make them accessible to underprivileged areas. Central to that is the promotion of free primary health care.

The redistribution of resources has already started from expensive, and often distant, tertiary hospitals to primary health centres across the country. Where none exist, clinics are being put in place.

Because of financial constraints however, free care in the Western Cape was delayed from April 1 to May 1, but there is still a shortage of staff and facilities.

"This is precisely where we come in," the two doctors said.

"The unemployment rate among Khayelitsha's half-a-million residents is very high, which means that poverty prevents patients from travelling to more developed areas for treatment. So residents queue at Khayelitsha facilities from the middle of the night to ensure treatment several hours later.

"Many of those who cannot be seen, come to us."

Their Town Two practice is a private one. Rather than turn people away, they often treat them on account, but are hardly ever paid.

"On our own we can never meet the incredible need for health services," they said. "When we went through the National Health Plan, we discovered that the health department envisaged a role for us."

The authorities would purchase health services from doctors like them, and from owners of clinics, surgeries and the like.

In November last year they sent off a detailed proposal to the Western Cape Provincial Health Department for a pilot project, and did so again last month.

They say there was no response until they turned to the media, which contacted the department for comment.

Dr Fareed Abdullah, provincial health care chief director, phoned to assure them that the authorities were well-disposed to their plan, but that an effective system was not yet in place. He would respond in more detail soon, he promised.

Dr Abdullah was not available to the Cape Times for comment yesterday.

In their proposal, Mahlati and Mpuntsha state in part:

"We propose to provide primary health care services to a defined population for the department. The area in question covers Mandela Park, parts of Macassar, Town Two, SST and Harare. There is no health facility that is catering for the area of Mandela Park.

"A clinic exists in Harare but has not functioned in more than a year. Another one has just been completed at the other end of Macassar but has not opened yet. These areas are vast and overpopulated.

"There is a great need for a health facility like ours in Mandela Park."

SAY AAH: This youngster may have been named after one of Southern Africa's more famous leaders, but Samora Mayile of Mandela Park cannot always bank on presidential treatment. Two doctors who are trying to change that are Loyiso Mpuntsha and Percy Mahlati.

PICTURE: CLIVE SMITH

11 hospitals awarded top marks for quality, safety

(98)

Independent body gives its stamp of approval

Star 7/5/96

By Janine Simon
Medical Correspondent

Three Greater Johannesburg hospitals are among 11 to have been accredited in the start of a major new drive to raise standards of South Africa's 840 hospitals to international levels.

Accreditation means the hospitals have been measured objectively against a comprehensive set of standards, comply with all legal requirements and pose no risk to patients or staff.

Another 29 hospitals, including 10 public hospitals in rural North West Province, have joined the accreditation programme; 10 more, including one of Johannesburg's academic hospitals, are negotiating to come on board.

The accreditation process is being spearheaded by the Council for Health Service Accreditation of Southern Africa (Cohasa). This is an independent non-profit body set up to bring the concept of quality assurance, which is used in hospitals in more than 20 countries, into local health care.

"Quality assurance is a paradigm shift in health care," says Cohasa managing director Dr Stuart Whittaker. "It is about what hospitals should be doing, what they are doing, and how to address the deficiencies. It revolves on standards of practice, patient and staff safety, and optimal use of resources."

Cohasa is a collaborative effort between the state, the private health care industry, consumers and health professionals, and has spent more than four years designing its quality assurance programme.

Among those on its board are representatives from medical aids, four provincial departments of health, including Gauteng, National Defence Force Medical Services, mining hospitals and professional bodies.

Whittaker said the accreditation programme was a process of building up, rather than breaking down. It had been received enthusiastically, and hospitals were delighted to have such close attention paid to their work.

Cohasa facilitators worked with hospitals for up to a year to identify and resolve problem areas before applying for accreditation. They looked at all aspects of functioning, from admissions and administration, to catering, infection control and surgical interventions.

Whittaker said problems in private sector hospitals tended to relate to the lack of doctors' involvement in hospital management. Baseline studies were still being conducted on public hospitals.

"Our aim is equity in health care standards in all South African hospitals," he said.

■ Cohasa-accredited hospitals are: Linksfield Park Clinic (Johannesburg); Sandton Medi-Clinic and Morningside Medi-Clinic (Sandton); Constantiaberg Medi-Clinic, Louis Leipoldt Hospital, Mitchell's Plain Medical Centre, N1 City Hospital and Panorama Medi-Clinic (Cape Town); Stellenbosch Medi-Clinic (Western Cape); Ernest Oppenheimer Hospital and Hoogland Medi-Clinic (Free State).

Racial separation ends in Zeerust wards

BD 8/5/96 (98)

Kathryn Strachan

ZEERUST Hospital in Northwest yesterday agreed that wards will finally be racially integrated.

A statement by provincial health MEC Paul Sefularo said hospital management and personnel had agreed that when beds were unavailable, all patients, regardless of race, would be referred to the Lehurutshe community hospital.

Up to now white patients were sent to Paul Kruger Hospital and black patients to Leratong Hospital.

Any patients refusing transfer to Lehurutshe Hospital would have to sign a declaration refusing hospital treatment and then make their own arrangements.

Transport would be provided for all patients to get them to Lehurutshe. Up to now, blacks have paid their own transport costs while whites were transported by Zeerust Hospital.

People from the community will also be co-opted onto the hospital board to give the community greater participation and control in health care.

The province will be investigating all hospitals to see whether they were experiencing similar racial problems.

VOLUNTEERS BUILD CLINIC ON A DUMP

Fighting illness, poverty in Umtata

A SCOTS orthopaedic surgeon and his English wife, a nurse, are helping to combat illness and extreme poverty in the Transkei. **DIANE CASSERE** visited them.

HELPING HANDS: Dr Chris McConnachie and his wife Jenny with a small patient and large bear at the Bedford Orthopaedic Centre in Umtata. The African Medical Mission which they founded has helped to build two operating theatres at the hospital.

CT 8/5/96 (98)

THE McConnachies live in a cottage in the grounds of Umtata General Hospital, a haven from which they fight the twin enemies of illness and poverty.

Dr Chris McConnachie is chairman of the African Medical Mission and of Vision Care, Professor of Orthopaedics at Transkei University, head of Orthopaedics at Umtata General Hospital and acting superintendent of Bedford Orthopaedic Hospital near Umtata. He also has a private practice.

Mrs Jenny McConnachie, a registered nurse, runs a clinic at a local refuse dump and manages a recreational workshop at the tuberculosis hospital, where long-term recovering patients learn skills such as shoe-making, sewing and woodwork.

They do this in a third-world situation where TB is rife, poverty is more the norm than the exception and cultural beliefs ensure the introduction of more and more babies into an indifferent world.

The clinic at Etipini Dump, run by Jenny McConnachie with Mrs Vicky Scott, is situated in a squatter camp of unbelievably squalid conditions, next to the Umtata River and on a refuse site where the inhabitants scavenge for a living of sorts. Two taps provide the only water and furrows of dirt and refuse run between the shacks. Children of all ages, all with running noses, are everywhere.

The two have succeeded in creating a pre-school, baby clinic and inoculation clinic out of corrugated iron, donated paint and two salmarine containers. Scott first identified the need for the clinic and was joined by McConnachie, who helped to raise money and works there every weekday morning.

We visited the refuse dump on a Friday, and watched as crates of beer were brought into the settlement, anticipating the weekend: "Alcohol is a major problem here," said Jenny sadly.

There has been a ray of hope recently for the Bedford Orthopaedic Hospital, which had been grinding to a halt for lack of facilities. The hospital serves over 5 million people and has now received a R2,3 million corporate-sponsored medical complex, after a fundraising campaign initiated by President Nelson Mandela.

Four high-tech operating theatres and an intensive care unit have been funded by donations of R1,2 million and R1,1 million respectively from Engen Petroleum and Amplats and JCI Ltd.

Mandela officially opened the complex last month.

Battles of all kinds, small and large, are being won by the McConnachies but there is still a long way to go. Their story started in 1967 when Chris, who had gone to America to further his medical studies, saw an ad for volunteers for the Society of the Propagation of the Gospel. The society paid their fares and they came out for the first time for 15 months in 1967 and '68.

"After that, I had a private practice in North Carolina where I was for 12 years, but we kept coming out as volunteers and were spending more and more time in Umtata," he explains.

In 1985, the couple decided to come out here full time.

They have four biological children and three adopted, two of them from Umtata — Michael, 15, and Bonga, 9.

Dr McConnachie's work is essentially orthopaedics: "There is a large incidence of tuberculosis of the spine and knee, not just the lungs. There is tremendous unemployment here, but we are seeing less TB and polio now than in the '60s. And people are better off than they were then."

However, the population has increased dramatically "There were around half a million people in the Transkei at the turn of the century. Today there are more than 5 million."

The McConnachies together founded the African Medical Mission in 1981. It was created specifically to improve the quality of medical care for the underprivileged in what was then the homeland of Transkei.

The construction of the two theatres at Bedford Orthopaedic Centre was just one of the projects of the mission. It has also started a non-profit eye care centre, obtained sponsorship for five black South African doctors for overseas training and co-ordinated countless donations of medical equipment, among many other schemes.

Some on-going projects include the recruitment of professional medical volunteers to train and assist local health professionals, the supervision and funding of the Etipini Dump project, funding of a school and playroom for children undergoing TB treatment at Umtata General and sponsorship of medical professionals to conferences.

Braving the Transkei roads

IS IT SAFE to drive through the Transkei today, after the horror stories of the past? **DIANE CASSERE** went to find out.

ANNOUNCING that I was going to travel back to Cape Town from Durban through the Transkei was much like the Londoner saying that he was going to Wales for the weekend: It was met with complete disbelief.

Yes, there was a time when travelling through the former homeland was dangerous, but then travelling anywhere in South Africa, including to the Cape Town airport (then DF Malan) was life-threatening. You just had to decide to go and take a chance or stay home in the laager.

For years I had taken the Bloemfontein, Winburg, Harrismith route to and from Natal on the grounds that it was much safer. Travellers through the Transkei told tales of being stopped by youths with AK47s, stone-throwings and murders.

Today the biggest danger in the Transkei is the livestock. Dead sheep, dogs and unidentified small carcasses streak the roads in various stages of mutilation and while hitting a dog might be a miserable experience, colliding with a cow or horse at speed would be a disaster.

There is also the human factor — the intersections in the Transkei make ideal meeting places, and often games take place, usually involving a stick and ball. Two minibuses will stop in the middle of nowhere while the drivers exchange information and small children dart in and out of the road at random.

Bicycles are popular, as are ponies, and watching out for both is another concern. In short, you can't go at any kind of speed because you are constantly on the look-out for living creatures.

Then there are the potholes, sometimes almost wide sinkholes in the road. Hitting one of those at speed can cause an accident — it would certainly damage your car.

Those are the negatives — the Transkei remains a beautiful route with wide, rolling hills that appear almost velvet under grass. While farming is rudimentary and land erosion spectacular, it has a gentle, rural appeal and the light on the hills can be beautiful.

We stopped at a sign not far out of Umtata that said "Collywobbles" and pointed left to nowhere. As we stepped out of the car, I momentarily wondered if it was a wise thing to do, but the ball players and a clutch of women gossiping at the roadside just carried on with what they were doing, pausing only to gaze at people photographing a road sign.

I had remembered Umtata as a small, pretty town with bougainvillaea everywhere and a busy commercial centre. Today it is untidy and dirty, with informal markets on the pavements and live chickens for sale everywhere.

There are roadworks between Butterworth and Umtata, indicating that at last, the roads will be improved.

Nearing East London, we passed the old Transkei border post which is now a tourist information centre for the Eastern Cape region. Dramatically, the road improved in the former "South African" side, but that was to be temporary: The road from East London to Grahamstown is narrow and not as good as other parts of the N2.

Travelling through the Transkei no longer appears dangerous, it is just tedious. Take cash with you because cheques and credit cards are useless.

Just a point of interest: Those of us who know Grahamstown during festival weeks will find it a ghost town outside the season. It was strange not to see tents on every bit of grassland, cars parked at impossible angles and the blue rinse brigade consulting their brochures. No gumbooted children sang Shosholoza and the students must have actually been attending lectures.

I parked directly outside the 1820 Settlers' Monument, just for the hell of it. The chance may never come again.

tended by about 350 industry leaders from all over the world.

Egypt:

— A Memorandum of Understanding on determining aspects of co-operation in the fields of electricity and non-conventional energy was signed with Minister Maher Abaza, the Egyptian Minister of Electricity and Energy. The agreement stipulates intensifying bilateral co-operation between the two countries and working for implementing three joint projects in the fields of the African electrical linkage which includes an exchange of information and discussions on the establishment of an information network and the results of research and technical studies. The Memorandum of Understanding also stipulated implementing the second phase of co-operation between the two countries in the fields of new and renewable energy. In this regard discussions with the Chairperson of the Egyptian Electrical Authority were also held.

— An oil supply agreement was negotiated with the Egyptian Minister of Petroleum, Minister Hamdi el Banbi, in terms of which South Africa will buy 30 000 barrels per day at a price calculated by a formula based on the publicity quoted price of Brent (North Sea) oil.

— A rebate for South African shipping, especially carrying coal, which wished to use the Suez Canal, was negotiated with Mr Ezat Adel, Chairman of the Suez Canal Authority. This has since been drawn to the attention of private sector business organisations, namely the South African Chamber of Business, the South African Foreign Trade Organisation and the Afrikaanse Handelsinstituut.

— Mutual trading opportunities were discussed with Minister Youssri Mustafa, the Egyptian Minister of Economic and Foreign Trade.

— A Memorandum of Understanding on Scientific and Technical co-operation in the Geosciences, was signed with the Egyptian Minister of Industry, Minister Ibrahim Fawzy. The Agreement provides a framework for the exchange of scientific and technical knowledge in the South African Council for Geoscience and the Egyptian Geological Survey and Mining Authority. The Agreement also defines co-operation in the field of mining, industrial minerals, marine geology, geophysics, remote sensing, environment and environmental monitoring, water resources and other hydrogeological investigations and volcanology. Discussions also included the possibility of establishing mutual ventures in the fields of excavation of mining, food and industrial minerals, which encourage investment in South Africa to establish ventures in Egypt.

(iii) Minneapolis, Peru and Mexico

Mexico	7 days
Glasgow and Tehran	6 days
London and Egypt	6 days

(iv) Minneapolis, Peru and Mexico

Mexico	R12 849,00
Glasgow and Tehran	R5 845,40
London and Egypt	R16 093,25

(c) Minneapolis, Peru and Mexico

The Director-General, Private Secretary and a senior official

Glasgow and Tehran

The Director-General, Private Secretary and two senior officials.

London and Egypt

The Private Secretary and two senior officials.

District surgeons: vacant posts

187. Mr M J ELLIS asked the Minister for Health:

Whether any posts for district surgeons are currently vacant; if so, (a) how many in each of the provinces and (b) for how long has each of these posts been vacant?

N345E

The MINISTER FOR HEALTH:

Yes.

(a) *Province*	(b) *Number of posts vacant*	*Period vacant*
Free State (Luckhoff)	1	5 months
Eastern Cape (Port Elizabeth)	1	11 months
(Uitenhage)	1 (total 2)	1 month
Gauteng (Johannesburg)	3	4 months
(Pretoria)	2 (total 5)	4 months

Kokstad Transitional Local Council: disposal of assets

188. Mr G Q M DOIDGE asked the Minister for Provincial Affairs and Constitutional Development:

(1) Whether the Kokstad Transitional Local Council has disposed of certain assets known as the "Old Railway Ticket Offices", accommodating certain businesses, the names of which have been furnished to his Department for the purpose of his reply, at 55 Main Street, Kokstad; if so, (a) to whom, (b) at what price, (c) how does the price that was realised compare with (i) market and (ii) municipal valuations, (d) what procedures of disposal were applied when selling the properties, (e) what were the reasons for the said TLC disposing of the properties, (f) how were the ratepayers consulted, (g) how were the realised funds utilised and, (h)(aa) to whom were the premises leased prior to the sale, (bb) what procedures were followed when leasing the said properties and (cc)(aaa) what newspapers did the TLC use to advertise when the premises were leased out and (bbb) on what dates did the advertisements appear;

(2) whether the purchasers of the properties were members of the TLC at the time of the transaction; if not, what is the position in this regard; if so, what are the relevant details;

(3) whether the intention to dispose of these assets was advertised in any newspapers; if not, why not; if so, (a) in which newspapers and (b) what submissions were received;

(4) whether these properties were disposed of at the highest tender received; if not, why not; if so, who submitted tenders to the TLC;

(5) whether the lessees were members of the TLC at the time of the leases being awarded; if not, what is the position in this regard; if so, what are the relevant details?

N328E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT:

The information is not readily available in the Department. In an attempt to be of assistance to the hon member, the following information was obtained from the Kokstad Transitional Local Council:

(1) The "Old Railway Ticket Offices" consist of two buildings. The Kokstad Transitional Local Council has disposed of one of the buildings.

(a) To Messrs Clive Ferguson and Associates.

Referred to another body to finalize (including prosecuting authorities and public bodies or authorities):	7
Advised to make use of legal remedies available (these were civil servants having grievance procedures available to them):	2
	144
Data already entered but case not formally finalized as yet:	−3
Cases finalized:	141

The office of the Public Protector is presently being restructured in line with the provisions of the Public Protector Act, 1994 (Act 23 of 1994). It is envisaged that a mediation unit will be established soon. In the interim cases are being dealt with and resolved by the investigation component of the office without categorising them as mediation cases or normal cases solved through the standard investigation method. Some cases are solved by the mediation, conciliation and negotiation method over the phone with the relevant officials or departments. With regard to those cases only the number of telephone calls is noted and since the current Public Protector took office on 1 October 1995, 5 760 telephone calls have been dealt with. This would include matters which were not within the Public Protector's jurisdiction. In such cases complainants are redirected to the appropriate structures, bodies or channels to obtain redress. For example a person complaining about the conduct of an attorney would be referred to the relevant Law Society. A person complaining about an insurance company would be referred to an insurance ombudsman. A more detailed compartmentalization of cases in terms of methodology applied in solving them will only be possible once the restructuring process and sufficient personnel are in place.

It has not been necessary to subpoena anybody as yet, and no premises or buildings have been searched thus far. This has been made possible by the full co-operation the office has enjoyed from government officials and departments without exception. In keeping with ombudsman offices the world over, the Public Protector follows an informal approach and would therefore request information in writing, ask officials over to bring documents and to discuss the issue, and even obtain information telephonically where appropriate. Such an informal approach has the benefit of a smaller office being able to deal with a larger work load. It also avoids confrontation, resulting in a high success rate in having the Public Protector's recommendations followed."

Visits outside Republic by Minister

155. Mr J A JORDAAN asked the Minister for the Public Service and Administration:

(a) How many days in 1995 did he spend outside the borders of the Republic, (b) what was the (i) purpose, (ii) destination, (iii) duration and (iv) cost of each visit and (c) who accompanied him in each cases?

N296E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION:

Kindly refer to the attached schedule for information pertaining to questions (a), (b) and (c) above. Trips for which costs have not been disclosed were fully paid for by donors.

+Period	*Delegation*	*Destination*	*Purpose*	*Days*	*Cost*	*Reference*
19/01/95-22/01/95		London	Attended the CAPAM Conference in London	4		Annexure A
23/01/95-27/01/95	Prof S Sangweni Dr M P Ncholo Mr Joel Raphela Mr Salie Manie (MP)	Sweden	To discuss training and oddistance programmes for Civil Service in South Africa with the Swedish Government	5		Annexure B

27/01/95-05/02/95	Dr S Vil-Nkomo Dr R H Venter Ms Basetsana Thokoane Dr A Nkomo (MP) Mr Sikhakhane (MP)	Canada	To attend discussions with the International Development Research Centre in Ottana — Assistance by Canada to the GNU on Public Service Restructuring and Training	10	R1 601,00	Annexure C
04/03/95-10/03/95	Prof Y Muthien Mr S A Visser Mr J Ernstzen Dr M P Ncholo Mr S Nogxina Mr S Ngwenze	Germany	To attend course in training in the Civil Service salary structures and also assistance to the GNU by Germany on Public Service Restructuring and Salaries	7	R2 363,00	Annexure D
24/05/95-30/05/95	Prof S Sangweni Ms P Mlambo-Ngcuka (MP) Ms L Mbukuzi (MP) Mr S de Beer (MP) Mr J Mahlangu (Senator) Mr S Nogxina Dr M P Ncholo Mr J Ernstzen	Geneva	International Labour Organisation Conference on the Impact of Structural Adjustment programme and ILO assistance to the GNU on Public Service.	7	R13 060,00	Annexure E

Psychiatrists at State psychiatric hospitals

157. Mr M J ELLIS asked the Minister for Health:

(a) What (i) salary scale applies to psychiatrists employed by State psychiatric hospitals and (ii) educational qualifications and/or level of experience apply to each level on the scale, (b) (i) how many psychiatrists in the employ of State psychiatric hospitals resigned (aa) in 1995 and (bb) during the period 1 January 1996 up to the latest specified date for which information is available, (ii) what reasons were given for such resignations and (iii) how many of these posts are still vacant in each case and (c) how many posts are vacant in total?

N298E

The MINISTER FOR HEALTH:

(a) (i) Specialist (Psychiatry): R88 230 – 108 360 plus a non-pensionable allowance of R20 904 per annum

Senior Specialist (Psychiatry): R104 334 – 126 706 plus a non-pensionable allowance of R20 904 per annum

Principal Specialist (Psychiatry): R131 478 per annum (fixed)

Chief Specialist (Psychiatry): R148 599 per annum (fixed)

(ii) Specialist: *to register: one year service post — internship, four years as Registrar and M.Med (Psychiatry) or Fellowship at College of Medicine in South Africa

*to be appointed: Registration with the Interim National Medical and Dental Council of South Africa as Specialist

Senior Specialist: four years post-registration experience.

(b) (i) (aa) 1 January 1995-31 December 1995: 33

(bb) 1 January 1996-29 February 1996: 7

(ii) Financial
Emigration
Working conditions
Own practice
Personal

(iii) 21.

(c) 61 from 189 posts in the Specialist (Psychiatry) cadre.

GUGULETU POINTS THE WAY

Health workers win community support

CT 9/5/96 (98) ~~95~~

AT ONE TIME health workers walked in fear in Guguletu, but all that has changed now, writes Health Writer **ANEEZ SALIE.**

"KILL a nurse, kill a doctor" used to be the chilling slogan that sections of an angry Guguletu community once flung at health workers at the local day hospital, when health resources were few yet demand was great, and crime was rampant.

Now it's "simunye" (we are one), thanks to a brave initiative by staff, who roped in the community for a co-operative effort that has delivered a new Guguletu community health care centre, which will be officially opened on Saturday by Western Cape Health MEC Mr Ebrahim Rasool.

It is a prime example of the type of facility that forms the backbone of the government's new approach to the provision of health care, away from tertiary and secondary to the primary level.

"It is so nice to come to work now, and to be able to move freely in the community," said senior professional nurse Nomvuselelo Msindo, during a Cape Times visit yesterday to the centre, which comprises the old day hospital, now renovated, and additional sections.

"Yes, this was once a war zone, but now we are at peace," agreed senior professional nurse Ntombekhaya Bambani.

Explaining the turnabout, they said that previously they could not handle the hundreds of patients who queued outside their doors from the early hours of the morning demanding badly needed treatment.

Security staff had had to restrict numbers at a certain point in the morning when matters got out of hand, which meant that residents who had patiently stood in line for hours had to be turned away.

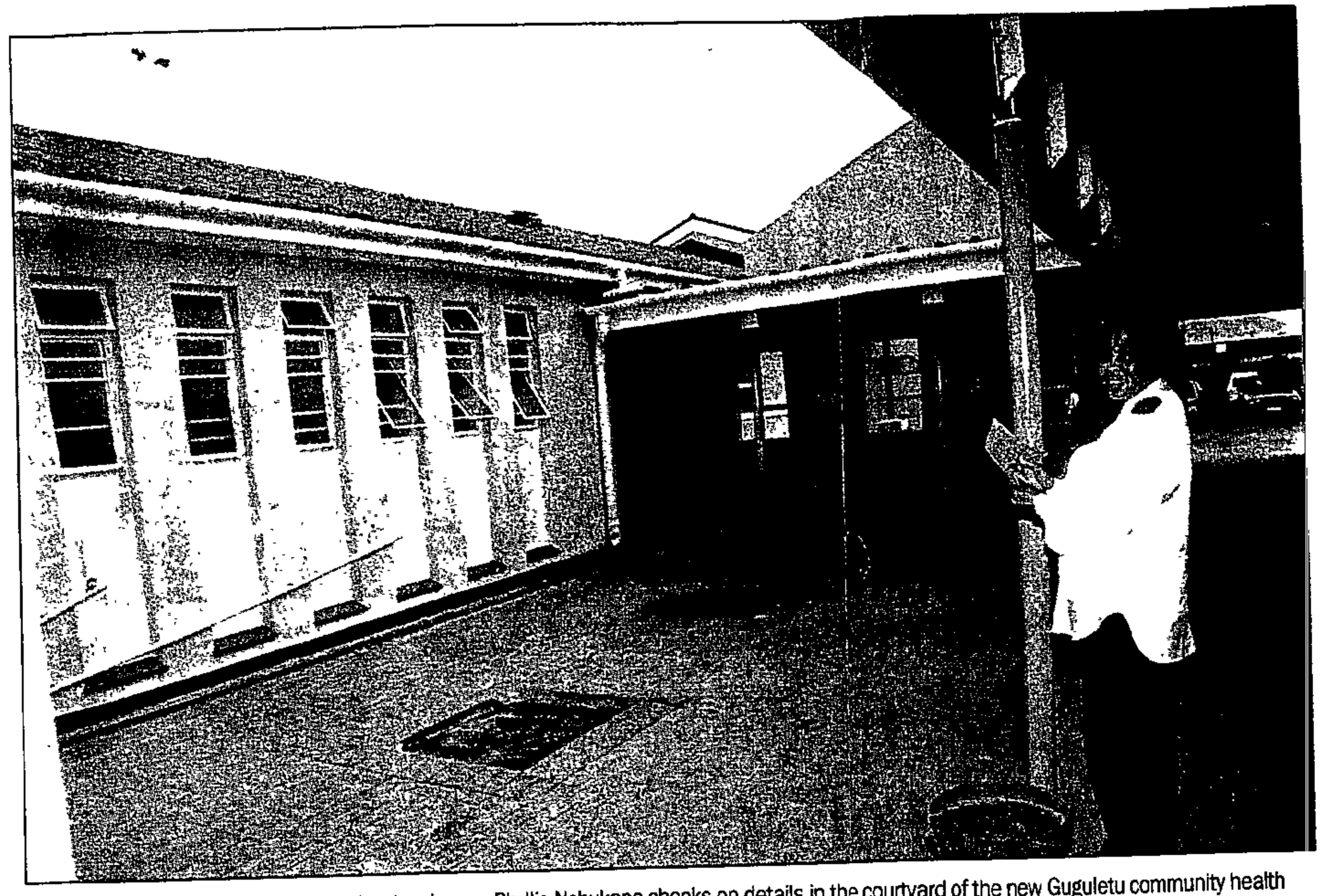
This had led to a flood of resentment. In addition, gangsters had had a grip on the township that extended to its day hospital, where they demanded preferential treatment. This led to serious clashes between security staff and the criminal elements. Gunfights had been common occurrences.

"Our trauma section used to be a prefabricated building, and often gangsters shot right through it, putting our lives and the lives of our patients in danger," Msindo said.

"Gangfights were not restricted to the backstreets, and on occasion extended to the precincts of the hospital. One day someone was shot dead right inside our hospital, but a rumour was spread that we had somehow killed the man."

The result was that the angels of mercy became objects of hate. Nurses and doctors were not free to move around, and had to be escorted to work.

"That was when the slogan 'kill a nurse, kill a doctor' was born," said Bambani.



SIMUNYE (WE ARE ONE): Senior professional nurse Phyllis Nchukana checks on details in the courtyard of the new Guguletu community health care centre in NY3. The facility is the result of a co-operative effort between the community and health care staff, with the backing of the Western Cape health department, headed by MEC Mr Ebrahim Rasool, who is to open it officially on Saturday. ***PICTURE: CLIVE SMITH***

"It was obviously no way to work, and we started organising."

They started by joining the National Educational, Health and Allied Workers Union (Nehawu), and later approached the community. Out of that initiative, a health committee came into being in 1993, and it eventually appealed successfully to Rasool's department for help.

One major problem remains, however. Additional services are now being offered at the much bigger centre, but the number of staff has stayed the same, because of government cutbacks.

Today there are 14 general assistants, three radiographers, one physiotherapist with two assistants, a nutrition adviser, an orthopaedic sister, a social worker, six family planners, 14 clerks, three pharmacists, nine doctors and 49 nurses.

When there was only the day hospital, staff provided a dedicated service to about 450 patients daily, excluding trauma and emergency cases.

And besides additional services and facilities, the Guguletu community health care centre, unlike its day hospital equivalent, will offer a 24-hour service from next Monday.

BD 10/5/96 (98)

Hospital corruption

A COMMISSION of inquiry into allegations of corruption, irregularities and malpractice at some KwaZulu-Natal provincial hospitals has found evidence of criminal malpractice in some hospitals. Commission chairman Kenneth Mthiyane said victims of malpractice in hospitals should come forward.

Eleven hospitals named as centres of excellence

(98)

Kathryn Strachan BD 10/5/96

ELEVEN hospitals across SA have been accredited as centres of excellence in a programme developed by the private health sector, the health department and health providers to raise the standards of state and private hospitals to international levels.

The new initiative, called the Council for Health Service Accreditation in Southern Africa, is aligned with international healthcare groups and uses this contact and experience to help hospitals improve their standards. A total of 40 hospitals have enrolled in the programme. The council's MD Stuart Whittaker hopes most of the country's hospitals will be accredited within the next seven years.

"Our unique quality assurance programme provides hospitals with a quantifiable record of the strengths and weaknesses. Any deficiencies are then addressed so all levels of service can be upgraded to international levels," Whittaker said.

He said the systematic nature of the programme, backed up by sophisticated information technology, enabled staff to assess existing structures objectively and to define deficiencies. Hospitals involved in the programme also implement plans designed to bring about staff upliftment, participative management and the optimal use of resources.

— be unable to finance his/her studies without a NSFAS award.

(b) Financial criteria

Great emphasis is placed on effective means testing of applications without being prescriptive:

In general there are five major types of means test:

- Calculation of the gross annual family income: Some institutions use this as the sole indicator of relative wealth. Applicants qualify for aid if their income is below a certain predetermined maximum.
- Per capita income: This type of test proceeds beyond simple calculation of gross annual family income by taking into account the differences in sizes of families.
- Points system: This is a refinement of both the above in which the particular circumstances of family members are taken into account as well e.g. whether a mother is divorced and/or working, whether the student is in institution-owned accommodations, whether other siblings are also at tertiary educational institutions, etc.
- Questionnaire and interview: In this method skilled interviewers explore the nuances of the family's circumstances and come to subjective conclusions within the parameters of predetermined objective guidelines.
- Notional disposable income: This system similarly goes beyond gross annual income by taking into account family size and composition and by determining notionally what each individual family needs to live reasonably. All or part of the notional balance of its income is considered tyo be available to be used to finance the applicant's studies.

Hansard

QUESTIONS

†Indicates translated version.

For written reply:

Province of Eastern Cape: out-patient divisions

268. Mr G Q M DOIDGE asked the Minister for Health:

(1) (a) At which hospitals will the out-patient divisions (OPDs) in the eastern region of the Province of Eastern Cape be built and (b) what are the time-frames involved;

(2) whether the Mount Ayliff Hospital will be considered for upgrading out of the R25,06 million set aside by the Province; if not, why not; if so, what is the time-frame involved?

N469E

The MINISTER FOR HEALTH:

(a) Holy Cross, Flagstaff
St Patrick's, Bizana
St Barnabas, Ngqeleni
Bambisana, Lusikisiki
Mt Ayliff, Mt Ayliff
Canzibe, Ngqeleni
Rietvlei, Rietvlei

(b) Building work has started on all the projects and the projected completion dates are:

Holy Cross	13 November 1996
St Patrick's	1 November 1996
St Barnabas	1 October 1996
Bambisana	20 October 1996
Mt Ayliff	8 November 1996
Canzibe	28 October 1996
Rietvlei	17 December 1996

Continuous assets registers

278. Mr M F CASSIM asked the Minister of Finance:

Whether he intends introducing legislation to amend the Exchequer Act, 1975 (Act No 66 of 1975), so as to make provision for all State Departments, functionaries and agencies to keep and maintain continuous assets registers; if not, why not; if so, when?

N480E

The MINISTER OF FINANCE:

No. Treasury Instructions already make provision for the maintaining of assets registers. The responsibilities are allocated as follows:

(i) Movable State assets registers—government departments and their functionaries. For this purpose a computerised Provisioning Administration System has been developed.

(ii) Computerised registers of immovable State properties—the Department of Public Works.

Awaiting-trial prisoners: periods in detention

308. Mr D J DALLING asked the Minister of Correctional Services:

(a) How many prisoners currently awaiting trial have been held for periods exceeding (i) one year and (ii)(aa) six, (bb) three and (cc) two months and (b) in respect of what date is this information furnished?

N542E

The MINISTER OF CORRECTIONAL SERVICES:

The specific information as requested is not readily available. It can only be obtained through a time-consuming and manpower-intensive country-wide survey. The latest available information in this regard is as follows:

(a)	(i)	12 to 15 months	190
		15 to 18 months	130
		18 to 24 months	80
		Longer than 24 months	44
	(ii)	(aa) 6 to 9 months	1 744
		9 to 12 months	559
		(bb) 3 to 6 months	7 598
		(cc) exceeding two months	not available

(b) 31 December 1995.

Total prison population

309. Mr D J DALLING asked the Minister of Correctional Services:

(a) What is currently the actual total population of all prisons in the Republic, (b) how many of

Hospitals can save at least R82-m – report

(98) Star 16/5/96

By Janine Simon
Medical Correspondent

Gauteng's eight academic hospitals have been given a clear sign of where to cut costs – and so save at least R82-million – in the first wave of efforts to restructure the province's top-heavy health services.

Most of the savings can be achieved in non-personnel areas such as the use of blood products, x-rays, CAT scans, laboratory tests and pharmaceuticals, according to a health department technical task team.

The team was seconded by Gauteng's health department to complete a groundbreaking comparative analysis of notoriously wasteful hospital expenditure.

It presented results of its analysis to the deans of the province's three medical schools, superintendents of academic complexes and leading clinicians on Tuesday.

The hospitals must now appraise the data and report back early next month, deputy director of health Dr Eric Buch said yesterday.

The study compared expenditure on non-medical staff such as ground staff, porters, security and various categories of administrative staff, and expenditure on non-personnel items such as foodstuff, consumables, treatments and drugs.

The Star

Bara labour dispute hits non-emergency patients

Star 17/5/96 (98)

By Janine Simon
Medical Correspondent

Baragwanath Hospital has frozen admissions of all non-emergency cases from today because a labour dispute has badly disrupted the institution's linen supply.

Hospital spokesman Hester Vorster said an unofficial go-slow had been started by members of the National Health and Allied Workers' Union (Nehawu) in the linen department last week, although management had still not been informed of the reasons for the protest.

The freeze on admissions would mean even lengthier delays in cases of elective surgery. Waiting lists already stretched up to two years for orthopaedic surgery, one year for eye surgery, and between two weeks and five months in at least seven other specialist units.

Vorster said, where possible, hospital staff had been deployed to work overtime in the linen department.

Disposable linen had been bought for the theatres, linen was not changed daily unless absolutely necessary, and some patients were on beds with only blankets, she added.

Hospital staff usually washed about 50 000 items, including bed linen and pyjamas, a day. All the linen rooms which were usually fully stocked were now empty, Vorster said.

Nehawu regional secretary Mike Dube said provincial and hospital authorities had been informed that staff had a grievance regarding the advertisement of and appointments to new posts.

"I'm not sure if they have started any strike or go-slow action, but we have raised the grievance," he said.

Dube said he would be investigating the action and its impact on the running of the hospital.

Nehawu members would be meeting Gauteng Deputy Director-General of Health Dr Eric Buch this afternoon to discuss the issue.

Hospital hit by new crisis

ST (M) 19/5/96 (98)

By JESSICA BEZUIDENHOUT

BELEAGUERED Groote Schuur Hospital, already reeling from budget cuts and staff shortages, faces a new crisis in the anaesthetics department amid warnings that declining standards of care could have dangerous medico-legal consequences.

So serious is the staff shortage that the department is having to delay or call off an average of 60 operations a week. The total of deferred operations could rise to a staggering 5 000 by the end of the year.

Now the cash-strapped Western Cape health authorities are to approach central government in a bid to exclude the anaesthetics department from a moratorium that allows hospital units to function on no more than 62 percent staff capacity.

The Western Cape's Director General of Health, Dr Tom Sutcliffe, insisted this week that the 62 percent staff level, introduced throughout the civil service, was simply not manageable in anaesthetics. "It's one of the few rigid departments which cannot cope with severe staff shortages," he said.

Professor Michael James, head of the department, said anaesthetics was a "critically involved" discipline.

"Our inability to handle the ever increasing workload has a knock-on effect on most other units at the hospital," he said. Units particularly affected were orthopaedics, gynaecology and obstetrics.

The unit comprises 70 doctors who serve Groote Schuur Hospital, Red Cross Children's Hospital and Somerset Hospital.

Describing the situation as "catastrophic", he said the unit needed at least another six posts to be filled to function normally.

The crisis began at the end of February when the government moratorium cut six unfunded posts.

Prof James warned that the staff shortages could have vast medical-legal implications, explaining: "Patients are not receiving the same level of care when medical staff are battling to handle the workload."

He had about 30 applications from foreign doctors who were willing to work at their own expense but he was unable to take them on because the posts had been frozen.

Clinics still in need of basic equipment

(98)

Kathryn Strachan BD 20/5/96

MANY Transkei clinics still do not have drugs or basic equipment despite various initiatives, while many people are still not getting their pensions, Eastern Cape health and welfare MEC Trudi Thomas said.

But despite the daunting obstacles she is confident her team is achieving a breakthrough.

With a 60%-70% unemployment rate, an extreme maldistribution of resources and the "disaster area" of Transkei — apartheid's worst casualty — the Eastern Cape is faced with the greatest task of all the provinces in building up its health system.

Budget

"We have set ourselves a five-year plan and, if we disregard the pensions that some old ladies are not getting, we can say that we are 20% of the way down that path," Thomas said.

With a budget of R5bn, the province is setting up district health systems and a financial management system, which will be in place by the end of the year. Other positive steps are that 25 clinics were completed last year, 20 are in the process of being built and another 20 are being upgraded.

A programme to connect electricity to all clinics in the province was launched last month and it is hoped this goal will be reached by September.

The aim is to have access to health care for all in the province, and for no one to be more than 30 minutes from emergency care.

In order to realise this goal, the department has focused on emergency services, taking ambulances from Port Elizabeth and setting up "relay stations". The Transkei is another focus of health service transformation.

In order to strengthen hospitals, the University of Transkei and the University of Cape Town medical schools have forged academic links. The provincial audit of hospitals calculated it would cost about R400m to upgrade Umtata Hospital to an acceptable level. But as the capital budget for the entire province is just more than R100m, discussions are under way with overseas donors to fund the upgrading.

Just as health services in the former homelands were starting their recovery, they were hit again — this time by the removal of tax benefits for homeland employees. The resultant decrease in take-home pay caused a movement of doctors away from the former homelands.

"Our wards are full of kwashiokor and measles, and half the beds in Transkei are taken up with TB," Thomas said. But with the immunisation campaign, the hospital admissions and deaths due to measles have dropped dramatically.

Thomas is positive about the Eastern Cape's notorious school feeding scheme. "Despite the fraud in the school feeding scheme (R3m was lost in fraud) we can say it is a huge success."

Mental health is another serious problem. "We are looking at setting up programmes to deal with the high rate of family violence, accidents and trauma. Projects are also initiated for street children and for drug abuse."

Lacking

Welfare services in Eastern Cape are marked by extreme maldistribution. Up to now only 3% of welfare funds went to the former homelands.

The Eastern Cape juvenile justice system is sorely lacking. There is only one juvenile centre, based in Port Elizabeth. It is designed to take 90 juveniles, but it is now occupied by more than 200 youths.

"After all the years of neglect the problems in the province are daunting. There is demoralisation as shown in the disastrous nurses' strike, and fraud is the order of the day," Thomas said. "There is a lack of capacity and management, and the slow visible improvement acts to frustrate people."

'Privatise hospital laundries'

Beeld 20/5/96

98

THE Democratic Party said yesterday State hospital laundry services should be privatised or sold without delay, rather than have hospitals held to ransom by inefficiency and corruption.

DP health spokesman Mr Jack Bloom said the party was "most distressed" that Baragwanath Hospital in Soweto had to suspend all non-emergency admissions as a result of a labour dispute at its laundry services.

He said other hospitals in Johannesburg had also regularly experienced the same problem, stretching the waiting lists for surgery even further.

"The root cause is the compulsory dependence by Gauteng hospitals on the notorious State laundry services, rather than free choice of private laundries," Bloom said.

Baragwanath Hospital froze admissions of all non-emergency cases on Friday and started to use disposal linen after a go-slow by union members in the laundry section. - *Sapa*

Bara's 'go-slow' workers warned

(Page) a(C/B) Star 20/5/96

By Staff Reporter

Protesting laundry workers at Baragwanath have been warned to return to work today or be issued with warning notices, the first step in disciplinary action which could lead to dismissal.

The 150 National Education Health and Allied Workers' Union (Nehawu) members have been on an illegal go-slow since last week.

They have said it is caused by unresolved disputes around the filling of posts at the hospital.

Health department spokesman Popo Maja said yesterday the workers had been told to return to work following a meeting with health officials last Friday.

He said if they did not return to work, they would be issued with notices demanding that they supply reasons for not returning to work.

If they did not supply good reasons, they would be dismissed, Maja said.

He said that the health department had agreed to look into their grievances at Friday's meeting.

Hospital accepting emergency cases only

However, Maja warned that they would not countenance the illegal go-slow.

The department would take action against those workers who had intimidated three colleagues to such an extent the hospital had been forced to redeploy them.

Yesterday, the Baragwanath Hospital was still only accepting emergency patients after freezing the admission of non-emergency patients on Friday.

A hospital spokesman, Hester Vorster, said that 80 workers had been working around the clock to try to cut the backlog of linen,

She did not know how successful the workers had been.

About 50 000 items, including bed linen and pyjamas, are usually washed every day, the spokesman said.

Nehawu was not available for comment on whether the workers would be returning to work today.

Baragwanath strikers to be given an ultimatum

(192)(98) BD 21/5/96

Kathryn Strachan

STRIKING laundry workers at Baragwanath Hospital will be given an ultimatum today to return to work by tomorrow or be dismissed.

Gauteng health department spokesman Popo Maja said the 150 striking workers were protesting against the selection process for management posts. The strikers said the selection committee had displayed favouritism, and demanded that all management appointments over the past year be nullified.

He said the department was investigating the claims of favouritism but had ruled out nullifying all appointments.

Maja said it was the employers' prerogative to select staff.

Baragwanath laundry staff back at work

(1580) (98) Star 21/5/96

Striking laundry workers at Baragwanath Hospital will be back at work today, according to Mike Dube, Gauteng regional secretary of the National Education, Health and Allied Workers Union.

The Gauteng department of health yesterday warned the strikers their actions were illegal, and they would be issued with ultimatums which could lead to their dismissal if they were not back at work by 9am today.

The strike began last week to protest against the constitution of selection committees for management positions, despite Nehawu having tabled the grievances with Gauteng health officials.

Dube said today the strikers would call off the action, pending a regional meeting with delegates from each hospital on Thursday.

This would be followed by a meeting with Gauteng health officials. He was optimistic the issues could be resolved. – Staff Reporter.

Picture: ANDREW INGRAM, The Argus.

STREET PATIENT: Cape Town vagrant Ebrahim Williams is helped by ambulancemen after collapsing in the offices of the provincial minister of health and social services.

Hospital 'turns vagrant away'

(98) ARG 22/5/96

JOSEPH ARANES
Municipal Staff

VAGRANTS allege a Cape Town hospital refused to treat them because they had no money to pay for treatment.

This follows new allegations that traffic officials still harass and beat up street people – in spite of a recent independent commission set up by the city council which found that enough evidence existed to lay charges against some officers.

The vagrants say that yesterday one of their group, Ebrahim Williams, was taken to a day hospital because he was showing signs of epilepsy, but he was refused treatment by hospital staff because he did not have money to pay for treatment.

Mr Williams then decided to take the matter up with the provincial Health and Social Services Minister Ebrahim Rasool, but as he entered the building housing the minister's office, he collapsed and had to be rushed to hospital.

City vagrant Lionel van der Vent saidMr Williams had been feeling sick for a few days.

"Yesterday we decided to take him to the Buitenkant Street day hospital. After we filled in forms a clerk asked us if we had R8 to pay for the treatment. When we told her we were penniless, she chased us out of the hospital like dogs."

Bara strikers go back to work

(98) (R22)

Sowetan 22/5/96

By Themba Sepotokele

IT WAS back to normal at Baragwanath Hospital yesterday after striking laundry workers had heeded an ultimatum to return to work at 9am or face dismissal.

Gauteng health ministry spokesman Mr Popo Maja announced yesterday that the week-long go-slow strike by about 150 laundry workers at the hospital – all members of the National Education, Health and Allied Workers' Union – had come to an end.

He said the ministry was told by representatives of Nehawu that the workers would return to work today. The decision was reached after a lengthy meeting yesterday afternoon.

"We are encouraged by the decision after receiving an indication from the union representatives that workers had resolved to go back to work," Maja said.

The workers' decision to resume duties came in the wake of the ultimatum, which was endorsed by Gauteng health superintendent Dr Ralph Mgijima.

Representatives of Nehawu could yesterday not be reached for comment.

The matter is expected to be discussed at the union's regional meeting later this week.

Disposable linen

During a visit to the hospital Nehawu members were locked in a meeting. A few laundry workers in the company of laundry department manager Mr Simon Ngwenya were busy loading a heap of dirty linen into a van.

On Monday, Baragwanath's public relations officer Mrs Esther Hlongwane told *Sowetan* that the hospital had been using disposable linen because of the strike. She said she had asked staff in the laundry department not to change the linen on daily bases.

Hospital gets cheque, but more needed

(98)

ARG 24/5/96

Staff Reporter

FALSE Bay Hospital has received a cheque of R10 600 from the dissolved Simon's Town council, which will go into its kitty to buy several much-needed items for the hospital.

The cheque was given to a member of the False Bay hospital board, Nick Lee, at the final council meeting of the Simon's Town Transitional Metropolitan Substructure on Tuesday in the former council's chambers.

Still on the hospital's shopping list of badly needed items are :

- An X-ray machine costing about R456 000.
- An ultra-sound machine costing about R60 000.
- A monitor for mothers in labour costing about R6 000.
- A mobile X-ray unit costing about R320 000.
- A machine for testing blood samples costing about R200 000.

Dr Lee said Murray Trust had given the hospital about R200 000 which had bought a much-needed orthopaedic drill and a sterilisation machine. "We are trying to get the hospital up to scratch and when it is, it will be a shining example to others. The all-day garden fete organised and supported by the local community raised almost R28 000 so we are fortunate in having the community support us."

He said about 5 000 patients a month were treated at the hospital.

Superintendent of the hospital Frans Engelbrecht noted a few smaller items which were required, including televisions sets for wards, wheelchairs, washing machines, a portable air conditioner for an operating theatre, bed linen and items for the hospital creche.

'Gross corruption' at Alex clinic

(98) MtG 24-30/5/96

Philippa Garson

STAFF at the Alexandra Clinic have called for the suspension of its director and other management officials pending a formal internal inquiry into embezzlement of clinic funds.

The clinic, in Alexandra township, north of Johannesburg, has been supported for years by donor funds for its valiant contributions to community health and support of victims of apartheid violence in the past decade.

Initial investigations point fingers at clinic director Nomvuyo Molefe, financial manager Lionel Janari and two others. A report, conducted by two staff members and leaked to the *Mail & Guardian*, alleges that Molefe paid a consultancy thousands of rands in several instalments last year for workshops that did not take place.

The report claims "gross corruption" and reluctance on the part of management to pursue the mystery of missing cheques. It alleges more than R50 000 was plundered from clinic funds last year for non-existent workshops and paid to a fraudulent consultancy.

The funds were allegedly embezzled from a R600 000 capacity-building fund from Kellogg Foundation. Questions remain around whether the balance of the fund went to *bona fide* community projects.

The report alleges more than R50 000 was plundered last year for non-existent workshops

The staff investigators, Lucas Lethlaku and Thabo Mnisi, found the development consultancy, Chitons Development Consultants, was a fake company whose "directors" included Molefe and her husband. When the *M&G* phoned Chitons in Cresswold, Johannesburg, an "acting receptionist" confirmed that Molefe and her husband were directors of the company.

The staff investigators found the company's registration number was fake, belonging instead to a fundraising company called Cuthberts and Associates, and that its postal address belonged to Molefe herself

"It is painful to note", say the authors of the report, "that money intended for community development has been used to enrich individuals under the auspices of Chitons." They also charge that further plans to defraud the clinic via another fake company, Impact, were abandoned after the investigation began, and that a mystery Standard Bank account was suddenly closed.

Now the clinic's board of directors has appointed a team of four, including an accountant, to investigate the corruption charges. The team will report its findings to the board on June 10.

The staff association has appealed to the board for the inquiry to be conducted by an independent structure, and is calling for the suspension of those implicated.

The four under investigation — including marketing manager Barbara Hanrahan and administrator Yvonne Lefakane — were called to account for the charges at a meeting on May 3. Hanrahan has since been unofficially cleared of any wrongdoing after it was found that a cheque she authorised was for a *bona fide* workshop for traditional healers in Tzaneen. Lefakane, who controls the budget, has been requested by the board to furnish more details about some of the queried financial transactions.

Both Molefe and board chairman Bernert Lekalakala were tight-lipped, refusing to comment until the investigation was completed. The chair of the board's finance commitee, Ashwell Zwane, said the investigation would show whether "these allegations have any substance or not".

Other members of staff have pointed out that Letlhaku, who is the personnel officer and who spearheaded the investigation into Molefe and Janari, has a personal axe to grind because Molefe has blocked his promotion. The report is unsubstantiated, they say. And while there is some evidence of misdemeanour, it has subsequently been found that the various "non-existent" workshops did in fact take place.

Letlhaku has since been suspended for breaching protocol by taking his fraud allegations straight to the Kellogg Foundation, instead of to the board. He too refused to comment, pending the outcome of a disciplinary hearing against him.

Rumours of corruption have been buzzing through the corridors of the clinic ever since R250 000 went missing several years ago. A clinic cheque was deposited into the account of a non-existent building contractor in Katlehong, but the culprit was never found.

Then, when a cheque for R20 000 from the Johannesburg City Council went missing last year, the present investigation began. Janari, who was part of the team, allegedly tried to close the inquiry. He was taken off the team, which subsequently found he used clinic funds to put new tyres on his car and for electrical installations at his home.

The clinic has long been recognised for its pioneering efforts in providing true primary health care.

Jo'burg Hospital plan to improve post-op ward

By Janine Simon
Medical Correspondent

Johannesburg Hospital is considering plans to relieve bottlenecks in one of its most pressured post-operative units, but all hinges on the state's new deal for nurses.

Each week at least five cases of elective surgery are postponed in the department of surgery, according to Professor Lewis Levien, Wits University's academic head of surgery.

This was because there were only sufficient nurses to staff three or four beds in the post-operative ward assigned to the department.

The delays were distressing to patients and resulted in inefficient services because ward beds remained blocked to patients who needed to be referred to the hospital for tertiary care.

Although no other figures on the bottlenecks were available, the delays, which were highlighted in two recent letters to The Star by the department of surgery's former head, Professor Bert Myburgh, are not uncommon at the hospital.

Hospital superintendent Dr Trevor Frankish said the number of high-care and intensive-care beds in the hospital had declined over the past few years because of intensive-care nurses opting to work in private hospitals.

He said all the hospital's intensive care units, such as cardiothoracic, trauma and paediatric, were shortstaffed.

But it had been agreed at a meeting last week to strive towards opening the surgical post-operative unit to its full capacity of 10 beds, he said.

The decision was influenced largely by the expected new salary scales for nursing staff.

Although no salary scales were officially available, it was assumed the hospital would be able to attract nurses back when the new scales became effective, said Frankish.

Failing this, there would have to be cutbacks in other services if the post-operative unit was to be expanded.

A plan would be discussed with all role-players to identify what resources were required to open the beds.

"The whole issue of extending the number of post-operative beds still needs considerable negotiation with all the relevant parties, and no final decision has yet been taken," said Frankish.

(98) Star 27/6/96

R10,5m Khayelitsha health centre set to open

ET 29/5/96

(98)

KHAYELITSHA RESIDENTS will have 24-hour access to medical services, including midwife and emergency services, when the new health centre there is complete. **ANEEZ SALIE** reports.

HEALTH services in Khayelitsha will improve dramatically with the opening on Monday of a R10,5 million community health centre.

The centre, to be named in memory of slain civic leader Michael Mapongwana, is a major building block in the government's primary health care programme which seeks to decentralise resources and control.

"This name gives a soul to the centre because it derives out of the sacrifices and martyrdom of a great civic leader, a peacemaker and a visionary," says Western Cape Health and Welfare MEC Mr Ebrahim Rasool.

"Michael Mapongwana distinguished himself in three areas of work — he spearheaded the drive for the electrification of Khayelitsha, he exerted himself so that core housing could be extended from one to three rooms and he fought for peace in the taxi industry.

"In 1990 he lost his wife Nomsa, when she was shot in bed by someone wanting to assassinate him. Less than a year later suspected third force elements finally succeeded in killing him, leaving his two children orphaned."

Rasool pledged that to do justice to a centre named in Mapongwana's honour, the service would be excellent.

The building cost just under R8m, while the equipment is "of the best" and cost about R2,5m. The centre will have 265 staff members, and the cost of the services will be about R11m a year.

Most of the doctors and nurses would be transferred from the tertiary hospitals, and the clerical and general staff had to be recruited from Khayelitsha itself, under the department's agreement with the local health committee.

"They have been fully involved in this process," said Rasool.

On the centre's completion, services available will include 24-hour midwife/obstetric services, trauma/emergency units, dental care, X-ray facilities, physiotherapy, occupational therapy, a pharmacy, rehydration facilities and social work.

From Monday antenatal care, emergency services and immunisation will be available in daytime only.

"Within two months we hope that the full spectrum of services will be delivered, including the 24-hour services," Rasool said.

There is no indication in the discussions between Boeing and Transnet that the aircraft manufacturer intends to impose penalties for the delay. To the contrary, Boeing is quite keen to work with Transnet to resolve outstanding problems in order to finalise the deal. Clearly Boeing takes the same view as Transnet, i.e. that its response to the delay should not be determined by some inflexible legalism but by a business relationship that takes a long term view.

SAA: purchasing of new aircraft

*9. Sen M G E WILEY asked the Minister for Public Enterprises:

Whether South African Airways intends purchasing any new aircraft in the foreseeable future; if not, what is the position in this regard; if so, (a) how many, (b) which types, (c) what will be the cost of such aircraft and (d) when are these aircraft due for delivery? S318E

The MINISTER FOR PUBLIC ENTERPRISES *(Reply laid upon Table with leave of House):*

Transnet Limited furnished the following reply to the hon Senator's question:

Yes.

(a) Nine.

(b) Seven Boeing 777-200's
(Four firm orders and options for three)

Two Boeing 747-400's
(One firm order and a further option for one)

(c) R3 200 million.

(d) Contractual delivery of the five firm orders was scheduled to start in July 1997. New delivery dates are still a subject of negotiation between Boeing and Transnet. Delivery of the aircraft on option was to be effected in the years 1999 and 2000.

Question standing over from Thursday, 9 May 1996:

Recycled cooking oil: persons died/hospitalised

*1. Sen C R REDCLIFFE asked the Minister of Health:

(1) Whether any persons have (a) died or (b) been hospitalised as a result of the use of recycled cooking oil in fast-food outlets; if so, (i) how many in each case and (ii) what were the reasons for hospitalisation in each case;

(2) whether she will make a statement on the matter? S176E

The MINISTER OF HEALTH:

(1) None that the Department of Health is aware of.

(2) No.

Question standing over from Thursday, 16 May 1996:

New State hospitals constructed in Western Cape

*7. Sen W F MNISI asked the Minister of Health:

(1) Whether any new State hospitals have been constructed in the Western Cape since September 1994; if not, why not; if so, (a) where are they located and (b) how many beds are there in each such new hospital;

(2) whether plans exist for the construction of any new State hospitals; if not, why not; if so, (a) where will they be located, (b) when is construction due to commence in each case and (c) how many beds will there be in each such new hospital? S265E

The MINISTER OF HEALTH:

(1) Yes. Michael Mapongwana Day Hospital.

(a) Khayelitsha.

(b) 17 beds of which eight are post-natal and the remainder are short stay or temporary use beds.

(2) No.

(a) However, it is proposed that four small regional hospitals, each of approximately 200 beds, be erected in Philippi, Blue Downs, Mitchells Plain and Macassar.

(b) As soon as sites have been identified, approval obtained and funds are available.

(c) Completion of any of these hospitals is unlikely before the year 2001.

Question standing over from Thursday, 23 May 1996:

Western Cape Provincial Legislature: amount for housing

*2. Sen W F MNISI asked the Minister of Housing:

(1) What amount was allocated for housing to the Western Cape Provincial Legislature in the 1994/95 financial year;

(2) whether any portion of this amount was rolled over to the next financial year; if so, (a) what amount was rolled over and (b) why? S275E

The MINISTER OF HEALTH (for the Minister of Housing):

(1) R283,0 million which comprises R137,0 million from the 1994/95 budget allocation for housing and R146,0 million unspent funds from the 1993/94 financial year.

(2) (a) R51,7 million.

(b) Housing is a multi-year process. Although the funds were committed in the 1994/95 financial year to certain housing projects, actual expenditure occurs over a number of years commensurate with progress in the execution of projects.

HIV: test apparatus

*8. Sen C R REDCLIFFE asked the Minister of Health:†

(1) What (a) test and (b) test apparatus is currently being used in South Africa to determine whether persons are infected with HIV;

(2) whether any irregularities in the use of the test apparatus have occurred in the Republic; if so, (a) in how many cases and (b) what are the further relevant details? S290E

The PRESIDENT OF THE SENATE: Since Senator Redcliffe is not present, the hon the Minister has a choice as to whether to table her reply or reply to the question verbally.

The MINISTER OF HEALTH: I shall table it, Mr President.

Senator A VAN BREDA: Mr President, perhaps the hon the Minister will pay us the courtesy of replying, because she was not here on two consecutive occasions when the senator was here. Unfortunately he cannot be here today.

The MINISTER: Mr President, he is not here to hear the reply, but I shall read it nevertheless.

(1) The *Three Elisa Strategy* tests are being used. This is according to WHO recommendations as was published in South African Medical Journal (SAMJ), September 1995, Volume 85 No 9.

(2) Thus far no irregularities with the *Three Elisa Strategy* have been reported to the National Institute for Virology.

New questions

*1. Sen E K MOORCROFT—Environmental Affairs and Tourism. [Question standing over.]

Drafting of Competition Bill

*2. Sen W F MNISI asked the Minister of Trade and Industry:

(a) What progress has been made with the drafting of the Competition Bill and (b) when is it anticipated that the Bill will be introduced? S301E

The MINISTER OF TRADE AND INDUSTRY: My predecessor, Mr Manuel, had asked a small group to draw up a discussion document on competition policy. This was done. He then asked a small drafting team consisting of Dr Brooks and Adv Pretorius to see whether they could draft a Bill that would encapsulate the key principles and issues set out in the discussion document. That exercise was completed in September. Mr Manuel then took advice from some of the Ministers in Cabinet and other experts, including international experts. His feeling at that time was that we had not sufficiently captured the principles and issues relating to competition policy.

When I took over the position, I familiarised myself with the matter—it took me a bit of time—and I concur with his viewpoint. What I have now done is to ask Dr Brooks to stay on as

Four new hospitals by 2001?

BARRY STREEK
POLITICAL WRITER

THE construction of small regional hospitals in four predominately coloured areas of Cape Town had been proposed but were unlikely to be completed before 2001, Health Minister Dr Nkosazana Zuma said yesterday.

The hospitals, each with about 200 beds, were proposed for Philippi, Blue Downs, Mitchells Plain and Macassar, she said in reply to a question tabled in the Senate by Mr William Mnisi (DP).

The construction of the hospitals would begin "as soon as sites have been identified, approval obtained and funds are available".

Zuma said one hospital had been constructed in the Western Cape since September 1994: the Michael Mapongwana Hospital in Khayelitsha, which had 17 beds — eight postnatal; the rest short-stay.

Housing Minister Ms Sankie Mthembi-Nkondo said in reply to another question by Mnisi that the Western Cape provincial legislature had been allocated R283 million for housing in the 1994/5 financial year, R146 million of which were unspent funds from the 1993/4 financial year.

She added that R51,7 million of the 1994/5 allocation had been rolled over into the next financial year because "housing is a multi-year process".

"Although the funds were committed in the 1994/5 financial year to certain housing projects, actual expenditure occurs over a number of years."

Primary health benefits from funding reallocation

BD 31/5/96

Ingrid Salgado

THE bulk of savings resulting from reduced allocations to Gauteng's eight academic hospitals would be ploughed into primary health care and would finance cuts in this year's health budget, Gauteng health MEC Amos Masondo said yesterday.

The hospitals would receive R200m less this year, down to less than R2bn. This was a drop from more than half of Gauteng's health bill last year to 46% of the budget in 1996/97, he told the provincial legislature during debate on the health budget vote.

He said that R90m of the savings would be used to finance free health care for adults, build new clinics, subsidise primary health care, purchase drugs and equipment for local authorities and start a polio and measles immunisation campaign.

The remainder would finance an R80m reduction in this year's budget while R30m would be spent on improving staffing conditions in previously deprived psychiatric hospitals.

Masondo said he was pleased the R4,033bn health budget would be supplemented by an unspecified amount from central government to cover salary increases.

However, he was concerned at the speed at which funding equity between the provinces was proceeding.

Five-year target allocations for provinces were based on medical aid membership and population estimates adjusted for per capita income. Low population figures had been used for Gauteng (6,9-million people) while a high medical aid membership was ascribed.

The department faced an "onerous" challenge in taking health services to previously deprived people without collapsing other services, considering that its operating budget had declined R259m in real terms and it was faced with a huge capital deficit.

'Privatise hospital laundries' — DP

98

BD 31/5/96

Ingrid Salgado

THE DP urged the Gauteng government to privatise the province's seven hospital laundry services yesterday and insisted that privatisation could occur without the more than 1 000 employees losing their jobs.

The services, which had a running cost of about R50m a year, were beset by perpetual labour unrest and bad management, leading to glitches in heath care services, Gauteng DP health spokesman Jack Bloom told the provincial legislature.

Already hard-pressed hospitals constantly had to reschedule and delay operations due to shortages of clean linen, he said. "Only last week Baragwanath Hospital (in Soweto) was disrupted for this very reason, to the great distress of patients."

Privatisation of the laundry services had great potential for revenue generation and would improve hospital efficiency. The Gauteng health department was "not in the business of running laundry services but of running health", Bloom said.

ANC member Firoz Cachalia questioned the ability of the private sector to guarantee job retention and to provide laundry services at affordable cost to government.

Bara staffer shot in the face

(98) Sowetan 3/6/96

By Sonti Maseko

A PHARMACIST at Baragwanath Hospital in Soweto narrowly escaped death yesterday when he was shot in the face at point-blank range by a man he thought was a patient collecting a prescription.

Mr Arvind Hansjee (49), working at the hospital's main pharmacy, received 10 stitches from a bullet wound which grazed his scalp.

A suspect armed with a gun was arrested by the hospital's security and later taken to Soweto's Protea Police Station.

A member of the hospital's security said there were about five other men with the suspect who managed to escape.

Hansjee told *Sowetan* that he had been busy dispensing medicines at the pharmacy at about 11am. Two men came into the room and he went over to them and asked: "Can I help you?"

"One of them pulled out a gun from his pants and just shot me without saying anything. I collapsed and for about five minutes I was dazed. I ran out screaming 'I have been shot, I have been shot'."

Hansjee said the bullet also hit the railing, ricocheted through the top window and was found in the roof. It was suspected that the motive for the attack could have been to rob the pharmacy which closes at 1pm on Sundays.

According to security workers, theft of drugs from the pharmacies occur frequently. Police spokesperson Inspector Madelein Bunce confirmed the incident. However, the hospital's public liaison officers could not be reached for comment.

Whether, with reference to his reply to Question No 15 on 28 February 1996, he will furnish further details on the development of dams in the Nzhelele River which is currently being investigated by his Department?

N479E

The MINISTER OF WATER AFFAIRS AND FORESTRY:

The reconnaissance level Nzhelele River Basin Study, which was undertaken by the Department of Water Affairs and Forestry, made a number of recommendations with respect to water resources development planning in the region. These included the undertaking of further detailed studies to establish the desirability and feasibility of raising the existing Nzhelele Dam or constructing new dams in the Nzhelele River Basin. None of these looked, however, particularly promising from an economic point of view, and as the Department is at present heavily involved in a number of community water supply and sanitation projects in the Nzhelele River Valley to address the immediate water supply needs of the rural communities, it will not be able to give further attention to these dam developments in the short term.

Unused beds/wards in each hospital

333. Mr M J ELLIS asked the Minister for Health:

How many (a) beds and (b) wards were not utilised in 1995 in each hospital falling under the control of each of the provinces?

N581E

The MINISTER FOR HEALTH:

Province	(a) Beds not utilised	(b) Wards not utilised
Eastern Cape	768	13
Free State	3 280	not available
Gauteng	5 466	not available
KwaZulu-Natal	357	16,5
Mpumalanga	93	3
Northern Cape	757	not available
Northern Province	681	not available
North West	90	3
Western Cape	1 151	30
Total	12 643	65,5

Academic hospitals: cost per bed

360. Mr M J ELLIS asked the Minister for Health:

What is the daily cost per bed in respect of each recognised academic hospital in South Africa?

N613E

The MINISTER FOR HEALTH:

Baragwanath	R611,70
Coronation	R998,05
Ga-Rankuwa	R749,54
Groote Schuur	R577,50
H F Verwoerd	R1 111,75
Hillbrow	R1 129,32
J G Strijdom	R911,62
Johannesburg	R1 269,37
Kalafong	R566,80
King Edward VIII	R539,00
Pelonomi	R410,77
Red Cross	R460,00
Tygerberg	R508,07
Umtata	R364,44
Universitas/Nasionaal	R1 090,27
Wentworth	R732,00

Port Elizabeth police districts: crimes

375. Mr A J LEON asked the Minister for Safety and Security:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) robbery, (g) theft of vehicles, (h) theft of other items, (i) damage to property, (j) housebreaking with intent to steal and theft, (k) possession of drugs, (l) drunken driving, (m) vagrancy and (n) prostitution were reported at each specified police station in the Port Elizabeth police districts in (i) 1994 and (ii) 1995?

N672E

The MINISTER FOR SAFETY AND SECURITY:

	ALGOA PARK		BETHELSDORP	
	1994	1995	1994	1995
(a) Murder	2	9	53	78
(b) Culpable homicide	36	28	14	9
(c) Assault GBH	39	51	874	782
(d) Common assault	364	354	1 042	935
(e) Rape	22	25	158	176
(f) Robbery	151	134	276	366
(g) Theft of vehicles	89	105	135	64
(h) Theft of other items	1 403	1 249	1 596	1 743
(i) Damage to property	226	212	655	689
(j) Housebreaking with intent to steal and theft	215	251	551	749
(k) Possession of drugs	39	15	178	65
(l) Drunken driving	224	213	109	96
(m) Vagrancy	0	0	0	0
(n) Prostitution	0	3	0	2
Total	2 810	2 646	5 644	5 754

	GELVANDALE		HUMEWOOD	
	1994	1995	1994	1995
(a) Murder	90	83	16	15
(b) Culpable homicide	23	17	3	4
(c) Assault GBH	1 341	1 097	67	73
(d) Common assault	1 343	1 404	460	541
(e) Rape	185	177	46	75
(f) Robbery	365	545	225	295
(g) Theft of vehicles	107	94	345	401
(h) Theft of other items	2 460	2 265	5 024	4 668
(i) Damage to property	1 069	914	516	534
(j) Housebreaking with intent to steal and theft	584	505	674	808
(k) Possession of drugs	330	210	141	122
(l) Drunken driving	227	256	413	67
(m) Vagrancy	0	0	0	0
(n) Prostitution	9	6	10	9
Total	8 133	7 573	7 940	7 612

AREAS OF EXCELLENCE BECOMING AREAS OF CHAOS

Hospitals 'in a poor condition'

CT 4/6/96 (98)

WESTERN CAPE HOSPITALS are changing from areas of excellence to areas of chaos because cuts in funding have been too drastic, says the Senate's health committee. Political Writer **BARRY STREEK** reports.

THE situation at the Red Cross Children's Hospital required urgent attention, and budget shortages were hampering the process of transition at academic hospitals in the Western Cape, two all-party Senate committees said yesterday.

Hospitals in the Western Cape were in a "poor condition", the select committee on liaison with provinces said, adding that it was "shocked by circumstances at Tygerberg Hospital and Red Cross Children's Hospital".

CUTS TOO DRASTIC: Health Minister Dr Nkosazana Zuma

The Senate's select committee on health said maintenance costs were "unfortunately a soft target in budget allocations and cutbacks.

"Red Cross Hospital and Tygerberg Hospital have a combined backlog of R54 million in maintenance. Although a huge capital investment was initially made, no appropriate maintenance budget has been maintained from the start."

It added: "Hospitals are changing from areas of excellence to areas of chaos.

"The committee recognises that regardless of how much money has been budgeted for, the large cuts in funding are too drastic and are creating widespread problems across the board in the academic hospitals.

"However, it is worth noting that there is an agreement between the provinces to reach equity in five years.

"To avoid the collapse of academic health complexes, bridging funds have been budgeted to ensure a smooth transition. Provinces should ensure that these funds (R151m in the Western Cape) are appropriately distributed and utilised."

The committee also said the budget cuts at the Red Cross Hospital had affected it as a whole. While its real expenditure for 1995 was R114m, the allocation for 1996 was only R94m — a cut of 18%.

"These cuts affect the staff, the maintenance of the hospital buildings and equipment and the standard care for the patients."

The hospital saw 24 000 in-patients a year and 600 to 700 out-patients a day.

"The hospital prides itself on its results, which are on a par with what is produced in England and (the rest of) Europe, but is extremely concerned about the imminent drop in standards due to the financial constraints."

The hospital had a very large number of referred patients — with 30% of all referrals coming from the rest of the country — and the hospital had a general problem of overcrowding.

The select committee on liaison with the provinces concluded: "There is a dire need for secondary hospitals, bridging funds must be effectively utilised, the situation at the Red Cross Hospital requires urgent attention and budget shortages are hampering the process of transition at tertiary hospitals.

"It was emphasised that tertiary hospitals in the Western Cape form part of national resources and as such their continued existence must be assured," the committee said.

1,8m South Africans HIV-positive

POLITICAL WRITER

ABOUT 42% of all black TB patients in the Western Cape are HIV-positive, an all-party Senate committee said yesterday.

Health Minister Dr Nkosazana Zuma said it was estimated 4,3% of the total population of South Africa, or 1,8 million people, had been infected with the HIV virus by last year.

The highest HIV infection rates were among women in their early 20s, she said during the debate on her budget vote in the Senate.

HIV infection among pregnant teenagers was already 9,5%.

"The fight against HIV/Aids calls for appropriately bold measures and decisions to be taken in order to curb the spread of this infection," Zuma said.

The Senate's select committee on liaison with the provinces said the Aids epidemic in the Western Cape was becoming more and more heterosexual, and doctors said the extent of the Aids infection in the province was being underestimated.

About 42% of all black tuberculosis patients in the Western Cape were HIV-positive.

End of the road for prominent hospital

(98). CT 6/6/96.

OWN CORRESPONDENT

JOHANNESBURG: The Marymount maternity home in Kensington, Johannesburg, is to close after 47 years because it is no longer economically viable.

The decline in patient numbers has been given as one of the reasons. The changing face of health care, coupled with free health care for pregnant women in government hospitals, is another.

At a special meeting, called yesterday afternoon to announce the imminent closure, the Catholic Bishop of Johannesburg Reginald Orsmond told staff that everything possible had been done to avoid "losing another Catholic hospital".

"Unfortunately we have come to a point that no matter how we feel emotionally, we have to consider the effect of the losses," he said. ..

The bishop stressed, however, that he would consider any suggestions the staff made to save the hospital.

Patient numbers have declined steadily since the start of the '90s. The number of babies delivered fell from 2 353 in 1990 to 1 370 last year.

Tens-of-thousands of babies have been delivered at the Marymount during the 47 years of the hospital's existence.

Jo'burg Hospital in crisis over maternity beds

(98) Star 10/6/96

Mothers sent home only six hours after giving birth, staff under stress and new unit won't be ready for months

By Janine Simon
Medical Correspondent

Johannesburg Hospital's maternity section is at times forced to discharge mothers six hours after delivery, to free beds for others.

The severe overcrowding has led to a spate of complaints by patients and their families as well as raising the stress levels of staff, some of whom have resigned.

Deliveries in the hospital have shot up from 207 a month in 1990 to 600 a month last year. The optimal time before mothers are discharged should be 24 hours, but demand is so high that occupancy in the 32-bed post-natal section has risen to 226%. This means mothers are discharged a few hours after giving birth.

A new midwifery unit is to be opened in three months to help handle the crisis, according to the Gauteng health department. It will "camp" in the hospital until it can be accommodated in a community health care centre that is being planned.

The hospital is also treating more complicated deliveries because women who would probably have died, unknown and unrecorded by the formal health sector, now take advantage of the free health care service, says obstetric unit superintendent Dr Pascal Ngakane.

An underlying factor in the crisis was that, like shack settlements fringing the city, the heavily populated Hillbrow/Berea area bordering the hospital had almost no primary health-care facilities.

Residents who could not afford private care were compelled to use the academic hospital for even the most basic care.

The new unit would be the first line of public health care for women living in the hospital's catchment area. There are also plans to pool the obstetric resources of Johannesburg with Baragwanath and Coronationville so that patients could be transferred to where a bed was available.

Steps taken to alleviate Jo'burg Hospital crisis

Star 11/6/96 (98)

Shortage of beds became evident less than a month ago, as more rely on the hospital for free maternity care

By Janine Simon
Medical Correspondent

Gauteng health officials have started taking steps to relieve the immense pressure on Johannesburg Hospital's maternity section.

Explaining that the shortage of beds had become clear to them less than a month ago, deputy director-general Dr Eric Buch said they were working hard to rectify the situation.

He said there were no primary ante-natal services in the catchment area of Johannesburg Hospital, causing thousands of patients from the densely populated areas of Hillbrow, Berea and Yeoville, and areas to the north, to rely on the hospital for free maternal health care.

Deliveries at the hospital shot up from 207 a month in 1990 to 600 a month last year.

Occupancy in the post-natal section at present stands at 226% and mothers are sometimes discharged only six hours after delivery in order to make space for other patients.

Last week the Gauteng health department announced it would be setting up a new midwifery obstetric unit at Johannesburg Hospital.

Buch said the department was generally aware of the pressures building up in the hospital's obstetric unit and had been working on setting up new obstetric services in the Hillbrow-Berea-Yeoville area for months.

It had also considered buying services from the Marymount Maternity Clinic – which last week announced its imminent closure – but decided against it as this would involve a lengthy tender process with no guarantee that the Marymount would be awarded the contract.

Buch said it was only when departmental officials met with Johannesburg Hospital staff that they discovered the severity of the pressure.

Within a week, various options had been investigated. These included buying services from the Marymount, opening an academic obstetric department at Hillbrow Hospital, opening a new Hillbrow midwife obstetric unit, extending capacity at Johannesburg Hospital, and busing patients to other hospitals.

■ Gauteng DP spokesman on health Jack Bloom has accused the department of dragging its heels in addressing health care problems in the province.

The chaos at Johannesburg Hospital's maternity section and closure of the Marymount pointed to the "absolute crisis" at South Africa's state hospitals, he said.

PE surgery streamlined

98

PORT ELIZABETH — All emergency surgery in Port Elizabeth will be performed only at the overcrowded Elivingstone hospital from next month as part of a short-term plan to address a critical shortage of doctors.

The move has shocked state doctors, who say it could lead to the collapse of other departments at the Provincial and Dora Nginza hospitals.

From next year, serious accident and trauma victims will be taken to Livingstone.

Units such as paediatrics, and ear, nose, and throat surgery will be in separate state hospitals.

Provincial and Dora Nginza anaesthetists and surgeons would now perform emergency operations at Livingstone, and attend to duties in their own departments.

Medical sources expressed reservations about the proposal.

BD 12/6/96

Hospital cuts raise Cape health fears

Linda Ensor

BD 14/6/96 (98)

CAPE TOWN — The radical cuts in the budgets of Cape Town's three academic hospitals had threatened key services and resulted in staff cuts, rising workloads and poor and failing equipment, health MEC Ebrahim Rasool told the provincial legislature yesterday.

NP health spokesman Dr Quanta du Toit attacked the cuts which she said would result in dismissal of at least 4 500 personnel and closure of more than 1 000 beds. In no other province were dismissals necessary, she said in the health budget debate.

She noted that while the number of staff had dropped 31,7% over the past five years, patient numbers had risen 25%. About 60 000 inpatients and 557 000 outpatients would have to be turned away each year, she said.

Du Toit highlighted the plight of overworked doctors and frustrated patients — some of whom had to wait three months for essential operations.

Rasool, the ANC's provincial secre-

Continued on Page 2

Hospitals

(98)

Continued from Page 1

BD 14/6/96

tary, warned that the pace and scale of the changes prescribed by the national department were not manageable and if implemented would result in a "massive reduction" in the scope and standard of services offered in the province.

"I believe that we are underestimating the cost of transformation and, in trying to implement reforms, could run the real risk of collapsing our academic health centres," Rasool said.

He did not think retrenchments would be necessary if staff opted for the public service severance package, but warned of the threat the massive loss of staff posed to viable health services.

This year the budgets of the academic hospitals — Groote Schuur, Tygerberg and Red Cross Children's Hospital — were slashed by R97,5m, requiring them to scale down services dramatically and close wards.

Groote Schuur's budget had been cut by 15% to R401m (R462m), Tygerberg's by 11% to R378m (R422m) and Red Cross Children's Hospitals by 16% to R92m (R107m).

Western Cape's health budget, excluding capital works, was R2,4bn, R98m short of projected expenditure. Introducing free primary health care put an extra R47m burden on the province — included in deficit figures.

With Gauteng suffering a severe shortage of vehicles, finance and equipment, just pray you

(98) Star 17/6/96

By Derek Rodney

A protracted disagreement over the leasing of new vehicles is threatening Gauteng's dilapidated ambulance fleet, with authorities able to field fewer than 300 of the 450 vehicles that serve the province's estimated 11 million citizens.

Critical-care patients in Johannesburg have to wait up to 30 minutes before ill-equipped paramedics arrive on the scene. In many instances, harried dispatches request callers to transport patients to the nearest hospital in private vehicles because no ambulances can be made available for up to four hours.

Respite in the form of a R16-million grant from the provincial health department for the acquisition of new vehicles has already been slashed by R6,3-million because provincial emergency management service (EMS) authorities have been forced to use those funds for maintenance and repairs to the decrepit fleet.

EMS director Dr Philip van Rensburg said it was imperative that the fleet was replenished soon.

"In the past, the provincial authorities used to purchase vehicles and distribute them to local authorities, but a full maintenance lease system means more fully equipped vehicles and no maintenance or repair costs."

However, the initiative ground to a halt in March when the SA

▶ From Page 1

vince more than 60 ambulances.

"Under the old system of straight purchasing we would have been able to buy 100 new ambulances, but would still have to foot the repair and maintenance bills. With the leasing system we would have been able to afford 250 ambulances with no maintenance costs," he said.

A major plus factor for patients under the leasing system was the fact that broken vehicles could be replaced within 24 hours, and not after several weeks if the vehicles had been taken to a state garage.

A senior Johannesburg EMS source said: "It's costing us a hell of a lot of money just to keep these buckets on the road and the expenses incurred are ludicrous."

In some instances, fire engines had had to be called in to act as response vehicles because the city mothballed its fleet of high-speed response vehicles to trim its dwindling budget.

Johannesburg EMS head Alan Cloete said that little could be done about the crisis, which had cut his fleet of 56 down to 15 roadworthy vehicles. "It is true we can no longer offer an acceptable standard of service to the community as we do not have the budget or the resources to deal with the job required of us," he said.

Johannesburg ambulance shift personnel said many vehicles were not fully equipped to deal with severe emergencies, and although shifts generally started out with up to six vehicles in the Sandton, Randburg, Roodepoort and Johannesburg areas, staff had to make do with as few as four roadworthy ambulances per shift.

"The telephone staff pick up huge amounts of abuse from irate callers, and it's terrible to just sit there and take it and know that there is absolutely nothing you can do to improve their and our lot," a shift worker said.

The deadline for a counter-proposition from Samwu has been set for later this month, although union spokesmen refused to divulge any details of their proposed plan when contacted for comment.

never need an ambulance

Municipal Workers' Union, fearing job losses, objected to the new system which it saw as laying the foundation for privatisation. A Samwu delegation petitioned Health MEC Amos Masondo, who placed a moratorium on leasing and gave the union time to come up with a counter-proposal.

Van Rensburg said the delay, which was entering its fourth month, had already cost the pro-

▶ ... To Page 2

THE STAR MATERNITY INVESTIGATION

Political and bureaucratic squabbles beset Sebokeng

(98) Star 17/6/96

By Janine Simon and Tamsen de Beer

Sebokeng Hospital's maternity section may battle to serve patients next month as political tensions and bureaucratic hitches fuel a looming staff crisis at the 900-bed regional hospital.

Deputy Director-General for Health Dr Eric Buch said it appeared that hospital staff had split into two broad, antagonistic groups. The hospital serves a population of 1,5-million and handles about 500 deliveries a month, many of which are referred by the local clinic because of complications.

Superintendent Dr Anne van der Spuy said she feared there would not be sufficient qualified doctors to perform caesarean sections there next month. She added "red tape" had hampered staffing.

Six medical officers (MOs) who routinely perform caesareans resigned from the hospital this month. Some will be taking up registrar posts in other hospitals, but all cited political tensions as a major reason for their resignation.

All the MOs who resigned are foreign-trained doctors and have been working at the hospital for up to five years.

Their resignation made critical the fact that the post of head of obstetrics at the hospital had been vacant for some time, said Buch. This was because of the difficulty of getting specialists to work in peripheral public hospitals, he said.

Problems surrounding a recent application for the post prompted a crisis meeting on Friday between Buch, Van der Spuy and heads of clinical departments at the hospital.

Buch said it was decided the applicant would be offered a post suitable for his qualifications, and that the obstetric post would be re-advertised. He said Gauteng Health had given Sebokeng permission to fill all posts as the hospital was one of the most overloaded in the province, and the workload was too high to ensure the quality of care required.

But, said Van der Spuy, this instruction was verbal and the hospital was still battling to get appointments through the system. "You can't fill a post instantly if no one knows about it, and, for example, it can't be advertised without a signed motivation." Only two of the MO posts had been filled, she said.

But Buch was optimistic : "I think we can comfortably resolve the problems of red tape," he said, adding he would "personally intervene" to resolve what he termed "unnecessary tensions" at the hospital.

Hospital's maternity section

(98)

Ambulance service needs first aid, says DP

Star 18/6/96

Only 160 vehicles are on the road at any one time to serve Gauteng's population of 11 million people

By Tamsen de Beer and Sapa

The lag in solving Gauteng's ambulance crisis and in finding an agreement to control the replacement of the province's decrepit fleet is putting lives at risk, the Democratic Party has said.

But Gauteng's deputy director of health, Eric Buch, has said the delay has prevented possible, disruptive industrial action.

This follows revelations by The Star that Gauteng Health MEC Amos Masondo has put a moratorium on using a R16-million grant for the purchase of new vehicles. The money has been tied up for four months because of a disagreement between emergency services bosses and the SA Municipal Workers' Union (Samwu) over how the funds should be used.

Rescue service heads want to lease ambulances because this will be cheaper than purchasing them and will allow huge savings on maintenance costs, but the union fears such a move could be a prelude to privatisation and job losses.

Masondo in March gave Samwu time to prepare a counter proposal which is expected to come out within a week. It is believed the report will reveal how many workers could be affected by leasing arrangements.

Gauteng deputy director of health, Eric Buch said 150 of the original 450 available ambulances to service Gauteng's 11-million people had been scrapped, and only 160 of the remaining 300 were on the road at any given time.

Johannesburg Emergency services head Alan Cloete has revealed the city has 56 vehicles, but only 15 of them are roadworthy.

The DP said yesterday: "Further delay can only mean more expense to maintain existing decrepit ambulances and further tragic loss of lives by disgustingly inadequate emergency services."

But Buch defended the timeframe given Samwu, saying Masondo's alternative to "push ahead regardless" might have created a much more severe labour reaction, and further debilitation of emergency services.

The DP said in addition to leasing new ambulances, the health department needed to put ambulance service out to private tenders.

But Buch said evidence had shown private tenders were not a cost-effective solution.

He described the leasing option as an amazing innovation that had never before been considered by the government.

"We can get three vehicles on the road for one purchased, and full maintenance is included in the lease. This gives us a guarantee of the quality of vehicles on the road," he said.

The delay was due to the fact that their examinations were rescheduled as a result of some problems experienced during the 1995 academic year. The current position is that all examination results have been released and graduation ceremonies have been held in about three colleges.

The information regarding the following provinces is not readily available because these provinces have not responded yet:

KwaZulu-Natal
Northern Province
Free State

(2) No.

Academic hospitals: budget/bed occupancy rate (98)

199. Ms N E MASANGO asked the Minister for Health:†

What was the (a) budget for and (b) bed occupancy rate at each academic hospital in (i) Gauteng, (ii) KwaZulu-Natal, (iii) the Western Cape, (iv) the Northern Province and (v) the Eastern Cape in 1995?

N356E

The MINISTER FOR HEALTH:

Province	*Hospital*	*(a) Budget 1995/96*	*(b) Bed occupancy*
Gauteng	Baragwanath	R307 326 000	64,3%
	Coronation	R 55 276 000	47,1%
	Ga-Rankuwa	R255 079 000	71%
	Hillbrow	R119 447 000	60,8%
	H F Verwoerd	R246 823 000	81,3%
	J G Strijdom	R 71 803 000	82%
	Johannesburg	R354 585 000	110,4%
	Kalafong	R126 112 000	78,8%
KwaZulu-Natal	King Edward VIII	R265 203 000	87%
Western Cape	Groote Schuur	R327 427 500	86,7%
—	Red Cross Children's	R 83 949 000	69,57%
	Tygerberg	R377 166 000	80,9%
Northern Province	No academic hospitals		
Eastern Cape	Umtata General	R206 000 000	100%

Motor-cars used by former heads of Government/Ministers/officials

271. Mr M F CASSIM asked the Minister of Transport:

(1) Whether motor-cars used by former heads of Government, Ministers and officials which were not handed over at the time of the current Government taking office have all been recovered in good and sound condition; if not, why not; if so, (a) which cars were recovered, (b) from whom and (c) in what condition;

(2) whether he will make a statement on the matter?

N472E

The MINISTER OF TRANSPORT:

On behalf of the Minister of Transport, the Department of Transport, in co-operation with the nine Provincial Governments, has gathered and co-ordinated the information as requested.

(1) According to the various Provincial Governments all the vehicles utilised by the former heads of Government, Minister and officials have been accounted for. Most of the vehicles used by heads of Government and Ministers in the former KaNgwane and Bophuthatswana were sold back to the relevant Office in good condition. The vehicles belonging to Political Office-Bearers in the former KwaNdebele were all privately owned.

(2) No.

Unused beds/wards in hospitals (98)

358. Mr M J ELLIS asked the Minister for Health:

How many (a) beds and (b) wards were not utilised in 1995 in each hospital falling under the control of her Department?

N611E

The MINISTER FOR HEALTH:

The Department has no hospital falling under its control.

Deaths resulting from cancer

394. Mrs P W CUPIDO asked the Minister for Health:

How many deaths resulting from (a) breast, (b) cervical, (c) lung and (d) oesophageal cancer occurred in each of the provinces in (i) 1993, (ii) 1994 and (iii) 1995?, N705E

The MINISTER FOR HEALTH:

The latest verified statistics available are 1992 statistics and published in 1994.

Cancer mortality data is not aggregated according to Provinces:

Number of deaths: (Rate per 100 000 population in brackets)

Year	*(a) Breast*	*(b) Cervical*	*(c) Lung*	*(d) Oesophageal*
1988	1 291 (8,9)	1 373 (9,4)	3 655 (12,4)	2 710 (9,2)
1989	1 190 (8,0)	1 218 (8,2)	3 168 (10,5)	2 343 (7,8)
1990	1 079 (7,1)	965 (6,3)	2 879 (9,3)	1 799 (5,8)
1991	1 269 (8,1)	1 133 (7,2)	3 243 (10,4)	1 971 (6,3)
1992	1 252 (7,8)	1 105 (6,9)	3 398 (10,6)	2 041 (6,4)

% Ranking of neoplasm mortality 1992 in the Republic of South Africa (previous boundaries) with relation to the total population

	Number	*Percentage*
All neoplasms	19 002	—
Bronchus and lung	3 398	17,8
Oesophagus	2 041	10,7
Female breast	1 252	6,6
Lymphatic and haematopoietic tissue	1 220	6,4
Stomach	1 172	6,2
Colon and rectum	1 138	6,0
Liver	1 115	5,9
Cervix uteri	1 105	5,8
Prostate	983	5,2

Source: Central Statistical Service 1992
Health Trends in South Africa 1994

Occurrence of tuberculosis

411. Dr R T RHODA asked the Minister for Health:†

What was the occurrence of tuberculosis per 100 000 of the population in each of the provinces as at the latest date for which information is available?

N722E

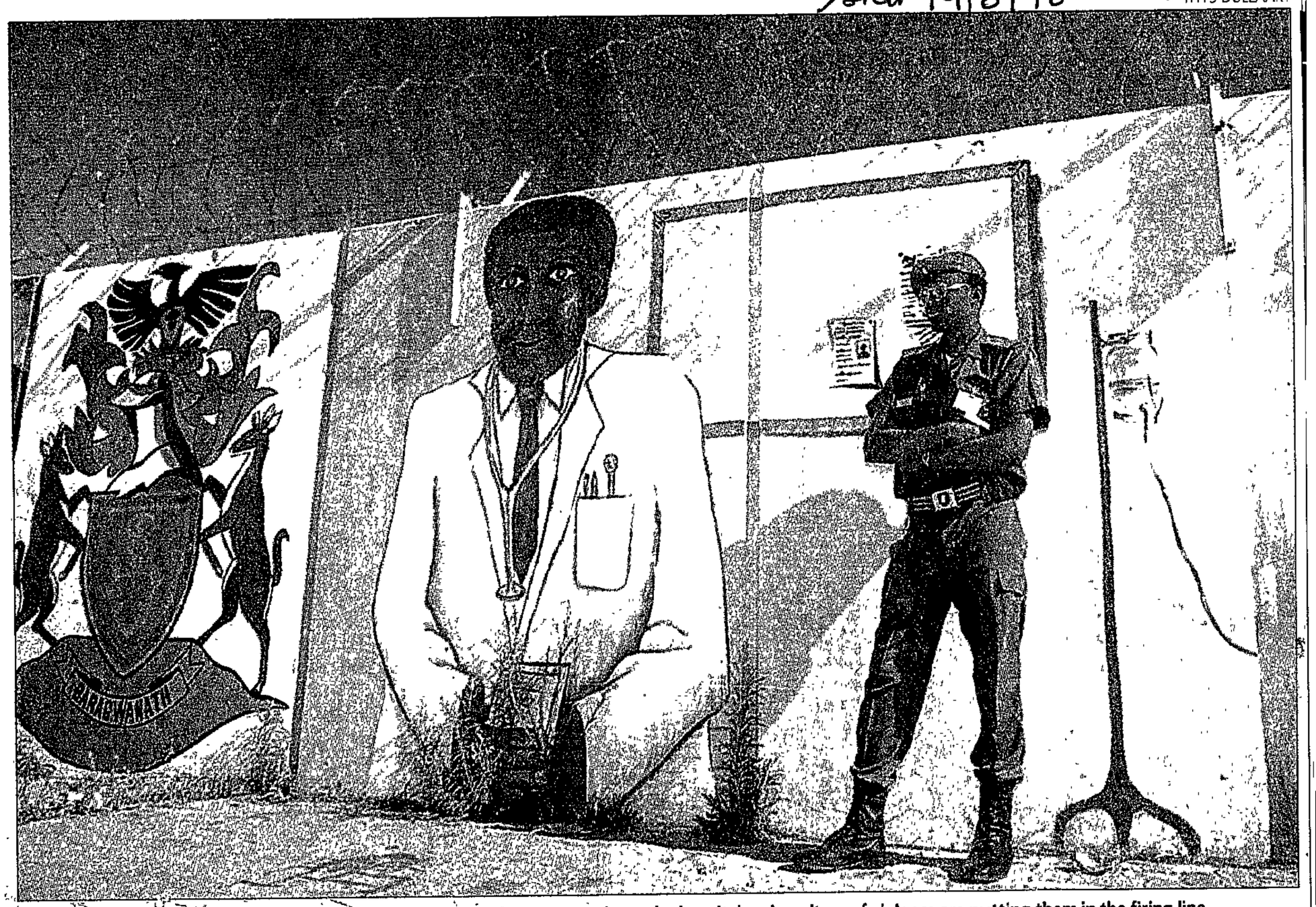
The MINISTER FOR HEALTH:

According to the latest available notification data received by the National Department of Health for 1995 the tuberculosis incidence rates for each of the provinces is as follows:

Gun law and thieves ruling at Bara

Star 19/6/96 (98)

Patients and staff attacked in wards, doctors abused: and theft by syndicates costing hospital R500 000 a month



THYS DULLAART

Up against the wall ... Baragwanath Hospital doctors say inadequate security at the hospital and a culture of violence are putting them in the firing line.

By Janine Simon and Derek Rodney

The biggest crisis facing Baragwanath Hospital outside Soweto is not so much fighting disease and binding the wounds of crime - it is its battle against the violence creeping into its corridors.

There have been two shootings within its walls in the past three weeks. And about R500 000 worth of medical and other goods are stolen from the hospital each month by staff and patients, according to its superintendent, Dr Chris van den Heever.

On June 2, five robbers shot and wounded Bara's principal pharmacist Arvind Hansjee while he was on duty in the main dispensary. Last week, a hospital staffer undergoing physiotherapy pulled out his own weapon and shot at a patient. In December, a nurse was pistol-whipped by a staffer using his own pistol.

Yesterday Van den Heever called for the Gauteng health department to urgently set a policy on guns in public hospitals. "We can't stop people coming here nor bringing their legal weapons," he said.

The commander of Baragwanath's satellite police station, Capt Risimati Shiburi, says it is impossible for his officers to enforce any form of gun control because many visitors carried legal firearms and could not be disarmed.

"We need a reasonable suspicion to search anyone on the property for possession of an illegal firearm," he said.

In addition to the two shootings, the station has investigated five cases of intimidation and 62 of theft related to the hospital since January.

Baragwanath police have also investigated 333 murder and attempted murder cases reported at the hospital since January - not necessarily connected with incidents on the premises. Crime victims reported most of the cases to the station.

"Intimidation does still play a role at the hospital, and many staffers are too afraid to speak to police because they will have to go out into the community and face their aggressors," Shiburi said.

The police station is staffed by 80 policemen, although, when divided into shifts and administrative posts, the number of police on the beat at any given moment is 15, of whom most are used to guard prisoners undergoing treatment.

Most at risk are dispensary staff, the sole barrier between robbers and about R8-million worth of drugs; and casualty staff, who are now seeing the kind of gang conflict that beset Coronation and Groote Schuur hospitals, Van den Heever said.

"Gangs want to continue the battle here, and we are now getting requests to move patients from the hospital to avoid them being attacked," he said.

Bara is also plagued by pilfering, and theft syndicates spirit away at least R500 000 worth of food, drugs and equipment a month despite the construction of a R4,5-million security wall.

Van der Heever called for the training of hospital security staff to be upgraded, and for provincial health and security departments to agree to post policemen permanently in casualty departments.

Police claim that most of the pilfering is done by well-organised hospital staff.

"Security staff and police have arrested at least 25 hospital employees since the beginning of this year and our investigations have revealed that the corruption within the various departments goes very far to the top," Shiburi said.

Van den Heever called for drastic steps. "We need electronic surveillance equipment. It was promised last year but nothing happened," he said. "We spend R2,5-million on a new CAT scan, but security is a relic of the colonial era."

Neither the private security guards who man Bara's gates and administration building, nor the hospital security guards, are armed, although they have access to weapons in a gun safe. One casualty doctor said Bara doctors were often subject to verbal abuse.

Van der Heever does not believe Bara's crime situation is unique: "It's not a Bara problem, it's a South African problem."

Public money withheld from Alex Clinic pending outcome of graft probe

(98)

By Karin Schimke
Gauteng Reporter

The provincial health department will withhold all funding to the Alexandra Clinic until a report on alleged corruption involving private donors' funds to the institution has been made available, Health MEC Amos Masondo has announced.

In reply to a question from DP health spokesman Jack Bloom in the Gauteng legislature yesterday on what he was doing about the alleged corruption, Masondo said an initial internal investigation had implicated three top officials. The officials have denied any involvement in corruption.

Subsequently, another "formal investigation team", including two officials from the health department and an independent investigator from the SA Institute of Chartered Accountants, was formed.

Dr Eric Buch, deputy director-general of health in the province, said although the province subsidised the clinic, the money referred to in the corruption allegations did not appear to be from public funds.

"The money involved was given for specific developmental projects and came from donor grants. But until we are sure that public money is safe, we are not going to release any sums of money to the Alexandra Clinic."

The health department gave the clinic a R3-million subsidy last year to help with primary health care.

The clinic was a non-governmental organisation and received sponsors from different sources, Buch said.

He added that the province's interests in the clinic were protected by having two health department representatives on the board of Alex Clinic. They would have to be satisfied with the report – due later this week – before more money was given.

Buch said the investigations had been launched following complaints from clinic staff.

Star 19/6/96

Equal use of all available Gauteng maternity units would solve overcrowding crisis

Star 20/6/96 (98)

By Janine Simon
Medical Correspondent

Gauteng does not have a shortage of maternity facilities and women who give birth at state hospitals spend on average 4,45 days in care before discharge.

Dr Eric Buch, Gauteng health department's deputy director-general, said the problem was that maternity units were not all equally utilised, and that they were in secondary or tertiary hospitals far from the communities where they were needed.

His comments come in the wake of seemingly contradictory reports; the first that the Marymount Maternity Home is to shut down because it is underutilised, and the second that Johannesburg Hospital's maternity section is running at 226% occupancy, and is sometimes forced to discharge patients six hours after birth.

Because the province was not short of capacity there was no point in spending public money in the private sector, and buying services from the Marymount.

What health planners had to address, said Buch, was that only 20% of all obstetric beds in the province are in accessible midwife-run primary healthcare facilities, where costs are 30-50% lower than in hospitals.

Planners are also bedevilled by where women choose to deliver their babies, added Carol Marshall, Gauteng's director of maternal and child health. Quality of care is the same, but women flock to Johannesburg Hospital because it is perceived as being a "white" hospital offering better care, while the 339-bed maternity unit at Baragwanath Hospital is underutilised.

As a result, Johannesburg Hospital deals with a flood of normal deliveries as well as the complicated, long-stay patients who need tertiary-level care, and its patient load has increased dramatically in the past few months, she said.

According to Gauteng health statistics, Baragwanath, which is supported by midwife obstetric units at its community clinics, handled only 48 births per bed last year. Johannesburg delivered on average 103 babies per bed, and Edenvale Hospital 66.

Among the state's busiest units were GaRankuwa Hospital outside Pretoria, which delivered 9 422 babies on 80 beds, an average of 118 births per bed. Nigel and Laudium hospitals appear underutilised, with only 33 and 37 births per bed for the year.

metropolitan substructures in the

Hospitals fall victim to crime

BD 20/6/96 (98)

Kathryn Strachan

STATE hospitals in Gauteng had fallen victim to SA's high levels of crime and violence, the provincial health department said yesterday.

The Far East Rand Hospital is the worst hit, with three staff members and patients assaulted in the past eight months. Another six people were threatened with firearms, and the hospital staff and patients are threatened daily with assault. The hospital has also seen an attempted kidnapping.

In a list compiled by the Gauteng health department of all the assaults, thefts and other crises at its hospitals during the past eight months, Johannesburg Hospital featured prominently with five cases of assault on personnel and patients.

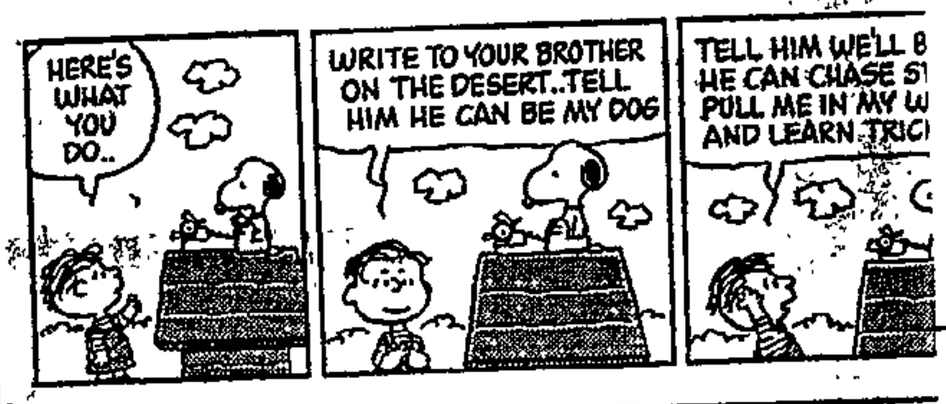
Baragwanath has had three assaults of hospital personnel and patients, and three cases of people being threatened with firearms.

Tembisa hospital superintendent Dr Sandile Masiane says his institution has had no incidents of assault since it hired armed security guards eight months ago. Previously the hospital would see gangs follow their rivals into casualty threatening to kill them, but all had been quiet since the introduction of the six armed guards.

JG Strijdom Hospital security head Gustav Cilliers said a more active approach to security had paid off, and patients were allowed only one visitor at a time.

Natalspruit Hospital had two attempted armed robberies in its casualty department at the beginning of the year, but both were foiled by security guards. However, the hospital is still losing about R300 000 worth of equipment and medicines each month.

PEANUTS By



The Star .... Thursday, June 20 1996

Call for hospitals to become gun-free zones

(98) Star 20/6/96

Superintendent of Health wants to meet Department of Safety and Security on issue as police are 'best advisers'

By Janine Simon
Medical Correspondent

The Gauteng legislature is considering making hospitals gun-free zones and the provincial health department will be taking up the issue with the police, provincial sources said yesterday.

Superintendent of Health Dr Ralph Mgijima said he thought gun-free hospitals were a "good idea" and had requested a meeting with the Department of Safety and Security on the issue because the police were best placed to advise on implementing such a plan.

Johannes Stoltz, acting deputy director: building security administration, said the Gauteng legislature was already investigating gun-free zones for hospitals.

On Tuesday Baragwanath Hospital superintendent Dr Chris van den Heever called on Gauteng's health department to urgently set up a policy on guns in the wake of two shootings in the hospital premises in the past three weeks. Bara is not the only state hospital to suffer the effects of the country's high rate of violent crime, according to the department.

Johannesburg Hospital has seen five assaults on patients or staff since October 1. Three assaults have been reported at the Far East Rand Hospital in Springs. Assaults have also been reported at Natalspruit (2), Paardekraal (3) Sebokeng, Vereeniging, Kempton Park (one each) and Willem Cruywagen (3) hospitals. Theft of, and from, private vehicles is widespread.

The threat of violent crime is unnerving Baragwanath and other hospital staff as there is now no way to prevent people from bringing legal firearms into the hospital and police say it is difficult to search people suspected of carrying illegal weapons.

Mgijima also said Baragwanath had now "prioritised" the installation of electronic surveillance equipment and was drafting a tender for immediate implementation. "We're checking with other hospitals to see if anyone else wants to join the tender process," he said.

Van den Heever's request for an evaluation of the training, recruitment and career paths of provincial hospital security staff, and an agreement between the SAPS and Gauteng Health for guards at Baragwanath's casualty department, would be discussed with the relevant departments, Mgijima said.

Stoltz said his department was working with various hospitals and had a long list of recommendations to improve security. These included dividing hospitals into security zones and building walls, fences, gates and barriers to limit movement and protect frontline staff.

Recommendations for Bara included installing security gates, burglar proofing, lighting, alarms and closed circuit television.

care. Current drugs and other medical inputs.

Union opposition to ambulances rapped

(98) BIB 25/6/96

Kathryn Strachan

GAUTENG health MEC Amos Masondo has criticised the SA Municipal Workers' Union (Samwu) for objecting to his department's proposal to lease ambulances from a private sector company.

Samwu's motive was to "swell the anti-privatisation campaign" and by delaying the process the union was risking lives, Masondo said yesterday.

Masondo met union representatives later yesterday, but details of the meeting will be available only today. His spokesman said the meeting had only strengthened his earlier statement — his belief that Samwu had no workable alternative to the plan.

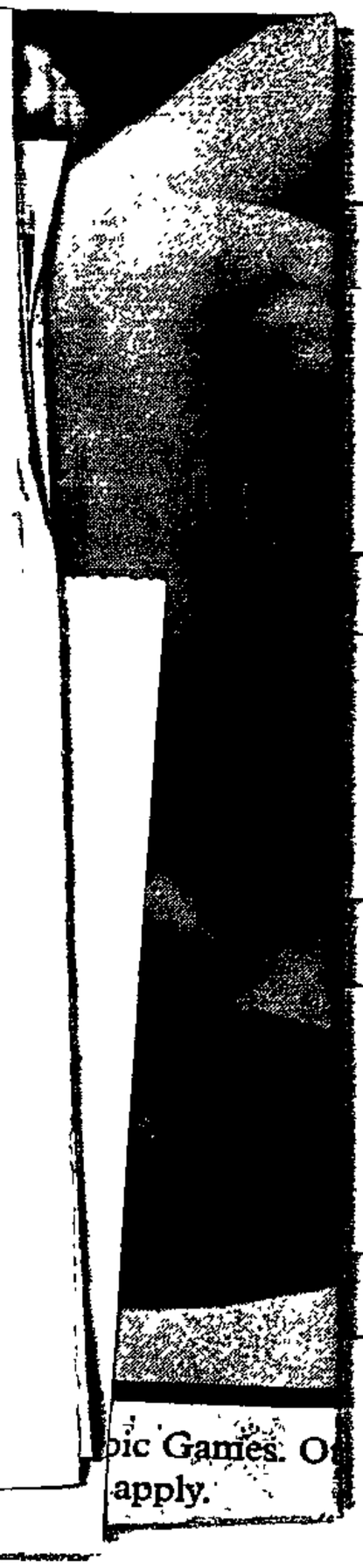
"Samwu will have to place something more substantial on the table to persuade me it has not been using the ambulance lease plan misguidedly to swell the anti-privatisation campaign," he said.

Masondo said government had delayed awarding the ambulance tender for two months because of Samwu's objections to the lease scheme.

Under the scheme, the entire fleet of 300 ambulances — 30% of which are in for repairs at any given time — would be replaced. The ambulance situation had become untenable. As service relied on government garages, the repair time had to be counted in months, not days.

Repair of any vehicle would now be guaranteed within 24 hours by a full maintenance lease agreement, or failing that, vehicle replacement, and the department would be able to acquire twice as many vehicles as could be purchased on the present budget.

Under the plan, ambulance services would continue to be managed and staffed by local authorities. "There will be no change in tariffs charged to members of the public who use the service and there will be no retrenchment of municipal ambulance staff. Jobs are not at stake here," said Masondo.



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Union plans action over ageing ambulance fleet

Star 26/6/96 (98)

Municipal workers in Gauteng are mobilising support after proposal was snubbed

By Derek Rodney

The South African Municipal Workers' Union (Samwu) is preparing to mobilise its members, but has fallen short of threatening a full strike after Gauteng health authorities snubbed its proposal for replenishing the province's ageing ambulance fleet.

The snub by authorities has had a ripple effect on the union, which has decided to make ambulances a national issue, and officials have aired their grievances with Cosatu.

National Samwu president Petrus Mashishi said yesterday the union had started to mobilise and inform its members countrywide of the stalemate after Health MEC Amos Masondo brushed its proposal aside in favour of leasing about 250 new ambulances from the private sector.

No threat off full strike yet

Masondo earlier appealed to the union to drop its plans of mass action after the parties failed to agree on a policy for replacing the province's ambulance fleet.

Masondo said yesterday it would be regrettable if the union went on strike.

"We cannot afford the luxury of debating abstract principles while people's lives are being placed in danger daily," he said.

Health officials, desperate to replace the fleet which has dwindled from 450 to 290 since 1992, have decided to press ahead with plans to lease the ambulances.

They say this can save millions of rands and allow them to refurbish the fleet within two months.

The problem is a pressing one, with Johannesburg able to make only 16 ambulances available for its residents.

Ambulance plan angers Samwu

(98) Sowetan 26/6/96

Gauteng MEC for health defends move to award contract for services

By Lulama Luti

A SHOWDOWN BETWEEN the Gauteng Health Department and the SA Municipal Workers Union is looming following a decision by the department on Monday to go ahead with plans to lease 250 new ambulances from private companies.

Samwu said yesterday that in the light of the decision it would mobilise its members and communities against the move and would also enlist the support of other unions, including the Congress of SA Trade Unions.

Announcing the decision in Johannesburg yesterday, Gauteng MEC for health Mr Amos Masondo said recommendations were to be submitted to the Tender Board "which will proceed on an urgent basis with the awarding of the contract".

He added that leasing was cost-effective and would ensure a speedy solution to the ambulance crisis in the province. The ambulance services were not being handed to the private sector.

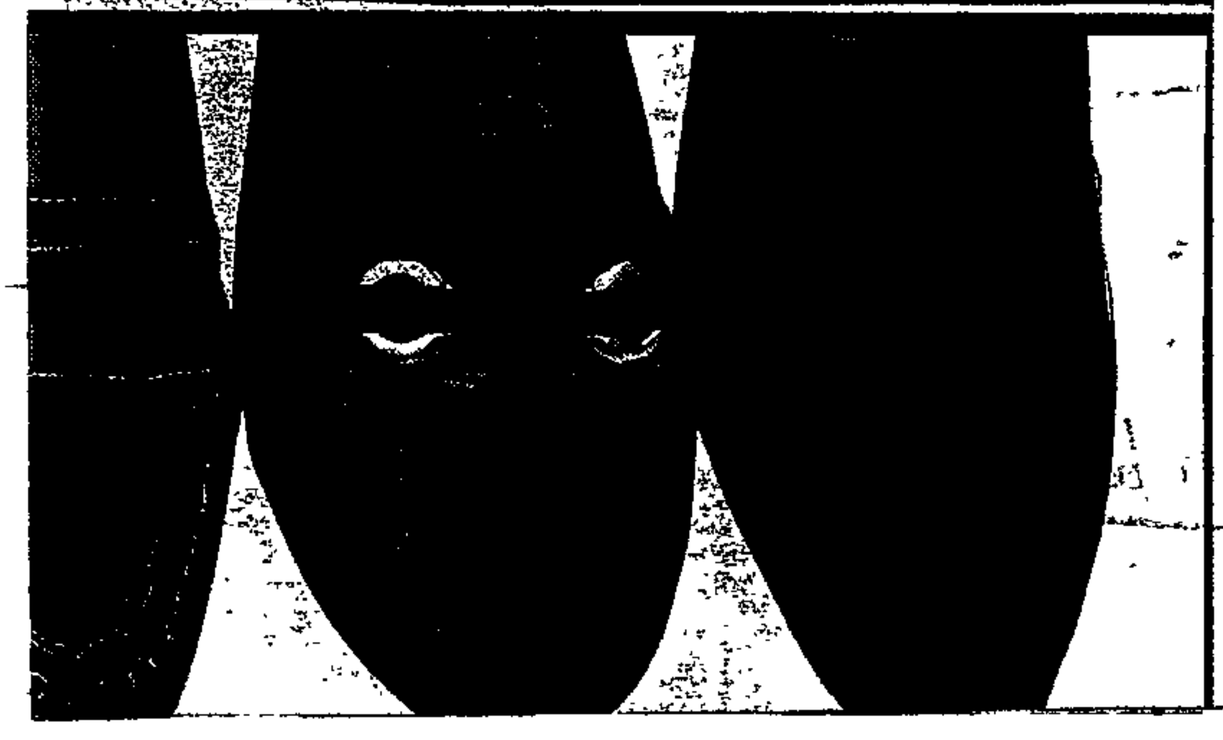
Samwu president Mr Petrus Mashishi likened the decision to leasing a taxi business and said given the provincial government's plan, only those with money would be able to have access to the ambulance services.

Of the 450 ambulances the province has, only about 200 are said to be on the road while the rest lie broken in government garages.

Both Masondo and Superintendent-General Dr Ralph Mgijima said no jobs would be lost as a result of the decision to lease. Masondo also said this will not affect the tariffs local authorities charged the public for ambulance services.

Masondo denied that the ambulance crisis was being used as a smokescreen for a broader privatisation plan and said there were no plans to privatise health services.

"Ambulances go into these (maintenance) garages and they don't come out. We can't continue pouring money and resources down the drain. We have a responsibility to ensure that services are delivered in as efficient a manner as possible," he said.



The Star .... Friday June 28 1996

98

New moms on the move

Star 28/6/96

Transferring healthy women could prevent overcrowding

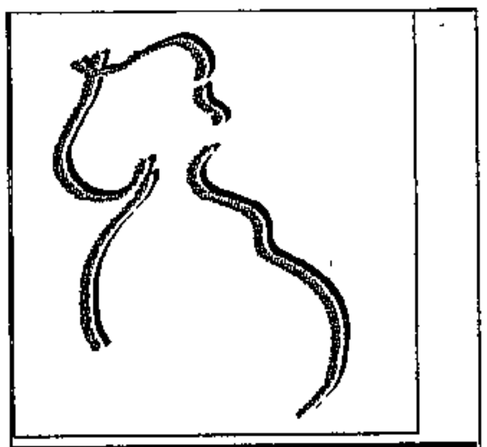
By Janine Simon
Medical Correspondent

Moving healthy women in early labour from Johannesburg Hospital to midwife obstetric units at Soweto clinics may be a way to relieve pressure on the hospital's overcrowded maternity unit, according to the Gauteng health department.

Obstetricians from Johannesburg's three academic hospitals met department officials last week to discuss pooling maternity resources and transferring patients between Johannesburg, Coronationville and Baragwanath hospitals.

But director of child and maternal health Dr Carol Marshall said Johannesburg's problems were caused mainly by unbooked, low-risk patients presenting for care when they were already in labour.

Patients might have had antenatal care from a clinic or private doctor, but chose Johannesburg Hospital for delivery because they believed that as a former white hospital it offered better care.



THE STAR MATERNITY INVESTIGATION

Johannesburg feared this factor could result in even the midwife obstetric unit planned for the hospital being swamped, Marshall said. She added the department believed uncomplicated deliveries should be handled by well-trained midwives in community health centres.

Johannesburg was already transferring stable, high-risk patients to the other two hospitals. But low-risk patients presenting at Johannesburg should not be delivering in a hospital. It was pointless transferring them to another tertiary hospital when they could be handled at the primary level, she said.

Doctors agreed it was ethically acceptable to transfer a low-risk patient in early labour, and were now working out clear criteria for doing so.

"We don't want to introduce a policy that will be prejudicial to women," Marshall said.

"Transferring them to places where they will get better service because it's not overcrowded is good, but if they deliver in ambulances, they are clearly not getting better service," she said.

Alex clinic director suspended, salaries clerk dismissed

(98) Star 28/6/96

By Bobby Brown

Alexandra Clinic director Nomvuyo Molefe has been suspended and a salaries clerk, Mary Nxumalo, dismissed midway through an investigation into allegations of misappropriation of funds.

The development comes after Gauteng Health MEC Amos Masondo announced to the legislature that his department would withhold finance from the clinic until a report on alleged corruption involving the funds of private donors was released.

The corruption is suspected to involve only private donations. It came to light following complaints by staff of the 67-year-old clinic. The board of the clinic decided on its actions on Wednesday after an interim report by independent chartered accountant Mark Chasey revealed enough evidence to implicate Nxumalo and Molefe.

The board announced it was instituting criminal charges against Nxumalo and instructing attorneys to begin proceedings to get some of the funds back.

It may employ a firm of auditors to review financial control systems.

Molefe could not be reached for comment last night.

ACADEMIC HOSPITALS (98)

OFF WITH THEIR HEADS

FM. 28/6/96

Government's plan to systematically divert resources away from academic hospitals to boost primary health-care facilities in disadvantaged areas has pushed the Western Cape's top hospitals to the verge of collapse.

The Senate Health Committee finds that the policy, designed to improve access to health care, is causing the province's total hospital capacity to shrink. It is crippling the Western Cape's three academic hospitals before alternative health facilities can be put in place

Groote Schuur, Tygerberg and the Red Cross Children's Hospital — which see 56% of all the region's patients — have experienced budget cuts of between 11%-16% this year. Their combined 1996-1997 budget is R992m and it is envisaged that, by the year 2000, it will not exceed R730m.

The province's health department says the enforced rationalisation of the three hospitals into a composite service within five years is neither manageable nor sustainable. It is turning "centres of excellence into areas of chaos."

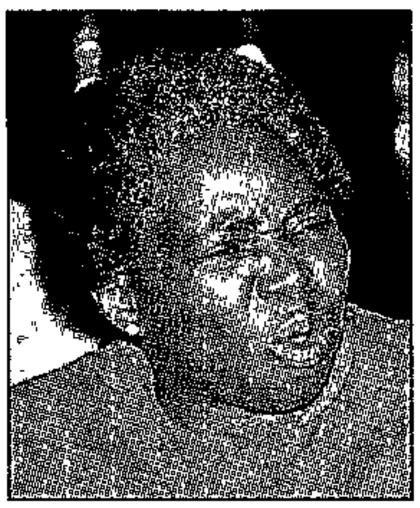
The Senate committee recognises that "regardless of how much money has been budgeted, the large cuts in funding are too drastic." It has called on government to be more flexible in managing the process.

Red Cross Children's Hospital, whose budget was cut by 16% this year, reports that there has not been a major shift of patients to clinics — which lack the staff and facilities provided by the hospital. There is also a perception that the hospital provides a better service.

The situation is exacerbated by the introduction of free primary health care which will cost SA about R5,3bn. Health Minister Nkosazana Zuma has insisted that the provinces foot the bill. This

would place a R47m strain on the Western Cape's health budget, which is already underfunded by R97m. The provinces have formed a task team to lobby Cabinet for additional funding.

In Gauteng, the closure of the private Marymount Maternity Home and the expansion of Johannesburg General Hospital's maternity wing is partly a result of government's free health-care policy for pregnant women.



Nkosazana Zuma

Marymount manager Rosemarie Santos says the 47-year-old hospital is no longer commercially feasible because of a dearth of patients. The reasons are varied but the "last straw" was the introduction of free health care for pregnant women. "They come here for their pre- and post-natal check-ups but go to State hospitals for the free deliveries. Unless we receive a miracle, we will have to close on July 31."

Johannesburg General is expanding its maternity facilities because of ever-increasing patient numbers. The number of deliveries a month has trebled from about 200 in 1990 to more than 600 this year. Chief superintendent Trevor Frankish attributes it to the increased urbanisation of Hillbrow and central Johannesburg as well as the free health-care policy.

DP spokesman Jack Bloom suggests that a means test be introduced to ensure that only the poor qualify for free health care.

Western Cape Health MEC Ebrahim Rasool says: "We are underestimating the cost of transformation and, in trying to implement our reforms, could run the real risk of collapsing our academic health centres."

The Senate committee was "shocked" by conditions at the Tygerberg and Red Cross hospitals which have a combined maintenance backlog of R54m.

It heard that an appropriate budget for new equipment for Groote Schuur was R40m a year but that, over the past few years, it had not received more than R7m. Groote Schuur expects to receive only R4m this year, making it "impossible to meet the reasonable needs of the hospital."

"Because of the underfunding, building and plant maintenance is starting to break down and there have been severe failures of oxygen supply, steam supply and lift functioning," the committee's report states

Staff numbers have dropped by 31% over the past five years and patient numbers have risen by 25%. The staff vacancy rate at Groote Schuur is now 20% and all three hospitals are experiencing low staff morale, especially among the more specialised who are leaving in droves for the private sector and foreign shores.

The brain drain of leading academics and specialists has grave implications for the standard of academic medicine.

Stellenbosch University's medical school warned the committee that if academic standards continue to deteriorate, "the end-result will be a disaster in health-care delivery similar to that in many sub-Saharan countries."

"If academic medicine is allowed to collapse, the resultant disintegration of the health-care system will take generations to rectify." ■

Gangs shoot it out in hospital

Star 1/7/96 (98)

A man was shot dead and a nurse wounded in the casualty section of Kalafong Hospital in Pretoria yesterday during a shootout between what appeared to be rival gangs.

The shooting at the hospital in Atteridgeville took place while nursing staff were treating two men who had earlier wounded each other during an argument.

Police spokesman Captain Dave Harrington says the two men – said to be friends but not yet identified – were taken to the hospital after their argument turned into a shooting match at a house in Atteridgeville.

Harrington said after they were admitted two groups of men arrived at the casualty section and began shooting at each other, killing one person and critically injuring a nursing sister in the back.

Nurses and patients were forced to run for cover as the shootout continued for several minutes.

The nursing sister was rushed to the Muelmed Hospital and underwent emergency surgery as there were not enough staff on duty at Kalafong who could deal with the serious nature of her injuries.

Hospital staff described her condition this morning as satisfactory.

Harrington said it was not known if the man who was shot dead belonged to one of the groups or was just a bystander.

No one was arrested and police are investigating. – Pretoria Correspondent.

EMERGENCY SECTIONS CLOSED

Ambulances, hospital refuse gunshot victim

(98) CT 1/7/96

AFTER AN ELSIE'S RIVER man was seriously wounded in a shooting incident, the fire brigade and police battled for two hours to get an ambulance or hospital to help him. **JACKIE CAMERON** and **WILLEM STEENKAMP** report.

THE fire brigade rushed to the aid of a gunshot victim who could not find a state or private ambulance to get him to hospital yesterday — and then tried three hospitals before they found help.

But medical superintendents on duty at two of the hospitals said if a hospital had a serious backlog it would close its casualty department for a few hours to allow doctors to catch up, and patients brought in by ambulance would be referred elsewhere.

Mr Leon Basil, 30, was seriously wounded by shots in the back, chest and leg around 8am in Elsie's River.

A fire brigade spokesman said Goodwood and Parow firemen — some with paramedical training — had rushed to help after he failed to get an ambulance.

"Police, the family and ourselves all telephoned the private and state ambulance services. We were told no ambulance was available.

"Police rushed with us to take the man to Tygerberg Hospital, but the emergency section was closed. There was only one doctor on call and he had so many people to attend to that he said he would not be able to get to the injured man."

"Conradie Hospital was closed as a result of their workload. The man was finally admitted and treated at Groote Schuur — almost two hours after he was shot."

Last night Basil was undergoing surgery at Groote Schuur, a hospital spokesperson said.

"This man needed the help of a doctor — he was almost dead," the fire brigade spokesman said.

Tygerberg Hospital medical superintendent on duty Dr Willem Vorster said last night that if the casualty department was overloaded it would shut for a short while to allow the doctors to catch up. Patients brought in by ambulance — who made up 20% of admissions — would be referred to Groote Schuur or elsewhere.

Vorster said gunshot wounds — which were much more difficult to treat than other injuries — had increased by 400% in the past year.

He denied that only one doctor had been on duty, saying there were "usually" three physicians and a number of interns present.

Conradie medical superintendent Dr Henry Kirby said the fire brigade might have been told they would obtain swifter assistance elsewhere.

Alex clinic rocked by fraud scandal

Sowetan 2/7/96 (98)

Health centres' reputation tarnished after disappearance of funds

By Charity Bhengu

THE DIRECTOR of Alexandra Health Centre in Johannesburg has been suspended and an employee expelled following allegations of fraud.

Chairman of the clinic's board Mr Bernard Lekalakala said the decision was taken last Wednesday. The board said in a statement yesterday that Mrs Mary Nxumalo was expelled and the director, Mrs Nomvuyo Molefe, suspended pending further investigations.

Three other employees, Mrs Barbara Hanranhan, Mrs Di Franklin and Mr Lionel Jamari, were cleared of any wrongdoing.

The board further instructed its attorneys to institute proceedings to recover the money.

An independent chartered accountant, Mr Mark Chasey, will be conducting the investigation.

In the interim a team of four people has been appointed to manage the health centre and steps are being taken to appoint an acting senior financial manager to supervise and strengthen the existing finance department.

Financial controls

Lekalakala said all financial controls would remain in place until such a person was appointed. The possibility of engaging a firm of auditors to review and advise on financial control systems was also being pursued.

He said: "It is important for the board to act swiftly to safeguard the other staff and all the services provided by the clinic."

About 200 staff are employed at the health centre which provides vital and comprehensive primary health care services to more than 200 000 people in Alexandra and surrounding areas.

The maternity service alone is nearly as busy as that of the Johannesburg Hospital and the casuality department is open 24 hours a day. The clinic also has a wide range of outpatient and outreach services.

Lekalakala said the board had every confidence in the competence and dedication of all the staff providing these services.

"The board would do everything in its power to ensure that any instances of fraud were detected and dealt with appropriately," he said. he appealed to staff and the community to continue their support.

Hospital shootout: Zuma pledges to step up security

ARG 2/7/96 (98)

The Argus Correspondent

PRETORIA. – Moves to tighten security at the country's health facilities are to be speeded up following the shooting at Kalafong Hospital in Atteridgeville in which a man died, according to a spokesman for Health Minister Nkosazana Zuma.

Security at the Kalafong Hospital is to be beefed up following the shootout at the hospital on Sunday in which Frans Mahlangu of Tembisa, who had escorted a patient to the hospital, was shot dead and a nurse seriously wounded.

Atteridgeville police station commander Mlondi Nhlangulele and Kalafong senior superintendent Hanlie Dafel were at yesterday's meeting to decide on improved security measures.

In a statement yesterday, Dr Zuma condemned the invasion of health facilities by criminals. This follows a number of violent attacks and shootings at hospitals countrywide.

Dr Zuma said she was particularly disturbed by the weekend shooting in which Pauline Lephale, a young nurse, almost lost her life at the hands of criminals.

Dr Zuma urged communities in other areas affected by violence to work closely with law enforcement agencies to bring such criminals to book.

"We pledge to do everything in our power to tighten security at our facilities for the safety and well-being of patients and staff," her statement said.

Sunday's shooting happened as nurses were treating two men, Joe Gumede from Tembisa and Aubrey Maoba from Mamelodi East, who had earlier seriously wounded each other during an argument at an Atteridgeville tavern.

Dr Dafel said a group of 15 to 20 men had barged through the security gates at about 2 am on Sunday and entered the casualty section where one of them took out a gun and opened fire, killing Mr Mahlangu and seriously injuring Sister Lephale. She was yesterday in a stable condition at the Muelmed hospital.

Dr Dafel said Mr Maoba had been taken out of the hospital by relatives.

The second patient, Mr Gumede, is still at the hospital, recovering from gunshot wounds in the stomach.

Staff said his family and friends had visited him and were making arrangements to transfer him to another hospital.

The family feared his assailants would follow him here, nursing staff said.

Dr Dafel said: "Our staff are quite upset at this, and you must realise that we have many female personnel who feel unsafe after the incident."

Superintendent Nhlangulele said police would step up patrols at the hospital but because of staff shortages, they could not permanently station policemen there.

Asked to elaborate on what security measures could be expected at hospitals, Dr Zuma's spokesman, Vincent Hlongwane, said they were still being formulated in consultation with provincial MECs and hospital authorities.

The measures would, however, form part of the government's national crime prevention strategy.

Last month, Gauteng Safety and Security MEC Jesse Duarte said all provincial government buildings, hospitals and schools would be declared gun-free zones. Ms Duarte was speaking after an incident at Baragwanath Hospital in which a pharmacist was shot and killed.

10919

Investigator says theft from hospitals far worse than R12-m

Star 3/7/96 (98)

By Karin Schimke
Gauteng Reporter

The R12,1-million quoted by the Gauteng health department as lost at Gauteng hospitals in the past three years is probably a gross underestimation, a private investigator who previously investigated theft at hospitals for the old Transvaal Provincial Administration has said.

Declan Condon was responding to an article in The Star yesterday which quoted figures released by Gauteng Health MEC Amos Masondo about the extent of hospital theft.

Hospitals were losing thousands a year because of theft of anything from a breadknife to an ultrasound machine worth at R120 000.

"While investigating Baragwanath in 1989 we were told that that hospital alone has lost R2-million. At the time we were investigating 72 hospitals in the province. Hospital figures are usually totally incorrect," said Condon.

Citing syndicates and intimidation as the main problems facing health authorities in clamping down on theft, he said staff members were often aware of theft but were frightened into silence or collusion.

Asked where stolen goods from hospitals ended up, Condon said: "The stuff is going to neighbouring countries, townships, and private doctors and pharmacists."

Although private investigators did not come cheaply, fees charged by them compared extremely well with the amount of money lost by hospitals each year.

"Theft will never be stamped out completely, but once crime syndicates have been identified and broken up, the amount of money lost each year declines. As long as investigations are done in an ethical and professional way, with due regard for people's rights, they must be carried through on an ongoing basis."

Gauteng deputy director-general of health Dr Eric Buch confirmed that intimidation and organised crime syndicates were major problems, but said security problems in hospitals were complicated and needed to be considered in a sensitive way.

Steps being taken were to impress on staff members the importance of handing over the code numbers of stolen equipment to police and the supplying companies. In this way, machines taken to suppliers for repairs after they had been stolen could be reported to the police immediately.

Buch said tracking systems and hi-tech surveillance equipment were also being considered.

R12m of hospital goods stolen over three years

BD 3/7/96

Kathryn Strachan

JOHANNESBURG Hospital has been worst hit by the theft of specialised medical equipment in the province over the past few years, it says in a document released yesterday in the Gauteng legislature.

While Baragwanath was most affected by pilfering of items such as linen and TVs, Johannesburg Hospital lost sophisticated medical equipment. Among the equipment lost at Johannesburg Hospital was a duodenoscope worth R200 000, a light-source Pentax worth R177 000, a gastroscope worth R130 000, and an ultrasound machine worth R120 000.

DP MP Jack Bloom said it was clear sophisticated syndicates had to be targeted. Present methods of security were not working and he called for private investigators to be called in and a task force to be set up to crack the syndicates.

Health MEC Amos Masondo said the newly released 150-page document said that over the past three years R12m worth of goods had been stolen from Gauteng state hospitals.

No fewer than 166 vehicles have been stolen from hospitals over three years, amounting to R4,3m in value. Only 15 of these vehicles have been recovered.

Gauteng health spokesman Popo Maja said the theft was symptomatic of bad management in the previous era. With no information systems or proper security, hospitals were fertile ground for criminal activity.

Hospitals had begun stepping up security: a closed-circuit monitoring system had been installed at Baragwanath, most institutions had burglar proofing around dispensaries and were searching staff as they left the premises.

Hospital crisis may occur again

Ingrid Salgado BD 3/7/96 (98)

JOHANNESBURG Hospital could not guarantee avoiding a bottleneck similar to last weekend's crisis — when severely injured patients were turned away due to lack of bed space — saying the problem was compounded by a perception that the hospital provided the best state care in Gauteng.

While the hospital was proud of its standing, the resulting influx of patients created "enormous problems", chief medical superintendent Dr Trevor Frankish said yesterday.

Additional problems were that low-care patients occupied several beds instead of being treated in lower-care hospitals, a shortage of intensive-care nurses in Gauteng and a massive load of trauma cases. On average, the hospital operated at more than 100% occupancy. It had increased its number of high-care beds from four to seven.

Frankish said the weekend's bottleneck was exacerbated by a lack of available high care beds in nearby major hospitals. Johannesburg Hospital had resuscitated several patients over the weekend but they could not be accommodated in beds.

Health centre weeds out accused members

(98) M+G 5-11/7/96

Philippa Garson

THE director of the Alexandra Health Centre has been suspended and another employee has been fired following allegations of corruption among officials, first revealed in the *Mail & Guardian*.

Clinic director Nomvuyo Molefe may face criminal charges after allegedly defrauding the clinic of R50 000 by channelling funds into Chitons Consultancy, of which she and her husband were majority shareholders.

Board chairman Bernert Lekalakala said the board, which initiated the investigation, was waiting for legal advice on whether it had sufficient grounds to dismiss her, sue her for the recovery of the funds and lay criminal charges.

Meanwhile, wage clerk Mary Nxumalo has been fired after the investigation revealed she was guilty of using names of doctors no longer with the clinic to deposit money into her account. Lekalakala said it was unclear how much money Nxumalo had stolen, but he assumed it was "substantial, since it has apparently been going on for some time".

The clinic's board took these steps on the basis of preliminary findings of an investigation by chartered accountant Mark Chasey. His full findings are expected soon.

Lucas Letlhaku, who was suspended after leaking the corruption information to overseas donors, was found guilty of bringing the clinic's name into disrepute at a disciplinary hearing and has been suspended on half-pay for three months.

'... the actions of one or two people must not be allowed to destroy what has been built up over the last 67 years'

Meanwhile, the board has appointed a four-person team to manage the health centre and stricter controls have been introduced.

The board "appealed to all staff, donors and friends of Alexandra Health Centre to continue their long-standing support. This is a difficult time for the health centre and its staff and the actions of one or two people must not be allowed to destroy what has been built up over the last 67 years."

Truth commission amazed at depravity

BD 9/7/96

MMABATHO — The first witness at the truth commission's sitting in Northwest yesterday testified that her daughter was stabbed and burned by a group of people in November 1985.

Pulane Mabalane said her daugher Frida, a pupil at John Frylank higher primary school, was stabbed in the left side by someone called Zero Thebe.

She was then forcefully removed from her mother's house by a group of people who later burned her.

Frida, who had been an active member of the United Democratic Front and was 16 at the time, came home screaming and crying after the incident. She was then taken to hospital in Kimberley, where she died.

Frida's sister, Elizabeth Dlamini, was overcome by emotion and could not give evidence.

Mabalane called on the commission to bring the perpetrators to book.

Another witness, Andries Kgobadi, said he had been arrested by the police in connection with Frida's death, although he never knew who she was.

Policemen, including two called Strydom and Brand, had arrived at his house, kicked open the front door and taken him to the police station. A pillow case was placed over his head, he was sprayed with teargas and suffered electric shocks.

Kgobadi said he was innocent of any wrongdoing, but had been taken to court and sentenced to two years' imprisonment for public violence.

The electric shocks, which had been applied to his ears, left him with a hearing difficulty, he said.

He wanted the commission to give him compensation.

The sitting got off to a late start because the first witnesses had to travel about 150km from the Vryburg area.

Commission chairman Archbishop Desmond Tutu said commissioners were amazed at the depth of evil that human beings could descend to on all sides of the struggle.

He was also amazed at the willingness of victims to forgive.

He hoped perpetrators would also come forward to confess and ask forgiveness. —Sapa.

Private sector joins in new medicines distribution plan

BD 9/7/96

Kathryn Strachan

THE Northern Province has launched a bold new medicines distribution plan to reduce the millions of rand lost nationwide each year through the wastage and theft of medical supplies.

The new project will train selected hospital staff responsible for the handling of medication and surgical supplies and provide a data base to monitor the prevalence of disease and medical problems in a given location, encompassing all 43 hospitals in the Northern Province.

Provincial health MEC Joe Phaahla said the venture was the first in which a provincial authority was in partnership with the private sector to facilitate faster and more efficient distribution of vital medical supplies.

"This new venture will see our private sector partner, Stratmed, procure medicines and surgical supplies for the province from more than 200 suppliers." Stratmed would then store and distribute the medicines and use information technology to keep a close check on the medicines.

Phaahla said the province was committed to improving health services by cutting wastage and theft — but in ways that empowered communities.

An important aspect of the R100m tender awarded was its commitment to in-house training and bursary programmes for hospital staff.

Phaahla cited disturbing statistics from the national auditor-general's office showing that SA lost R500m worth of medication through theft annually.

Stratmed MD Don Sutherland said delivery within 48 hours of placing an order would ensure cuts in warehouse and hospital thefts and costs, help aid more careful supply monitoring and "ensure that the freshest stock is used to increase patient safety".

Red Cross halfway to R28m target

(98) CT 10/7/96

ANEEZ SALIE
HEALTH WRITER

RED CROSS Children's Hospital has reached the critical half-way stage in its quest to raise R28 million for badly-needed development following drastic cuts to its budget.

Like most state health centres, the facility has almost buckled under cost cuts, but in 1994 the Red Cross Children's Hospital Trust was launched to support what is the only dedicated children's hospital south of the Sahara.

The R28m is needed to redevelop specialist services and outpatient facilities and replace equipment.

First National Bank has donated R100 000, which brought the fund to just over R14m.

Dr Bob Bishton, managing director of the trust, said the bank's gesture was recognition from a major South African institution of the hospital's status as a national and African resource.

The trust needed at least R15m to initiate the first phase of redevelopment this year, Bishton said.

"The hospital now sees almost 1 000 patients a day. Further efficiencies of operation are seriously impaired and there is an urgent need to introduce the redevelopment programme."

Red Cross has a vision of becoming the first "one-stop-shop" for paediatric health care, where not only curative but preventive medicine is practised, and health promotion is a priority.

Most Red Cross patients are from under-privileged areas, including informal settlements on the city's outskirts.

The government is providing funds only for running the hospital and maintaining existing services. It has not budgeted for capital expenses.

Donation pushes Red Cross fund beyond the R14-m mark

(98)

Health Reporter

ARG 12/7/96

A DONATION of R100 000 by First National Bank has pushed the Red Cross Children's Hospital fund-raising drive past its halfway mark.

The hospital hopes to raise R28 million for redeveloping specialist services and outpatient facilities, and for replacing equipment. It now stands at just over R14 million rand. R15 million is needed to initiate the first phase of redevelopment.

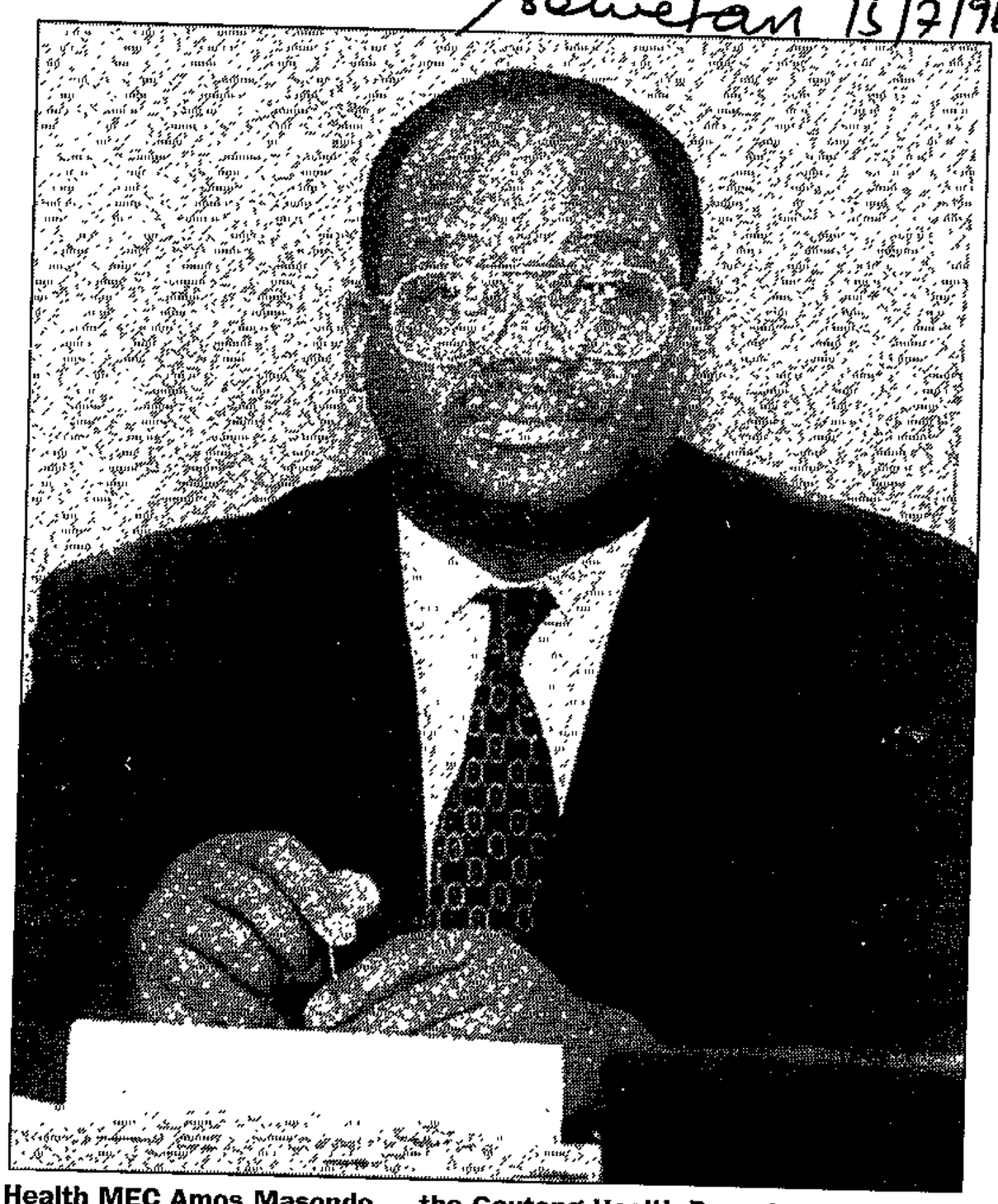
Red Cross Children's Hospital is the only hospital dedicated to children south of the Sahara, and sees almost 1 000 patents daily. Since the hospital was built in 1956, the only significant addition to specialist facilities was a group of prefabricated structures built 30 years ago.

Gauteng to lease 250 ambulances

(98)

Sowetan 15/7/96

No plans in sight to transfer public assets to private sector to run at a profit



Health MEC Amos Masondo ... the Gauteng Health Department's overriding policy is to ensure that medically sound services are equally available to all.

By Amos Masondo

OVER THE next eight months, the Gauteng Health Department plans to lease 250 new ambulances and hand them over to local authorities so that they can upgrade their emergency medical services.

In addition, the province will subsidise the running costs of municipal ambulance services to the extent of R100 million this year so that these services will be widely available – at a tariff that is far below the actual running cost, or even free of charge to the poor and unemployed.

There are not many people who would argue that this plan of action is a case of privatisation. The Gauteng Health Department is clearly not involved in transferring public assets to the private sector to run at a profit.

But, the South African Municipal Workers' Union (Samwu) insists, in the face of all evidence to the contrary, that the Health Department plan is privatisation. And it has mounted what can only be described as a calculated disinformation campaign to sustain this myth.

Why it has taken such vigorous action to discredit a public health measure that will bring real relief to the people of Gauteng is a mystery. I can only suppose that since Samwu is strongly opposed to privatisation, it is looking for emotional issues to fuel the campaign against privatisation.

The people of Gauteng must judge for themselves whether the Health Department's plan makes good sense or whether, as Samwu argues, it is part of a devious scheme "towards complete elimination of the ambulance services".

In 1994, the Gauteng Health Department inherited about 490 ambulances from the old administration. Many were already past their replacement date and soon had to be scrapped.

Limited capital budget

As a result, the present ambulance fleet stands at about 300. But our research shows that on any given day only about 200 are functional. The rest are standing in workshops being repaired or awaiting repairs.

The need to get new, reliable vehicles on the road is an absolute priority. The lives of many seriously ill people and of victims of violence and accidents will depend on this. The department has a strictly limited capital budget for acquiring ambulances.

If the department opted to purchase ambulances, we could afford about 100 vehicles this year. If we enter into a lease agreement, we can have 250 new ambulances on the road in the same space of time.

If we purchase vehicles, we will have to rely on hopelessly inefficient municipal workshops to service the ambulances. From bitter experience, we know that servicing this way keeps vehicles off the road for weeks or even months at a time.

When we go the leasehold route, we get an undertaking from the leasing company to perform servicing within 24 hours – or provide a replacement vehicle. This guarantees that virtually the full fleet of 250 will always be available.

Getting ambulances on the road is certainly not the end of the story of restructuring emergency medical services. Samwu and other stakeholders are right when they insist many other aspects of the ambulance service need a thorough overhaul. But at least the minimum conditions will have been created for all the other changes to take place.

We have started consultations on various aspects of restructuring and we will continue to talk to all relevant players.

Samwu, in its talks with the province, has not been able to come up with concrete plans for expanding ambulance services to disadvantaged communities.

It simply uses burning phrases to emphasise the urgent need for such services and persistently misrepresents the department's solution as an act of privatisation, which will leave municipal ambulance drivers jobless and the public staggering under increased tariffs.

Nothing could be further from the truth. At present ambulance services are run by local authorities. After the leasehold agreement is signed, ambulance services will still be run and managed by local authorities, although vehicles will be serviced privately.

No ambulance service worker will lose his or her job as a result of the leasehold agreement. Neither will jobs of mechanics in government workshops be affected.

The R100 million subsidy which the province pays to local authorities to run ambulance services will not be reduced. In fact this money will be more effectively used once ambulances are on full-maintenance lease because it will no longer have to cover repair costs.

Tariffs for users of ambulances will also not be affected. Firstly, ambulance tariffs are set nationally, not provincially or locally. Secondly, the charge is not determined by the cost of the service. It is calculated on a sliding scale according to the user's ability to pay.

There is no charge at all to the poorest. There is no sting in the tail for either the workers or the public in the ambulance leasing scheme.

Among the many aspects of emergency medical services still to be settled is how best to provide "advanced life support" equally to all communities. We are consulting on whether this should be offered through local government or through the province itself.

Benefit for the poor

In the meantime, we are concerned in getting the crucial "intermediate life support" service into every community, no matter how poor. Every Gauteng resident who needs emergency oxygen supply, drips and well-trained paramedics should get this treatment, not only those living in the wealthier municipalities.

The overriding policy in the Gauteng Health Department is to ensure that medically sound services are equally available to all. The ambulance service is no exception to this rule.

Even with a shrinking ambulance fleet, we managed to expand into areas like Rayton and Orange Farm, where residents hardly saw an ambulance in the past.

With 250 new ambulances at the service of the first fully representative local councils, we can safely assert that the people of Gauteng do not need to have fears that emergency medical services are about to be hijacked for the exclusive use of the rich. This will not happen.

(The writer is the Gauteng MEC for Health.)

Hospital staff to get some pay relief

OWN CORRESPONDENT

PRETORIA: State hospitals' medical staff whose paypackets were distinctly slim this month can expect to receive a separate cheque for at least some of the money by the end of July.

Salaries were to have increased by up to 40% this month, but through an administrative error none of the staff has been paid the overtime due. This has caused huge dissatisfaction and threats of strike action if the payments are not made soon.

Until the matter had been sorted out, the doctors would receive their old overtime payments as an interim measure, said Mr Pieter van der Berg, chief director of provincial services.

"We have asked the hospitals to let them have it before the end of the month."

The increase in overtime payments has yet to be finalised. The difference is to be added to salaries as backpay as soon as the new rate has been set.

Two hospitals turn away emergencies

(98)

PIETER MALAN
Staff Reporter ARG 17/7/96

TYGERBERG and Conradie hospitals were unable to admit patients last night because beds were filled to capacity. Ambulance drivers were asked to take emergency cases to Groote Schuur Hospital.

Although trauma units were coping at Tygerberg and Conradie hospitals, patients could not be kept for longer than one night and ambulances were told to take patients needing long-term treatment to Groote Schuur which was admitting patients.

Tygerberg Hospital has 1 763 beds and Conradie can accommodate 169 people in its in-patient section.

But in spite of the crisis at its sister hospitals, a Groote Schuur spokesman said the trauma unit had had a "relatively quiet night" and the other hospitals' request had no serious effect on the Groote Schuur trauma unit.

Tygerberg trauma superintendent Willem Vorster said the decision to divert ambulances was taken last night after a bed count showed that the hospital would not be able to cope with patients needing more than one night in hospital.

"Groote Schuur agreed to take patients until about midnight, at which stage they too expected to be filled to capacity," he said.

Any additional patients from that time would have had to be put on trolleys and on the floor, but this had not been necessary as the trauma unit had not been as busy as expected, Dr Vorster said.

Doctors on ward rounds today would send home patients who had recovered sufficiently to be discharged.

This should ease the load in preparation for the expected influx of trauma patients over the weekend, he said.

As only about 30 percent of trauma patients arrived at the hospital by ambulance, only a small percentage of patients had been affected by the new arrangement.

Dr Vorster said very serious cases, in which people would not survive the ambulance trip to Groote Schuur, were still admitted to Tygerberg.

Henry Kirby, acting superintendent at Conradie Hospital, said there was usually a shortage of beds during winter when more people became ill.

"We are under a lot of pressure throughout the year, but during winter we also have to cope particularly with an increased number of people with pneumonia and burns," he said.

Sick ambulance service to get some first aid

By Janine Simon
Medical Correspondent

Another 250 ambulances will be added to Gauteng's ageing fleet of 300 by December to provide swift emergency services, according to Gauteng health department spokesman Popo Maya.

Tenders are now being considered by the Tender Board, he said.

The department inherited 490 decrepit vehicles from the previous administration in 1994 but had to scrap 190 within months.

Only 200 of the 300 remaining vehicles are on the road on any one day. The remainder are in "hopelessly inefficient" municipal workshops undergoing or awaiting repairs, MEC for Health Amos Masondo said this week.

Leasing new ambulances was first suggested last year because it would allow the department to obtain 250 new vehicles, instead of the 100 it could afford this year if they were bought outright.

It would also allow the department to bind suppliers to repairing the ambulances within 24 hours or provide a replacement, Masondo said.

But leasing plans were frozen when the SA Municipal Workers' Union protested it was a move towards privatisation and the elimination of the ambulance service.

Union complaints were overridden last month when Samwu failed to provide viable suggestions for expanding ambulance services to disadvantaged communities.

"Samwu is mounting a calculated disinformation campaign. No municipal worker or mechanic in a government workshop will lose a job as a result of the leasehold," Masondo said.

The department has pledged to restructure and extend emergency services to previously underserved areas, and has achieved this in areas like Orange Farm and Rayton despite the shrinking fleet.

It has also frozen expenditure on advanced life support levels of care, such as intensive care ambulances, choosing first to extend intermediate levels – that is, trained paramedics able to supply emergency oxygen and drips – to all residents.

But, said Masondo, the province was consulting on how advanced care could be supplied to all.

(98) Star 18/7/96

Bara probes critical failure of power

(98) Star 22/7/96

Hospital cautions again linking deaths of two babies with lack of diesel for generator during blackout

By Susan Miller

Baragwanath Hospital has launched an investigation into a recent power failure which may have caused the deaths of two babies in its neonatal intensive care unit.

Preliminary investigations indicate an emergency generator needed for the hospital's critical-care areas was out of diesel on July 9 when the power failed.

Baragwanath Hospital Superintendent Dr Joe Nach said the hospital's generators and electrical supply were the responsibility of an outside company which was meant to carry out a check once a week.

"I don't know what could have happened," he said.

Nach stressed, however, that until the investigation ordered by Chief Superintendent Chris van der Heever had been completed, there were no grounds to link the deaths of the two babies with the failure of the emergency generator.

"If the power fails, the babies can be kept going through the use of manual ventilator bags which are pumped by hand, thus ensuring the continuation of the babies' ventilation," he said.

Nach said Baragwanath experienced "intermittent" power cuts and failures in its emergency power supply, but would have to make sure that such an emergency did not take place again.

"The inquiry will go ahead and, once it has reached a conclusion, will be handed over to the Gauteng department of health, which will decide on appropriate action, if necessary," he said.

Charles Esterhuisen, a member of the administration staff at the hospital, thanked Total SA last week for the speed with which it rerouted one of its delivery trucks to supply Baragwanath with approximately 8 000 litres of diesel on the night of July 9.

Popo Maja, spokesman for the Gauteng MEC for Health, Amos Masondo, said a member of the health department would be involved in the investigation team.

Maja cautioned against linking the babies' deaths to the emergency power failure until the investigation had been completed.

"It will take place as soon as possible," he said.

Maja confirmed that Masondo would be meeting the Department of Public Works about the maintenance situation at the hospital.

Bara babies' deaths to be probed

(98

Sowetan 22/7/96

By Charity Bhengu

THE Department of Health and Baragwanath Hospital in Soweto will launch an intensive investigation into the death of two premature infants during a power failure at the hospital a fortnight ago.

Hospital superintendent Dr Joe Nach confirmed that the babiesdied during the electricity cut but it has not been established whether the cause of death was related to the power failure.

The two infants were in the neo-natal ward when they died.

The hospital's public relations officer Mrs Esther Hlongwana told *Sowetan* that the names of the babies would be relcased later today.

Emergency power supply

Nach said: "The hospital will also investigate why the emergency power supply failed to come into operation."

He said the emergency power supply in the hospital failed to switch on automatically after the electricity cut. He said it failed to function in several areas, including the intensive care units.

This is not the first time that the emergency power supply had failed at the hospital in the past. However, Nach said this had not happened during his year's service at the hospital.

Top management

According to a weekend newspaper report, the government was extremely concerned that the hospital's power failure problem had only been brought to the attention of top management last week.

A top-level investigation into the matter had been launched to investigate the causes of deaths, the paper added.

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Coetzee hears about his suspension on the radio

BD 22/7/96 (2nd)

Stephane Bothma

PRETORIA — Hours after appearing in court for the 1981 murder of Durban human rights lawyer Griffiths Mxenge on Friday, former Vlakplaas commander Dirk Coetzee heard on the radio he had been suspended from his job as a national intelligence agent.

"Nobody informed me personally, but I accept I am suspended," Coetzee said on Saturday.

Coetzee, who has for the past seven years repeatedly confessed he ordered three askaris to kill Mxenge, appeared with two of his co-accused in the Pretoria Regional Court after handing himself over to Dir Bushie Engelbrecht earlier in the morning.

Unlike other policemen involved in criminal cases who deny guilt, Coetzee's legal bills will not be footed by the state.

Treasury regulations make no provision for policemen admitting guilt on criminal charges.

"I don't know who will be paying my legal fees, but I have received certain indications that the ANC is currently investigating possibilities of assisting in some way," Coetzee said.

After first exposing police hit squads in 1989, Coetzee had received financial assistance from the ANC while in hiding in London and Lusaka.

He was also employed by the ANC's intelligence department after his return to SA in the early 1990s before accepting employment at national intelligence.

Coetzee appeared in court with Spyker Tshikalanga and Almond Nofomela. No charges were put to them and they were not asked to plead before Coetzee and Tshikalanga were released on bail of R1 000 each. Nofomela, serving a 25-year sentence for murder, returned to Pretoria prison.

Coetzee's case was postponed to August 15 when all the accused will appear in the Durban Regional Court.

Outrage over baby deaths

Nomavenda Mathiane

BD 22/7/96

THE DP and NP yesterday expressed outrage over the deaths of two babies at Baragwanath Hospital when emergency generators failed during a power cut earlier this month, but commended Gauteng health department for announcing an inquiry (98)

A Gauteng health ministry spokesman said MEC Amos Masondo had instituted an urgent investigation and would also be meeting the public works department, which was responsible for maintaining the hospital's generators.

Gauteng DP health spokesman Jack Bloom said said that an investigation into the incident had to be done so that those responsible could be punished.

Gauteng NP MP Daryl Swanepoel questioned the maintenance record of the generators at the hospital.

A number of nurses said the hospital had suffered other power failures and that generators had to be used.

Tough action possible over babies' deaths

(98) Star 23/7/96

Hand ventilation not enough after power cuts at Baragwanath Hospital

By Janine Simon
Medical Correspondent

Tough action has been promised if it is confirmed negligence caused Baragwanath Hospital's emergency generator system to crash on July 8 – leading, doctors believe, to the deaths of two babies in intensive care.

Doctors were first hesitant to link the deaths to the failure, but yesterday Superintendent Bokkie Rabinowitz and head of the neonatal unit, Dr Haroon Saloojee, said that although the two newborns were already at risk, both Baby Sithole and Hlengiwe Lukhele, were "salvageable".

They died from complications caused by having to be hand-ventilated when the power shut down, Rabinowitz said.

Baby Sithole (no first name given) was born prematurely on July 7, weighing only 1,18 kg. She died 10 minutes before power was restored at 11.30am, and x-rays showed she had air around the heart, said Saloojee.

Hlengiwe Lukhele, who suffered severe asphyxiation during her birth on July 8, died at 2.20 am on July 9, and was found to have damage to both lungs.

Manual bagging – pushing oxygen into the lungs by hand pumping a balloon-like bag with a mouth attachment – could keep a patient stable, but could cause unequal pressures to develop in the lungs, Saloojee said.

On July 8, there were nine babies in neonatal ICU and another 24 in the transitional area, and 13 members of staff, said senior nursing services manager Matron Virginia Monare.

"We tried our best. It was dimly lit. Nurses and doctors were all bagging the patients, we were calm, but panicking inside, worrying when the power would come back on," she recalled. Nurses were also battling to find pieces of clothing with which to wrap the babies in incubators, as there were not enough blankets, Saloojee said.

Baragwanath has been plagued by repeated power cuts in the past few months, some as long as 30 to 45 minutes. Three other cuts had occurred since July 8. Staff had reported the problem, but, "there was no guarantee it won't happen again. Everyone is aware that when it does, they must run, grab a baby and bag it," he said.

Rabinowitz said Bara operated on land owned by the Department of Works; all maintenance requests had to be referred to that department, and works staff were often not contactable.

The power tripped on July 8 because the system was overloaded.

Two of the hospital's four emergency generators then failed to kick into action: one because of a technical problem, the second because it was out of fuel.

The contractor responsible for maintenance had been on leave at the time and had not informed his partner.

Martsu, the Edenvale company responsible for maintaining the hospital's emergency generators, said the problems appeared minor and had been blown out of proportion. "A float switch got stuck. Maintenance staff could have fixed it," said company operator Gordon Markham.

The Star ... Tuesday July 23 1996

Hospitals to lose their apartheid-era names

(98 2000)

Committee will identify those that evoke bitter memories and distort history

Star 23/7/96

By Karin Schimke
Gauteng Reporter

Apartheid-era names of Gauteng's public hospitals are to be banished and the hospitals renamed to reflect their physical location.

The process began yesterday when a committee of the provincial legislature announced dates for public hearings where new names for 71 provincially-run state institutions will be aired

Gauteng's health department is taking the first steps towards renaming the institutions and will be followed by other departments.

Petitions and public participation standing committee chairman, Vusi Mavuso, said the process would be undertaken "without deepening controversy.

"Many of them will be considered for renaming but not all of them will necessarily be changed," he said.

The committee would identify controversial names, "particularly those that evoke bitter memories and distortions of our history".

While most of Gauteng's public clinics, hospitals and laundries have inoffensive geographical names, two Gauteng hospitals are named after former apartheid-era prime ministers.

They are J G Strijdom in Johannesburg and H F Verwoerd in Pretoria. Mavuso said there was an urgent need to get rid of all forms of apartheid and racial division.

The committee intended to ensure that public health institutions were "user-friendly" and provided a sense of ownership to communities. Renaming costs would be borne by the health department and not the hospitals.

As far as possible, institutions would not be named after living people and preference would be given to names that indicated geographic location.

"In this way, we avoid a renaming of institutions when governments and sentiments change," said Mavuso.

The first of six public hearings takes place next Tuesday at the legislature in the Old City Hall in central Johannesburg.

Others will be held at Baragwanath Hospital and also at Pretoria, Benoni, Carletonville, Krugersdorp and Vanderbijlpark.

Bara power cut cause traced

Star 24/7/96 (98)

Baragwanath Hospital may still fall prey to arbitrary power cuts, but staff are satisfied with the Gauteng Department of Works' investigation into problems with the hospital's emergency generators.

Two babies died when emergency generators failed on July 8, causing a three-hour blackout in the hospital's neo-natal intensive care unit.

"The problems have been properly dissected for the first time," superintendent Bokkie Rabinowitz said yesterday.

He said Gauteng's chief director of works, Jason Sishuba, had acknowledged power cuts had caused the deaths, seen the emergency generator and the logbook, and noted that the generators had not been serviced.

Sishuba said the final report on Bara's power cut would be completed today.

The report would explain the legal relationship between the department and the contractor.

An independent engineer would also be conducting a thorough survey of all electricity systems at hospitals to identify which needed improvements, Sishuba said. – Medical Correspondent.

Red tape blocks resuscitation of ambulance service

By Derek Rodney and Lara Smith

Bureaucratic bungling has plunged Gauteng's decrepit ambulance service into yet another crisis as inter-departmental delays hamper the delivery of crucial tenders aimed at alleviating decay in the province's fleet.

The service, which opted to lease about 250 new ambulances despite a protracted dispute with the SA Municipal Workers Union, was supposed to hand tender documents to the Tender Board for consideration more than three weeks ago, but because of delays between the departments of health and finance, the life-saving documentation only came before the board on July 18.

According to insiders, the board requested further clarification on certain allowances relating to small black businesses after an Emergency Management Services (EMS) presentation relating to the tenders.

EMS director Dr Philip van Rensburg yesterday said he would be giving a second presentation to the board on Thursday.

Tender process delayed

"I cannot say which way the board will go on this and there is a very real possibility we may need to resubmit bids to take into account small, medium and micro businesses."

The latest crisis follows police claims that seriously injured rape and assault victims have to wait for hours at police stations before ambulances arrive to ferry them to hospital.

Police are not allowed to transport seriously injured patients as a death while in transit could result in legal action against the state by a victim's family.

A frustrated Inspector Nkane Mqwathi of the Park Station police in central Johannesburg this week told The Star how a rape victim who had also been seriously assaulted had to wait bleeding and in pain for more than two hours on Sunday night before medical help arrived.

He said he was told by ambulance supervisor Martin Botha to take the woman to the district surgeon because there were only four ambulances available for Johannesburg and Soweto.

Mqwathi also accused the ambulance service of racism, saying they always asked the colour of the victim before dispatching an emergency vehicle. If the person was black they were generally told to "walk to the hospital", he claimed.

An EMS shift controller confirmed the ambulance service was hampered by limited resources and for this reason the victim had been told "to wait her turn in the queue".

He denied they had refused to transport the victim, or that they had asked what race she was.

► **Matter of life or death**
... Page 11

(98) Star 30/7/96

Local businessmen save Marymount from closure

Kensington landmark will be revived and turned into a modern maternity hospital in the near future

Star 30/7/96 (98)

By Bobby Brown

Johannesburg will give birth to an all-new Marymount maternity hospital in the near future following its purchase by a consortium of local businessmen last week.

The two-month long negotiations will see the Kensington, Johannesburg, landmark revived and turned into a modern maternity hospital, instead of closing at the end of this month.

John van Zyl, a spokesman for Affin – a finance, investment and banking consultancy which negotiated the purchase on behalf of the investors – said nothing significant would change about the 47-year-old hospital.

"Marymount will not become a general hospital, but we will later add specialised services," Van Zyl said, adding that they wanted to maintain the spirit of the hospital.

The hospital had been successfully run by the Dominican Sisters of Oakley since its days as a one-storey clinic, later developing into a complete medical back-up for mothers and pre-natal care units.

More that 200 000 babies have been welcomed into the world at the institution.

Last month, the hospital's board of directors announced Marymount's closure, citing commercial non-viability and a steady drop in figures for the decision.

Van Zyl refuted recent reports that the Marymount's figures declined due to the abduction of new-born baby Micaela Hunter from the institution two years ago.

He said doctors who had supported the hospital over the years would be invited to acquire an interest in Marymount.

"We will use the residential properties which are part of the purchase and convert them into consulting rooms," Van Zyl said.

Affin takes over the running of the Marymount on Thursday.

A matter of life or death

(98) Star 30/7/96

Gauteng's emergency management services struggle as political groupings seek common ground in the privatisation-versus-nationalisation debate

By Derek Rodney

Gauteng's emergency management services are involved in a life and death struggle with a dwindling budget, increasing population and a corroding infrastructure.

Authorities are caught in a dilemma on the way forward in maintaining and improving a service that has been allowed to wither, as opposing political groupings struggle to find common ground in the privatisation versus nationalisation debate.

Inherited issues are the lack of representivity at middle and top managements levels, an inadequate budget, woefully undertrained staff, a decrepit ambulance fleet and the continued exodus of qualified and experienced staff

The private sector, backed by the Democratic Party, is baying for a chance to become involved in uplifting the EMS, but efforts to include competitive industries in training and provision of services have been met with dogged resistance from the South African Municipal Workers Union (Samwu), which is against privatisation and bent on preserving jobs

To cloud already murky waters, local EMS managements have been accused by Samwu of stalling their restructuring processes, with most authorities still sporting a lily-white appearance at middle- and top management levels.

The man expected to play a major role in the tightrope future of the directorate, responsible for providing an adequate emergency care services for the province's estimated 11 million citizens, is Gauteng Health Department superintendent-general Dr Ralph Mgijima.

The slightly built head of department has developed broad shoulders since taking office in April last year He is faced with increasing pressure from national Government, trade unions, the medical profession and the general public to restructure the EMS, before it follows the ambulances into decrepitude.

There has been some progress, he says EMS services have be extended to disadvantaged communities in Katorus, Orange Farm Bronkhorstspruit, and Cullinan Despite some opposition from Pretoria drivers, ambulance routes in Gauteng are no longer along racial lines and emergency patients are taken to the nearest facility, irrespective of race.

But the department is aware of the lack of progress being made at local authority level regarding representivity And the indications are that the kid gloves may be coming off soon to ensure slow-moving authorities get their acts together.

"We are looking at the entire process and one of them (the options) is placing certain conditions on future financial allocations to kickstart resistant authorities into implementing meaningful programmes," Mgijima said.

On another front, negotiations with Samwu regarding privatisation of certain services came to a head in April this year The MEC for health, Amos Masondo, had to step in to defuse tensions between the parties after authorities proposed to lease new ambulances from the private sector to alleviate the province's chronic vehicle shortage.

Fewer than 170 of the province's 450-vehicle fleet are able to do duty at any given moment.

Masondo placed a moratorium on the proposal until the union came up with a better counter-offer. The decision was a costly one, with repair bills to the decrepit fleet soaring over the R6,4-million mark before the province put the lucrative full-maintenance lease schemes on public tender after the union failed to come up with a workable immediate plan last month.

The union has threatened mass action and a final decision on this by Samwu is expected soon.

"We have no choice. Solutions have to be found to achieving our goal of providing an efficient service to all sectors of the community and we cannot keep pouring public funds and resources down the drain. Private sector collaboration in certain areas is inevitable," Mgijima said.

The leasing option has allowed authorities to save about R6-million in maintenance fees, for use in other priority areas in EMS.

At present, patients who can afford to pay for the service are charged R110 for using an ambulance with a declining scale of R35, R23, R13 and free transport provided for those who cannot afford any medical costs.

"The union has expressed fears regarding increased tariff costs due to leasing and other privatisation. But, a tariff increase at the top end of the scale will not affect the free-transport side of the scale, as we have a duty to provide services to all, including the destitute," Mgijima said.

Training is another area where urgent attention is required, with official EMS statistics revealing that as many as half the province's 2 212 ambulance personnel are trained in basic life support only (BLS level). Fewer than a quarter (634) members are qualified advanced life support assistants (ALS level) A further 72 (ALS level) members are qualified critical care assistants (CCA) and 24 members have obtained their national diploma.

Provincial authorities are also losing their most experienced and qualified staff to lucrative job offers in the private sector.

"There is a clear imbalance between BLS- and ILS-trained personnel with the majority of advanced courses being taken up by white candidates and this has to be redressed," he said.

A selection board, with Samwu representation, currently selects candidates on a scale with merit, need and affirmative action as part of the formula.

Mgijima admitted that it would take time to correct the imbalance although he was confident that up to 90% of all personnel could be trained to ILS level by the end of 1997.

The tightrope on which Mgijima is performing a precarious balancing act is fraying at both ends And it is clear a solution must be found before the service becomes tainted with the blood of patients who put their faith in receiving medical care and then pay the ultimate price because of it.

Emergency Management Services
Proposed 3-year (1996-1999) Strategic Plan

TRAINING:
1. Train 5% of Gauteng population in basic First Aid.
2. Provide basic and intermediate life support training to all Gauteng EMS personnel.
3. Develop and implement EMS courses for all health professions in Gauteng.
4. Develop and include advanced EMS training in the curriculum of doctors and nurses.
5. Develop research programmes at the Ambulance Training College (ATC).
6. Expand the scope of rescue training done by the ATC so as to establish it as a world leader in rescue training.

EMERGENCY MEDICAL TRANSPORT SERVICES:
1. Institute an adequate inter-institutional transport system.
2. To provide Intermediate Life Support (ILS) service within 12 minutes to all Priority One (critical) patients in Gauteng.
3. Provide an Advanced Life Support (ALS) service in keeping with international norms.
4. To provide the ILS and ALS services in the most cost-effective way by making use of non-governmental organisations (NGOs) and the private sector.
5. To provide a model of EMS for the other provincial administrations and build sufficient capacity to handle all extra-ordinary situations which may arise in the province.

AUXILIARY EMERGENCY MANAGEMENT SERVICES
1. Institute a provincial health information system for the province's health services.
2. Complete a communications network (telephones, radios, pagers, telemetry, cellular phones) for all health services.
3. Complete the provision of a core of ALS and rescue trained personnel for deployment anywhere in the province and then build this capacity for deployment in other provinces.
4. Maintain and refine the air ambulance service to an internationally comparable level.
5. Identify surplus capacity in the directorate that could be sold as a source of revenue. This includes services that cannot be rendered by the private sector, under-utilised buildings and excess capacity on paging service.

NOTE:
All projections form part of draft documentation formulated by the EMS directorate and cannot as yet be construed as official Gauteng health department policy until all role players have been consulted.

Concern over generators flares again as two more power failures hit Bara

(98) Star 3/7/96

By Melanie-Ann Feris

Baragwanath Hospital and the Department of Health have made light of two more power failures at the Soweto hospital.

Public relations officer Hester Vorster said the two power failures on Monday night had lasted only a few minutes and that the emergency generators had immediately been activated.

This comes three weeks after the emergency generators failed during a power cut on July 8. Two infants died while the electricity supply was down, triggering community outrage. Several staff members then confirmed regular power cuts, some lasting up to 45 minutes.

A full investigation was launched by the Gauteng Department of Public Works, which is responsible for the maintenance of the generators. Bara doctors said afterwards they felt the problem had finally been adequately addressed.

Democratic Party Gauteng health spokesman Jack Bloom slammed the latest power failures, saying it had endangered patients' lives.

It was unbelievable that a power failure could occur yet again, he said, adding that the matter had been handled with incompetence aggravated by the fact that the emergency backup service was provided by the Department of Public Works instead of the hospital's management.

"Gauteng Health MEC Amos Masondo has so far proved ineffectual in getting to the root of the problem and a far more extensive probe is needed to ascertain blame and take proper disciplinary measures," he said.

Masondo's spokesman, Popo Maja, said the power failures had been so brief they did not warrant reaction from Bloom.

"The issue here is not whether a power failure occurs, but whether the reserve generators function immediately. We are satisfied that they are functioning."

■ Staff at Hillbrow Hospital were forced to activate emergency generators yesterday morning when the power supply ran at a lower voltage for some minutes.

Superintendent Emma Bondoronko gave the assurance that the problem had not adversely affected the patients.

"For about 15 minutes the power was at a lower voltage and we manually switched to our generators. We don't know what the problem was, but everything is back in order now."

No hurry to change Gauteng's hospitals names at first hearing

(98)

By Karin Schimke
Gauteng Reporter

There was no great rush to change the names of Gauteng's hospitals on the first day of public hearings calling for oral submissions at the provincial legislature.

Yesterday was the first of several hearings around Gauteng at which communities or hospital staff can suggest new names for public health institutions with controversial names.

Only one provincial hospital suggested its name be changed because of "its political connotation". A written submission from the acting chief superintendent of the J G Strijdom Hospital suggested the hospital be named according to the area in which it is situated. In this case, the hospital could be called Auckland Park Hospital, the submission suggested.

Submissions were also received from the South Rand Hospital, Tara, the H Moross Centre, Hillbrow Hospital, Johannesburg Hospital and Coronation Hospital.

None of these wanted its name changed because the names were politically neutral and it was not necessary to change them.

Two nursing colleges also made submissions that their names not be tampered with until rationalisation of nursing colleges had been achieved through a national process.

Management of the Ann Latsky and B G Alexander nursing colleges said the rationalisation would probably include renaming of the colleges.

Meanwhile, Daryl Swanepoel of the National Party in Gauteng has said that the emotional, logistical and financial implications of renaming had to be recognised and that renaming should take place simultaneously and in a holistic way.

He said there needed to be co-ordination between the various levels of government and other institutions to ensure that renaming was done "in one go" to avoid institutions having to, for example, reprint new letterheads if their names, and later their addresses, changed because of the renaming process.

He added, however, that his party supported the changing of place names where they were considered to be offensive or insensitive.

Six more hearings are to take place in Gauteng in the coming weeks.

Star 31/7/96

WEDNESDAY
JULY 31, 1996 ★

DOCTORS MUST ENSURE ALIENS CAN PAY

Hospitals crack down on foreigners

(98)
CT 31/7/96

DOCTORS at state hospitals have been warned that their foreign patients' unpaid bills will be docked from their pay. **EUNICE RIDER** reports.

FOREIGNERS may not be treated by doctors at state-funded hospitals unless they are able to pay.

Doctors have been warned that if they treat a foreigner without authorisation and the patient's bill is not paid, the amount will be taken off the doctor's pay, according to an outraged Groote Schuur doctor, who does not wish to be named.

He said a memo had been circulated last week instructing doctors to approach a medical superintendent to ascertain foreigners' financial positions before admitting these patients.

This practice was morally and ethically "outrageous", he said. It required doctors to act contrary to the Hippocratic Oath and the more modern Geneva Declaration, under which they were obliged ethically to treat all and any injured and distressed people.

Hospital spokesman Mr Derick de Kock confirmed yesterday that the memo had been circulated among doctors. He said a medical superintendent had refused him permission to fax a copy to the Cape Times.

Groote Schuur's chief superintendent, Dr Peter Mitchell, said South African Treasury regulations stipulated that foreign patients receiving non-emergency treatment had to pay in advance or guarantee payment through their medical aids.

"This regulation is to ensure that the limited health budget obtained (through) taxation of South African citizens is used preferentially for the treatment of South African citizens.

"Given the large indigent population of this country, the demands on the public sector hospitals already exceed the available funds. This protocol is entirely in line with international norms."

Mitchell said emergency treatment would be given to anyone.

However, De Kock said that before patients — even emergency cases — could be admitted to specialist units, a medical superintendent would have to establish if the patient could pay.

Mitchell confirmed that if doctors "or any staff members" failed to comply with the ruling, they would be held liable for "losses (to the state)".

Dr Ivan McCusker, chairman of the Cape Western branch of the Medical Association of South Africa, said that although Western Cape hospitals had to try to curb the "floods" of people from other African states and the Eastern Cape seeking treatment at city hospitals, the state could not turn its back on suffering and distress.

"If they are here and they are sick and need help, they (should be given) help — despite regulations. It is not acceptable, on a humanitarian basis, to turn your back on an ill person without money.

"The state must stand good and help."

McCusker emphasised that state hospital budgets were allocated according to the populations they served.

State hospitals could not afford to treat "floods" of patients from provinces and states beyond the borders of the regions they served.

As Groote Schuur was considered a good hospital, people from other African states and provinces sought treatment there and gave false addresses in Khayelitsha, McCusker said.

Although the Eastern Cape government compensated the Western Cape for treating some of its residents, these payments did not nearly cover the amounts spent on the patients.

Dr J P van Niekerk, Dean of the UCT Medical School, said although he believed there were "good reasons" for the regulations, doctors who had taken the Geneva Declaration were not supposed to permit the religion, nationality, race, party politics or the social standing of patients to get in the way of treating the sick.

Details could not be established yesterday of how many foreign nationals and people from other provinces had sought treatment at Western Cape hospitals.

Taxi violence claims four lives as fragile accord breaks down

BD 31/7/96

CAPE TOWN — At least four drivers were killed and a commuter injured in taxi violence in a number of areas on the Cape Peninsula yesterday.

This follows a fragile peace agreement struck at the weekend between the warring Cape Amalgamated Taxi Association and the Cape Organisation for a Democratic Taxi Association when a compromise was reached over the use of various ranks and routes.

Yesterday, however, a taxi driver was killed after shots were fired at him from another taxi in Philippi East, Lower Crossroads at about 6.20am. A young schoolgirl was wounded in the attack.

In the second incident four hours later, a taxi driver sought refuge behind the Khayelitsha police station when his vehicle came under fire.

Police spokesman Sgt Vivienne Lentoor said the driver got into an unoccupied police vehicle and began returning fire at his attackers. Police believe he was killed by a bullet which ricochetted.

Police later arrested five people, three for public violence and two for attempted murder, near the Khayelitsha police station. They also confiscated six firearms, one of which was unlicensed.

One man was shot dead and another stabbed to death at the Bellville taxi rank near Cape Town at 9am. Another two men were taken to hospital for stab wounds.

Two men were also stabbed at the Wynberg taxi rank and taken to hospital while the tyres of seven taxis at the rank were slashed.

Lentoor said police had also received reports of shots being fired at taxis in Borcherds Quarry Road, Nyanga and in New Road, Khayelitsha yesterday, but no one was injured.

Meanwhile, Gauteng safety and security MEC Jessie Duarte and transport MEC Paul Mashatile visited Soweto's Baragwanath taxi rank yesterday to assess the situation following renewed violence at the weekend.

Surrounded by heavy security, Duarte said police presence had been stepped up at "hot spots" along the Old Potchefstroom Road to monitor taxi routes and ranks.

"Most violence happens along the routes where taxis are forced off the roads and passengers pulled out ... and since last night (Monday night) it's a little army. We've been pulling them (police) from every station," she said.

Violence broke out between the Soweto Taxi Service and the Soweto Taxi Association following the shooting of an STA driver. The incident was related to continuous conflict between the two associations over the use of a new rank in downtown Johannesburg.

The STS refused to operate on the same rank as the STA, claiming the STA was not recognised by the Johannesburg City Council.

In the weekend violence, six STA taxis were burnt and nine were damaged.

Mashatile said he wanted to create an atmosphere in which all taxi associations could operate. He instructed police to set up roadblocks to search for unlicensed firearms.

"We will enforce the roadblocks and patrolling as long as we think it is necessary. We will assess whether we need to move them later on," he said.

Police said transport had been severely disrupted since Saturday, with reports on Monday of a blue minibus loaded with men firing at random along the Old Potchefstroom and Mokwena roads in Pimville. They described the situation as tense.

Drivers told Sapa they were reluctant to resume work, fearing renewed attacks, but the Baragwanath taxi rank remained a hive of activity.

Police said they would oppose bail for four people arrested on charges of illegal possession of fireams in connection with Monday's violence. —Sapa.

Hospital seeks non-political name

98

BD 31/7/96

Ingrid Salgado

JG STRIJDOM Hospital's name should be changed to reflect its geographic location in order to rid itself of the political connotation attached to being named after a former prime minister, according to the hospital's management.

In a submission to the Gauteng legislature's petitions and public participation standing committee, the hospital suggested it be renamed Auckland Park Hospital or Perth Road Hospital.

The committee, which started a round of public hearings on renaming Gauteng hospitals in Johannesburg yesterday, hopes to rename institutions based on their physical location. Where possible, institutions would not be named after people. Names should stand without having to change as government changed, the committee said.

Other hospitals, including Coronation Hospital in Coronationville, Hillbrow Hospital and South Rand Hospital asked that their names remain unchanged since they referred to the hospitals' locations.

Management of Tara psychiatric hospital, the H Moross Centre also believed its name should be retained. The institution was named after its first medical superintendent Dr H Moross who had laid the foundations for treating psychiatric patients in SA.

Management said the name Tara should at least be retained. Changing the name would remove the recognition the hospital had acquired over the past 50 years and incur unnecessary expense.

Nursing colleges urged the committee not to change their names yet since rationalisation of the colleges would involve name changes. Embarking on the process twice would be wasteful. Several health institutions said it could prove difficult to consult their respective communities about changing names.

Other institutions which could be renamed include HF Verwoerd Hospital in Pretoria.