HEALTH AND DISEASE — OTHER MEDICS.

9|3|75 — 19|11|81

CLEANERS HAD ROLE IN HEART OP

Baboons were trial patients

SUNDAY TIMES REPORTER

FOUR FLOOR cleaners at the Cape Town Groote Schuur Hospital played a major role in developing the twin-heart technique with which Professor Chris Barnard stunned the world in November last year.

The four men, who have no significant educational qualifications, are members of the research team headed by Dr Jacques George Losman which pioneered the double-heart technique, using animals.

The double-heart research team works in the New Mining Industries Research Centre for Heart Disease and Organ Transplantation in the Groote Schuur Hospital complex, and comprises three women and six men.

There is Dr Losman, a qualified heart surgeon, Mrs T. Sliepen, a qualified biochemist, Mrs D. Abbott, a qualified theatre sister, Miss J. Martin, hospital trainee nurse, and Mr J. Korrubel, a qualified electronic engineer.

And there are the four cleaners who, on call, discard their overalls to don theatre gowns and masks and perform duty as the anaesthetist, the by-pass technician, the pre-operation and post-operation care nurse, and the first assistant on operation.

None of the cleaners has received formal surgical or medical training. All receive a higher salary than the ordinary cleaner.

In their rare jobs as cleaners-cum-cardiac researchers, the four men began their "profession" at R110 a month, and after four years earn R160 a month.

John Rossouw, the pre-operation and post-operation care nurse, is married and a father of two. He lives in 8th Avenue, Grassy Park.

Fed Snyders, the anaesthetist, lives in Carlton Road, Claremont, and is married with five children. He has six years' experience in the research theatre.

Prestcott Madlingazi, the by-pass technician operating a complicated blood-control apparatus, is married and lives in Guguletu. He has had nine years' duty in cardiac research.

Ferdinand Barends is married, has three children, and lives in Sturn Road, Athlone. He is the first assistant — a function that is normally that of a surgeon.

All four are involved in the two or three operations carried out by the research unit each week. Each operation lasts four hours and the rest of their five-day, 8-to-5 week is spent in normal cleaning duties.

Dr Losman has special praise for his cleaners, chosen from the regular hospital staff who applied for attachment to the unit. He says their adaptability from manual labour to medical science is overshadowed only by their keen interest and their proven will to work hard.

The men show no awareness of their strange occupation. They are happy at their work and contented with their pay.

I witnessed a four-hour, double-heart operation by the unit. The esprit de corps and mutual respect between the qualified and unqualified was impressive, to say the least.

The entire operation, on full-grown, 13 kg Chacma baboons, was carried out under conditions identical to a human double-heart transplant.

The cleaner-anaesthetist and the cleaner-first assistant began the operation with an injection and the opening of the donor's chest.

After the donor heart was removed, it was placed, ready for insertion, next to the recipient heart, then each member of the unit took charge of his respective station like the crew of a ship in an emergency.

The crossflow of instruction and return information went something like this:

Dr Losman — (to cleaner-by-pass technician Prestcott Madlingazi): "Prestcott, are you happy with the venous flow?"

Prestcott: "There is a fall in the pressure, but it will be back."

Dr Losman: "Thank you, sir."

Prestcott: "I am adding calcium slowly, sir."

Question.....
Write on both sides of the paper

Do not write in this margin

Hansard 8 Q column 596
25 March 1975

97

Training of Bantu veterinarians

*12. Mr. R. J. LORIMER (for Mrs. H. Suzman) asked the Minister of Bantu Education.

Whether there are any facilities in the Republic for the training of Bantu veterinarians; if so, (a) where, (b) how many students have been trained and (c) how many are at present being trained as veterinarians.

The MINISTER OF BANTU EDUCATION:

No. (a), (b) and (c) fall away.

18 D Column 596
25 March 1975.

T. 104
2. 97

... veterinarians in homelands

... LORIMER (for Mrs. H. ... Minister of Bantu Administration and Development:

(1) ... any (a) Bantu and ... are in practice in the ... so far as many.

(2) ... BANTU ADMINISTRATION AND DEVELOPMENT:

... no Bantu or White veterinarians are in private practice in the homelands.

(b) White State veterinarians are, however, seconded on a full-time basis to the homelands, excluding the Ciskei, Basotho-Qwaqwa and the Eastern Cape.

Two White veterinarians are seconded to the Ciskei and Basotho-Qwaqwa on a part time basis while the Eastern Cape is served by visiting veterinarians from Pretoria.



Hansard 3 col 170
11/2/76

(1) ~~95~~
(2) 97

Mr. [illegible] WOOD asked the Minister of Health:

How many (a) Bantu, (b) Indians and (c) Coloureds, registered as (i) midwives, (ii) health visitors, (iii) radiographers, (iv) sister tutors during [illegible]

The MINISTER OF HEALTH:

Registrations during 1975.

(i) Midwives

(a) Bantu [illegible]

(b) Indians 56

(c) Coloureds 200

(ii) Health Visitors

(a) Bantu 39

(b) Indians 9

(c) Coloureds 32

(iii) Radiographers: The S.A. Medical and Dental Council who is responsible for the registration of radiographers do not register persons according to racial groups. I am therefore not in a position to answer this question.

(iv) Sister-Tutors

(a) Bantu 21

(b) Indian

(c) Coloureds 7

97
Health & Dis
other Medics

Hope from Russia for diabetics

MOSCOW. — The world's first artificial pancreas implants in patients suffering from diabetes have been carried out by Soviet doctors, the Tass news agency said yesterday.

Describing the artificial device as a "small apparatus", Tass said it is implanted in the lower part of the abdomen and supplies the human body with insulin.

It said the operation to transplant such a device was a rather simple one and could be performed under a local anaesthetic.

"Such devices can operate in the body for long periods of time," Tass quoted Professor Valeri Shumakov as saying. "A two-to-three month supply of insulin is injected into a definite place in the artificial pancreas." — UPI.

	ECONOMIC REGIONS									
	21	22	23	24	25	26	27	28	29	30
	AS A PERCENTAGE OF PRODUCTIONS/SALES/No.[1]									
Maize	0,6	0,1	0,3	-	-	0,4	1,6	0,7	-	-
Grain Sorghum	0,1	-	-	-	-	0,1	0,5	0,1	-	-
Wheat	1,5	-	0,1	-	-	-	0,2	-	-	-
Other Cereals	5,3	0,1	0,7	-	-	-	0,1	0,2	-	-
Sunflower Seeds	0,1	-	-	-	-	-	0,1	-	-	-
Ground Nuts(Shelled)	-	-	-	-	-	-	1,6	0,1	-	-
Ground Nuts(Unshelled)	-	-	-	-	-	-	5,2	0,1	-	-
Legumes	0,1									
Other Sub-Trop Fruit(B)	1,4	0,4	-	1,1						
Other Sub-Trop Fruit (N-B)	0,1	0,1	-	1,4	2,9	0,1	-	-	0,5	0,1
Nut Trees (B)	0,1	0,1	-	0,2	1,4	0,2	-	0,1	0,1	0,1
Nut Trees (N-B)	0,7	0,4	-	-	1,5	1,7	0,2	3,2	0,2	-
Grapes (B)	0,7	3,0	-	0,2	8,6	3,3	0,9	2,6	0,2	0,8
Grapes (N-B)	-	-	-	-	-	-	-	-	-	-
Other Deciduous Fruits(B)	-	-	-	-	-	-	-	-	-	-
Other Deciduous Fruits (N-B)	0,3	-	-	-	-	0,1	0,1	0,1	-	-
Cattle	0,2	-	-	-	-	0,1	-	-	-	-
Sheep	4,8	0,4	0,9	0,1	0,2	1,0	5,3	1,0	-	0,6
Goats	10,5	0,3	1,0	-	-	-	1,5	0,1	-	-
Pigs	7,5	-	-	-	0,1	0,2	1,5	0,3	-	0,1
Horses,Mules,Donkeys	2,7	0,1	0,4	0,8	0,2	1,4	5,2	1,7	0,5	0,1
Ostriches	4,1	0,3	1,0	0,3	0,4	0,9	3,7	0,9	0,5	0,3
Poultry	0,3	-	-	-	-	-	-	-	-	-
	0,6	0,1	0,1	3,3	1,4	0,5	1,3	21,8	0,3	0,2

28/6/72 WAM MERCURY (97)

BIG S.A. MEDICAL BREAKTHROUGH

Science Correspondent

A MAJOR breakthrough has been achieved by South African medical researchers in the first controlled trial of a simple injection method of preventing bleeding from varicose veins in the gullet, usually due to cirrhosis of the liver.

The break through is important because liver cirrhosis, mainly due to alcoholism, is a common disease in South Africa.

A complication of this disease is the development of varicose veins of the gullet which may rupture with massive blood loss, leading to acute liver failure.

The injection method was refined by the Liver Research Group of the S.A. Medical Research Council at the University of Cape Town. It involves repeated injections of a substance which causes local strengthening of the veins.

In the controlled trial of this treatment, varicose veins have disappeared during the first three months of treatment with no evidence of varicose veins during the one-year follow-up.

Final evaluation will require a longer period.

Hansard 6 col 353 8/3/78 (97)

For written reply:

Registration of midwives/health visitors/radiographers/sister tutors

27. Mr. N. B. WOOD asked the Minister of Health:

How many (a) Bantu; (b) Indians and (c) Coloureds registered as (i) midwives (ii) health visitors, (iii) radiographers and (iv) sister tutors during 1977.

The MINISTER OF HEALTH:

Figures will only be available at the end of March 1978, as the records of the South African Nursing Council are at present being computerized and no manual system exists any more.

Werkers. (1)

15. Aantal afhanklik[illegible] plaas of êrens anders vir wie werker moe[illegible]

	2	3	4	5	6
(a) Name (eerste nam[illegible] alleenlik)					
(b) Verwantskap aan werker					
(c) Ouderdom					
(d) Geslag					
(e) Woonplek					
(f) Skooljare voltooi					
(g) Nou op skool?					
(h) Skool (naam, soort, distrik en afstand van plaas)					
(i) Werk wat vir boer gedoen word (b.v. gedurende skool vakansies)					
(j) Jaarlikse tydperk gewerk (dae of weke)					
(k) Jaarlikse betaling: kontant					
ander					

Top hospital post for black woman

JOHANNESBURG — A black woman radiographer, Mrs Elizabeth Morane, has been appointed head of the radiographic section at Baragwanath Hospital.

She will head a number of whites in the department. — SAPA.

Safety standard for medical equipment

The International Electrotechnical Commission (IEK), the organisation responsible for the preparation of international standards in the electrical and electronic fields has just approved for release IEC Publication 601 Part 1 — General Safety Standard for Medical Electrical Equipment.

The need for such a standard has long been apparent as manufacturers have for some time experienced difficulties in economically producing complex and sophisticated medical systems which satisfy all nations' minimum safety and legal requirements. Also, the medical and dental professions have been unable to establish fully whether certain equipment is suitable for a particular function or indeed can be interchanged or coupled to existing hospital machinery.

Recognising the demand for international standardisation, the IEC instigated work in this field in the late sixties. A Technical Committee, currently one of nearly two hundred specialist IEC groups, was established with the specific objective of preparing IEC Standards covering the manufacture, installation and application of electrical equipment used in medical practice. On the basis of its initial in-depth survey, IEC-TC 62 recommended that this specialist field be subdivided into four principal categories.

Common aspects of electrical equipment used in medical practice.

X-Ray equipment operating up to 400 kV and accessories.

High-energy radiation equipment and equipment for nuclear medicine.

Electro-medical equipment.

The new IEC standard can be used by the medical and dental professions and their governing bodies as a general safety standard guideline for all electrical medical equipment. It can also be used by manufacturers when they establish larger and more competitive production lines, as they can be sure that the standard satisfies minimum national safety requirements.

Sound waves probe the body's secrets

26/4/79

SHIRLEY SMITH reports on the ultrasound sound-wave technique of photographing the human body which is based on the same principle employed to detect submarines as early as World War I. This new diagnostic tool is now in use in East London and other centres in South Africa.

definitely and then to know for certain is what motivates man in many areas of endeavour, and not least in the medical field.

The development of the use of X-rays to visualise and photograph the human anatomy and the science of radiology provided one of those milestones of more definite knowledge.

The use of X-rays to photograph or radiograph the human body was discovered by accident on November 8, 1895, when Wilhelm Rontgen noticed that a cathode ray tube caused fluorescent material to glow at a distance, and that a metal object placed between the two cast a shadow on the glowing material, (fluorescent screen).

The image is visualised on the fluorescent screen and then photographed.

Instead of working on informed, but all the same uncertain diagnosis, it became possible to actually see certain conditions and diseases of the body in an X-ray photograph, which made treatment more definite and sure. More than that, the X-ray principal was developed as therapy for formerly untreatable diseases, like many forms of cancer.

Since 1974, radiology has moved another giant step forward in the area of more certain knowledge, in the development and use of the ultrasound soundwave technique of photographing the human anatomy.

Ultrasound is a sound wave with a frequency above 20 000 cycles per second. (Humans can hear frequencies up to 20 000 cycles per second). It is an electrical, mechanical pressure wave in the millionths of cycles per second, which when used through an ultrasonic machine throws up the echoes, caused by the waves, on a screen, in the form of an image of the part of the body being photographed.

To explain the principles of ultrasound — the sound wave is generated through the use of a transducer or sender. At the end of the transducer there is a crystal, which is electrically stimulated to vibrate and produce a high-frequency sound wave. It is also electrically stimulated to stop vibrating and then the transducer (sender) becomes a receiver, at that moment, and so the echo occurs.

As the sound is beamed into the body tissue, four things happen; there is transmission of the sound through the tissues; there is reflection of the sound back to the transducer; there is refraction of the sound waves and a small portion of the energy is absorbed, but it is not even measurable and definitely not harmful to the body tissue.

The reflected sound, received back by the transducer is related to the density of the tissue. The denser the tissue, the stronger the echo; the more homogeneous or fluid-filled the tissue, the weaker the echo.

For instance, liver tissue, which is very homogeneous (blood-filled) appears uniform in a picture — the echo amplitude characteristics are of moderate levels. But, the pancreas is more dense and so the echoes involving that organ are brighter — the picture becomes clearly defined.

Diseased tissue is echogenic to a greater or lesser extent, compared with the surrounding normal tissue. (For example an abscess is less echogenic).

Anything filled with liquid will have no echoes at all and any structure behind (or deeply situated) to that, will improve in visibility.

In the obstetric field the bladder of a pregn woman, which contai much liquid, acts as a acoustic window displa ing and improving th visibility of structure behind it, like the preg nant uterus.

Through the use of electronic manipulation this echo information is manipulated to form a two-dimensional image on the face of a television monitor, creating a sagittal cross-section image of the human anatomy.

The same principle was used to detect submarines as early as 1914, in the First World War.

Two types of waves can be used ultrasonically; a continuous wave of an even higher frequency which is used or rather will be used in ultrasonic therapy. The research in ultrasonic therapy is a mere eighteen months old, but there are great hopes that a successful therapy against cancer will be developed. Experiments in its use in animals are currently being conducted at Stanford University Medical School in the United States.

The other kind of wave is a pulsed one, which is the wave already being used in diagnostic ultrasound work, as already described.

Its usefulness is found mainly in obstetrics and it is felt that, in time every pregnant woman will be entitled to have an ultrasound examination — as a matter of course.

The number one use in the obstetric field is to assess the maturity of the baby accurately, which is done by measuring the tiny skull with electronic calipers.

If necessary the growth of the child can be plotted to find out if there is any retardation of growth, and if so necessary treatment can be carried out..

Because of the possible harmful effects of radiation on the foetus, pregnant mothers have not been able to be X-rayed until the final week sof the pregnancy. Ultrasonography offers the possibility of pictures of the foetus from the very first weeks of its life and is absolutely harmless for mother and child.

The post-maturity of an infant can cause problems and so, should the pregnancy drag on, ultrasonic pictures can give a clear indication of the situation and an induction can be done.

Amniocentesis is a test, which has been used in pregnancies for some years, carried out by inserting a hairfine needle into the womb, to draw out amniotic fluid, for testing for abnormalities. But, there has always been the anxiety attendant, of possibly injuring the foetus or piercing the placenta.

Now, with ultrasonography this test can be carried out with a perfect view for the obstetrician, so that he knows exactly where to make the insertion.

Pending multiple births can be spotted immediately — no need to wait until the last few weeks or possibly even the birth, to know if it is twins, triplets or worse.

The tragedy of a dead foetus can be detected as early as seven or eight weeks.

It is possible to determine the sex of an infant through the ultrasonic technique — in fact ultrasound waves will pick up a pregnancy, when it is so new that other tests will still be uncertain.

The method is also useful in certain areas where ordinary X-rays are of less value, for example in the liver, to demonstrate an abscess or cancer or cysts.

Obstructions in the bile or other ducts and gall stones can be readily seen; aortic aneurysims can be found, and the thyroid gland, an enigmatic organ can be easily explored.

In ultrasonography you have maximum knowledge for the medical practitioner with minimal inconvenience to the patient.



Lu Penrose demonstrating the Gray Scale Ultrasound machine in East London. It represents a major breakthrough in diagnostic medicine.

Sonographer at work

Lu Penrose is a girl in a million, in great demand as an expert demonstrator of the new ultrasonic machines, being used in radiology today.

In the picture she is shown working with the Gray Scale Ultrasound machine, which presents images of the human anatomy on a television monitor, in high relief and in fine detail.

Behind her is the smaller Real Time Ultrasound machine, which produces a smaller image, but with movement.

Years ago Miss Penrose trained as a radiographer and then, about ten years ago, she was made a research assistant in ultrasonography in the Children's Hospital in San Fransisco, California.

She was trained by Dr Louis Bartolucci, originally from Perrugia in Northern Italy, who established the first ultrasound laboratory on the Western coast of America, in 1969.

The first laboratory in the States had been established in 1952, by Professor Joseph Holmes, at the University of Colorado in Denver. Professor Holmes is considered the father of ultrasonography.

Ultrasound technicians, such as Miss Penrose are known as sonographers in America, and are registered as Diagnostic, Medical Sonographers.

One ultrasound unit can cost between R80 000 and R121 000.

Staff shortage poses threat to city health

16/11/79

97

Municipal Reporter

A staff shortage and the growing population of Johannesburg have caused a crisis in the city's health department.

"The need to maintain existing standards, let alone improve on or meet additional statutory requirements, is becoming increasingly beyond the reach and capability of the department," says a report to the council's health and environmental committee.

The acting chairman of the committee, Mr Ormond Fenn, said today that the report would be submitted to the management committee next week and to the council at the end of the month so that some remedial action could be taken.

The report said that, since the important role of the department was recognised in the Health Act of 1977, its workload had increased and there had been pressure for it to expand its activities.

It had received "a flood of requests" to accept students from many disciplines and train them in community health work. More than 2 000 students passed through the department last year.

But few of those students joined the staff of the department because other agencies lured them away. The department's existing staff is already stretched "to breaking point" and standards have had to be lowered, bringing an increasing threat of "plagues and pestilence," said the report.

"There is a national shortage of professional staff, and other organisations are outbidding the council for the services of competent personnel. The staff board is investigating the situation and a major report on medical personnel has been prepared," the report said.

There was also a shortage of medical officers trained in public health, scientific officers, health inspectors and of men willing to enter public health administration. There were, however, enough public health nurses.

The department was concerned about its apparent inability to attract medical officers of a high enough calibre to fill senior posts which were becoming vacant due to retirements, resignations or transfers.

"More and more responsibility has been delegated into the capable hands of the nursing personnel but the ultimate responsibility must be borne by medical officers," the report stated.

Deformity fear in mother drug



SAN FRANCISCO — Disturbing doubts about the safety of a common anti-nausea drug taken by millions of pregnant women world-wide are emerging from a case in which a young mother is suing a multi-national pharmaceutical corporation.

The mother, Mrs Elizabeth Mekdeci (32), gave birth in 1975 to a son David. Unlike her first child he was born with a severely deformed chest and right hand.

Her suit alleges that the drug Bendectin — known as Debendox in some countries — was responsible.

The gravest implication in the 74 000 pages of documents amassed in the Orlando, Florida, court office and now available for public scrutiny as part of the evidence, is that hundreds of children in dozens of countries may also have been deformed by the drug.

The conditions range from cleft palates to

POST Correspondent

shortened limbs and absent brains.

The company which makes the drug has sold it for 22 years to a total of 20-million women, 60 percent outside the United States, is the Ohio-based giant Richardson-Merrell Corporation.

At the trial, expected next February after three year's preparation, it will strenuously deny the allegation, maintaining through experts that the product is safe.

TERATOGEN

The case turns on whether Bendectin can be proved a teratogen — from the Greek, meaning "a monster-forming agent."

The case is also vital in that teratology, a relatively new study, will be scrutinised publicly in a legal framework for the first time since the thalidomide drug disaster of the 1960s.

One medical expert witness testifying for Mrs Mekdeci is the distinguished obstetrician, Dr William McBride, the Australian who first alerted the world to the dangers of thalidomide.

In his deposition lodged with the court, Dr McBride, who flew to Florida to study all the relevant documents available, concluded in an unequivocal sentence that Bendectin is a "low-grade teratogen."

This means that although deformities can be as severe as from a high-level teratogen — which thalidomide was — they do not occur as commonly.

Other expert witnesses for the plaintiff go further, criticising the testing procedures in studies produced by Merrell as proof to the US Food and Drug Administration that the drug is safe.

Depositions claim that the studies were "inadequate, misleading" or even "fraudulent" and as a result of these claims the FDA has now launched a new investigation.

Introduced in 1957, Bendectin is an antihistamine containing dicyclomine hydrochloride which was withdrawn from use in the US in 1975/76 for reasons connected with its efficiency, though not withdrawn from use in South Africa.

It also contains doxylamine sucinate and pyridoxine hydrocholoride.

It was recommended for treating women in the first three months of pregnancy who suffered morning sickness.

FESTING

At that time stringent testing was not required by the FDA, but after the thalidomide scandal pharmaceutical firms in America were advised by the FDA to test their products for teratogenicity.

Merrell, which had held the US licence to market thalidomide, complied and tested Bendectin using rats.

That study, subsequently published and given to the FDA, showed no harmful effects.

Following standard practice Merrell moved their testing up the evolutionary scale with a controlled study of rabbits before going on to retrospective surveys of humans, which subsequently gave the drug a clean bill of health.

The rabbit test in 1963 was conducted by Dr Robert Staples of Merrell's staff, and in the opinion of some experts, it showed for the first time that Bendectin was a potentially harmful drug.

Yet the FDA, which under the clinical investigations regulations should have been informed, has acknowledged that to this day it still has not received Dr Staples' results.

His study came to light only after inquiries by Mrs Mekdeci's lawyers and was obtained from Merell by subpoena.

Dr Staples tested 82 pregnant does (females of which 28 were given high dosages of Bendectin.

He found limb deformities and a fusing of the chest bones to an extent which caused him to

To PAGE 19

Drug firm in deformity case

From PAGE 17

recommend that further experimentation was necessary.

When the rabbit results became available to outside medical opinion 14 years later, several doctors were alarmed at the implications.

Dr Roger Palmer, chairman of the Miami University's pharmacology department and a principal FDA drug investigator, stated in his deposition that the rabbits' limb deformities were similar to limb malformations later reported in human babies by doctors from all over the world who wrote to Merrell.

These letters, like the rabbit test results, became part of a collection obtained by subpoena from Merrell by Mrs Mekdeci's lawyers — Arthur Cohen and George Kokus of Miami, led by the famous advocate Melvin Belli of San Francisco.

The letters eventually totalled 130 suspected Bendectin-related deformities observed by family doctors in the United States, Canada, Britain and other European countries, and reported to Merrell.

FILES

Of these 86 are on the FDA files, but Mr Belli will tell the jury that these numbers are highly unlikely to be a realistic assessment of the problem worldwide.

This is partly because only 13 nations subscribe to a World Health Organisation drug-monitoring project requiring all family doctors to report at birth deformities whether or not the mother took any drugs during pregnancy.

Dr Palmer says in his deposition that Merrell were silent about the letters and they would have made him "very, very concerned."

He adds that the letters should have provoked the company into launching a wide-scale study, or at least further animal research, as well as writing warning letters to physicians.

On the Staples test Dr Palmer testifies: "The data pointed to the fact that the abnormalities in the rabbits were similar to those reported in humans, especially David Mekdeci.

". . . it would warrant more intense investigation, as the author of the report himself suggests."

Court documents from various physicians who examined Merrell's records further allege that Merrell also withheld from individual doctors who contacted them that they were not just reporting an isolated case.

Dr Palmer states that when physicians reported a deformity and asked Merrell if there were others, they were told: "No, we have not seen anything like this."

He describes this response as "deceit".

Despite the attacks on the company through the years, Merrell will enter the court with a formidable battery of lawyers and medical experts.

Their major point will be that no extensive controlled study has ever been made which showed the drug to be harmful.

The most extensive work used by Merrell shows that of the 50 282 pregnant women studied, 12 678 were prescribed antihistamines or antinauseants during their pregnancy.

Bendectin / Debendox was not dealt with as such but only one of the components, doxylamine.

The report concluded: "On the basis of substantial numbers there is no evidence to suggest exposure to this category of drug is related to malformations overall."

● RM Pharmaceuticals, South African subsidiary of Richardson-Merrell Inc was asked for comment.

The chairman, Mr J A Lipworth, declined to comment, but produced a copy of a statement from Richardson-Merrell, headed, "Statement for use in response to inquiries regarding Bendectin."

In it, Dr Kevin Higgins of Richardson-Merrell, said Merrell-National laboratories firmly believed that allegation in a Press report "are scientifically unsupportable, and that Bendectin was safe for use by pregnant women.

"Bendectin has been on the market in the US since 1957 and since then has been prescribed by physicians for about 29-million women worldwide for the relief of nausea and vomiting in pregnancy.

"The safety of Bendectin has been the subject of numerous scientific studies by the company as well as by distinguished medical practitioners.

"The US Food and Drug Administration has been informed of each reported birth defect found in children whose mothers took Bendectin.

"The FDA has also been informed of all animal and epidemiological tests conducted with respect to this drug.



"None of this information indicates that Bendectin causes birth defects. We are concerned that this type of sensation reporting may cause needless anxiety and fear among pregnant women for whom Bendectin has been prescribed," he said.

● Bendectin, made in South Africa as Debendox, is "probably South Africa's most commonly prescribed preparation for nausea and vomiting in pregnancy," according to gynaecologists.

It has been on the South African market for about 20 years.

There has been no result yet of any researches in South Africa to indicate that the use of Debendox is associated with congenital malformities.

Mr Lipworth confirmed that Bendectin contained the same ingredients as Debendox until late 1976.

In that year, he said, one of the ingredients of Bendectin, dicyclomine hydrochloride, was removed from the American product, but not from its South African equivalent.

REDUCE

Mr Lipworth said this ingredient had been found to reduce nausea and vomiting, but it would have required very extensive tests to demonstrate this in statistical terms.

Rather than do all the work necessary to try to justify the inclusion of this ingredient, the manufacturers decided to leave it out of the American product.

Mr Lipworth emphasised that this ingredient was not removed "on a question of toxicity". In fact, he said, dicyclomine hydrochloride was marketed on its own in the US, as a product called Bentyl.

Asked why it would have been necessary in America to justify the inclusion of this ingredient, Mr Lipworth said he did not know.

A spokesman for the Pharmacology Department at the University of the Witwatersrand said he did not know why dicyclomine hydrochloride was removed from the American preparation.

He said it was a relatively strong atropine-like substance and, to his knowledge, could not be attacked as a teratogenic or "monster-forming" agent.

"With Debendox we have always been a little bit on the lookout for diverse reactions, but there is no conclusive literature which proves Debendox is absolutely harmful, as far as I know," he said.

Debendox, as sold in South Africa, contains the following ingredients: dicyclomine hydrochloride, doxylamine succinate, pyrodixine hydrochloride.

It is a "schedule one" preparation, which means it can be bought without a prescription and chemists do not have to take the names and addresses of those who buy it.

Mr Lipworth said it was introduced to the South African market in 1959.

He said he "could not disclose" figures for the sales of the product in this country but Johannesburg gynaecologists said they had been prescribing it "for years".

They said they had never experienced problems with Debendox and agreed it was "probably South Africa's most commonly prescribed preparation for nausea and vomiting in pregnancy."

Mr N J Feitelberg, president of the SA Retail Chemists and Druggists Association, said it was "probably the drug of choice for most gynaecologists."

The chairman of the Medicines Control Council, Professor R W Charlton, said Debendox was one of about 10 000 "old medicines", which were "brought on to the South African market before the formation of his council and were being tested.

"The thalidomide disaster triggered the formation of the Medicines Control Council and a host of similar bodies worldwide," Professor Charlton said.

"Before the formation of the Medicines Control Council it was up to the manufacturing company to decide whether or not a drug was safe," he said.

A spokesman for the Medicines Control section of the Department of Health said all registered drugs in South Africa "are put through stringent tests for safety, quality and efficiency, and it takes many months to register a drug.

Tragic birth sparks first scare

rural areas or cause of deaths' according to the Bantu Reference Bureau (Personal Communication). At least 50 000 deaths among Africans were not registered. It is estimated that about 10% of the deaths in the main urban districts are not registered for Africans.

METHODS

The following indices were calculated:

1. Crude Mortality Rates.
2. Standardised Mortality Rates. England and Wales representing a year age for a developing one.
3. Age and Cause Specific Death Rates groups for the seventeen major International Classification of
4. Proportions of Causes of Death.
5. Infant Mortality Rates.

DISCUSSION

The crude death rates and the standardised mortality rates for whites, Asians and 'coloureds' and urban Africans are presented in Fig. 1. The interpretation of these figures is confounded by the differences in the underlying structure of the population. The population pyramids of the various groups were pictured in Part I with the exception of the urban Africans, which appears in Fig. 2. This population shows an excess of healthy working males and lack of elderly persons as a result of the migratory labour situation.

The standardised mortality rate provides a single figure for the mortality experience of a population which can only be fully expressed in terms of a series of age specific death rates. The SMR is calculated by multiplying all the age specific mortality rates in the observed population by the corresponding numbers in the standard population, adding the number of deaths so obtained and dividing the total standard population. While this figure is independent of the age structure of the observed population, the choice of the standard population affects the weighting given to

[illegible] used: [illegible] to 1960

[illegible] is about R340 a month before deductions, with a ceiling of R575.

Coloured and Indian physiotherapists with diplomas start with R295 a month, with a ceiling of R500 a month, and black diploma-holders start at R235 a month.

The highest salary scale for blacks with diplomas starts at R325 a month.

Mrs N Gilder, head of the University of Cape Town's school of physiotherapy said physiotherapists 'teach people with

[illegible] year age [illegible] of the

3. Once again, difficulty Birth statistics for [illegible]rnment. The various medi-

21/1/80 Argus 13 (97)

Bad pay shuts units at hospitals

THERE is a nationwide shortage of physiotherapists because of dissatisfaction with salaries and working conditions, according to leading members of the profession.

Some Cape hospitals have no physiotherapists and four of the nine physiotherapy units of Peninsula day hospitals have been forced to close due to lack of staff.

'There is definitely a shortage of physiotherapists,' the medical superintendent of the day hospitals, Dr J A Smith, told The Argus.

PART-TIMER

'We can accommodate 14 full-time physiotherapists and one part-timer, but at the moment we have only five full-time and five part-time workers.'

The part-timers work two mornings a week during school terms.

'The shortage is mainly a result of low salaries and working conditions,' said a spokesman for the SA Society of Physiotherapists.

A senior physiotherapist said: 'Salaries did go up last year, but not by much.'

ANNUAL SALARY

A newly-qualified physiotherapist with a four-year B Sc degree earns an annual salary of R4 740 — which means a monthly after-tax salary of about R315 a month.

In real terms this increases by about R10 a month the following year. The maximum salary is R720 a month.

There is no salary recognition for post-graduate qualifications.

DIPLOMAS

For physiotherapists with three-year diplomas instead of degrees, starting salary fo[illegible]

rheumatoid arthritis and such respiratory diseases as asthma how to live with it, and they help people with disabilities and injuries.'

The Minister of Health, Dr L A P A Munnik, told The Argus he was aware physiotherapists' salaries were 'not adequate,' and he hoped they would be rectified in the April Budget.

SYMPATHY

'I have sympathy for the physiotherapists and have made representations on their behalf, but I can't promise they will get increases,' he said.

The Opposition spokesman on health, PFP MP Mr Horace van Rensburg, said the salaries paid to physiotherapists were 'ridiculously low.'

'With other medical personnel particularly the nursing profession, the incomes and conditions of employment of physiotherapists should be improved — immediately and considerably.'

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Unequal pay so black hospital staff quit

African Affairs Reporter

SIXTEEN black radiographers at King Edward VIII Hospital in Durban have resigned during the past two years because they were paid less than other race groups although they had the same qualifications and experience.

This claim was made this week by nurses at the hospital, who said that the radiographers were overworked. They attended 400 patients a day.

They had all been trained as radiographers at King Edward VIII Hospital.

They said black physiotherapists also earned a lower salary than other groups.

A black radiographer with 10 years experience earned R310 a month while Indians and coloureds were paid R400 and whites R520.

Mr Frank Martin, MPC in charge of hospital services in Natal, said he knew of 14 radiographers who had left the hospital during the past two years.

They had given various reasons for resigning. One said she was going because she was paid less than other race groups. He said there was no shortage of radiographers with only eight out of 32 posts vacant.

97

Hansard
4(225)
27/2/80

Midwives/health visitors/radiographers/ sister tutors

126 Mr. N. B. WOOD asked the Minister of Health:

How many (a) Blacks, (b) Indians and (c) Coloureds registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors during 1979?

The MINISTER OF HEALTH:

The South African Nursing Council is busy processing the statistics for the year 1979, and I shall furnish you with the information as soon as it becomes available.

The number of radiographers registered during 1979 is 1 516. This number includes all population groups, as the S.A. Medical and Dental Council does not keep separate registers for each population group.

Interns too busy to eat — claim

Staff Reporter

INTERNS at Groote Schuur Hospital yesterday rejected a statement by the Director of Hospital Services that they work long hours "because they wanted to learn as fast as possible" and claimed that excessive overtime harmed the quality of medical treatment.

"To say that it is traditional to work long hours is simply a way of approving exploitation and turning a blind eye to inefficiency," an intern told the Cape Times.

"I worked 120 hours last week. In the past 48 hours I have worked 36 hours. The lack of sleep in itself is bad enough but sometimes we are forced to miss meals because there is just no time to go to the dining room.

"I speak on behalf of the 65 interns at Groote Schuur when I say the experience is common to all of us. No doctor can give of his best when tired and sleepless, and the quality of treatment must suffer. I know that I have often been curt with patients and relatives because of exhaustion," the intern said.

'Bring in locums'

"All that is needed is a little bit of organization. Create more posts, bring in locums from outside, use senior housemen to stand in when someone is ill. Basically, what is needed is a recognition that both medical and nursing staff are exploited and a determination to stop it."

There was no point in complaining as senior doctors took the view of "we suffered, so you can suffer too"

The question of long hours worked by hospital interns came to public attention this week in a hearing by a disciplinary committee of the Medical and Dental Council when exhaustion due to excessive overtime was put forward as a mitigating factor in a criminal offence committed by a young doctor.

Professor Guy de Klerk, chairman of the Federal Council of the Medical Association and a member of the disciplinary committee, told the hearing that an intern was "the lowest man on the totem pole" and hence at everyone's beck and call.

Tygerberg Hospital interns were reported this week to work an average of 120 hours a week and one intern claimed to have worked 127 hours. The director of hospital services, Dr R L M Kotze, told newsmen that hospitals adhered to time tables and interns were given time off "fairly frequently".

UCT

Treating breast cancer without mastectomy

From Prof B J SMIT, head of the department of radiotherapy, University of Stellenbosch Faculty of Medicine:

IN the Cape Times (February 13), Ms Margaret Jacobsohn made some statements about the treatment of breast cancer. What she said basically is that mastectomy (the removal of the entire breast and the lymph glands of the axilla) is not necessary and that removal of the lump only is sufficient. She further went on to say that some enlightened surgeons in Cape Town were prepared to treat their patients in this way, and she even quoted a personal acquaintance who was still alive five years after a simple removal of the lump. I can only say lucky breast, lucky patient!

I did not notice any articles in subsequent issues of the Cape Times where surgeons expressed their indignation. Does this mean that they all agree with Ms Jacobsohn? I wonder.

Minimal surgery

Nonetheless, can we make a case for conservative treatment of breast cancer? By conservative treatment is meant minimal surgery, that is removal of the lump only and dissection of the axillary contents to determine whether the lymph glands are involved or not.

The biggest argument against total removal of the breast is that it is a mutilating operation which results in considerable psychological disturbance to the patient. The knowledge that the "cure" for breast cancer is total removal of the breast also scares away, according to the facts at our disposal, quite a number of women.

Dr Foster stressed in the New England Journal of Medicine in 1978 that patients are now presenting with relatively earlier disease because they know that small early lesions are more easily treated. A recent article in Cancer Treatment Reviews on the psychological adjustment of females to mastectomy cites 118 articles in their reference section! It would therefore seem that if a method of treatment for breast cancer could be devised that would leave the female with her breast intact or only slightly changed, it would be a far more acceptable treatment if it were equally effective.

Not as simple

Is there a method of treatment that would allow the patient to retain her breast? Perhaps. We will examine the facts just now, but firstly I must point out that it is not as simple as Ms Jacobsohn made it out to be. A simple removal of the breast lump as such is certainly not good enough. Either chemotherapy, that is the treatment of cancer by special drugs, or by radiotherapy or both must follow.

Have we got any evidence that such an approach is effective and safe? Again perhaps. The operation of radical mastectomy was already designed in 1894 and therefore for all its shortcomings the medical fraternity has gained vast experience with this form of treatment and any new form of treatment must be treated with extreme caution. If a form of treatment could be devised that would allow the female to keep her breast, this form of treatment should have distinct advantages. In the first place it should encourage people to seek treatment earlier and secondly it should offer sufferers from breast cancer an equal chance of obtaining a cure.

What are the facts? Responsible medical people have lately taken notice of the work of a number of reputable colleagues mainly in France and America. A proponent of local excision of the breast lump followed by radiation treatment is Dr A R Timothy, who recently wrote an article in the Lancet. Dr Timothy concluded that the emotional and psychological sequelae of mastectomy should not be underestimated and patients must be offered the form of treatment which combines maximum efficacy with minimum morbidity. He feels that accumulating evidence strongly suggests that in many patients local disease may be adequately controlled by minimal surgery and irradiation with preservation of the breast.

The first systematic attempt to cure breast cancer without mastectomy was made by Sir Geoffrey Keynes, a surgeon at St Bartholomew's Hospital, London. He used radium needle insertions following local excision and already in 1937 described his treatment in a series of 250 patients Local control and survival appeared comparable to the results obtained by surgery, but this technique was dropped because of the intervention of the war. Many others reported results equal to mastectomy since then — Dr Bernard Pierquin, Dr Jean Spitalier, Dr R Calle, to name but a few.

Dr J S Tobias of the Institute of Cancer Research and the Royal Marsden Hospital, London and Surrey, reports in a recent article that many surgeons and gynaecologists are now routinely offering primary radiotherapy as an alternative to mastectomy with almsot 100 percent patient preference for primary radiotherapy.

All that can be said at this stage is that there is some evidence from quite reputable medical sources that local excision of a breast lump followed by radiation therapy may be as good as radical surgery. In addition, additional chemotherapy may be required in patients with positive glands in their axillae. (The same, however, is true following mastectomy with positive lymph glands.)

letters

Very good co-operation between the surgeon and a radiotherapist will be necessary if such a scheme is to work. It must also be remembered that there are far more surgeons than radiotherapists and that there may not be enough radiotherapists to go round to fulfil such a complementary function with the surgeon. It must also not be forgotten that surgery is a quick and effective treatment. On the other hand, local excision of a breast lump is quick but the subsequent radiotherapy is a lengthy process and needs daily treatment over a period of five to six weeks. For the patient then who values her breast as highly as her life, there is a very reasonable chance that she may make the right choice if she chooses local excision and radiotherapy.

In conclusion, the purpose of writing this letter was to put the record straight. The choice is not a simple one as Ms Jacobsohn has suggested. It is not a choice of a small operation versus a big one; it is a choice of a small operation combined with additional treatment in the form of radiotherapy. Furthermore, the tried and tested treatment is the mastectomy. A very promising latecomer is local excision combined with radiotherapy and possibly followed by chemotherapy.

UCT

SUNDAY TRIBUNE, MARCH 23, 1980

Victims of 'witch-hunt' quit SA

STribune 23/3/80 (97)

Homoeopaths say campaign is forcing them to go

By Chris Whitfield

SOUTH AFRICAN homoeopaths charge that they are being hounded out of the country by a "witch-hunt".

And the recent adjustments to the Medicine Control Act, which have led to several homoeopathic medicines being scheduled, will lead to a mass exodus, say leading homoeopaths.

The men were reacting to the conviction last week of Newcastle homoeopath Dr Bruce Howard Bunton on charges of selling Schedule Two and Schedule Four medicines, and the possession of Schedule Five medicines. Dr Bunton was fined R500 (or 300 days).

He told the court of a "pattern" that had emerged before his court appearance.

Before a Zeerust court appearance his car had been destroyed by vandals. He had been acquitted of all charges in the Zeerust case.

Only weeks before his Newcastle court appearance his new car had been irreparably smashed by vandals.

During a previous similar case his wife had committed suicide.

The Newcastle Magistrate, Mr J. J. Muller, said he noted the plea and added that Bunton was not a common criminal. His detention for two days by the police when his present charges were brought against him must have been degrading, the magistrate said.

"We are virtually being forced to look elsewhere for work," said one angry homoeopath this week.

He explained that the biggest single factor leading to the dissatisfaction in homoeopaths ranks was the recent rescheduling of several medicines.

This had led to several homoeopathic medicines being scheduled — and homoeopaths are not allowed to administer scheduled medicines.

"But what is becoming disturbing are the personal attacks on members of our profession," a homoeopath told the Tribune this week.

"Under the new Act governing homoeopathy every one of us has to be highly qualified — indeed, better qualified than your medical practitioner because we have to do their training as well as our own specialised courses," he said.

"So this image of us being nutty distributors of herbs and witch-concoctions is absolute rubbish."

Homoeopaths interviewed by the Tribune claimed they and their staff were harassed continually.

Police treatment of them was often abusive.

Staff were often warned not to work for homoeopaths.

Some homoeopaths said they had been arrested a few times — often without apparent reason.



Dr Bruce Bunton, convicted in Newcastle of selling scheduled medicines

EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

AS AT 29 02 80

PAGE 3

	STUDENT NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL			
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21	154026V	GEFFEN	BENITA	109102	HEBREW INTENSIVE	F		1	
23	154362K	GIANNAKAKIS	ASPASIA	115101	FRENCH I	F		1	
25	153981W	GILL	CHRISTEL KARULA						
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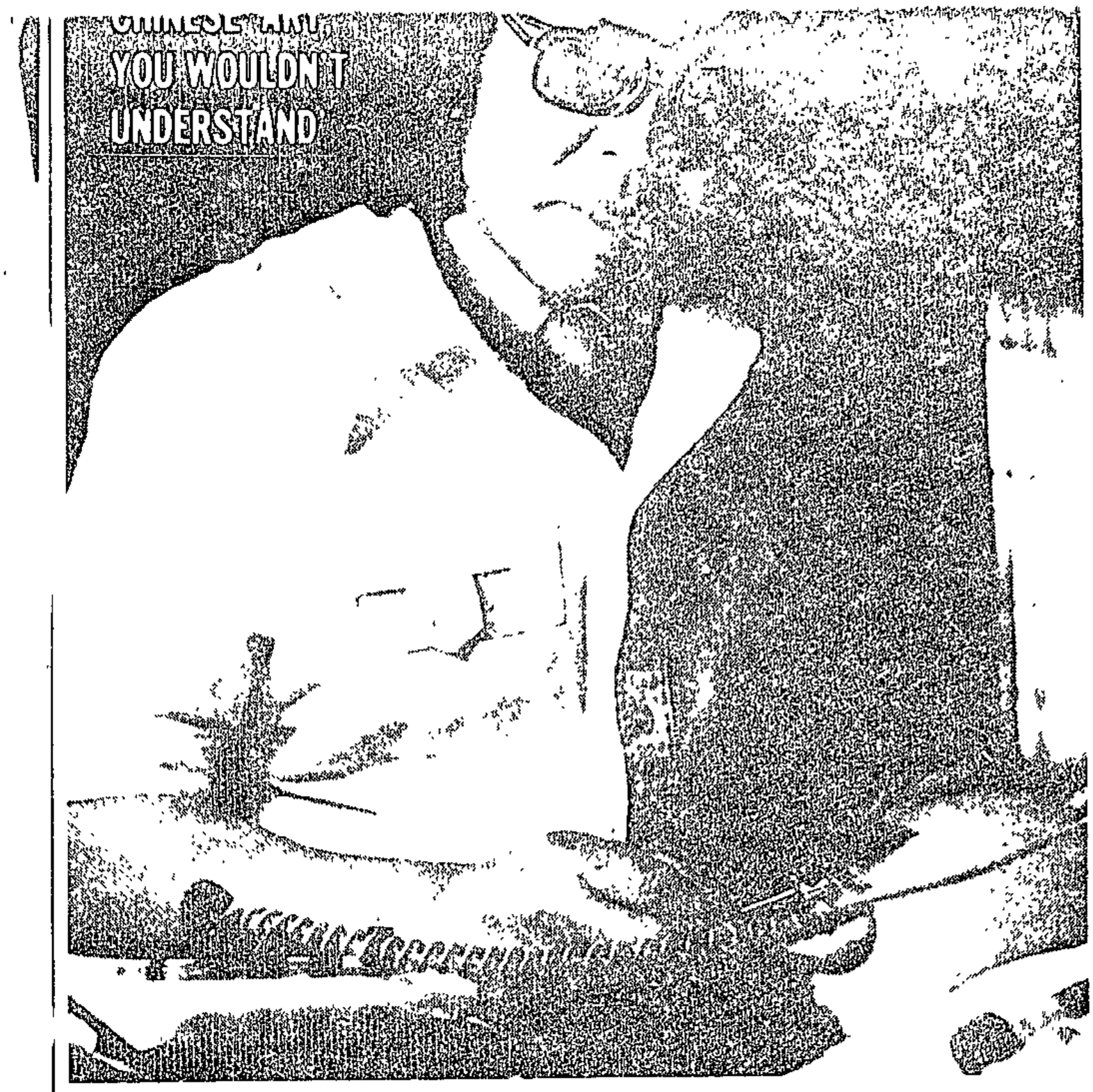


● Edward Yan Tak, CAA, HK (Hong Kong): 'I will insert tiny needles into your hands and legs and end the pain. It's the best treatment'

Dr Tak's needle cure horrifies the medics

By GABI MAASTRICHT

SURGEON'S knife or a tiny pinprick? A man who calls himself "doctor" and practises as an acupuncturist at his home in Bertrams, Johannesburg, claims to be able to treat appendicitis by acupuncture.

Medical experts are horrified.

According to a surgeon at Cape Town's Groote Schuur hospital, using acupuncture on a serious case of appendicitis could be fatal.

"If the patient's illness has reached a serious stage and he does not get the necessary medical attention he could die. Appendicitis is, after all, a [illegible]

me it would take "two or so" consultations to cure me.

A leading surgeon was sceptical.

"I have never heard of this being done before and have grave doubts about it," he said.

"Appendicitis is an inflammation and I do not see how acupuncture can cure an inflammation."

He said there was absolutely no evidence to substantiate that appendix surgery caused cancer.

But a Durban doctor who is also an acupuncturist disagreed. "Acupuncture could relieve what is commonly known as a grumbling appendix, although antibiotics are still the better treatment," he said.

I told 'Dr Tak' that I was a Sunday Express reporter and asked him if he knew his practice was probably illegal.

"Acupuncture is not recognised in this country and there is no way I could register under the Act," he said.

According to Mr Ian Green, editor of the Department of Health, acupuncture could probably be associated with naturopathy and, prior to 1974, registered under the Act, together with herbalism, chiropractice, homeopathy and osteopathy.

"But any of these practices not registered by then can no longer be registered," he said.

Mr J H Dirk, of the Medical and Dental Council, said: "We don't register acupuncturists, but if one of them is operating himself as a medical practitioner we will report him to the police.

"I believe there should be some form of control over these people to prevent conmen who make fast money at the expense of the sick."

Mr Dirk said it was very difficult to get a conviction under the Medical and Dental Act and that a fine was usually imposed on those found guilty.

"So they pay a hundred or so rands and go right back to doing the same thing."

eceive your

Ambulance control opens up

By EMIELIA JAROSCHEK

THE Johannesburg Ambulance Service is opening its control room to all races and women for the first time.

Fourteen new multiracial posts have been created because the department cannot get enough white ambulance men, the chairman of the City Council's staff board, Mr J.C. de Villiers, said yesterday.

He said the move also meant that women could now be employed in the control room which had so far only been operated by men. Two coloured women have already applied for the posts.

Ambulance men will meet with their chiefs today to iron out any differences arising from the announcement.

The Frontliners

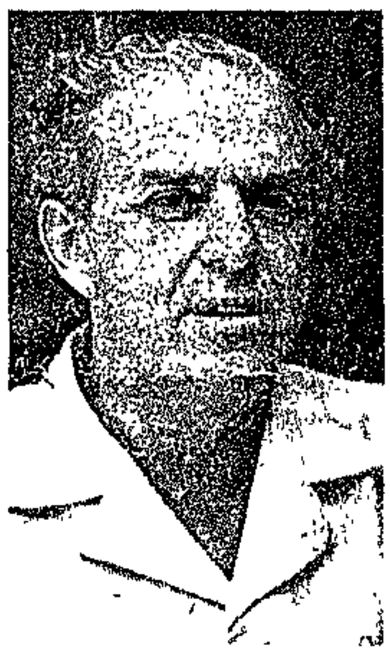
Angels with little black bags

Who are the Frontliners in our society— the people out there somewhere, doing the jobs that have to be done, often to make life safer, more secure, for you and me — or for someone perhaps less fortunate than ourselves?

They are the quiet heroes and heroines of our world, the people we can't do without — ordinary people like us, maybe, but with something a little bit extra. . . .

Today we feature the men and women of Harry's Angels, medical specialists who voluntarily fly on many of their weekends to Swaziland or somewhere else in southern Africa where their medical expertise is badly needed.

Story and pictures MIKE COTTEE



Dr George Cohen, founder of Harry's Angels.

They have a decidedly uncherubic appearance, these angels in their jeans and slacks and safari suits and casual jackets. They carry not harps but little black bags as they fly around southern Africa on their mercy missions.

Mr Harry Oppenheimer provides their wings — aircraft from the Anglo American fleet — so they are called Harry's Angels. They form the biggest flying doctor service in the world.

The founder and organiser, Dr George Cohen, closed his lists about a year ago after the 180th Johannesburg specialist volunteered for the service.

Although Harry's Angels have flown many missions elsewhere in the subcontinent, most of their work is done in Swaziland. A team spends at least one weekend there a month.

Mbabane Hospital sits on a hillside overlooking the capital. Chickens scratch around in the overgrown garden and horses graze under the trees.

It is Friday afternoon, and Dr B, an orthopaedic surgeon with a practice in Johannesburg's northern suburbs, has a cluster of sisters and nurses in tow as he makes his ward rounds. He is listing the patients to be operated on the next day.

Wasted limbs

There is a man who dislocates his jaw when his mouth stretches open in a yawn. The surgeon offers a simple remedy: "Yawn with your mouth closed."

Another man wants to check with his parents when told his gangrenous leg will have to be amputated. "Okay. It can wait till next time."

An oozing leg wound. "Shot in Soweto?" — "No. A grinder."

Wasted limbs, club feet, horrific growths, wide-eyed children with their names on plaster stuck to their foreheads, nurses scribbling on clip boards and translating into Siswati for patients — and everywhere the scourge of developing countries, tuberculosis.

It is 8 pm, and the rounds have finished. There are 21 names on the list.

The short list on hotel stationery the next morning has 13 names.

Today the team is in top gear. The hospital, like a magnet, has drawn scores of people from all parts of the country. Before the day is out the optometrist alone will have examined 70 patients, prescribing lenses and fitting spectacles.

He is delighted to find a phonoptor, a modern eye-testing instrument. Previously he has laboriously tested eyes with a trial frame.

Eye tests

He needs more than just medical knowledge. Blacks often call a "Y" a "U," for example, so a misread letter chart does not necessarily mean the limits of vision have been passed. Special methods are required for those who are illiterate.

The radiologist, Dr G dons a lead apron and begins taking the more specialised X-rays and interpreting others.

He identifies a cancerous growth on an X-ray plate.

"This man will be very cold in two months."

The nurse is visibly upset. "Don't tell me that, doctor."

Elsewhere in the hospital Dr B, a dermatologist, works his way through the queue of patients with skin ailments. A physician and two medical students, other members of the team, give a welcome hand where needed.

Operations

It is noon before the orthopaedic surgeon has finished examining outpatients and is scrubbing up in the theatre with Dr Doris Shuping, a coloured woman anaesthetist from Baragwanath Hospital who is on her 80th trip to Swaziland.

The team moves back and forth between two theatres. An operation is done in one while the other is cleaned up and prepared for the next.

He is drilling, cutting, chiselling in a major hip operation — a gory, exhausting reconstruction. Shortly after he is delicately parting two Siamese fingers on the tiny hand of a four-months-old baby.

It is dark again by the time he leaves the hospital.

He sets some limbs on the Sunday morning before the team flies back to Johannesburg, but there are still five operations on the list that have not been done.



Their weekend's work over, Harry's Angels board the Anglo American aircraft at Matsapa Airport, Swaziland, for the flight back to Johannesburg.



The team's optometrist examines as many as 100 patients in a day.



Senior Staff Nurse Rejoice Mngemezulu with a five-year-old tuberculosis victim, Gcinekile Mavuso, after she was put in a plaster jacket by surgeons.



A Johannesburg orthopaedic surgeon and his team perform a major hip operation — and save a man from being a cripple.

[redacted]

False teeth put new bite on CoL

Weekend Argus Correspondent

JOHANNESBURG. — Fees charged by dental technicians will increase by an average of 20 to 25 percent in terms of a notice in yesterday's Government Gazette.

This will be passed on to the public.

The registrar of the South African Dental Technicians' Council, Mr A D van der Merwe, said the new tariffs were between 20 percent and 25 percent more than the 'informal' tariffs charged in the past.

Since 1965 dental technicians have not charged a set tariff and fees have varied.

FULL SET

Dental technicians will now charge R60,90 for a full set of upper and lower dentures.

Dr Helmut Heydt, a member of the Dental Technicians' Council, said that the dentists' fee in the case of a full set of dentures was an additional R80.

A further cost was the porcelain teeth which were imported and sold to the patient at cost.

The new tariffs therefore represent an increase in only part of the dental fees paid by the patient.

Dr Heydt said the new tariffs were a breakthrough and 'a historical event.' He said the Dental Technicians' Council consisted of members of the medical aid movement, dentists, technicians, accountants and the Department of Health.

FROM JULY 1

The president of the Dental Association of South Africa, Dr A Dreyer, said the new tariff would take effect from July 1.

'It's a statutory tariff laid down by the fees committee of the SA Dental Technicians' Council and is mainly an increase in the cost for dental

GENERAL NOTICES

NOTICE 756 OF 1980

DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

Important notice to:

ORTHOPAEDIC ORTHOTISTS AND PROSTHETISTS, SPEECH THERAPISTS AND AUDIOLOGISTS, OCCUPATIONAL THERAPISTS, HEALTH INSPECTORS, PHYSIOTHERAPISTS, RADIOGRAPHERS, OPTOMETRISTS

It is now COMPULSORY for unregistered persons engaged in the practice of one of the above professions to register with the South African Medical and Dental Council in order to continue practising such a profession.

In terms of section 33 of Act 56 of 1974, the Council shall register those persons who have been engaged in the practice of such profession for a continuous period of not less than 5 (five) years prior to 9 May 1980 and who are wholly or mainly dependent for their livelihood on the practice of such profession.

This register will be kept separately from the register kept under section 32 in respect of such profession and the Council may, by the conducting of oral or practical examinations, determine certain restrictions in respect of a persons professional activities.

IT IS OF THE UTMOST IMPORTANCE FOR SUCH PERSONS TO APPLY FOR REGISTRATION NOW, AS THERE WILL BE NO FURTHER OPPORTUNITY TO OBTAIN REGISTRATION IN THIS WAY AFTER 9 NOVEMBER 1980.

Written applications must be lodged with the Registrar, South African Medical and Dental Council, P.O. Box 205, Pretoria, 0001, before 10 NOVEMBER 1980. Telephonic enquiries can be made at (012)-286680.

13 October 1980

(24 October 1980)

ALGEMENE KENNISGEWINGS

KENNISGEWING 756 VAN 1980

DEPARTEMENT VAN GESONDHEID, WELSYN EN PENSIOENE

DIE SUID-AFRIKAANSE GENEESKUNDIGE EI TANDHEELKUNDIGE RAAD

Belangrike kennisgewing aan:

ORTOPEDIESE ORTOTISTE EN PROTETISTI SPRAAKTERAPEUTE EN OUDIOLOË, GESONDHEIDSINSPEKTEURS, ARBEIDSTERAPEUTE, FISIOTERAPEUTE, RADIOGRAFISTE, OPTOMETRISTE

Dit is nou VERPLIGTEND vir ongeregistreerde persone wat een van bovermelde beroepe beoefen om by die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad geregistreer te wees ten einde voort te gaan om so 'n beroep te beoefen.

Kragtens die bepalings van artikel 33 van Wet 56 van [illegible] bogenoemde beroepe beoefen het vir 'n ononderbroke tydperk van minstens 5 (vyf) jaar voor 9 Mei 1980 en wie geheel en al of hoofsaaklik vir sy lewensbestaan afhanklik is van die beoefening van daardie beroep.

Hierdie register sal afsonderlik gehou word van die register wat kragtens artikel 32 ten opsigte van sodanige beroep gehou word en die Raad mag, deur die afneem van mondelinge of praktiese eksamens, sekere beperkings ten opsigte van 'n persoon se professionele bedrywighede bepaal.

DIT IS VAN WESENTLIKE BELANG VIR SODANIGE PERSONE OM AANSOEK OM REGISTRASIE TE DOEN AANGESIEN DAAR GEEN VERDERE GELEENTHEID SAL WEES OM NA 9 NOVEMBER 1980 LANGS HIERDIE WEG REGISTRASIE TE VERKRY NIE.

Skriftelike aansoeke moet voor 10 NOVEMBER 1980 aan die Registrateur, Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, Posbus 205, Pretoria, 0001, gerig word. Telefoniese navrae kan by (012)-286680 gemaak word.

13 Oktober 1980

(24 Oktober 1980)

97 9/12/80

Flexitime could stop brain drain

97 pom 9/12/80

EDWINA COLLIER

The conflict of career and kids is a hard one for any mother to handle. For a psychologist who is only too aware of the damage she might be causing her child it can be an insuperable problem.

Until now, there has been little attempt to accommodate the needs of this group of highly-trained women by allowing them to do their internship part-time.

WOMEN graduates with MA degrees in psychology are faced with career frustration because they cannot fulfil the requirements for registration as psychologists and raise a family at the same time.

Now the SA Medical and Dental Council is considering a plea by the SA Society of Medical Women that women doctors be allowed to work part-time while training as specialists in certain branches of medicine.

This would make it easier to cope with the dual responsibility of career and motherhood.

The latest issue of Psygram, the official newsletter of the SA Psychological Association, has focused attention on the problem.

Like female doctors, female psychologists are still compelled to serve their internships for professional registration on a full-time basis.

In order to register with the South African Medical and Dental Council, a psychologist has to have a Masters degree in psychology and, in addition, has had to serve a demanding and time-consuming internship of between 12 and 18 months. This has to be done full-time though it can be broken up into two month stints.

Many women MA graduates with small children or domestic responsibilities, find it next to impossible to fulfil this requirement. But unless they are registered with the SAMDC they are barred from setting up in private practice.

They are restricted to working within an institution such as a university or government agency under the supervision of a registered psychologist, they are barred from the public sector, where salaries far outstrip salaries in universities and the civil service. Nor can they tailor their hours to suit themselves, as psychologists in private practice may do.

There are no prospects of a better type of post because only registered psychologists are appointed to senior positions.

As one women graduate put it: "It becomes like many other professions — women are the Indians and men the chiefs, not because they're better but because they have more time to complete their training."

Most of all, unregistered practitioners are limited in the sort of work they may do: they may only administer psychological tests under the supervision of a registered psychologist, and may not legally diagnose or administer therapy.

Mrs Viveka Christierson, 28, a Masters student with Unisa who is expecting her first child in February, asks if there is any reason why an internship could not be completed part-time over a period of two to three years.

"If internships were measured in total numbers of hours to be completed, with weekly maxima and minima laid down, training could be completed either on a full-time or part-time basis and even through a combination of both — and the discrimination against female psychologists would be over!

"Can a profession that relies heavily on women in training, practice and advancement, afford to ignore the dual responsibilities of women and their demands for equal opportunity to training, professional status and career advancement?" she asks.

A rough estimate obtained by the SAMDC puts the number of registered women psychologists at about 273 out of a total of 950 registered psychologists. In addition, about 99 out of 275 registered interns are women.

"A country that needs all the professionals it can get should be trying to appreciate the situation of the professional women who has to fulfil a dual role,'' says Mrs Christierson.

"We are certainly not asking for a lessening in the quantity or quality of training."

Women psychologists, she says, are more aware than anyone of the disadvantages of abandoning children to a nanny during the first crucial years of development.

"In my personal opinion, there are certain critical stages in a child's development when it needs its mother around.

"Learning starts very early and if you want to give a child the benefit of your education and cultural background, you must be with it."

At nursery school age, she says, a child becomes more independent and begins to learn social rules and how to adapt to others at creche or nursery school.

"This is very tough learning and the child needs to go home, find rest and be nurtured by a special person.

"I'm not going to leave my child for even half a day, at least until it goes to nursery school. But then I'd like to start doing my internship part-time so at least when the child has grown up a bit I am ready to go back as a professional, qualified in my field."

Professor Lily Gerdes of the Department of Psychology at Unisa also has strong feelings on the subject.

"I see no reason why an internship can't be done on a part-time basis, providing it is done continuously and uninterruptedly with no long breaks in between.

"It could be spread over a longer period and done every day for half a day.

"The situation at the moment is creating a great waste in terms of the utilisation of woman power. There is too long a gap between the completion of an academic degree and the gaining of the necessary practical experience.

"It is difficult to know at what point women begin dropping out. It could even be at honours level, because an MA degree is often very closely linked to internship and there may be some hesitation on the part of an honours graduate to go further."

A spokesman for the Department of Psychology at the University of the Witwatersrand confirmed that the amount of time a person had available to devote to work commitments was a definite factor in the selection of applicants for MA degrees.

"Interns have a full day, from 8.30 to 4.30 pm, and because a patient has the right to expect a certain amount of availability from a psychologist, they often have to work longer hours.

"We explain this to applicants for MA degrees in clinical psychology. If they feel they can't devote the required amount of time to their work commitments they will certainly be rejected."

Hospital staff crisis worsens as radiographers resign

STAR 12/10/80

By Iain Macdonald

Radiographers at the Johannesburg Hospital are resigning and say it seems likely the X-ray night service will be closed by February.

A senior radiographer in the hospital's radiography department warned that by March it was possible there would be no radiographers left to X-ray patients.

"The hospital can't get staff because of the poor rates of pay from the provincial administration, and most of the girls who qualify go into private practice.

"The radiography department has placed advertisements for radiographers overseas and has received queries, none of which has had results.

"We are in fact offering less than half the salary a trained radiographer gets in the UK.

"We had a meeting amongst ourselves and decided to resign by the end of April.

"There are 23 of us here — less than half of what our complement should be."

With the current grave nursing shortage at the hospital forcing personnel to work at full tilt, the move by radiographers is bound to place extra stress on the entire medical care system.

The spokesman for the radiographers warned the public grimly "not to have an accident during February, as there may not be radiographers available to X-ray patients.

"We have spoken to the superintendent about this through our professor, but have had no reply yet. Our chief radiographer has also spoken to the superintendent.

"Over the years the Radiographers' Board has been unsuccessful in tackling Province on the issue of higher salaries.

"A radiographer gets R385 a month after training for three years.

"The hospital is offering a refresher course for radiographers who are now housewives but this will not really alleviate the problem."

"We are not threatening anyone but we want to make members of the public aware that they — especially children — will have to suffer because of this.

"The girls don't mind working overtime but we're so short-staffed we have to work nights, weekends and public holidays."

The medical superintendent of the Johannesburg Hospital, Dr Neville Howes, said today he had "no comment to make at this stage."

- 42 -

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...kins, 1978b: 84)

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Act on hospital radiographers, pleads city doctor

16/2/80 5 PM 97

Medical Correspondent

The serious shortage of radiographers at the Johannesburg Hospital is putting patients at risk and something should be done urgently to correct the situation, says a city doctor.

The doctor was reacting to a report that radiographers at the hospital were resigning and that it seemed likely that the X-ray night service would be closed by February.

In a letter to The Star, a Johannesburg doctor said: "There are many instances where the failure to carry out certain radiographic examinations could prove fatal for the patients involved.

"For example a cervical spine injury, if not diagnosed correctly using X-ray examination, can lead to total paralysis or death.

"Injuries causing intracranial bleeding can also be fatal if not correctly diagnosed using X-ray techniques."

He said these were only two examples of many which had to be attended to and could not be left over to the next morning.

"The possibility that a 24 hour X-ray service may not be available in one of the biggest, best equipped and most expensive hospitals in the country is ludicrous."

Almost every qualified radiographer had resigned from the hospital because working conditions had become intolerable and a radiographer's salary was "a joke."

If all the radiographers resigned it would mean that the School of Radiography would also have to close.

"Radiographers form a vital part of the hospital service and something has to be done urgently to correct the situation," the doctor said.

"I hope one day we will all be proud of an efficient Johannesburg Hospital with contented and relaxed staff."

A spokesman for the hospital said: "Our services may be hindered by staff shortages but we will keep them going. I can never see a situation where we cannot deal with acute emergencies."

The director of hospital services in the Transvaal, Dr H Grové, said the salary structure of public servants, including radiographers, had been dealt with by the Minister of Finance and salary increases for next year had been announced.

Radiographers' pay row looms

Staff Reporter

THE number of radiography applicants at Groote Schuur Hospital has dropped by about 75 percent and the shortage of radiographers is likely to worsen as more women become dissatisfied with working conditions.

A radiographer who qualified almost five years ago said she and her colleagues were 'very annoyed' about their pay and working hours.

While the hospital's senior principal, chief and tutor posts are filled, only 34 of the 56 basic grade posts are taken. Of these nine are part-time.

PRIVATELY

'We are constantly told that the situation will improve when a new batch of students qualifies in January, but most of them prefer working in private practice and only apply to the hospital as a stopgap,' said the radiographer.

Twenty-five radiographers will qualify in January, but there are only 19 firm applications from people wishing to study the course next year. The number of applicants usually ranges between 70 and 80.

The chief gripe of the X-ray workers is the long overtime they now have to work.

'Some women have received only one free weekend in eight, while others have been off-duty on only two weekends,' said a radiographer.

The situation worsened in September, when radiographers on call after hours no longer received time off in compensation for the time they had been called to the hospital.

FIXED RATE

Instead the staff shortage resulted in a fixed rate being paid for every 24 hours spent available for call.

White radiographers are paid R2,50 for 24 hours, while black radiographers receive R1,50.

'There has been talk of refusing to be available for call if we do not receive at least 20 cents an hour, and even that isn't exactly a fortune,' said a radiographer.

Groote Schuur's chief medical superintendent, Dr H Reeve-Sanders, said there was a shortage of radiographers, but added that there was no possibility of the emergency X-ray services being stopped.

'We have made salary representations to the Provincial Administration, who in turn have made representations to the Government and we hope to hear the results before April,' she said.

Natal faces big shortage of white radiographers

Wm 24/12/80

Mercury Reporter

NATAL faces a serious shortage of white radiographers because the number of suitable applicants for training next year is down from about 70 to 20 — at a time when extra posts are planned.

A spokesman for Addington Hospital, the only hospital in Natal with facilities for training white radiographers, said there were usually about 15 trainees a year and 12 more training posts had been requested because legislation had been passed in May this year making it compulsory for radiography staff to be registered.

'In the past the rural areas relied heavily on unqualified staff. This legislation therefore hits us very hard because we are an essential service

"The shortage has come at the very time when we desperately need more trainees.' The spokesman said she had 'heard verbally' that the extra posts would be granted but had not had official confirmation from the Natal Provincial Administration. She warned that if the posts were not granted and filled there would be serious trouble in the future.

If approved, there will be 27 training posts — and only 20 applicants so far for next year.

Economic boom

The spokesman felt the main reason for the shortage of applicants was the economic boom which was attracting potential radiographers to commercial jobs.

"The public-sector salaries are always lower and radiographers being members of a paramedical profession, have to work long, inconvenient hours and are not paid overtime. All this contributes to the situation we are faced with now.'

Addington Hospital had a full complement of trained radiographers but Wentworth Hospital was one short and had asked for an additional four posts to cope with the workload.

The number of applications for trainee positions at King Edward VIII Hospital had gone up but, according to the medical superintendent, Dr Priscilla Truter, it was too early to ascertain how many of the applicants were suitable. Matriculation results from black schools had not been published yet.

Dr Truter said there had been a severe shortage of radiographers for most of the year. King Edward VIII Hospital had 40 posts, including one principal radiographer. Of these, 27 had been filled.

She said people had left because of dissatisfaction with working hours and salaries, domestic reasons and movement to other areas.

CS 1

Spinnekop Bpk produce an ointment for the treatment of insect bites. They maintain their records on a direct costing basis, including stock control by way of maintaining stock records at standard cost.

Budgeted production for the month of August was 12 000 cases of ointment at the following budgeted figures per case of ointment produced.

Mixture used:
2 kg of Potion at R3/kg
5 kg of Notion at R2/kg

Labour: 2 hours at R3/hour

Variable Overhead: R2,50/hour of standard direct labour

Fixed overhead for the year was budgeted at R144 000.

The actual figures for the month of August were as follows:

Potion - 26 000 kg were purchased at a cost of R76 700

Notion - 60 000 kg were purchased at a cost of R129 000

Labour was paid R64 800 for 22 000 hours

Variable overheads amounted to R55 000

Fixed costs incurred were R12 500

Materials issued to mixing department:
Potion 23 400 kg
Notion 54 600 kg

Finished production during the month was 10 800 cases of ointment (there was no opening or closing work in progress)

REQUIRED:

All related variances.

X-ray service faces threat of closedown

By Bob Kennaugh,
Medical Correspondent

Johannesburg Hospital is still seriously short of radiographers and there has been no improvement in the situation, it was learned yesterday.

The Star was told that there was a 50 percent shortage of radiographers and that some staff members were at full stretch and were working several hours' overtime.

There are fears that the X-ray night service could be closed by February.

"The situation is unchanged. Radiographers are waiting to see how big their increases will be in April next year. If the increases are not satisfactory and conditions in the department do not improve then there could be more resignations," said a Johannesburg doctor.

Radiographers fear that if the X-ray night service is closed the staff will have to work more often over weekends.

They say that salaries should have been increased years ago when there were no staff shortages.

The Minister of Finance, Senator Horwood announced in the budget earlier this year that radiographers would be given increases in April next year.

A spokesman for the hospital reported that services might be hindered by staff shortages — "but we will keep them going."

Authorities could never see a situation where they could not deal with acute emergencies.

In a letter to The Star earlier this month a Johannesburg doctor said: "There are many instances where the failure to carry out certain radiographic tests could prove fatal for the patients involved."

ARCHITECTURE

(Continued)

Mrs. Thornton White Prize
For the best work in first year.

Miss M F J Sandilands

S A Brick Association Prize
For the student who has made best use of bricks in his design work.

J G Kirkman

R Stubbs Award
For the best project in structure and design.

M R I Ness

BUILDING

National Development Fund for the Building Industry Book Prizes
For the best student in each year of study of the degree course.

First Year

J A L Chapman

Second Year

C S Jones

Third Year

Radiographers quit hospitals

Medical Correspondent

Twenty - one final year student radiographers at Johannesburg Hospital, who are now qualifying, are leaving the provincial hospital service.

Dr Neville Howes, the superintendent, was commenting on claims that several radiographers were leaving because of poor working conditions and inadequate salaries.

He said the graduates were leaving for various reasons.

Next month two more radiographers were leaving — one was moving to Natal and the other lived too far from the hospital.

"Neither the X-ray night service nor the weekend service has been cut. We are providing the best service available with the number of radiographers we have. The hospital had a complement of 57 trained radiographers and 23 vacancies for trained X-ray staff," he said.

A highly successful refresher course for radiographers who had not practised for years had been completed and 11 of the 27 who attended had applied for posts at the hospital.

Those who attended the course were housewives and mothers who had not practised for years, but were interested in returning to the profession.

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KENNISGEWING 109 VAN 1981

DEPARTEMENT VAN GESONDHEID, WELSYN EN PENSIOENE

WYSIGING VAN REGULASIES BETREFFENDE ANATOMIESE SKENKINGS EN NADOODSE ONDERSOEKE

Hierby word vir algemene inligting bekendgemaak dat die Minister van Gesondheid, Welsyn en Pensioene kragtens die bevoegdheid hom verleen by artikel 13 (1) (dA) van die Wet op Anatomiese Skenkings en Nadoodse Ondersoeke, 1970 (Wet 24 van 1970), voornemens is om die regulasies uitgevaardig by Goewermentskennisgewing R. 889 van 24 Mei 1974, soos gewysig, verder te wysig deur die voorgeskrewe weefsel, die voorgeskrewe gemagtigde inrigting en die voorgeskrewe doel vermeld in die Bylae hiervan, in onderskeidelik Kolom I, Kolom II en Kolom III van Bylae II in te voeg.

Belanghebbendes word hierby versoek om binne drie maande na die datum van hierdie kennisgewing gemotiveerde kommentaar in te dien by die Direkteur-generaal: Gesondheid, Welsyn en Pensioene, Privaatsak X63, Pretoria, 0001 (vir aandag: Mnr. E. Cronjé).

BYLAE

Kolom I Voorgeskrewe weefsel	Kolom II Voorgeskrewe gemagtigde inrigting	Kolom III Voorgeskrewe doel
Kraakbeen.....	Nedpark Kliniek (Edms.) Bpk., Pretoria	Oorplanting.

(6 Februarie 1981)

KENNISGEWING 110 VAN 1981

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

KENNISGEWING INSAKE GELDETARIEWE VIR SIELKUNDIGES

Hiermee word vir algemene inligting bekendgemaak dat die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad van voorneme is om, kragtens artikel 53A (1) (b) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), ondersoek in te stel na 'n geldetarief ten opsigte van dienste gelewer deur sielkundiges en om so 'n geldetarief te bepaal.

Die Raad is bereid om, nie later nie as 30 dae na die publikasie van hierdie kennisgewing, ingevolge artikel 53A (2) van die voormelde Wet vertoë te ontvang van die Verteenwoordigende Komitee van Sielkundige Verenigings, die Verteenwoordigende Vereniging van Mediese Skemas in artikel 23A van die Wet op Mediese Skemas, 1967 (Wet 72 van 1967) bedoel, en enige liggaam van persone wat verteenwoordigend is van die meerderheid van die persone wie se name in die register ten opsigte van 'n sielkundige dissipline verskyn. In die geval van laasgenoemde moet die betrokke liggaam, tesame met die vertoë wat hy wil rig, bewys voorlê van die gronde waarop hy beweer hy aldus verteenwoordigend is.

Die Raad se posadres is Posbus 205, Pretoria, 0001, en die kantooradress is Oranje-Nassaugebou 6115, Schoemanstraat 188, Pretoria.

(6 Februarie 1981)

NOTICE 109 OF 1981

DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

AMENDMENT OF THE ANATOMICAL DONATIONS AND POST MORTEM EXAMINATIONS REGULATIONS

It is hereby notified for general information that the Minister of Health, Welfare and Pensions, in the exercise of the powers vested in him by section 13 (1) (dA) of the Anatomical Donations and Post-Mortem Examinations Act, 1970 (Act 24 of 1970), intends further to amend the Regulations promulgated under Government Notice R. 889 of 24 May 1974, as amended, by inserting the prescribed tissue, the prescribed authorised institution and the prescribed purposes set out in the Schedule hereto in Column I, Column II and Column III, respectively, of Schedule II.

Interested parties are hereby invited to submit substantiated comments to the Director-General: Health, Welfare and Pensions, Private Bag X63, Pretoria, 0001 (for attention: Mr E. Cronjé), within three months of this notice.

SCHEDULE

Column I Prescribed tissue	Column II Prescribed authorised institution	Column III Prescribed purpose
Cartilage.....	Nedpark Clinic (Pty) Ltd, Pretoria	Transplantation.

(6 February 1981)

NOTICE 110 OF 1981

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE CONCERNING TARIFFS OF FEES FOR PSYCHOLOGISTS

It is hereby notified for general information that the South African Medical and Dental Council intends to conduct an inquiry into and to determine, in terms of section 53A (1) (b) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), a tariff of fees in respect of services rendered by psychologists.

The Council is prepared to receive, not later than 30 days after publication of this notice, representations, in terms of section 53A (2) of the said Act, from the Representative Committee of Psychological Associations, the Representative Association of Medical Schemes referred to in section 23A of the Medical Schemes Act, 1967 (Act 72 of 1967), and any body of persons which is representative of the majority of persons whose names appear in the register in respect of a discipline of psychology. In the last-mentioned case the body concerned shall, together with the representations it wishes to make, submit evidence of the grounds on which it claims to be representative of the persons concerned.

The postal address of the Council is P.O. Box 205, Pretoria, 0001, and the office address is 6115 Oranje-Nassau Buildings, 188 Schoeman Street, Pretoria.

(6 February 1981)

Urgent appeal by doctors as hospital crisis worsens

(175) (98) (95) (91) STM 5/2/81

Medical Correspondent

The hospital crisis in South Africa is worsening

Staff shortages are crippling, wards have been closed and medical standards have dropped.

Doctors are "very worried" about the situation but see no short-term solution.

Several major Rand hospitals, including the multi-million rand Johannesburg Hospital, are seriously short of nurses and radiographers.

Staff at some hospitals are working under pressure and are having difficulties coping with the work.

The situation has become so critical that doctors across the country have renewed their call for nurses to be given urgent and substantial pay increases.

The latest warning comes from Dr George Perling, acting-superintendent of Edenvale General Hospital who said there could be a total collapse of the medical and nursing structure unless nursing conditions were improved immediately

He said the nursing and paramedical profession should be paid fair and proper salaries.

Nurses shouldered huge responsibilities, including the saving of lives.

Dr Perling said hospital beds were being closed in different parts of South Africa but Edenvale General Hospital had been the first hospital this year to open beds.

A total of 18 beds were opened at the hospital yesterday and a further 50 beds could be used once renovations had been completed

The nursing staff had increased to 120 including part-time nurses.

Calling for big pay increases for nurses he said working conditions for nurses had to be improved.

"Conditions must be improved to parallel those of other professions, especially with regard to shift work, night work and weekend work," he said.

Paper work had to be reduced so that nurses could devote more of their time to physical nursing duties.

Nurses' residences had to be brought into line with modern trends. Flatlets should be provided for higher qualified, single nursing staff.

Dr L Kalmyn, deputy-superintendent at the Johannesburg Hospital, said there was still a serious shortage of nurses.

Doctors from Grahamstown and Bloemfontein, writing in the latest edition of the SA Medical Journal appealed for dramatic increases in salaries.

Negev, which aims at producing doctors who will serve a rural community has developed the following selection method 20.

Firstly, it demands that a student obtain a University Pass at high school with B grades in at least two subjects. All such candidates then take a written psychometric examination at the end of which 300 candidates are interviewed for the approximately 50 posts. At the interviews the following characteristics are assessed:

INTELLECTUAL CHARACTERISTICS:
The capacity to master extensive and complex material, the capacity for self-learning, intellectual flexibility, problem-solving capacity, and intellectual curiosity.

VALUE CHARACTERISTICS:
The desire to assume responsibility for providing help to people in distress and interest in community health services, the desire to work in the Negev or elsewhere in the goals of the centre for health sciences.

PERSONALITY CHARACTERISTICS:
Personal integrity and honesty, empathy, interest in people, sensitivity to their suffering, emotional flexibility, tolerance of ambiguity, capacity for co-operation with others, humility, a clear stable self-identity, and a capacity for enthusiasm.

It is still too early to know whether this involved and time consuming system will succeed. It is comforting to know, however, that the University of Cape Town has a standing sub-committee to examine the selection of students. Another possible change in the medical curriculum would involve the teaching of social sciences.

I hope that from what I have said, it will be obvious that this change could only be for the better.

I have taken the liberty of including a third possible change, that is, the teaching of African languages. It is inexcusable that because of the language barrier, many of us are forced to practise medicine at the level of a veterinary scientist. The need for the inclusion of a course in African languages is highlighted by the fact that this year some 200 medical students have enrolled in a voluntary course in Xhosa, given during the lunch hour or early evening.

The fourth change would be to reform the curriculum by adapting it to the needs for health services of the nation or community.

To bring about such a reform would require a great deal more information about the needs for health services than is presently

BILL

To provide for the control of the practice of the professions of chiropractor, homeopath, naturopath, osteopath and herbalist, and for that purpose to establish a South African Associated Health Professions Board and to prescribe its powers and functions; and for matters connected therewith.

BE IT ENACTED by the State President and the House of Assembly of the Republic of South Africa, as follows:—

Definitions.

1. In this Act, unless the context otherwise indicates—

(i) "Annual fees" means the fees payable to the board by virtue of any regulation made under section 38 (1) *(r)*; (viii)

(ii) "board" means the South African Associated Health Professions Board established by section 2 (1); (xv)

(iii) "Chiropractic Association" means the Chiropractic Association of South Africa; (ii)

(iv) "Department" means the Department of Health, Welfare and Pensions; (iii)

(v) "herbalist" means any person skilled in the diagnosing of physical defects, illnesses and deficiencies in man and the treatment and prevention thereof by making use of remedies prepared solely from plants or portions of plants; (ix)

(vi) "homeopath" means any person skilled in the diagnosing of physical defects, illnesses and deficiencies in man and the treatment and prevention thereof by remedies which are capable of producing in the healthy, symptoms and signs like those of the defect, illness of deficiency diagnosed and which are administered in minute doses; (vi)

(vii) "Homeopathic Association" means the South African Homeopathic Association; (vii)

(viii) "medical practitioner" means a person registered as a medical practitioner under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974); (iv)

(ix) "Minister" means the Minister of Health, Welfare and Pensions; (xi)

(x) "naturopath" means any person skilled in the diagnosing of physical defects, illnesses and deficiencies in man and the treatment and prevention thereof by making use of physical forces such as light, water, air and heat, or of methods such as acupuncture,

...wives/health visitors/radiographers/sister tutors

Hansard 3 QC. 8: B (97)

22. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions: 10/2/81:

How many (a) Blacks, (b) Indians and (c) Coloureds registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors during 1980?

EBRUARY 1981 — 82

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

The South African Medical and Dental Council and the South African Nursing Council are busy processing the statistics for the year 1980. The information will at the earliest be available during March 1981.

vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

(b) 'n Kandidaat wat by 'n tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei, onderskeidelik, by die raad ingedien word.

(3) Gelde van veertig rand (R40) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating om hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlike ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 241 13 Februarie 1981

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI.—REGULASIES KRAGTENS DIE WET OP TANDTEGNICI, 1979

Die Minister van Gesondheid, Welsyn en Pensioene het kragtens artikel 50 (1) (e) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), en op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

For full text see Ogly. Sg NB 7401 13/2/81

which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission or re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of forty rand (R40) shall be paid to the council upon application for admission or re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

No. R. 241 13 February 1981

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL—REGULATIONS UNDER THE DENTAL TECHNICIANS ACT, 1979

The Minister of Health, Welfare and Pensions has, in terms of section 50 (1) (e) of the Dental Technicians Act, 1979 (Act 19 of 1979), and on the recommendation of the South African Dental Technicians Council, made the regulations as set out in the Schedule hereto.

Critical shortage of occupational therapis

THERE is a great shortage of occupational therapists in hospitals throughout the country, and blacks have been asked to come forward and alleviate the problem.

By MZIKAYISE EDOM

The appeal was made this week by Mrs R van Rensberg, a physiotherapist, during a two-day programme organised by the International Year of the Disabled Co-ordinating Committee, at the Natalspruit hospital to mark the International Year of the Disabled.

Mrs van Rensberg, who is in charge of the Physiotherapy Department at the Natalspruit hospital, said in an interview with **SOWETAN**; "There is a great shortage of black occupational therapists and I am appealing to blacks to come forward and help."

She added; "Last year, not a single occupational therapist was produced by the University of South Africa and I fear that this will happen again at the end of this year."

The programme included an exhibition of items made by the disabled, and included sporting events.

Mrs van Rensberg said disabled people are encouraged and motivated to take part in activities as a means of rehabilitation.

She added: "They are also taught weaving, knitting, handwork, woodwork and leatherwork, to help them train their hand muscles and to help them find jobs and earn a living on their own when they leave the hospital."

Bara exodus

By WILLIE BOKALA

BARAGWANATH Hospital is in trouble again following a mass walkout of junior radiographers early this week and their subsequent mass resignation from the hospital yesterday.

In another move that will obviously worsen the situation at the country's biggest black hospital, over 40 junior radiographers handed in their resignations yesterday after a month-long pay dispute.

According to some of the radiographers who resigned the situation at the hospital regarding new Government salary scales has been threatening to blow up for a month now. The radiographer said the new scales are inadequate and far from satisfactory. The scales favour only people who have been in the field for over 10 years.

The hospital had another crisis two months ago when there was an exodus of senior nurses. Most experienced staff were leaving the hospital in groups of between eight and nine a month for better paying jobs at private nursing homes.

The nursing exodus was not the only danger the hospital faced at that time as doctors also threatened to resign because of over-crowding, and there was a shortage of staff that threatened the nursing establishment.

The superintendent of the hospital, Dr Chris van der Heever, declined to comment.

Bara staff quit over pay issue

By Langa Skosana

About 40 radiographers resigned at Baragwanath Hospital on Wednesday after a month-long dispute with the authorities over pay.

The superintendent of Baragwanath Hospital, Dr Chris van der Heever, confirmed yesterday that a group of supplementary radiographers had quit.

In a statement urging them to reconsider their action, Dr van der Heever warned that the patients would be the hardest hit.

He said that, although he sympathised with the radiographers, neither the hospital nor the Transvaal Hospital Services Department could do anything to improve their lot as salaries were determined by the State Administration Commission.

According to a radiographer who quit, dissatisfaction at the new Government scales had been simmering for a month. The radiographer said the new scales were inadequate and favoured radiographers with 10 years' experience or more.

Commenting on the resignations, Mr J C Mahushi, a member of the Baragwanath Hospital Board and chairman of the Diepmeadow Council, said he was "very concerned" about health services in Soweto.

He said the resignations meant that patients at the hospital would be severely hit and, he urged the authorities to give the matter urgent attention.

Lack of staff temporarily halts cancer test service

Mercury Reporter

TESTING services for cervical cancer by the Department of Health have been shut down temporarily in Natal because of a critical staff shortage, a spokesman for the department said in Durban yesterday.

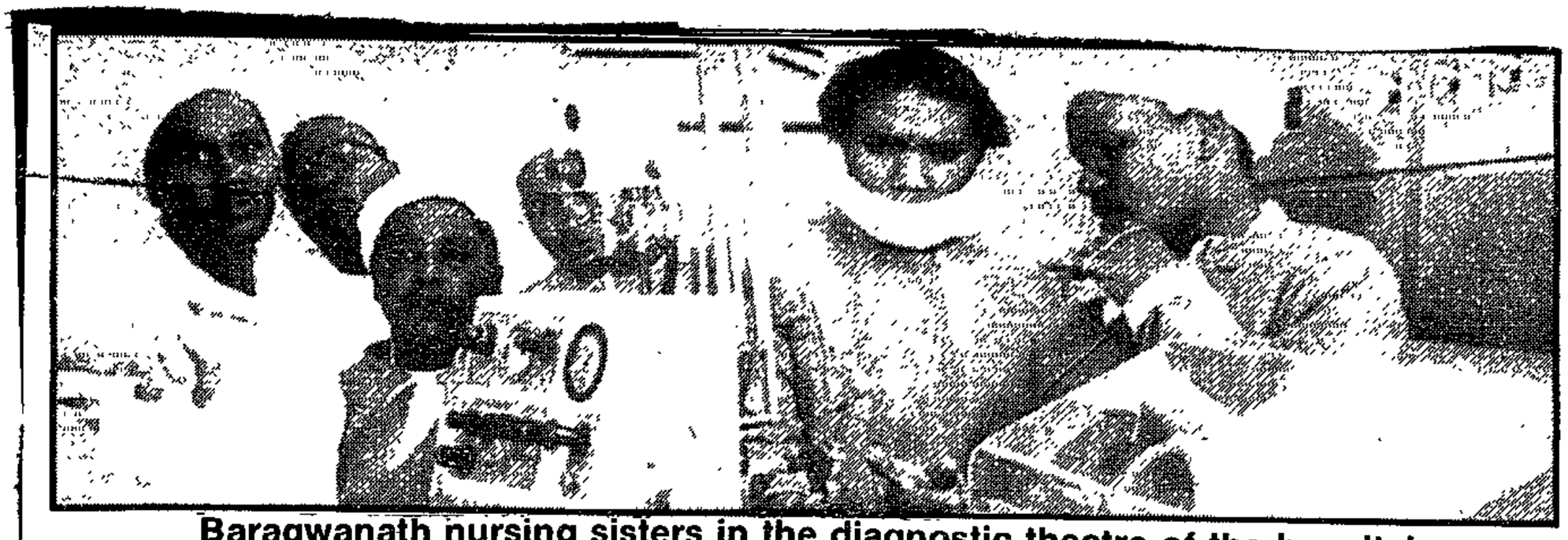
In the meantime, family planning clinics will continue to run free tests but only on patients about whom they are seriously concerned.

The deputy director of Durban's Health Department, Dr G Gregersen, said the laboratories would try to process the backlog of smears while they were closed down.

'Another reason for the backlog was private doctors making use of the free services. We have now sent circulars to all of them asking them not to use our services if their patients are on medical aid, but to use the private laboratories. This will mean the poor people who can't afford private doctors and who have no medical aid will have more chance of using our free service,' Dr Gregersen said.

She said they were also 'streamlining' the laboratory services during the temporary shut-down so that they would be able to cope more efficiently with the thousands of tests every month.

The free service will be in operation again within a few weeks.



Baragwanath nursing sisters in the diagnostic theatre of the hospital.

CRISIS!

Senior radiographers threaten to resign

BARAGWANATH Hospital may be faced with a crisis if senior radiographers carry out their threat to resign and the exodus of senior nurses to industry continues.

And yesterday the superintendent of the hospital, Dr Chris van der Heever, who was to release a statement to **SOWETAN** on Wednesday, was first said to be "not available" when this reporter telephoned yesterday. But is secretary said the superintendent would be available if **SOWETAN** telephoned after 30 minutes.

Later she said the hospital would get in touch with the newspaper but, when this reporter telephoned again, Dr Van der Heever was said to have left the hospital for home.

Fears of a serious crisis at the hospital emerged through sources who say senior

By WILLIE BOKALA

radiographers may resign if the case of junior radiographers who are to resign en masse at the end of the month is not settled satisfactorily before the June 30 D-day.

Trouble at the hospital started early this month when over 40 junior radiographers decided to resign en masse protesting new salary scales which they claim was unfair and did not benefit them. They said the scales benefitted senior staff only.

Dr Van der Heever declined to comment to the **SOWETAN** on the matter but, later expanded on the situation when interviewed by a white morning paper.

The juniors are to leave the hospital at the end of the month and this will leave the establishment with a serious staff shortage. The scales tend to favour people who have been in the field for more than 10 years.

Sources say, the seniors now fear there is going to be a work pile-up that will give them more work. The demands are now that the situation in the radiography department be corrected as soon as possible.

It is also claimed that the exodus of senior nursing staff is continuing causing serious problems in a number of emergency departments

QUANTITY SURVEYING

(Continued)

Bell-John Prize
For the best all-round student in any year of study.

P C Key

The Committee of the Western Cape Chapter of Quantity Surveyors' Prize
For the student obtaining the highest marks in Professional Practice.

P R Swift

LTA Prizes
For the best student in each of the courses of Building Economics I, II and III in the third, fourth & fifth years respectively.

I : N D G Sessions

II : A R Low Keen

III: No award

S A Brick Association Prizes
For the best student in the subject of Building Construction.

C W von During

For the second best student in the subject of Building Construction.

K Strong

Probe promised as Baragwanath X-ray staff go

By SOPHIE TEMA

THE Commission for Public Administration is to investigate the radiography profession.

Dr Chris van den Heever, chief superintendent at Baragwanath Hospital, announced this yesterday when he confirmed that 37 supplementary radiographers had resigned.

Dr Van den Heever said: "We will face the situation and have contingency plans to cope.

"We can assure the public that we will still render a 24-hour radiographic service. Any patient who needs an X-ray will get service as in the past

"I have been informed that the commission will, in the very near future, undertake a full investigation of the radiography profession throughout the Republic.

"I am optimistic that radiographers of all categories will benefit."

The statement was released after the radiographers terminated their services because of inadequate pay.

The statement read: "It is with regret that the Baragwanath Hospital has to confirm that 37 supplementary radiographers terminated their services at the hospital on June 30.

"The radiographers concerned indicated disappointment with the salary scales announced in April, 1981, as compared with their fully registered counterparts.

"They were further concerned about the promotional possibilities for supplementary radiographers.

"Both points were brought to the attention of the Department of Hospital Services of the Transvaal and the director interviewed representatives to gain first-hand information regarding the matters.

"Neither the hospital nor the TPA — the body which investigates and recommends on such matters to the Government — are in position to adjust any salaries for any provincial employee.

"In the meantime the 37 Baragwanath radiographers had indicated that they expected adjustments to their salaries to be made more speedily, and have in consequence left Provincial employ.

"May I also express publicly my sincere appreciation for those radiographers, black and white, who have placed the needs of their patients above their own and are now manning the department under difficult circumstances.

"The hospital and the community of Soweto owe them a great debt."

QUANTITY SURVEYING

(Continued)

Bell-John Prize

For the best all-round student in any year of study.

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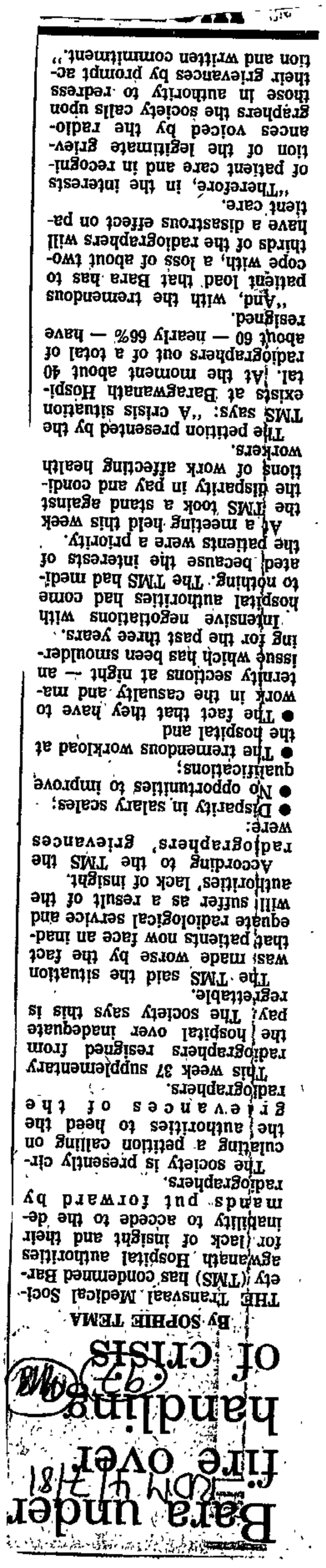


Bara under fire over handling of crisis

By SOPHIE TEMA

THE Transvaal Medical Society (TMS) has condemned Baragwanath Hospital authorities for lack of insight and their inability to accede to the demands put forward by radiographers.

The society is presently circulating a petition calling on the authorities to heed the grievances of the radiographers.

This week 37 supplementary radiographers resigned from the hospital over inadequate pay. The society says this is regrettable.

The TMS said the situation was made worse by the fact that patients now face an inadequate radiological service and will suffer as a result of the authorities' lack of insight.

According to the TMS the radiographers' grievances were:

- Disparity in salary scales;
- No opportunities to improve qualifications;
- The tremendous workload at the hospital and
- The fact that they have to work in the casualty and maternity sections at night — an issue which has been smouldering for the past three years.

Intensive negotiations with hospital authorities had come to nothing. The TMS had mediated because the interests of the patients were a priority.

At a meeting held this week the TMS took a stand against the disparity in pay and conditions of work affecting health workers.

The petition presented by the TMS says: "A crisis situation exists at Baragwanath Hospital. At the moment about 40 radiographers out of a total of about 60 — nearly 66% — have resigned.

"And, with the tremendous patient load that Bara has to cope with, a loss of about two-thirds of the radiographers will have a disastrous effect on patient care.

"Therefore, in the interests of patient care and in recognition of the legitimate grievances voiced by the radiographers the society calls upon those in authority to redress their grievances by prompt action and written commitment."

CRISIS AT BARA AS TALKS BREAK DOWN

By WILLIE BOKALA

NEGOTIATIONS for the reinstatement of Baragwanath radiographers who resigned last month, leaving the hospital in a crisis, have now broken down completely.

And the Transvaal Medical Society (TMS) says it fears there will be a total breakdown in services unless the authorities do something quick to normalise the situation by taking back the 37 resigned radiographers.

The superintendent's office, however, continued to deny this week that a crisi existed and said despite the resignations last month, the hospital could still afford to provide a 24-hour X-ray service.

The TMS said in a statement it wanted to make the general public aware of the seriousness of the situation it claims.

• Great difficulties have been put in the way of doctors in attempting to obtain X-rays for patients where needed. Doctors have to request separate transport facilities, interns need the permission of seniors to use X-rays and generally, doctors were frustrated because the use of X-rays was discouraged. Money is being used to attract people to work extra hours in the department. Greater use is being made of unqualified diploma students by offering them remuneration for extra services and this has blunted the breakdown in services since the radiographers resigned.

• The use of specialised equipment at the hospital has been restricted. The EMI scanner was previously made available for use by the other hospitals in the Transvaal, but, this service has now been severely curtailed

The superintendent, Dr Chris van den Heever, is said to have issued application forms to the radiographers to make new applications, but they have declined this offer because the conditions for their return have not been met.

He is also said to have snubed and given the committee representing the radiographers a "cold shoulder" when they attempted to have a meeting with him last week.

The radiographers claim they would not be protected against victimisation if they signed the application forms without a guarantee.

Dr van den Heever could not be reached for comment on the TMS claims this week. He was said to be busy with arrangement for the hospital choir to go on a tour of Israel.

'Crisis' in ambulance service

CAPE TIMES 19/11/81

By JANE ARBOUS

THE risk of a patient dying because of the delays in Cape Town's ambulance service was increasing, Dr John Sonnenberg, the Opposition MPC for health matters and City councillor on the amenities and health committee, said yesterday.

Dr Sonnenberg blamed not only the government but the South African Association for Municipal Employees, a white union which opposed the lifting of job reservation in Cape Town's key ambulance, fire and traffic departments.

This "ideological imposition" had led to a staff crisis in the ambulance service. "There are plenty of people ready to be trained. The fact that they are not white should not matter at all," he said.

In spite of doing "a darn fine job", the service was experiencing "unacceptable delays" in emergencies.

The service has to cover 2 000 sq km, serving a general population of nearly two million. Last year, the service handled more than 110 000 emergency cases.

A senior spokesman for the local office of the Department of Manpower Utilization told the Cape Times he was aware of the staff problem in the Peninsula's emergency services.

Job reservation

He said the recent Wiehahn Commission had recommended the repeal of job reservation legislation. The government had agreed to this except for a few areas, one of which was the Cape Town City Council.

"Any recommendations by this department would not have a greater importance that those of the commission which was appointed by the State President."

The chairman of the Cape Town branch of Saame, Mr A J Uys, said the existence of job reservation was being used as an excuse for the staff shortage.

Pressed on whether he thought the union presented any barrier to people of other races, he conceded that if the post of a white employee fell vacant, the union's job was to get a white replacement. He added that the union would have no objection to coloured people filling any advertised posts on condition that the council had no applications from whites.

Mr Uys emphasized that the union's concern was over the "right rate for the job" and that it opposed the employment of other races at a lower wage. "This idea that we can get coloureds for less money is nonsense."

"We're not here to keep the coloured man out of a job. He must just get the right rate for the right job."

Mr Uys's argument was dismissed by Dr Sonnenberg who described it as "falacious" and "a thinly-disguised attempt by the union to practice a form of discrimination and protection".

"Equal pay for the same work" was council policy in all areas, he said.

"The jobs are there, but in terms of job reservation we can only employ a certain percentage of coloureds."

The ambulance service has vacancies for 38 white drivers and co-drivers.

However, a cautious note of optimism was sounded yesterday by the chairman of the amentities and health committee, Mr Emil Riese.

While the council, according to its policy, has repeatedly asked for the lifting of the colour bar over the years, it had recently applied again to the government for more coloured firemen and ambulance drivers, he said.

"We are hopeful that the authorities will agree to this in the near future."

HEALTH & DISEASE

OTHER MEDICS

1982

PHYSIOTHERAPY SHORTAGE

W/E ARGUS 13/2/82 (97)

Low salaries at provincial hospitals cause of serious situation

BY VIVIEN HORLER

LOW public service salaries have caused a serious shortage of physiotherapists in provincial hospitals throughout South Africa.

Physiotherapists are vital to the running of an efficient hospital.

'There is no way,' says Dr H Reeve Sanders, medical superintendent of Groote Schuur Hospital, 'that a good clinical unit can function without physiotherapy.'

The situation is worst in Natal, according to Mrs Anna Mathias, chairman of the SA Society of Physiotherapists, but things are not much better in the Western Cape.

Tygerberg Hospital and several others have recruited overseas. At present, Tygerberg has nine posts vacant out of a total of 34, and this figure could rise to 16 by July.

At Conradie Hospital, with its 200-bed spinal injuries unit — a unit which serves the whole of the Cape — only 14 of the 22 posts are filled, and two physiotherapists are due to leave within the next few weeks.

At the Red Cross Children's Hospital, nine out of 11 posts are filled, but one physiotherapist is leaving at the end of the month.

Paarl Hospital has only one physiotherapist (although provision is being made for a second from March) and this physiotherapist also serves at the Paarl East Day Hospital.

Only Groote Schuur has no problems.

'Our posts are well-filled, we have no shortage at all,' says Dr Sanders. 'This goes in cycles, of course. At the moment, our department is vigorous. The name of the hospital does help in our recruitment, but people are also drawn to a good, vigorous department.'

Mrs Mathias says the shortage is seen only in the provincial hospitals and is not general. Many physiotherapists belong to private practices, where salaries are considerably higher. Others have left the profession to marry and have families, and have not been encouraged by the salaries to return.

In provincial hospitals physiotherapists, who from this year must complete a four-year B Sc degree to qualify, are paid only a fraction more than nurses. The starting wage for whites, Indians and coloureds is R5 430 a year, and for blacks is R4 470. There is no sex differential.

Mrs Mathias says the position in Natal is worse — there, physiotherapists are not paid for overtime worked. In the Cape, overtime payments have been introduced, and staff have been promised that uniforms will be provided. (Until now they have either bought their own uniforms or worn the unsuitable nurses' dresses provided.

Miss Sheena Irwin-Carruthers, senior lecturer and acting head of the University of Stellenbosch's physiotherapy department, says that the language problem has a bearing on Tygerberg's difficulties.

'Groote Schuur always has a large number of overseas physiotherapists — partly because the name of the hospital is well known abroad and partly because it is centrally situated. We've never attracted overseas staff to the same extent because of the language problem.

'I believe that low salaries are the overwhelming reason for the shortage, although certain conditions of service are disliked. For instance, married women are not attracted by weekend work and being on call at night, and study leave is very difficult to get.'

The Director of Hospital Services in the Cape, Dr R L M Kotze, was cautious when asked about the size of the problem in the province.

'We have had more problems lately than we had before, but our position isn't worse now than it was six months ago. In fact, I would say it is slightly better.

'We have a bit of a problem in the different categories — you know the story about the nurses. But it would be wrong to give the impression that the service is about to collapse.

'We would like to extend our physiotherapy service, but we don't have the necessary means to create new posts. It is true that physiotherapists are underpaid, but we can't do more than we have the means for.'

Dr Kotze said it was department policy to fill vacant posts with part-time staff if full-time staff was not available.

The whole question of salaries for medical and paramedical staff had been referred to the Commission for Administration and was receiving urgent attention, he said.

†The MINISTER OF NATIONAL EDUCATION (for the Minister of Environment Affairs):

(a) Only one reclamation plant where water is purified to drinking water standards. There are, however, many sewage works where effluent is purified to a standard acceptable for certain industrial uses such as cooling.

(b) Daspoort, Pretoria. The water from the Daspoort reclamation works is not yet fed into the drinking water mains.

Black veterinarians/students

*25. Mr. P. R. C. ROGERS asked the Minister of National Education:

(1) Whether Black students seeking (a) veterinary and (b) para-veterinary training are permitted to study at Onderstepoort; if not,

(2) whether his Department is taking steps to train Black veterinarians in the Republic; if so, what steps; if not, why not?

The MINISTER OF NATIONAL EDUCATION:

(1) (a) and (b) No, the University of Pretoria does not register Black students to study at Onderstepoort, since a Faculty of Veterinary Science has been instituted at the Medical University of Southern Africa; and

(2) No. The Department of Education and Training is responsible for providing training facilities for Blacks.

Recycling of water from sewage effluent

*26. Mr. R. W. HARDINGHAM asked the Minister of Environment Affairs:

(a) How many plants for the recycling of water from sewage effluent are in operation in the Republic and (b) where are they situated?

Veterinary training

*27. Mr. P. R. C. ROGERS asked the Minister of National Education:

Whether it is the intention to provide further facilities for veterinary training in the Republic; if so, (a) where and (b) how many students will each such facility be able to accommodate?

The MINISTER OF NATIONAL EDUCATION:

No, not at this stage. (a) and (b) fall away.

Veterinary training

*28. Mr. P. R. C. ROGERS asked the Minister of Education and Training:

Whether it is the intention to provide further facilities for veterinary training in the Republic; if so, (a) where and (b) how many students will each such facility be able to accommodate?

†The MINISTER OF EDUCATION AND TRAINING:

No, not at this stage. The Faculty of Veterinary Science of the Medical University of Southern Africa started this year with its first intake of first-year students.

(A)(97) Hansard
Q col. 209 - 26/2/82

Onderstepoort: students

175. Mr. P. A. MYBURGH asked the Minister of National Education:

(a) How many veterinary students applied for admission to, and (b) how many students qualified as veterinarians at, Onderstepoort in 1981?

The MINISTER OF NATIONAL EDUCATION:

(a) 312 applications were received 106 of which were admitted in 1981.

(b) 79 qualified in 1981 as compared with 94 admitted to the second year in 1976

Inyangas seek medical status

(97) Mercury 1/3/82

African Affairs Reporter

THE Inyangas' Association in Natal and Zululand is striving to be recognised by the South African Medical Association.

It has been asked a number of questions by Dr M V Gumede, KwaZulu's secretary for Health and Welfare.

His questions were: How do they examine the patient and what methods do they apply to diagnose the disease? What prescriptions do they recommend to treat the patient, and what dosage do they prescribe?

The Inyangas' Association is preparing to answer the questions and hope they will be recognised by the medical association.

The move to be recognised was prompted by the Zimbabwe Government action in registering its inyangas as practitioners.

(2) Premiums Treated as an Asset - Cont'd:

Year 02 - same as year 01

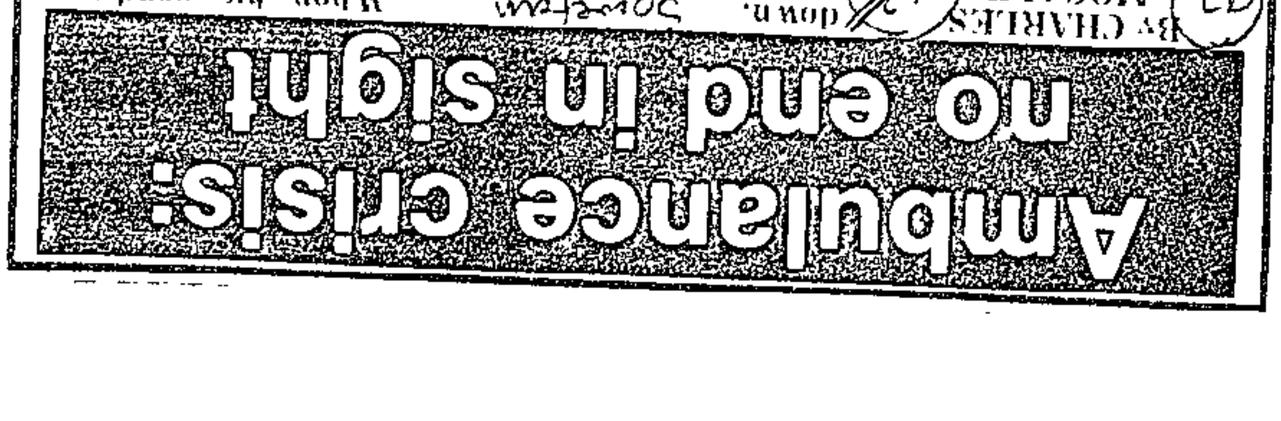
03, Jan 1:	Life Policy	300	
	Bank		300
Dec 31:	Income Statement	60	
	Life Policy		60
	Policy written down to surrender value (See Note 1 below)		
04, Jan 1:	Life Policy	300	
	Bank		300
Jan 2:	Debtor (Insurance Company)	24 000	
	Life Policy		540
	Income from Life Policy		23 460
	being accrual of proceeds receivable		
Jan 2:	Income from Life Policy	23 460	
	Income Statement		23 460
	being closing entry		
Jan 31:	Bank	24 000	
	Debtor		24 000
	being receipt of proceeds		

Note 1:

At the end of year 03, the life policy would be reflected on the partnership balance s current asset at its surrender value of R240.

Note 2:

The deatl al and accountir would have to be dra so as to ascertair rom the life policy w lited direct to the pa



Ambulance crisis: no end in sight

By CHARLES MOGALE

THE ambulance crisis that has hit the 140 000 residents of Tembisa continues with no end in sight.

Eleven days ago the only ambulance left serving the township broke down. The other two had broken down earlier.

A senior employee of the ambulance department said about 20 cases were handled every day before the ambulances broke down.

According to the employee's statistics, the ambulance department has dated to help at least 220 people in the past 11 days.

He could not say when the services would be resumed.

One of the people who could not be helped was Mr Samson Alhanga, of Alhambra Section, who waited gasping for more than 24 hours last week for an ambulance to arrive.

When his condition got worse, his family ultimately hired a private car to take him to Tembisa Hospital.

The chief area director of the East Rand Administration Board, Mr F E Marx, said Erab was working to "put the matter right".

He confirmed that the ambulance had been taken into the workshop, but said his board had experienced the "normal" problems experienced with vehicles.

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various aspects of detention and security legislation will be held during Detainees Week.

Listed in the petition are the following facts upon which the Committee bases its demand for the release of all detainees and the abolition of the detention laws:

- There are currently more than 200 people in detention.
- Detainees have no access to their doctors or lawyers.
- Few detainees have had visits from their families
- In the last two months at least six detainees are known to have been hospitalized, three of whom were placed in psychiatric wards.
- Trade unionist Dr Neil Aggett died whilst being detained under Section 6 of the Terrorism Act on February 5, and he is the 52nd detainee to have died in police custody
- Detention is being used in an attempt to crush opposition to apartheid and minority rule. The security laws are used to label opposition of apartheid as "criminals".

The Declaration also calls for all detainees to have regular access to their relatives, their lawyers and independent medical attention.

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5 and 9.15 pm
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'EN HELP US ALL"



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CRISIS: The only one ambulance which caters for the 140 000 Tembisa residents is out of order, waiting to be repaired at Erab's workshop.

CRISIS WORSENS OVER AMBULANCE

AFTER three weeks of no ambulance service for Tembisa's 140 000 residents, the situation is becoming even worse.

A snap survey in the township showed that residents were outraged at the Tembisa governing authorities for "neglecting our lives"

An opposition member of the community council, Mr Charlie Sithole, told a public meeting of his disgust at the ambulance service over the weekend.

He said he was unhappy with the authorities' increase in rents while the ambulance service was unsatisfactory.

A SOWETAN investigation yesterday showed that the ambulance, which broke down three weeks ago due to gear problems, has not yet been fixed

Residents interviewed expressed their unhappiness over the delay in fixing the ambulance.

Mrs Sibongile Dladla, of Welamlambo Section, asked, "Why don't whites have a similar problem? I think all this smacks of racism."

Mr Jacob Selemela, of Difateng Section, said. "Our safety is involved, and there is a high crime rate in the area. I am disgusted that the authorities seem to think that just because blacks are involved, it doesn't seem to matter."

Whites, said Mr Aggripha Moshoeu of Mlonjaneni Section, were taking advantage of the situation

Taxi driver Mr Simon Malindi said he thought the average price his colleagues charged for taking people to the local hospital was "about R6".

"I have never taken anybody to the hospital since this thing you're telling me about ambulances. But I think the guys would charge you about R6 — it could be more or less — for a special trip to the hospital," he said

"I think whites are taking advantage of our goodwill. These people are obviously not afraid of us," he added.

The ambulance department chief, a Mr Erasmus, referred **The SOWETAN** to the township manager, a Mr Relihan, who was not available.

National Party rejects Buthelezi findings

THE National Party has rejected the recommendations of the Buthelezi Commission.

Announcing this last night, the Natal leader of the National Party, Mr Owen Horwood, said the recommendations were in many respects in conflict with important aspects of National Party policy

In particular the constitutional and political part of the report was unacceptable to the Government, among other things because it

- Advocated a single political unit for Natal;
- Ran counter to the policy according to which the Government believed race relations should be regulated in South Africa.

"A number of recommendations on education conflict with the basic approach of the Government as set out in its provisional memorandum on the De Lange Report (on education) and are therefore unacceptable.

"The contents of certain other parts of the report point to research concerning the economic and social needs of the Zulus which can be of useful and practical value in further upliftment and development schemes to the advantage of the Zulu nation."

Mr Horwood said that: "without deviating from its policy, the Government stands ready to co-operate with the government of KwaZulu".

He wished to state clearly that the National Party did not serve on the commission and therefore was not involved in any way in its findings and recommendations

The Government noted that the New Republic Party-controlled provincial authority in Natal was not prepared to endorse the commission's report.

Taylor helps st

By SAM MABE

TWENTY-ONE students who have not been attending school because of the age-limit regulation were this week readmitted to their school in Klipspruit after their plight was taken up by a Soweto Councillor, Ms Martha Taylor.

The students, who failed their Standard 8 last year, resumed their lessons at Thabo-Jabula Senior Secondary School in Klipspruit on Monday.

similar problem have been flocking to Ms Taylor's house for help.

Ms Taylor was yesterday not available to confirm her intervention in the matter.

The principal of the school yesterday said he was not authorised to comment on the matter and he referred all enquiries to Regional Director Jaap Strydom, who at the time of going to Press last night was not available for comment

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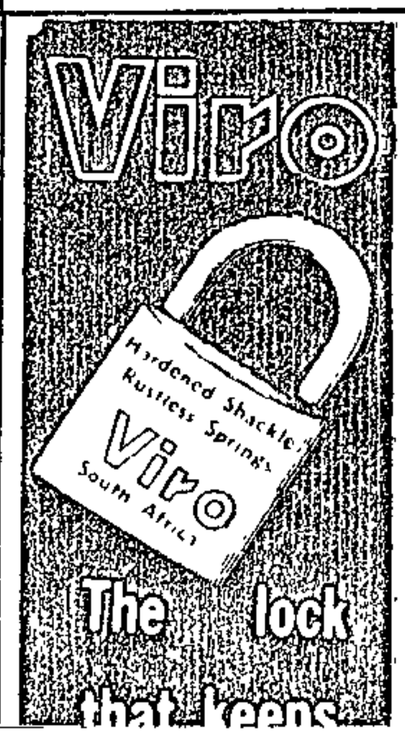


The lock that keeps

(97)

... and more ambulances on the way

Sowetan 17/3/82

THE NUMBER of ambulances operating in Tembisa, near Kempton Park will be increased in the near future to cope with the great demand of ambulance services in the area.

For the past four weeks, all three ambulances in the township were out of order and as a result, a man who was stabbed died later after waiting for more than 10 hours for an ambulance which never came.

The situation was so bad that residents were forced to hire private cars to transport them to hospital which is a distance from the township. Some residents said they had to pay up to R10 for a single trip to the hospital, using private cars.

REPAIRED

The **SOWETAN** reporters found two of the ambulances had been repaired and were back in operation and the third was still at the panelbeaters. The three ambulances serve about 140 000 residents in the township.

Mr P L Aphane, East Rand Administration Board Area Director in Kempton Park, said he was hoping that the third ambulance would be back at work today and that the board would increase the number of ambulances in the next financial year, which starts next month.

Dec 82

Cancer patient made to crawl

By LEN MASEKO

A SOWETO man suffering from cancer yesterday described how he was left stranded on Monday night after a Baragwanath Hospital mini-bus dropped him on a street — about 5 kilometres from his home.

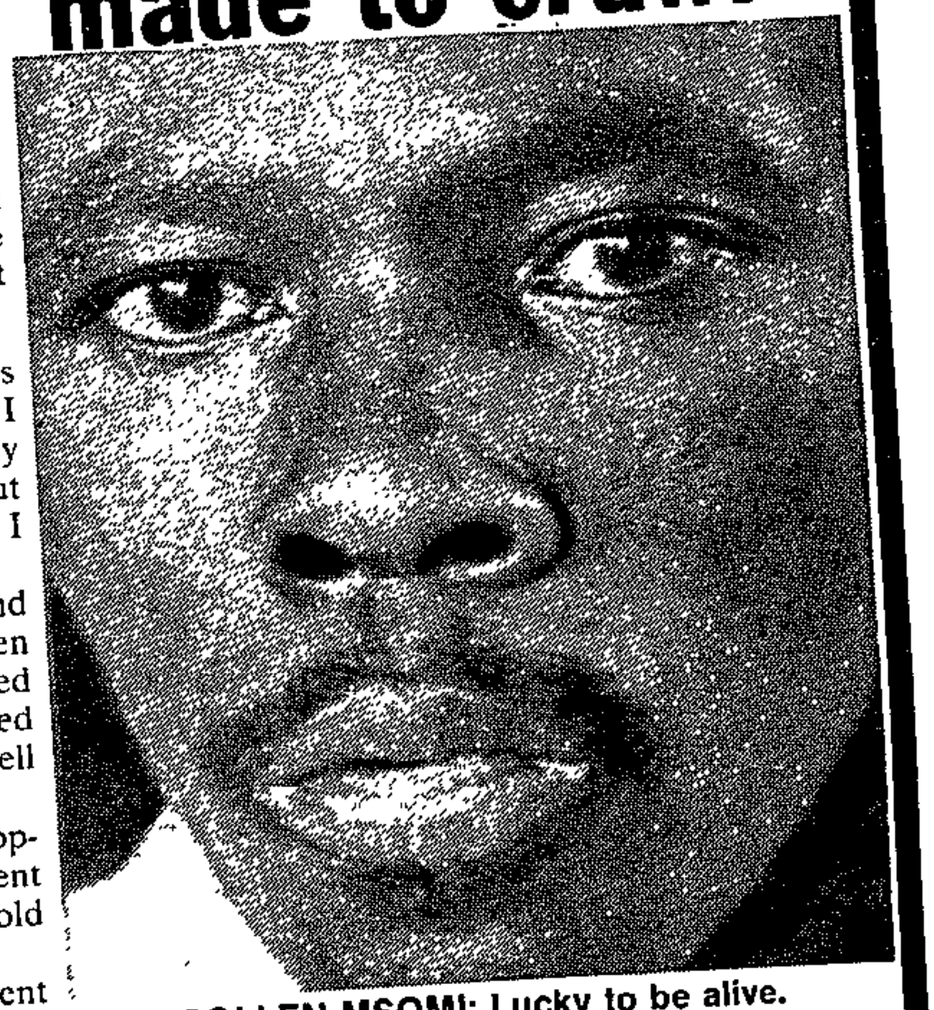
Mr Collen Msomi (28), who is unable to walk, told **The SOWETAN** he had to crawl in the rain, looking for transport to take him to his Emdeni home. The driver of the bus allegedly told him he had been instructed to leave him at a "nearest point" — Chiawelo.

An angry Mr Msomi said: "The driver of the bus did not want to hear anything from me although I told him that I could not walk and that my body was aching. Stumbling and falling, I crawled about 300 metres to the Potchefstroom road where I hiked my way home.

"The first car dropped me half-way home and charged me 30 cents, which fortunately I had been given by a fellow patient. The second one dropped me a few metres from home. Then I crawled home. Mind you, I don't know Soweto quite well and must say I was lucky to find my way home".

But the hospital's transport official, Mr P Kloppers, said it was the patient's fault that the incident had occurred. Mr Msomi, he said, should have told the driver where he lived.

"My drivers cannot do such a thing. This patient is taking chances," Mr Kloppers said.



MR COLLEN MSOMI: Lucky to be alive.

Ambulance red tape condemned

(97) D. Dispatch 31/3/82

EAST LONDON — The manager of the Alexander Country Club, Mr B. J. Butler, complained yesterday that "red tape" caused an unnecessary delay when a golfer collapsed and died on the course on Sunday morning.

In a letter to the Daily Dispatch, Mr Butler said the golfer's companion ran all the way to the clubhouse and phoned the nearest ambulance at Greenfields, "only to be told that the road in front of the clubhouse is the municipal boundary and that he would have to phone the Divisional Council Ambulance at Buffalo Pass. This was done immediately.

"Twenty-five minutes later, the golfer having been brought to the front of the clubhouse by bakkie, I phoned the Divisional Council ambulance, only to be told they had another call first. This Divisional Council ambulance has not arrived here yet," Mr Butler said.

He said one of the club members drove up to the municipal ambulance in Greenfields, and they agreed to fetch the body if the bakkie was moved out of the club grounds into the street outside.

"Surely this ridiculous red tape is unnecessary when life is involved. Municipal trucks regularly drive onto the course to check sewerage pipes, yet even when we have a pregnant woman, or a serious stabbing, we have to move the people into the street in front of the clubhouse," he said.

The chief of the East London Fire and Ambulance Department Captain W. Kenny, said the matter would be fully investigated. He said it was not his department's policy to act in the way Mr Butler described in his letter.

Mr Rob Warmsley, a senior ambulance officer at the Divisional Council Ambulance, said if the council ambulance had a call about a serious case, they would first attend and argue later about the area.

He said he could not accept the fact that Mr Butler was told that there was another call first, because ambulances were available.

With regard to the 25 minutes that Mr Butler had alleged had elapsed since the time the Divisional Council ambulance was first called and the second call, he said it could not have been more than 16 minutes.

Mr Warmsley said there was a reason why the Divisional Council ambulance did not arrive at the country club. He said the first call was received by them at 8.58 am and they responded within two minutes. The driver was on his way to the country club and was between the old Cove Ridge drive-in and the Olivieri Cannery when he was told that the call was cancelled as the patient had died and that the Greenfields Ambulance Department was handling the case.

The cancellation call was received at 9.08 am and the ambulance would have arrived at the club within a few minutes after that if the call had not been cancelled. — DDR

(1) What is the size of each of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch;

(2) what is the size of each area of land which was allocated to each group of persons who were removed from each of the above areas?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) 896 hectares.

(b) 1 060 hectares.

(c) 1 088 hectares.

(d) 565 hectares.

(e) 2 302 hectares.

(f) 1 542 hectares.

(g) 163 hectares.

(2) Doriskraal ..... 1 130 hectares.
Fingo ..... 1 240 hectares.
The Gap ..... 1 255 hectares.
Palmietrivier ..... 829 hectares.
Snyklip ..... 2 510 hectares.
Wittekleibosch ..... 1 332 hectares.
Witte-Elsbosch ..... 179 hectares.

Doriskraal/Fingo/The Gap/ Palmietrivier/Snyklip/Wittekleibosch/ Witte-Elsbosch

403. Mr. E. K. MOORCROFT asked the Minister of Co-operation and Development:

(1) How many head of livestock were owned by the communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch immediately prior to their removal from these areas;

(2) whether such livestock was moved with the communities; if so, (a) how many and (b) at what cost; if not, why not;

(3) whether compensation was paid to owners in respect of livestock that was not moved with the communities;

(4) how many head of livestock do the communities moved from each of the above-mentioned areas still possess?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1)(a) to (g) Statistics in this respect are not readily available.

(2)(a) to (b) A certain number of livestock was moved with the Black communities concerned. Particulars in respect of the number of livestock transported and the cost in connection with the transportation of the livestock are not readily available.

(3) No. The people sold some of their livestock with the assistance of the Ciskei Government.

(4) This information is not readily available.

Doriskraal/Fingo/The Gap/ Palmietrivier/Snyklip/Wittekleibosch/ Witte-Elsbosch

404. Mr. A. SAVAGE asked the Minister of Co-operation and Development:

(1) Whether the Black communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch were paid compensation for (i) the land they occupied, (ii) the improvements effected by them and (iii) their houses on such land; if so,

(2) (a) to whom was such compensation paid, and (b) what was the (i) highest, (ii) lowest and (iii) average price paid, in each case;

(3) whether the communities concerned were consulted in regard to the amount of compensation paid; if not, why not?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1)(a) to (g)(i) No.

(ii) Yes.

(iii) Yes.

(2) (a) to the owners of improvements.

(b) (i) R2 945

(ii) R30

(iii) R429,33

(3) No. The valuations of improvements were undertaken by valuators of the Department of Co-operation and Development and the valuation reports were considered and approved by the former Department of Agricultural Credit and Land Tenure (now the Department of Community Development).

Doriskraal/Fingo/The Gap/ Palmietrivier/Snyklip/Wittekleibosch/ Witte-Elsbosch

405. Mr. A SAVAGE asked the Minister of Co-operation and Development:

(1) What is the value of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch;

(2) what is the value of each area of land which was allocated to each group of persons who were removed from each of the above-mentioned areas?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) to (2) As the land concerned already vested in the S.A. Development Trust and the State at the time of the removal of the people, it was not necessary to obtain a valuation of the land. It was consequently not necessary to provide compensatory land of equal pastoral or agricultural value. A valuation of the resettlement area, being Trust owned land at that time, was therefor also not necessary

Mental health clinic: staff complement

412. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) What is the full staff complement of his Department's mental health clinic in Port Elizabeth;

(2) what was the average number of patients treated at this clinic during each of the latest specified six months for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

(1) 1 Senior Matron
3 Senior Sisters
3 Sisters
1 Nursing Assistant
1 Medical Superintendent, Elizabeth Donkin Hospital

In addition to the aforementioned staff, the Department also makes use of seven social workers provided by the local Mental Health Society:

(2) 2 102 patients during the period 1 June 1981 to 30 November 1981.

Port Elizabeth: patients who absconded

413. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether any patients (a) awaiting transfer to hospitals outside the Port Elizabeth area and (b) *en route* to such hospitals, absconded in 1981; if so, how many in each case?

The MINISTER OF HEALTH AND WELFARE:

The Department does not keep statistics of patients who abscond before admission to hospitals in terms of Act 18 of 1973. As far as it could be ascertained only one Black patient had absconded who was later located and admitted.

(a), (b) and (c) Yes. The KwaZulu Legislative Assembly has adopted a Bill in substitution of the Code of Zulu Law which, *inter alia*, provides that Black women become majors in law on marriage or on attaining the age of twenty one years.

This Bill is at present being submitted to the State President for his assent.

Mrs. H. SUZMAN: Mr. Speaker, arising out of the hon. the Deputy Minister's reply, could he tell us whether it will be necessary to bring subsequent legislation to this House in order to ratify the changes brought in by the KwaZulu Assembly?

The DEPUTY MINISTER OF CO-OPERATION: Mr. Speaker, unfortunately I am not *au fait* with the procedures that have to be followed and whether anything will have to be ratified by legislation in this House. The hon. the Minister of Justice will have to reply to that.

Hansard Q.61.555

Detention: Mr Patrick Matebele

2/4/82

*22. Mrs. H. SUZMAN asked the Minister of Law and Order:

(1) Whether Mr. Patrick Matebele has been detained; if so, (a) when and (b) in terms of what legislation;

(2) whether he has been allowed to receive any visitors; if not, why not?

†The MINISTER OF HEALTH AND WELFARE (for the Minister of Law and Order):

(1) No.

(2) Falls away.

For written reply:

Hansard Q.61.555-556

Diepkloof Men's Hostel: raid

2/4/82

315. Mrs. H. SUZMAN asked the Minister of Co-operation and Development:

Whether any of the persons arrested and charged as a result of a raid carried out on the Diepkloof Men's Hostel in Soweto on or about 14 or 15 January 1982 were brought to court; if so, (a) how many and (b) how many such persons (i) were (aa) convicted and (bb) released and (ii) paid admission of guilt fines?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

Yes.

(a) 84 persons were brought before the Commissioners Court, Johannesburg.

(b) (i) (aa) 60 persons were convicted.

(bb) 16 persons were discharged.

(ii) None.

Note: 7 of the 84 persons brought before court were referred to the Children's Court and in one instance the hearing was converted into an inquiry in terms of section 29 of the Blacks (Urban Areas) Consolidation Act, 1945 (Act 25 of 1945).

Hansard Q.61.556-558

Hospital beds and posts

2/4/82

319. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) (a) How many beds are there for each population group at the (i) Elizabeth Donkin Hospital, Port Elizabeth, (ii) Fort England Hospital, Germiston, (iii) Tower Hospital, Fort Beaufort, and (iv) Komani Hospital, Queenstown, and (b) how many of these beds were occupied on 31 January 1982;

(2) (a) how many posts are there at each of these hospitals for (i) psychiatrists, (ii) psychiatric sisters and (iii) social workers and (b) how many of these posts were filled by permanent full-time staff on 31 January 1982?

The MINISTER OF HEALTH AND WELFARE:

(1)

	White		Coloured		Asian		Black	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Elizabeth Donkin Hospital	138	120	—	—	—	—	—	—
Fort England Hospital	546	349	—	12	—	1	180	140
Tower Hospital	—	—	—	127	—	8	967	636
Komani Hospital	495	382	—	72	—	1	526	581

(2)

	Psychiatrists		Psychiatric Sisters		Social Workers	
	(a)	(b)	(a)	(b)	(a)	(b)
Elizabeth Donkin Hospital	3	1	27	26	1	1
Fort England Hospital	2	—	56	52	1	—
Tower Hospital	2	1	135	121	—	—
Komani Hospital	2	3	105	103	1	1

Abalone

342. Mr. J. W. E. WILEY asked the Minister of Agriculture and Fisheries:

(1) Whether there was an over-export of abalone in any of the latest specified five years for which figures are available; if so, in which years;

(2) whether any investigations are being carried out into such over-export; if not, why; if so, with what results?

The MINISTER OF AGRICULTURE AND FISHERIES:

(1) and (2) Allegations were received that in 1979 an excessive quantity of canned abalone was exported to Hong Kong. The matter was investigated but the figures as such did not prove any over-export.

It has meanwhile been established that one of the local packers processed and exported more abalone than his quota permitted. Action is being taken against the firm.

Abalone

343. Mr. J. W. E. WILEY asked the Minister of Industries, Commerce and Tourism:

Whether the Bureau of Standards condemned any canned abalone intended for export in any of the latest specified five years for which figures are available; if so, (a) from which packers, (b) how many cases in respect of each such packer, (c) what was the weight of the abalone involved, (d) why was it condemned and (e) with what result?

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM:

Yes. Particulars for the years 1980 and 1981 only, are readily available

	1980	*1981*
(a)	Only one packer was involved in both years namely Tuna Marine	
(b)	21 boxes	781 boxes
(c)	457 kg	17 020 kg
(d)	The contents and mass per tin fell short of the requrements; the texture of the packed abalone was too soft; and the packed abalone lost its colour in the tins.	As a result of adjustments to the factory's production procedure the texture of the canned abalone was too soft and unsuitable for export.

BA jumbo stranded in Nairobi

By Henry Reuter
The Star's Africa News Service

NAIROBI — Nearly 400 British Airways passengers, many of them South African, have been stranded in Nairobi since Saturday night.

Their jumbo jet, BA 054 bound from Johannesburg to London, developed engine trouble on leaving Nairobi and had to jettison its fuel and land for an engine change.

Senior immigration authorities made exceptions to their usually strict rules and allowed all South African passport-holders into Nairobi "on humanitarian grounds."

Many of them spent yesterday in the Nairobi National Park, and last night the passengers were accommodated in Nairobi hotels.

A British Airways spoksman said it was hoped that their flight to London would be resumed soon after midday today.

Dial 999 for a taxi!

Municipal Reporter

Johannesburg's legion of lonely old women, hard-pressed to make ends meet on their social welfare pensions, have discovered a prompt and efficient free taxi service . . . ambulances.

They have been using — and abusing — ambulances for a variety of errands and ambulance division chief, Mr C Emerich, is gritting his teeth in despair.

"I have been threatened with 'Star Line' and deputations to city councillors, but while I feel extremely sorry for these old souls I simply cannot allow them to abuse a life-saving service," he explained.

"One such heated exchange followed a request by an elderly women from the Southern Suburbs who wanted an ambulance to take her for her annual appointment with her hairdresser.

"She can only afford to have her hair done once a year, has no servant and lives alone in a room. She was most upset when I explained that we coud not transport her and told me she would have to pray to the Good Lord for assistance," said Mr Emerich.

In another incident, Mr Emerich discovered that a social welfare pensioner had been using ambulances as a free taxi service to shuttle her between her home and place of employment.

"I became suspicious when I discovered that this woman was being taken to and from the Johannesburg Hospital every day and on investigation found she was actually employed at the outpatients department as a voluntary worker."

Then there was the case of the pensioner confined to a wheelchair who slammed down the phone in dismay when a control room attendant tried to explain that an ambulance could not be sent to fetch a sick dog from her home.

But instead of introducing a ruling which applies in several other Transvaal towns and cities — that only doctors are allowed to summon an ambulance — Mr Emerich wants to continue giving residents the benefit of the doubt.

It works for some

Star 19/4/87

: Quit homes

Star 19/4/87

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Actstop spokesman said.

The latest eviction notice was served on Mr Abdullah Deedat of Newtown-Fordsburg.

Mr Deedat, a religious teacher, said his landlord, Mr M M Gardee—who is a member of Jiswa and a senior official on the Central Islamic Trust—had given him notice to vacate his house by the end of the month.

"There is no hope of my finding another home for myself, my wife, aged mother and three young children," he said.

Mr Gardee said he had asked Mr Deedat initially for the back part of the premises he was occupying, but Mr Deedat had not responded.

"There were also strained relations between Mr Deedat's wife and a member of my family, and in view of this I feel Mr Deedat must vacate my property," said Mr Gardee.

Mr Deedat said he was being evicted for "petty reasons" and appealed to Mr Gardee to reconsider in view of the acute accommodation shortage.

Reef and Pretoria milk shortage looms

Star 19/4/87

By Caroline Braun,
Consumer Reporter

A milk shortage of nearly one million litres a day is expected in the Witwatersrand-Pretoria area from this week.

A Dairy Board spokesman said production had dropped because of drought and many dairy farmers had left the industry because of low profits.

The Witwatersrand will be short of between 750 000 litres and 800 000 litres of fresh milk daily, while Pretoria's shortage will be between 180 000 litres and 200 000 litres a day.

This represents about 10 percent of daily consumption.

To relieve the shortage the Dairy Board will register interim milk producers from the Transvaal and Free State who will deliver milk to the Witwatersrand and Pretoria.

● The price of milk is expected to go up at the beginning of June.

S.A.R. AND H. RUNNING AND OPERATIONAL STAFF UNION (GROUP C)

Year	Membership					
	African	Asian	Coloured	White	Total	
1970				..	..	
1971				..	..	
1972				9 492	9 492	du Toit
1973				8 907	8 907	*
1974				8 256	8 256	*
1975				8 248	8 248	*
1976				8 012	8 012	*
1977				8 020	8 020	*
1978				8 016	8 016	≠
1979				7 892	7 892	≠
1980				7 835	7 835	≠

Address: P.O. Box 31082
Braamfontein
2017

Telephone: (011) 391 621

Officials: Secretary: J.R. I

Area of Operation: Nationa

Founded:

Registration: Yes

Hospital copter hardly used

Mail Reporter

AN INTENSIVE care helicopter, purchased last month by Transvaal Hospital Services to transport seriously ill patients, is only used an average of three times a week — although it is on 24-hour standby.

The helicopter was last used on Thursday, to transport an intensive care, long-term patient from Johannesburg Hospital to the H F Verwoerd Hospital in Pretoria, so that she could be near her family.

Pretoria, so that she could be near her family.

The patient was accompanied by Sister Deryl Heath, specially trained for such mercy flights.

Sister Heath kept an eagle eye on the young patient's heart beats and respiratory system during the 20 minutes it took to fly to Pretoria.

"I certainly can't understand why it isn't used more often," Sister Heath said.

"This helicopter service is so much safer for the patients, because we can monitor them constantly during the flight."

Approached for comment, Mr Lionel Spiess, hospital spokesman, confirmed that the mercy flight helicopter was not used as much as the hospital had anticipated.

"Many doctors and nurses in the Transvaal don't seem to be aware of this very handy service.

"If they need to transfer an intensive care patient to any Transvaal hospital, they should contact our Intensive Care Unit at 613-0111," he said.

Council: ambulances are not segregated



MR DAUBERMANN

EAST LONDON — The Kaffraria Divisional Council ambulance service is not racially separated with different ambulances for blacks and whites, the secretary of the council, Mr E. L. Daubermann, said yesterday.

"Our ambulances attend to anyone, irrespective of colour," Mr Daubermann said.

He was commenting on a report on the death of Mrs Rita Sanson, 36, who was allegedly stabbed at her farm, Glengariff, near Mount Ruth at the weekend.

The report quoted an ambulance spokesman as saying "non-white" ambulance drivers were sent on the call as it was in the Mdantsane area, but when it was discovered the patient was white, another ambulance which had "the equipment" was sent

Mrs Sanson, who was still alive at the time, was then transferred from the one ambulance to the other before being taken to Frere Hospital where she was declared dead on arrival.

Mr Daubermann said the report may have given the incorrect impression that there were "black" ambulances and "white" ambulances and that only "white" ambulances were fully equipped.

"We have two different types of ambulance. The one is a rescue vehicle which is fully equipped to deal with emergencies and the other is an ambulance used for carrying less critical patients to hospital," he said.

Mr Daubermann said little detail of Mrs Sanson's condition was given and it was decided to send the smaller, less equipped, ambulance to take her to hospital.

It was only when the extent of her injuries was examined was it decided to send the rescue vehicle.

"Divisional Council ambulances travel thousands of kilometres on calls and obviously we cannot keep sending the rescue vehicle when we do not know the details.

"On many occasions we do not know whether the patients are black or white and we are not given details of colour or the condition of the patients.

"There is no such thing as an ambulance for whites only or an ambulance for blacks only," Mr Daubermann said. — DDR

Address: 28 Daphne Crescent
Woodlands
Mitchells Plain
7764

Telephone:

Year	Membership				
	African	Asian	Coloured	White	Total
1970					
1971					
1972					
1973			50		50
1974			..		..
1975			50		50
1976			50		50
1977			50		50
1978			50		50
1979			50		50
1980					50

$
$
$
$
$
$
+

GOLDEN ARROW OFFICIALS STAFF ASSOCIATION

5 HOURS WAITING FOR AMBULANCE

SOWETO residents are complaining of poor ambulance service, but the superintendent of the Johannesburg Ambulance Service says the township's 12 vehicles are coping well with the situation.

By LEN MASEKO

Mr K Keatly told The SOWETAN yesterday the shortage of ambulances in Soweto was a thing of the past and that four more vehicles had been bought, bringing the total to 12.

"We have not received any complaints from the residents. At this stage the vehicles we have are the limit. If we were to increase the number of vehicles, we wouldn't have staff to man them," the superintendent said.

But residents interviewed by The SOWETAN said the service had not improved and claimed that an ambulance took up to five hours to arrive at a place after a call. The delay, they said, was caused by the rounds the ambulance made when collecting other people.

Mr Vusi Magwaza, who was attacked by knife-wielding thugs over the weekend, said he waited for about five hours before an ambulance arrived. By then, he said, he had hired a taxi to take to him Baragwanath Hospital.

"When my family phoned Jabulani Fire Station, they were told that an ambulance would be at my home within 20 minutes. But 20 minutes passed without the sign of an ambulance.

"We phoned again but this time were told that it would delay a bit because it was collecting other people around the township. We waited from 10 pm on Saturday until 3.30 am, when we decided to hire a taxi. The ambulance only arrived at 4 am," Mr Magwaza said.

Another resident, Mr Sipho Ngobese, said he waited for about three hours for an ambulance to take her wife to hospital. He said he was also told the same story — that the ambulance was still collecting other people.

"It is ridiculous that we should have few vehicles serving the 1.5 million of Soweto," said Mr Ngobese.

...AND IT'S WORSE IN TEMBISA

THE East Rand Administration Board will not be buying any extra ambulances for Tembisa as they had earlier promised, and the 140 000 residents will have to cope with only three ambulances.

Early this year all three ambulances in the township were out of order and as a result, a youth who had been stabbed died after waiting for more than 10 hours for an ambulance that never arrived.

The situation lasted for about two weeks and residents had to hire private cars to take them to hospital, for which they were made to pay about R10 for a single trip.

There were also pleas from residents and community leaders that the number of ambulances in the area should be increased to cope with the great demand from the residents.

Sten Ahead

WESKAAPSE PLOFSTOF EN CHEMIESE OPERATEURSVAKBAND

259

Address: 63 Sarel Cilliers Street
Strand
7140

Telephone:

Officials:

Area of Operation: Somerset West

Founded: + 1980/81

(d) *Highveld*

United Development Company

Central Transvaal

Sigma Motor Corporation (Pty) Ltd.
Goldstein
United Development Company

Eastern Transvaal

Ermelo Mines

Northern Cape

De Beers (Pty) Ltd.
Wacon Lime
Record Stone Crushers

Eastern Cape

S.A. Permanent Building Society
United Development Company
National Building Society
Allied Building Society
Standard Building Society
Rhodes University
Volkswagen of S.A. (Pty) Ltd.

Oranje Vaal

United Development Company
S.A. Permanent Building Society
A.E.C.I.
Carbochem
Sasol I
Electricity Supply Commission
Private Individuals

Southern O.F.S.

Homes Trust
Poly Flora
Thaba Nchu Transport
Stoomhoek Transport
Excelsior Stropers
L.T. Motors
Electricity Supply Commission
Badenhorst Transport
Mobil Oil
South African Railways
Albany Bakers
Anglo American
Boerediens
Wesselsbron Electrical

East Rand

S.A. Permanent Building Society
A.E.C.I.
Gundle Industries
Ronald J. Hill
L.B Mahlangu
United Building Society
Urban Foundation
Impact Homes
Lenning Holdings
J. en W. Beleggings
Barlow Rand
S.A. Trident for Impact Homes

West Rand

Rand Mines Properties
Rio Tinto
Machem
United Building Society
Future Generation
A.D.C.C. Homes
B. Peters
Allied Building Society
Everite (Pty) Ltd.
S.A. Permanent Building Society
South African Broadcasting Corporation
Poly Foil
D. and M. (Pty) Ltd.
De Beers (Pty) Ltd.
Nedbank
South African Police
Department of Education and Training
Anglo American
Pick 'n Pay
Sasol
Shell Oil
J. Mahlangu Building Contractor
Wimpy Homes
Goch Cooper
Concord Construction
Tshabalala Enterprises
L.T.A. Construction
Natal Building Society
Davis Construction
Edward Dube
Johannesburg Stock Exchange
Liberty Life
The Star
I.B.M.

Onverwacht 12/5/82

576. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:

(1) (a) When was Onverwacht first settled and (b) what was its annual population growth from the date of its establishment to the latest specified date for which figures are available,

(2) how many (a) doctors, (b) community health workers and (c) social welfare workers are there at Onverwacht;

(3) (a) how many houses were built in Onverwacht by (i) his Department and (ii) private individuals in each specified year since its establishment and (b) how many tents are there at present;

(4) how many taps are there in this area;

(5) whether Onverwacht has a water borne sewerage system;

(6) how much was paid out in (a) pensions and (b) disability grants in the Onverwacht area in each of the latest specified three financial years for which figures are available?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) June 1979.

(b) December 1979—17 000
December 1980—54 171.
The figures above are in respect of persons settled by the Department of Co-operation and Development.
Estimated population 1981—120 000. The said figure includes approximately 66 000 persons who joined relatives and friends at Onverwacht.

(2) (a) Two doctors—part time basis.
Three District Surgeons.
One Dentist—daily basis.
One Psychiatrist—twice a week basis

The following persons are also connected with the local clinic:

Curative Services

2 Senior Sisters
11 Sisters
7 Staff Nurses
2 SANTA Information Officers

Family Planning

1 Senior Sister
4 Sisters
2 Assistant Nurses
5 Female Information Officers
2 Male Information Officers

Health Services

2 Health inspectors

(b) 9

(c) There are four posts for social workers of which three posts are vacant

(3) (a) (i) 53

(ii) 591 while 8 080 wood and iron structures have been erected pending the provision of permanent structures

(b) 61 Tents have been supplied by the Department of Co-operation and Development while 28 tents have been pitched by individuals.

(4) Taps have been provided every 150 metres

(5) No.

(6) (a) Old age pensions and disability grants paid:
1979—R184 670
1980—R323 343
1981—R332 862
It is unfortunately not possible to furnish separate figures in respect of old age pensions and disability grants.

Hansard Q Col. 810
Lembisa: population — 811

597. Mr. B B. GOODALL asked the Minister of Co-operation and Development:

Ambulance complaint

D. Dispatch 1/6/82

EAST LONDON — The Medical Superintendent of the Cecilia Makiwane Hospital at Mdantsane, Dr H. Harris, will investigate why an ambulance attended a car accident victim near Fort Jackson without any equipment.

This follows a complaint from a blaster at the Fort Jackson Quarry, Mr Charles Smit, who is also qualified in first aid.

Mr Smit said yesterday that a light delivery truck driven by a Duncan Village man left the road near Fort Jackson.

The bakkie travelled 400 m into the veld before hitting a rock. The driver was thrown through the windscreen.

"The man bled profusely and it seemed he suffered a broken leg and arm as well as a fractured jaw. The police as well as myself telephoned the ambulance at Mdantsane at 5.30 pm .

"It arrived at the scene an hour later without any first aid equipment, no stretcher and no blankets. All it had in the back was a foam mattress," Mr Smit said.

Mr Smit said he immediately pointed this out to the policeman who arrived from the Fort Jackson Police Station to investigate the accident.

"I am sure that the man, who was in severe pain because of his injuries, must have had a very painful ride to the hospital under those conditions," Mr Smit said.

Dr Harris said he could not comment about the incident and said he would investigate the matter when he reported for duty . — DDR

Swazi police impound truck

MBABANE — Swaziland police have arrested a number of people in connection with charges of smuggling fruit and vegetables from South Africa, the commissioner of police, Titus Msibi said at the weekend.

GENERAL NEWS

Ennerdale hit by ambulance fee of R60

Star 16/8/82

Families in Grasmere and mid-Ennerdale pay as much as R1 a kilometre to take their sick to hospital.

A mid-Ennerdale resident, Mrs Sandra Williams, said when she needed an ambulance for her sick maid recently she was told by the Brixton ambulance service that she would have to pay R60 to have her maid taken to the Baragwanath Hospital.

"When I asked if I could pay the bill at a later date as I did not have money then, I was told the ambulance could only take my maid to hospital if I paid the R60.

"She was eventually taken to hospital two days later by my sister-in-law after enduring considerable pain."

A spokesman for the Brixton ambulance service confirmed that the tariff for mid-Ennerdale "would be in the region of R60".

A spokesman for the Transvaal Provincial Administration's hospital services said the administration, since taking over the responsibility of providing ambulance services in the province last year, was now in the process of making major improvements.

These improvements would include the establishment of new services, a new tariff structure, the training of new ambulance staff and the co-ordination of services over a wide area in the province, said the spokesman.

...ton shock expulsion for dagga smoking

...don Bureau

...ho have been expelled ...tain's top public school. ...ga told police that their ...t in reggae music led ...ondon dealers who sold

...ll 16 except for one, who ...rly patronised West Indi- an record shops in Notting Hill Gate, central London, an area notorious for its flourishing drug trade.

Their headmaster, Mr Eric Anderson, admitted that he could see signs of a slight increase in drug-taking among his 1 250 pupils.

'I think they get the idea from fashionable London parties,' he said.

He denied, however, that there was any sort of drug ring at the school, as one Etonian not among those expelled has claimed. He believes the seven expulsions have 'nipped things in the bud'.

The police are understood to be of the same opinion, and are unlikely to bring charges

The seven boys, one of whom is said to be the son of 'a very senior civil servant in Whitehall', made frank admissions but had no dagga in their rooms when the police searched them at Mr Anderson's request.

Two boys were expelled from Eton for using and distributing dagga only 18 months ago

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TRIAL

...A special- ...y an X-ray ...ities in Mr John ... for try- ...afe Presi- ..., had no ...diagnosing ...Hinckley ...ut of the the fifth ...-week-old ...d the pro- ...ed circuit ...AP)

Council clash over use of ambulances

Mercury 4/6/82 (97)

Political Reporter

DURBAN had made an 'ass' of itself by buying R40 000 Bolander ambulances and not manning them with personnel trained in the use of medical equipment in the vehicles, Dr Fred Clarke, MEC in charge of hospitals, said in the Provincial Council yesterday.

In a clash with Mr Lew Phillips (NRP, Umlazi), who is also a Durban City Councillor, Dr Clarke said a few years ago Durban's ambulance service was found to be the worst and most expensive in South Africa

He withdrew his description of Durban's actions but said the City Council had acted in a 'mulish' way.

Mr Phillips, who serves on a council subcommittee which bought the expensive Bolander and Metropolitan ambulances, said the Province should have taken over the service years ago. The Province had declined to accept responsibility for ambulances.

Speaking during the committee stage of the budget debate, he asked whether the city council would be fully compensated for running the ambulance service as the province's agent. And whether the Province would pay overtime to firemen forced to work long hours when their colleagues attended ambulance courses later this year.

Dr Clarke praised Durban's fire chief for his co-operation in the running of the ambulance service.

Durban City Council would receive a 100 percent rebate from the Province. Durban had claimed R447 359 for the running of the ambulance service from October 1 last year to March 31 this year.

He said a priority order for four new emergency medical service vehicles for Durban had been placed. The Province would not buy Bolander ambulances for use in Durban because the vehicles were not considered suitable.

He said ambulances had not been the responsibility of the Province until October last year.

Meanwhile Durban's Mayor, Mrs Sybil Hotz, has reacted strongly to Dr Clarke's 'mulish' claim.

She said: 'Far from being shortsighted, Durban was looking to the future when it invested in the Bolanders. We knew Province was going to take over the ambulance service and it would have been quite ridiculous to buy the old kind of ambulance without modern resuscitation equipment.

'There was no way we could expect the ratepayers of Durban to foot the bill for training ambulance personnel but we would have been irresponsible if we had not looked to the long term when Province finally accepted their reponsibility'

Accident claims worry Province

Political Reporter

A GROUP of lawyers was making a living out of seeking out and submitting huge road accident claims against the Province, Mr Dering Stainbank, MEC in charge of roads, said in the Provincial Council yesterday.

Mr Stainbank said in the committee stage of the budget debate that the recent trend of huge accident claims against the Province was worrying the Executive Committee.

'The claims are out of all porportion to the accident, whether it be major or minor.' He was replying to Mr Thys Wessels, leader of the Opposition, who asked about increases in the amount budgeted for incidental expenses, including legal fees and claims against the administration.

'Plan for year 2 000 and beyond, says Thys Wessels

Political Reporter

NATAL's five National Party provincial councillors leave for Cape Town today without preconceived ideas regarding the recommendations of the President's Council.

Mr Thys Wessels, leader of the Nationalist opposition and his colleagues will join Nat MPs and MPCs in a joint caucus meeting on Saturday to formulate an official view of the recommendations. He said yesterday that one could not attend the meeting with pre-conceived ideas.

'We must not plan for 1983 but for the year 2 000 and beyond.'

Mr Wessels made it clear that his caucus was in favour of the principle of retaining provincial councils.

The Nat opposition ... supported the NRP in ... Provincial Council ... February last year on ... motion to retain provi... cial councils 'with rene... tiated powers an... functions'.

An amendment to t... original motion by ... Wessels was accepted ... the entire council.

It is expected that ... recommendations of ... President's Council w... come under scrutiny d... ing the debate next wee...

Mr Frank Martin, ME... who will introduce ... motion on the Buthel... commission, has not ru... out the tabling of a se... ate motion on the Pr... d e n t ' s C o u n c ... recommendations.

● See Editorial C...

TELLYVIEW
Last night's TV

EARLY viewers received a fair share of varied viewing from SABC-TV last night leaving the *Music of Kenny Rogers, Westgate* and a scheduled documentary on fur seals for English viewing and a reasonable few hours of television for everyone.

***Die Kraaines* production team has thankfully rid itself of that crow-with-the-movable-beak logo and in its place inserted a collage of action pictures more suitable to the content of the programme.**

They should have revamped their log-cabin studio at the same time; it's getting a little tired but perhaps that move is planned. Nevertheless the documentary on raisins made interesting viewing and could have provided valuable school project material for some of those at whom it is aimed.

SABC-TV would need a shoe-horn to squeeze more material into *Uit 'n Tuis*, a magazine programme which, with normally interesting topics and crisp editing, provides varied fair.

Last night it was tips on growing pot plants, a visit to a 'braai' competition and interviews with inventive farmers in their ' 'n boer maak 'n plan' series.

The drama, thunder and lightning included, came in the form of a tense episode of *Broed vir my Broer*, as Frans learned that his brother Hennie had been v... what he considered to his girlfriend.

Their father died a... at about the same ... that Frans was on ... way to confront Hen... an incident which, in ... er episodes, will no ... heighten the tension this well-produced, ... filmed and well-acted cal drama.

Full marks to SA... TV's news depart... for the service wh... they have provided ... ers on the Falklands land conflict.

EVEL... HOLTZHA...

DIY MOWI... CF...

UNIONS OPERATING IN 1981 GROUPED ACCORDING TO INDUSTRIAL CLASSIFICATION

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been established:

National Federation of Workers
Orange-Vaal General Workers Union
General and Allied Workers Union

AGRICULTURE, FORESTRY AND FISHING

Black Allied Workers Union
Farmworkers Union
Food and Canning Workers Union
National Certified Fishing Officers Association
Orange-Vaal General Workers Union
Trawler and Line Fishermen's Union

MINING AND QUARRYING

Amalgamated Engineering Union of S.A.
Amalgamated Union of Building Trade Workers
Amalgamated Society of Woodworkers of S.A.
Black Allied Workers Union
Black Mineworkers Union
Federated Mining Explosives and Chemical Employees Union
Iron Moulders Society of S.A.
Mine Coloured Staff Association of South Africa
Mine Surface Officials Association of South Africa
Mine Workers Uni
S.A. Boilermaker
S.A. Electrical
S.A. Engine Drive
S.A. Technical Of
Underground Offic

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MANUFACTURING

Food & Beverages

African Food and
Amalgamated Engi
Bakery Employees
Black Allied Work
Boland Inmaakwerk
Brewery Employees
Cadbury In-Compan
East London Meat
Food and Canning
Food, Beverage &
General Workers
General Workers U
Natal Baking Indus
Natal Sugar Indust
National Milling
National Union of
National Union of
National Union of
National Union of
Operative Bakers,
Pretoriase Baknyw

From page 1

Ambulance driver 'ignores white-only' law

Star 14/9/82

97

Rudolf said

An ambulance was called but when it arrived a few minutes later the driver and

"I tried in vain to reason with the men that both workers were badly hurt and needed medical attention as soon as possible." Mr

DISGUSTING

"This action by the ambulance men disgusting and smacks of racism," he added.

"It was another four hours before we could get transport.

"But the ambulance left Johannes moaning with pain," he said

Rudolf said that burns Mr Botha was burned on his face and broke a leg." Mr

To Page 3, Col 8

A black worker, seriously injured in a factory explosion had to wait four hours for hospital treatment because an ambulance would take only his white colleague who was also injured in the blast according to the men's employer.

The explosion occurred at a glass manufacturing factory, RHO Group at Balfour yesterday afternoon. According to Mr J Rudolf, a foreman at the factory, Mr J Botha and a black man whom he knew only by his first name of Johannes, were trying to open a drum of thinners solution when it exploded.

"Johannes suffered deep gashes on his chest and arm, lost all his fingers and had fac-

Ambulance ignores black man

Star 14/9/82

97

Ministers: Hansard Q. Col. 1008
(85) (97) 9/6/82 — 1009

Onderstepoort: Coloured/Indian students

*1. Mr. R. W. HARDINGHAM asked the Minister of National Education:

(1) Whether (a) Coloured and (b) Indian students seeking (i) veterinary and (ii) para-veterinary training are permitted to study at Onderstepoort; if not,

(2) whether his Department is taking steps to train (a) Coloured and (b) Indian veterinarians in the Republic; if not, why not; if so, what steps?

†The MINISTER OF ENVIRONMENT AFFAIRS (for the Minister of National Education):

(1) Yes.

(2) Falls away.

Veterinary training for Coloured/Indian students

(85) (97)

*2. Mr. R. W. HARDINGHAM asked the Minister of Internal Affairs:

Whether his Department provides facilities for (a) Coloured and (b) Indian students seeking (i) veterinary and (ii) para-veterinary training; if not, why not; if so, (aa) what facilities and (bb) where?

The MINISTER OF INTERNAL AFFAIRS:

(a) (i) and (ii) No.

(b) (i) and (ii) No.

The demand for such training does not

justify the provision of facilities for Coloureds and Indians by the Department of Internal Affairs and the few applicants who in the past indicated their desire to study in this direction have been granted approval to apply for admission at the University offering these courses

(aa) and (bb) Fall away

PROVINCIAL COUNCIL

Hospital pay scandal: It pays to be a part-timer

Own Correspondent

A part-time medical officer working night shifts at a provincial hospital can earn more than double the salary of a fulltime medical officer at the same hospital who does even more night work.

During the committee stage of the Budget debate in the Transvaal Provincial Council, Dr J C Jurgens (NP, Springs) said a fulltime medical officer at a provincial hospital could earn R6 000 a year if he worked an extra four nights a month above his normal duties.

However, a part-time medical officer could earn R7 824 a year doing the same extra shifts.

If the part-time medical officer did the maximum of 13 extra night shifts a month he would earn R13 692 a year, Dr Jurgens said.

Fulltime medical officers also had to sign an agreement that if they did the extra shifts they could be asked to work an additional 16 hours a week, if necessary in any other department, as decided by the hospital superintendent.

Dr Jurgens said: "However, if they do not want to work extra shifts they must sign a second agreement in which they acknowledge that they can be asked to do extra duties, again without additional pay."

Dr Jurgens, a former superintendent of the Far East Rand Hospital at Springs, said it was unreasonable, unjust and unethical to expect doctors to work extra hours without pay at night.

He said the new dispensation for nurses could help relieve nursing staff shortages, but shortages among doctors at provincial hospitals were now threatening

There was a 65 percent vacancy in doctors' posts at one hospital where only three of 12 posts were filled.

In reply the MEC in charge of hospital services, Dr Servaas Latsky, said his department was aware of salary anomalies facing medical officers.

Dr Latsky said it was hoped that the recently completed investigation into medical staff salaries by the Commission for Administration would resolve these and other problems.

The debate was marked by clashes between Dr Latsky and Mr Joel Mervis (PFP, Edenvale) over the patient/day costing at and private hospitals.

Mr Mervis said figures released by the provincial auditor showed great cost discrepancies between different provincial hospitals and between these and private hispitals

Dr Latsky said it was impossible to compare cost factors at the various provincial hospitals, as some performed duties for others, and had expensive equipment and carried out expensive surgery.

He accused Mr Mervis of trying to create suspicion and acting for political gain.

Mrs Irene Menell (PFP, Houghton) appealed for chronically sick outpatients in the lower income group to be granted relief from recent increases in hospital fees.

She said patients not covered by a medical aid scheme faced a doubling of fees from R1 to R2, which would mean an increase of R8 a month if they needed treatment each week.

The maximum income allowed for H3 category patients was R40 a month, and with extra travelling costs the additional fees would create an intolerable burden for the chronically ill, she said.

Ambulance chiefs: 'race no factor'

(97) Star 11/6/82

By Sue Leeman

Reef fire chiefs have reacted angrily to last week's report in The Star that Balfour's "white" ambulance service refused to help a seriously injured black man.

Most were adamant that it could never happen among their ranks.

The driver of Balfour ambulance is alleged to have offered help to a white victim of an accident and refused to help the black patient in the same accident in spite of his serious cuts and burns. Four hours passed before he was taken to hospital.

Senior superintendent at Johannesburg's Brixton fire station, Mr Chris Emerich, said the first available ambulance was sent to the scene of an accident, irrespective of the injured person's race.

"We don't have time for politics here.

"We only inquire about his race group because blacks and whites pay different fees," he said.

But he added that "we try to send a black team to help an injured black because they will be able to communicate with him in his own language."

Recently, when a member of The Star's editorial staff reported an accident, the first question she was asked by the official on duty at the Brixton fire station was "Is he white?"

Asked why this should be, Johannesburg's chief fire officer, Mr J G de Beer, said the question was "a mere formality, a regular procedure. Often the person reporting the accident is emotionally overwrought and this question is the first of a series which helps the caller to express himself rationally."

He said race identification made it easier for administrative staff when filing reports.

"It in no way influences the type of ambulance we sent."

Alberton's chief fire officer, Mr Geoffrey Davey, described the Balfour incident as "shocking," saying it was his department's policy to send the nearest ambulance to the scene.

"I can safely say we have never allowed an ambulance to pass an injured person without giving help," he said.

In Sandton according to deputy fire chief Mr Jimmy Archibald, officials "do not make an issue of a man's colour.

"The system is flexible. While black crews are usually sent to attend to blacks, if there is doubt about the victim's race, we send any crew which is available."

He added that in non-emergency cases, such as the transporting of patients from one hospital to another, black crews attended to black patients.

Edenvale's chief fire officer, Mr Pieter Pretorius, said the town council "did away with any petty apartheid in the ambulance service about four years ago."

Blacks help tackle health service tasks

24/6/82 Star

By Pamela Kleinot

Black health inspectors have been introduced in white areas of Johannesburg to alleviate a critical staff shortage.

The shortage of health inspectors is so desperate that a single inspector may cover as many as three districts.

As Johannesburg has grown, the number of health inspectors has diminished. At present, 33 percent of white posts are vacant.

Johannesburg's Medical Officer of Health, Dr B Richards, said six black inspectors were working in white areas. He added there were no black posts vacant.

Four black inspectors had been employed by the City Health Department as far back as 15 years ago. But the nature of black inspectors' duties has since been extended and brought into line with those of whites.

Previously black inspectors were involved in health education, advising black food-handlers on sanitation and hygiene. They are now involved in sampling and inspecting surface sanitation and food-handling premises.

Johannesburg is divided into 37 districts and ideally there should be an inspector for each district.

But due to the staff shortage, one inspector sometimes covers three districts — for example, Bellevue Central, Highlands and Randview.

The inspector for the Hillbrow area has only one assistant, who bears responsibility for the Berea area as well.

24/6/82

Baby dies after wait for ambulance

(97) E.Post

By RAYMOND HILL

A NEWLY-BORN baby girl died in an ambulance yesterday on the way to hospital after her mother had waited four hours for an ambulance to arrive.

Mr Patrick Claassen, of Gelvandale, said today his wife, Gertrude, went into labour at 6am yesterday. It was their first baby and he rushed to a nearby telephone to call an ambulance. He was told an ambulance would be sent as soon as possible.

After four more desperate calls to Livingstone Hospital, an ambulance arrived at 10.20am — more than four hours after the first call.

Efforts to obtain other transport failed and the desperate family also called a private doctor. The ambulance and a doctor arrived simultaneously but by then Mrs Claassen had already given birth to a daughter. She was assisted by a relative.

The baby was placed with other patients in the back of the ambulance and Mrs Claassen was told to sit in front because there was no stretcher available.

Meanwhile, another ambulance arrived and Mrs Claassen and the baby were taken to hospital in this ambulance. The baby died on the way.

"I am heartbroken and blame the ambulance service for my child's death. My wife could have lost her life, too," said Mr Claassen.

Port Elizabeth's chief ambulance officer, Mr W Rheeder, said the incident would be investigated.

SALDRU SUBJECT HEADINGS

Revised Edition

July, 1982

Cape Town

Only one call was received officer

Post 25/6/82

Post Reporter

PORT ELIZABETH's chief ambulance officer, Mr W Rheeder, said today his department only received one telephone call from Mr Patrick Claassen, father of the new-born baby that died on Wednesday morning.

Mr Rheeder said his records showed a call was received at 9.08am. An ambulance arrived at Mr Claassen's home at 10.22am, more than an hour later because "there were other patients to attend to".

Mr Claassen claimed he made five calls to the Livingstone Hospital. Every time he was promised that an ambulance would be sent soon.

Although the first call was made at 6am, the ambulance only arrived at about 10.20am, he said.

Mr Rheeder said calls for ambulance should be made directly to the ambulance department and mention should be made if the call was urgent.

Mr Claassen did not say the call was urgent.

The ambulance service telephone numbers are: 414111, 414112 or 414113.

Mr Claassen complained about the service he received after his wife, Gertrude, gave birth at home to a baby girl while waiting for an ambulance.

The baby, her first child, died in the ambulance on the way to hospital.



"At times we need to speed" plead ambulance drivers

TOO SLOW TO SAVE...

AMBULANCE drivers claim some patients may die on the way to hospital because they are powerless to exceed speed limits.

Durban's Fire Chief Mr Steve Smith slammed the claims saying many of the drivers did not have the technical knowledge to judge when a case was urgent because they had only received basic first aid training and did not have sufficient driving skills to handle an ambulance at speed.

But the firemen who drive ambulances received qualified backing from two official medical sources — Durban's Medical Officer of Health Dr Colin Mackenzie and the head of Cape Town's Metro Emergency Medical Service, Dr Alan McMahon — who said speed would be justified in certain cases.

Without the permission of the duty officer at the central fire station and a written letter from a doctor requesting an amublance to rush a patient to hospital, ambulance drivers risk being fined or fired from the department despite the Ordinance which authorises them to speed.

Only ambulances with sirens are legally allowed to exceed the speed limit or go through a red robot unless it has a police escort.

But only four of the 24 ambulance fleet in the Durban Fire Department have the necessary warning lights and sirens.

And even if they were given the go ahead to speed, ambulance drivers claim that many of the ambulances are not safe enough to travel at more than 80 km an hour.

By DOMINIQUE GILBERT

These are some of the startling claims made to the **Sunday Tribune** by firemen within the Durban Fire Department — the only firemen in the country who also double as ambulance drivers.

"I respect my job and love saving lives — it's what I chose to do, but it's often on my conscience that I couldn't save somebody's life because of the rules," one fireman told the **Sunday Tribune.**

"We know when we should break the speed limit, and sometimes even doctors tell us to.

"There are many, perhaps most, times when it would be worse if we did speed, but other times it's only logical that we shoud be allowed a certain amount of discretion in the matter," he said.

Some of the factors which firemen said prevented them from saving lives were:

- They had to get permission from the duty officer to speed, but this was seldom granted.
- Unnecessary time would be wasted getting a written request from a doctor to rush a patient to hospital, if there was a doctor available at the accident.
- In some cases, the ambulance would have to wait for the police escort to accompany it if the ambulance was without a siren.

Firemen say there is invariably a traffic jam at the scene of accidents because the public stop to see what has happened.

Each ambulance is equipped with a tachograph which is analysed daily.

But even if the graph records that the ambulance was speeding while carrying a patient to hospital, the driver could be issued with a pay fine up to R50 and after repeated fines, he can be fired.

The Chief Officer of the Fire Department, Mr Steve Smith, told the **Sunday Tribune** he did not fine people indiscriminately and each case was judged on its merits.

He said the possibility of an accident and chance of endangering the patient's life did not warrant the risk of speeding.

The City Medical Officer of Health, Dr Colin Mackenzie, said in some cases, especially in rural situations where for instance someone had been bitten by a snake and had perhaps half an hour to get to hospital, it may be necessary to speed.

"But ambulance drivers should be trained as paramedics," he said.

Dr Alan McMahon, head of the Cape Town Metro Emergency Medical Service and an international expert of emergency medicine, said:

"In my opinion it would be necessary for an ambulance to speed in certain cases, but it is more justified for the ambulance to speed on the way to a patient."

The MEC for hospitals in Natal, Dr Fred Clarke, told the **Sunday Tribune** he had supported the Ordinance, which had come up in Council again this week, allowing ambulances to speed.

"There are occasions when every minute counts in certain surgical and medical emergencies."

Group spreads health by the songs they write and sing

30/6/82 (9) Mercury



SONGS as a means of education — a member of the Mgoqozi group of community health workers practises a song her choir has composed about the value of a well balanced diet.

Mercury Reporter

A GROUP of about 180 women living in various black rural areas around the Valley of 1 000 Hills are using a unique method of teaching their community about primary health care.

They compose and sing songs on topics ranging from the symptoms to be expected in tubercolosis cases to the value of eating fresh vegetables and advice to mothers on breast feeding their babies.

And the women, who are all voluntary workers for the Valley Trust Centre's community health project, have met with a very positive response from the Valley of 1 000 Hills community

Visiting

Even the 'Izangomas', the indigenous health practitioners or diviners as they are sometimes called, have been co-operating with the didactic songsters and are beginning to accept and practice some facets of the essentially Western health care programme they teach.

Sister Beauty Shange, who is employed by the local T B clinic, spends a lot of her time visiting the different groups of community health workers where she delivers essential medical supplies and food stuffs and instructs them on aspects of health education

They in turn go out and teach their neighbours about basic first aid and health care, often usings songs as their education medium.

Workers

The Mercury accompanied Sister Shange on one of her trips this week and watched the singers in action.

'The amazing thing about these women,' Sister Shange said, 'is that they are all volunteers. They give up their time to help the community. This project has been going for about two years and I still sign up new health workers every week.'

'Most of the women have passed Red Cross first aid tests and can treat minor injuries or illness. And they have been taught to recognise the symptoms of serious diseases so that when they find victims they can inform the Valley Trust Health Centre or T B clinic.'

Literacy

Their most important function however is education. Besides teaching people about basic health care they also advise them on nutrition and child care, and in some cases even advise them on sound farming techniques.

Some of the groups have received literacy courses from Operation Upgrade and are teaching the community to read and write. The T B clinic reports that since the inception of the programme the number of patients visiting the hospital who can read and write has increased dramatically.

And besides being educational the songs these women compose are of a high musical standard. Each different group has its own choir who, a few weeks ago, competed in a singing competion held at the Don McKenzie Centre in the Valley of 1 000 Hills.

Now the Poles fill the holes in the medical rolls

97

S. Times 4/7/82

By KEN SLADE
Military Correspondent

THE wards and operating theatres of Pretoria's No. 1 Military Hospital echo with central European accents these days.

They are the cheerful voices of a happy band of Polish medics who are performing sterling duty restoring South Africa's fighting men to health.

The recent unrest in Poland has helped the South African Defence Force to alleviate the acute professional manpower shortage in military hospitals.

In the past three months 40 highly experienced men and women of the Polish medical fraternity have been signed on by the SADF.

They arrived here in a group of 70, which included children.

A number of specialists with many years' experience in various branches of the medical profession are among the group and, apart from language problems, all have settled down well.

And more are on their way: the recruiting campaign, taking place from Austria, is continuing.

More doctors, nurses, specialists and dentists are expected in Pretoria today, while further groups, with their families, are expected within the next few months.

This week two young and recently married members of the latest group, Wojtek and Margaret Pieron, told why they chose South Africa as their new home.

"We both recently finished our fourth-year medical studies in Lublin in Poland," said Margaret, "but we realised that we had no real future under communist rule."

Problem

She and Wojtek, who was then her boyfriend, fled to Austria.

"We married there and heard from friends about life in South Africa. We were fortunate to be among those selected to serve the SADF."

They decided on South Africa because "it is so anti-communist."

She said other Western countries did not seem to realise the international threat posed by communism.

The administrative staff officer at the Surgeon General's office in Pretoria, General Hercules Wassermann, said the Poles were recruited through the South African Embassy in Austria.

"A few months ago we heard that a number of Polish people experienced in the medical profession were in Austria and looking for work in South Africa," said the general.

"So we despatched a selection board."

The Poles were treated as normal immigrants and received the usual benefits.

"They were all sent to Pretoria because this is the only SADF centre which can handle their orientation, language training and in-service training," he said.

The general admitted that language was a major problem.

"Only about five of them speak English, so we cannot use them to their full potential.

"But they are all taking language training as well as in-service training which means that within a few months they should all be fully fledged and capable members of our staff.

"They are all extremely professional and willing," he said "and are serving the SADF proud."



Amended

He said the Poles were being treated as civilians until they became eligible for South African citizenship.

The general said he hoped that most of the Poles would remain with the SADF.

The Registrar of the South African Medical and Dental Council, Mr N M Prinsloo, said the law had been amended so that Polish medical personnel were now permitted partial registration once they had satisfied the Medical Council they were suitably qualified.

"They then have to work for a minimum of two years in a government or provincial hospital before becoming eligible for full registration which will allow them to practise privately if they wish.

"They will not be allowed to work unsupervised until they can speak either English or Afrikaans," he said.

Hospital staff strike

MORE than 100 general workers at the Kenridge Hospital in Parktown, Johannesburg, yesterday downed tools in protest against what they termed "junk" food.

A workers' spokesman yesterday said they had decided not to work until something was done about their grievance. They stopped working at lunch-time after they discovered that the meat given to them was a mixture of chicken throats and turkey.

16/7/82
Sowetan

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Pay and status 'inadequate'

Occupational therapists are an endangered species which could become extinct unless steps are taken to improve their salaries and status, says Dr Marius Barnard, MP for Parktown.

Opening the 18th national congress of the South African Association of Occupational Therapists in Johannesburg yesterday, Dr Barnard said he was astounded and saddened by the critical shortage of occupational therapists in South Africa.

"There are only 800 registered occupational therapists to cater for a population of 25 million," he said.

Of these, there are a mere 13 black, coloured and Indian therapists, and only six male therapists.

"There are only two registered therapists in the homelands where 55 percent of our black population lives.

"Thirty-five percent of occupational therapy posts in the southern Transvaal are vacant, and the situation is similar in the rest of the country."

Dr Barnard said the main reason for the shortage was inadequate salaries.

"The starting salary of an occupational therapist with a three-year diploma is about R520 a month. A senior post commands a salary of R675 a month, and a principal begins on R840 a month," he said.

The government would have to improve salaries and conditions of service, said Dr Barnard.

RDH 21/7/82

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Critical therapist shortage

OCCUPATIONAL therapy had become an endangered profession, the Opposition spokesman on Health, Dr Marius Barnard, said in Johannesburg yesterday.

Opening the national congress of the SA Association of Occupational Therapists, he urged health authorities to take urgent steps to save the situation.

Occupational therapists are involved in many areas of health promotion.

People of all races, sex or age were entitled to occupational therapy once their lives had been disrupted by disease or injury, Dr Barnard said. Instead, occupational therapists had become a "helpless handful".

Only 800 occupational therapists were registered with the SA Medical and Dental Council. They had to serve a country with a population of more than 25-million.

The main reason for the shortage was poor salaries, he said. — Sapa.

'Training of black therapists hindered'

By Caroline Braun

Legislation which prevents black students attending white universities except with special permission, is obsolete and should be scrapped, says Professor Philip Tobias dean of the faculty of Medicine at the University of the Witwatersrand.

He delivered the seventh Vona du Toit memorial lecture at the national congress of the SA Association of Occupational Therapists in Johannesburg last night.

He said the Extension of University Education Act of 1959, which made it necessary for blacks to obtain ministerial permission to attend white universities, had hindered the training of black occupational therapists.

"Only 13 blacks have qualified in occupational therapy in South Africa, and there is only one Indian occupational therapist in active practice," Professor Tobias said.

"Ministerial permission is seldom granted to students of colour wishing to study the paramedical disciplines, and this has discouraged students from even applying to enter these fields.

"I hope the ministries concerned will recognise there is a crying need for blacks to be allowed to enrol for occupational therapy and other allied disciplines at all training institutions willing to accept them.

"With blacks comprising 70 percent of our population and coloured people and Indians a further 15 percent, it is obvious the country needs to produce black occupational therapists in ever-growing numbers."

Outlining his hopes, Professor Tobias said he would like to see chairs of Occupational Therapy established as soon as possible.

"With occupational therapy being taught as a degree course at seven South African universities, it is amazing there is not one professor of Occupational Therapy in the country," he said.

He said his great dream was an academic health centre in Parktown, where the Johannesburg Hospital and new Medical School stand. In three years, a dental school will be built in the area.

Professor Tobias said he hoped that one day there would also be schools of nursing, pharmacy and occupational and physical therapy in the academic health centre.

New service due to operate soon

Political Reporter

THE multi-million-rand provincial ambulance service in Natal is nearly ready to roll.

The Province's ambulance personnel courses start at the Technikon in Durban on August 2 with 200 trained people available by the end of January.

Natal will pay for the manning and operating of 30 Red Cross ambulances and 57 new ambulances worth R850 000 will be in use by the end of the year. The new communications centre for ambulances and emergency service vehicles has opened in Durban.

Mr Alan White, director of ambulance and emergency medical services said yesterday that the biggest drawback at present was the lack of skilled personnel. 'That is why it is so essential to give the training of people a high priority.'

Course

The provincial ambulance training centre — the only one of its kind in South Africa — at the Natal Technikon would hold eight courses of two weeks giving 80 hours of theory and practical instruction leading to a basic ambulance certificate. The full-time courses were fully subscribed.

A part-time course was full until the middle of next year.

Mr White said 55 percent of the 21 places in each course had been allocated to personnel from Durban.

The remaining places were filled by people from the Province, the Red Cross and local authorites.

The courses were open to all races and teaching staff was multiracial.

'We are looking to train 200 people up to basic level between now and the end of January. The more advanced course will be open only to those who have completed the basic course,' Mr White said.

The allocation in the current financial year for new ambulances was R1 100 000. The first three vehicles were ready and were expected to be in service soon.

A mobile intensive care unit designed to transfer patients from one hospital to another was ready to go into service at Addington Hospital.

A new ambulance would be sent to Grey's Hospital in Pietermaritzburg in a few days.

Ambulance not to blame for leaving black man

(97) Star 16/8/82

East Rand Bureau

Balfour's ambulance service has been cleared of any blame following an incident in which a black man lay bleeding for several hours before being taken to hospital. The man had been injured in an explosion.

A drum of thinners exploded at a glass factory at Balfour, south-east of Johannesburg, about two months ago, injuring Mr Johan Botha and Mr Johannes Motswene.

Mr Botha was taken to hospital by ambulance, but Mr Motswene lay in a doctor's rooms for about five hours before being taken to hosp'tal.

The Transvaal Hospital Services launched an inquiry after Mr Motswene's employers accused a white ambulance driver of refusing Mr Motswene service.

Dr Hennie Grove, director of the Transvaal Hospital Services, said today the inquiry found that Mr Motswene was not taken in the same ambulance as Mr Botha because he needed immediate medical treatment.

Several of his fingers were amputated and his left calf had been torn away in the explosion so the doctor decided to treat his wounds before he was taken to hospital.

After he had finished treating Mr Motswene, the doctor found that Balfour's black ambulance was out of town. Mr Motswene was eventually taken to hospital in a meat factory's ambulance.

"At no stage was an ambulance service refused," Dr Grove said.

Couple question ambulance rules

EAST LONDON — An Arnoldton couple who telephoned for a Divisional Council of Kaffraria ambulance last Thursday said they were amazed to be told that only whites and doctors could telephone for an ambulance.

Mr A. M. Deoduth and his wife, Dr G. H. Deoduth, said they wanted to know what ordinary people who needed an ambulance were to do if they could not find a white or a doctor.

They said that when they spoke to a senior official at the ambulance station, he added that ratepayers also had the right to call for ambulances.

Mr Deoduth said residents of the Blue Rock squatter camp asked him to call an ambulance for a young girl who was vomiting and suffering from diarrhoea.

"I spoke to a man who said his name was Petzer and he told me I must ask a white or a doctor to make the call, otherwise they would not send an ambulance," Mr Deoduth said.

"Even after I had given him my name and telephone number — so he could ring back if it was a genuine case of need — he still insisted it had to be a white or a doctor."

Mr Deoduth's wife, who is a doctor, then telephoned the ambulance service and queried the explanation given to her husband. She was also told this was the case and these were instructions from superiors.

"I asked what would happen if an ordinary person telephoned for an ambulance," Dr Deoduth said.

She said she was told that, if the caller was black, he had to be a headman or a chief and the officials at the ambulances knew which chiefs and headmen could make such calls.

"He insisted these were orders and he referred me to his superior — a Mr Walmsley — who was asleep at the time."

Dr Deoduth said Mr Walmsley telephoned later and told her people entitled to call for ambulances were ratepayers, whites and doctors. He had added some blacks could make calls.

"From all this we gather that, if an ordinary person finds an injured man on the road, he cannot call an ambulance if he is not a ratepayer or white or a doctor or a black whose name the officials know."

Dr Deoduth said Mr Walmsley told her that her husband had made a call the previous day for which an ambulance service was not required.

But when they checked later they found that the child for whom the call had been made had been fetched by ambulance and had not returned from hospital.

Dr Deoduth said there had been a long argument before the ambulancemen agreed to come and fetch the young girl.

The secretary of the divisional council, Mr L. Daubermann, said he was not aware of the incident and referred inquiries to Mr Walmsley, who could not be contacted for comment yesterday. — DDR

Paramedics — Jo'burg's 'lifesavers'

TWO hours after coming to the aid of "Richard Zulu", who was knocked down by a train and suffered fractures of the neck, spine, arms, legs, and skull and a serious torso wound through which his lungs could be seen, he was taken to the Hillbrow Hospital.

"John Moller" broke his neck, an arm and a leg, injured his spine and fractured his skull, but it took an ambulance nearly an hour to get him to the Johannesburg Hospital.

But the delay in removing them from the scene of their accidents saved their lives.

For some of the men and women of the Johannesburg Ambulance Service are skilled paramedics. Day in and day out they work to save lives — often in the most difficult and dangerous conditions. **CHRIS OLCKERS joined them at the weekend and this is his report:**



Inside the paralance, the injured man is immediately attached to an ECG monitor and an oxygen mask is placed in position to help his breathing.



After putting a support collar around the man's broken neck, the paramedics dress his wounds and stabilise his condition.

Pictures: NOEL WATSON



Paramedic, with the help of ropes, carefully carry the injured man from the railway line up a steep bank to the paralance, where he will receive further emergency treatment while being taken to hospital.

BYSTANDERS at the scene of a motorcycle accident in Johannesburg urged ambulancemen to take the critically injured youth to hospital as quickly as possible.

After 35 l-o-n-g minutes and critical comments from the crowd, the man was carefully loaded into the ambulance. With only its bright red and white lights flashing the ambulance took him to the Johannesburg Hospital.

Onlookers shook their heads in disbelief — not a single siren was blaring.

"They should get him to hospital as fast as they can. Why the bloody fools aren't going at full speed with their sirens going I don't know," one man said.

Walking away he still muttered about the "good old days when a patient was taken to hospital as quickly as possible".

But what he and several others did not recognise was the international insignia on the men's uniforms and the ambulance.

The insignia is called the "Blue Cross" or the "Star of Life" and the three men attending to the victim were members of a growing number of ambulancemen who have become emergency medical assistants or paramedics.

They are Johannesburg's "lifesavers".

Johannesburg's Ambulance Chief, Senior Superindendent Chris Emerich, later explained why the EMAs had taken their time in getting the man to the hospital and why the ambulance had not used its siren.

Expert medical help on the spot for the injured

"In the case of a critically injured or seriously ill patient it is the paramedics' duty to first of all stabilise the patient. In the case of injured people they have to combat trauma or shock. Often this, and not the injury, can prove fatal.

"Several years ago a patient was taken to hospital as quickly as possible. Ambulances were basically used as a ferry from point A to point B. Now the patient is virtually ready for theatre by the time he gets to hospital.

"He is stabilised and has received the emergency medical care that could save his life.

"We also don't race with sirens blaring; it could lead to further trauma. It is unnecessary, for even if it takes another hour to get to hospital, he will be receiving expert medical care on route," Superintendent Emerich said.

Johannesburg has only seven fully-equipped paralanses, which cost R70 000 each. The men and women manning them have to serve more than two million people in an area of more than 500km².

Seventy members of the Johannesburg Ambulance Service's complement of 240 have completed an intensive paramedic course. Black and white, male and female, work day and night, side by side.

At the weekend the head of the Ambulance Training School, Superintendent Lawrence Katz, gave me a look behind the scenes.

It was shortly before 10 o'clock on Friday night when a call came through that an unidentified black man had been knocked down by a train.

With sirens blaring and lights flashing, we raced to the scene. On our arrival we found we had to climb down a steep hill. There were broken bottles and rubbish everywhere.

In the dark next to the railway line lay a man whom I believed was dying.

He was lying in an awkward position. His body broken and twisted. It was obvious he was critically injured.

Without delay the paramedics, who included a woman, examined him and started treatment.

His neck and back had been broken and he had a gash almost right around his body. Blood was coming from his ears, and his lungs were visible through the gash.

He was lying right next to the railway line on one of the busiest tracks in the country. But without regard for themselves, the team worked with only torches to help them in the darkness.

"Just stop that train when it comes." Superintendent Katz said as he and the team put a support collar around the man's broken neck.

The man had obviously been drinking and bloody foam made his breathing difficult. While one was busy splinting his leg another was desperately trying to get an intravenous drip into a vein.

I felt sick as I heard the rumble and saw the distant light. A train was on its way.

But the paramedics' only concern was for the patient.

A Railway Policeman shouted, "Get out of the way," as he waved a torch at the approaching, fast-travelling train.

Steel on steel screeched towards us. The paramedics cast only a sideways glance at the train as they worked to clear the patient's air passage with a suction pipe.

The train stopped metres away. Meanwhile a second paralance unit had arrived and set up a generator, which provided the working team with light.

The train had a schedule to keep and the paramedics had a life to save.

Fifteen minutes later the team was satisfied the patient could be moved slightly, and only then was the train allowed to move, passing only centimetres from their heads.

More than an hour had passed since they started treatment. Now the man could be moved. But this, too, posed a problem. Ropes had to be used as he was carried up the slippery bank.

Treatment did not end when he was at last inside the paralance.

He was immediately put on an electrocardiogram monitor and an oxygen mask was fitted to his face.

A tube was pushed into his throat and every few minutes a suction pump was used to keep his air passage clear.

Twenty minutes later the Hillbrow Hospital was contacted by radio and a complete condition and injury report on the patient was sent through.

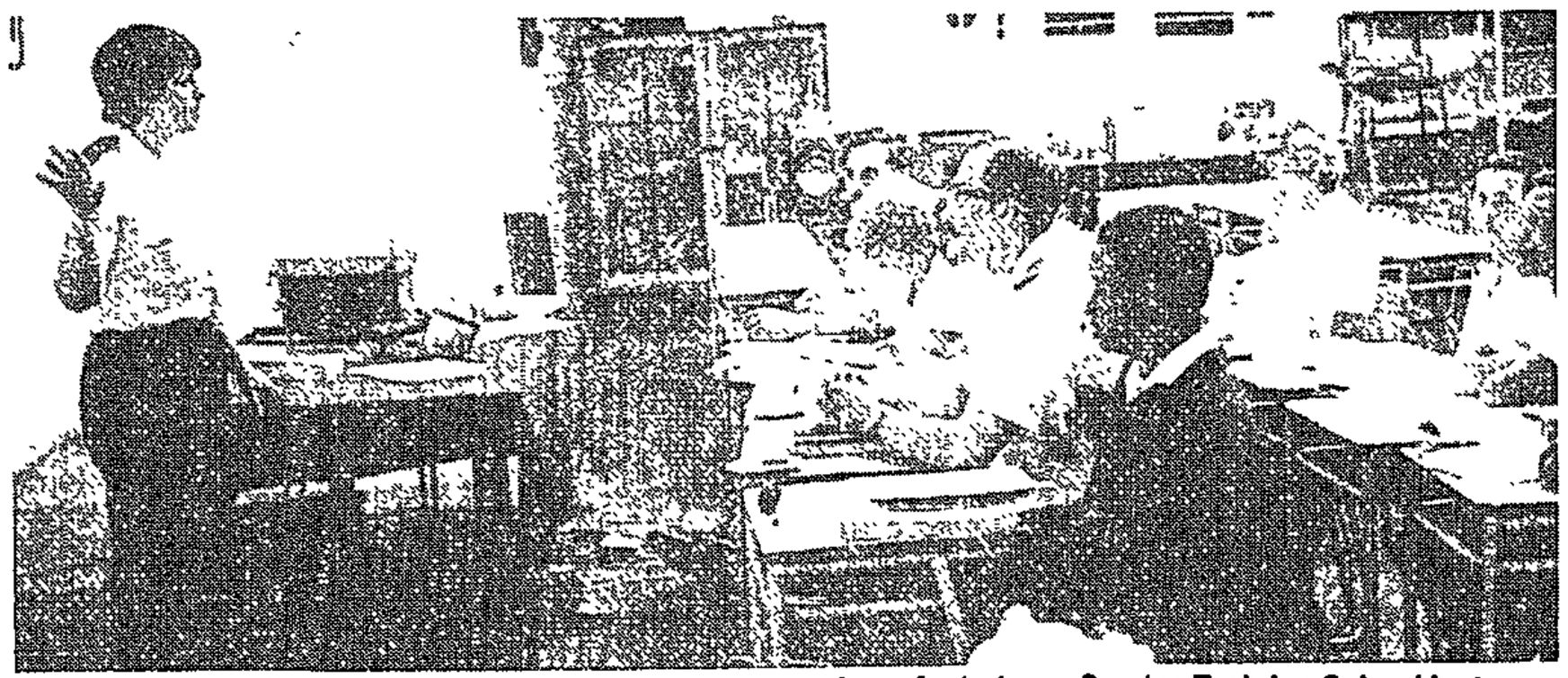
The hospital knew they were receiving a critically injured man and with only its lights flashing, the paralance drove the man to the hospital.

Within 15 minutes after arriving at the hospital "Richard Zulu" — not his real name — was being wheeled into an operating theatre.

He was fighting for his life, but the struggle really started when the paramedics arrived at the scene of the accident.

They barely had time for a cup of coffee when the next "urgent call" came — a suspected heart attack.

The skilled lifesavers at accident scenes are the paramedics — the specially trained men and women, black and white, of the Johannesburg Ambulance Service who have trained as emergency medical assistants. CHRIS OLCKERS, who accompanied them on their calls last weekend, reports on what makes a paramedic.



Sister Margaret Nicholas, an instructor at the Johannesburg Ambulance Service Training School lectures a class of would-be paramedics.

Few are chosen, but many are saved

97

IT COSTS more than R10 000 to train a single Emergency Medical Assistant of the Johannesburg Ambulance Service.

The ambulance service receives between 400 and 500 calls a day, of which several will request a paramedic.

Last year Johannesburg ambulances covered a distance of more than two million kilometres on calls. During the year more than 121 000 calls for help were received.

Ambulance chief, Senior Superindendent Chris Emerich, says the paramedic course offered by the service is of such a high standard that only 50% of students starting the course manage to complete it successfully.

Mr Emerich said that as far as his department was concerned, the number of staff members who pass the course is not important — it is their quality that counts.

"These men and women deal with seriously injured or ill patients all the time.

"Even though it would be nice to say that 90% of your staff were trained paramedics, it is far better to know that the 15% who are qualified are on a par with the best in the world."

Up to now the service has trained 70 of its 240 staff complement. An advanced paramedic course will soon be offered.

Before an ambulance attendant can apply, or be selected for the paramedic course, he (or she) must have had at least three years' ambulance experience

The chief of the training school, Superintendent Lawrence Katz, a highly skilled paramedic who has completed several intensive paramedic courses in the United States, Britain and Europe, said he demanded and expected a high standard from his students.

"The course lasts for five weeks, which includes lectures on Saturdays. At the end of each week students are subjected to a stringent examination in which they have to score at least 70%.

"Should they fail, they are not allowed to continue the course. If they wish to do the course at a later stage, they may re-apply, but then they have to pass, otherwise they will not be allowed to attempt the course again.

"These men and women will be handling equipment worth more than R70 000 and we have to see to it that they are properly trained and sufficiently skilled to be able to use it for the benefit of the public," he said.

During the 240-hour course the would-be paramedics cover a wide spectrum of subjects. They are also lectured by medical experts on different subjects.

These include the digestive system, the genito-urinary system, diagnostic signs, spinal injuries, the skeletal system, the nervous system, basic life support, head injuries, burns, child birth, paediatric emergencies and many more.

Students also do two weeks practical work under supervision at the Johannesburg Training Hospital and at the Natalspruit Hospital.

"And we do not look at sex or race. If applicants are capable then they are more than welcome," he said.

The paramedic course being currently presented at the training school is being attended by a majority of blacks. There are also several women on the course.

To ensure that paramedics of the Johannesburg Ambulance Service are up to date with the most modern equipment and techniques, the certificate they hold is only valid for two years.

"The care of patients is our immediate concern. By forcing staff to go through the course again, we are able to offer the patient a paramedic who knows what it is all about.

"It does not help to send somebody to the scene of an accident or to someone who is seriously ill when they do not know the latest techniques or what equipment is available," Mr Katz said.

Women play a major role in the Emergency Medical Assistant department. Several of them are experienced nursing sisters.

The service also relies on the help of volunteers. Some of the volunteers are printers, diamond cutters, housewives and even a doctor of zoology.

Mr Katz said the volunteers, who were expected to work eight hours a week, usually worked three times as long as was expected of them.

At present there are 27 volunteers of whom 16 are women.

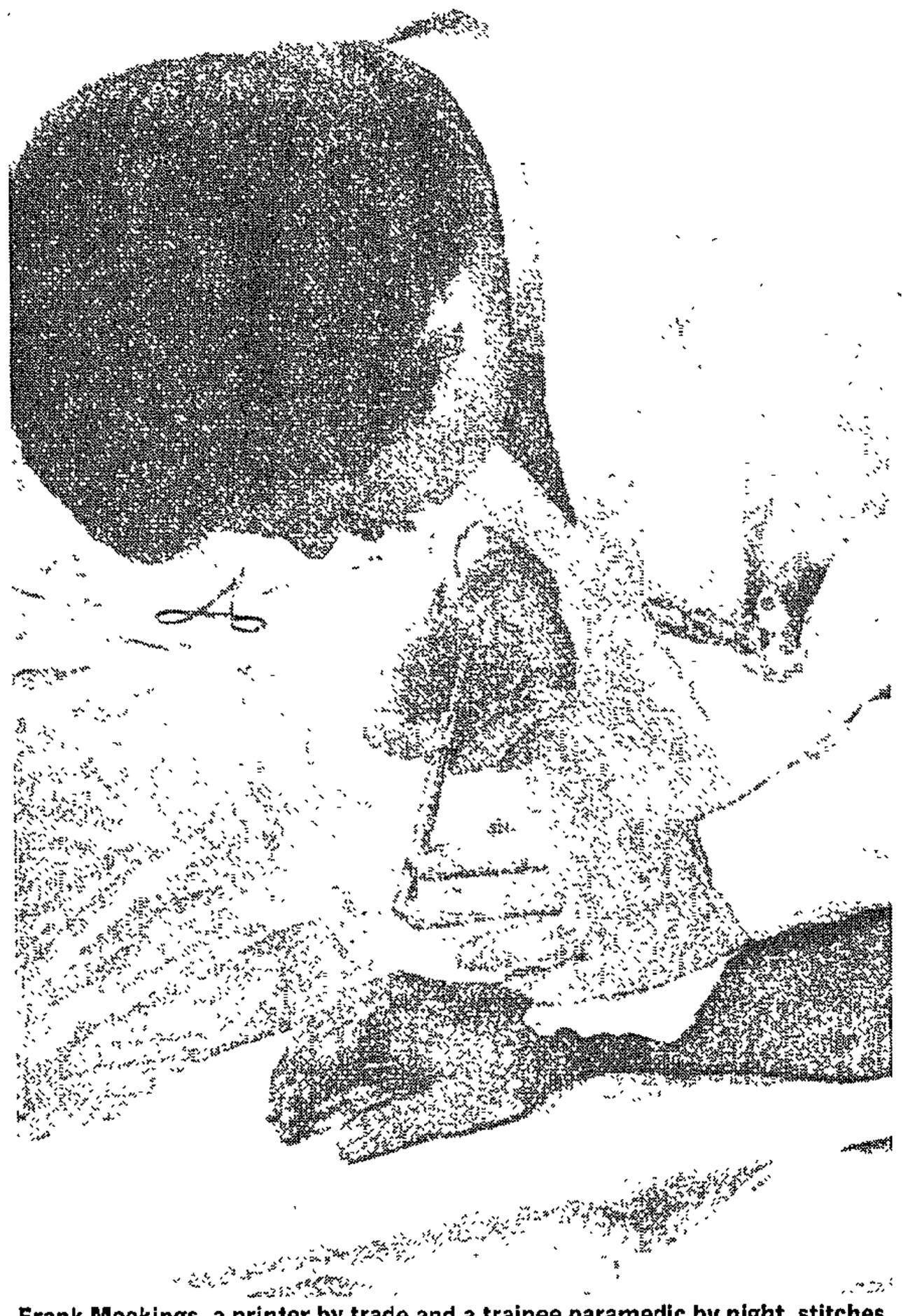
"We also have husband and wife teams who have been a great asset to the service. Few people know that the Johannesburg Ambulance Service has a reservist force.

"Although their training as paramedics is over a longer period of time they receive exactly the same lecturers and certificate as does a full-time employee of the Ambulance Service," Mr Katz said.

Paralances or emergency units are used for serious accidents, heart attacks, drownings, shootings, stabbings, assaults, rescues, serious burns, spinal injuries and incubator cases.

Hospitals work closely with the Emergency Medical Assistant Squad and are in constant radio contact with the paralances.

Mr Emerich is adamant that the service, including ordinary ambulance calls, could not function effectively but for the high morale, the loyalty and dedication of the members of the service.



Frank Meekings, a printer by trade and a trainee paramedic by night, stitches the wound of a patient at the Johannesburg Training Hospital where he is gaining practical experience under supervision. Pictures: NOEL WATSON

How to report an accident

MEMBERS of the public do not always understand why they are asked so many questions when they telephone for an ambulance.

"In many cases people are unable to tell us exactly where the accident has occurred," says Ambulance Chief Chris Emerich.

"Also people suspect we are being racist when we ask what the nationality of the injured person is, but we have sound reasons for asking the question."

Mr Emerich offers this advice to people calling for an ambulance.

- Establish the race of the patient. When seriously injured the patient normally reverts to his mother tongue. If he is black it is better to have someone at the scene from his own race or somebody who can speak his language.
- Try and assess the exact nature of injuries suffered. A cut on the scalp can sometimes look more serious than it is. While a paralans is out attending to such a person, a much more serious case might have to do without expert help.
- Find out the correct address. Ambulances often have to travel round looking for the patient when a few minutes could mean the difference between life and death.
- Do not move a patient. There have been incidents in which a patient's life was endangered because he was moved. While waiting for an ambulance, make sure the patient can breathe.
- Leave your telephone number in case something goes wrong — like the ambulance losing its way.

open channels that it's not necessary.

"One only has to know

"Once this information has been given to the client

scattered throughout black African states and in Iron Curtain countries.

They are SA's only women ambulance assistants

97

E. Pos
2/10/82



Above: Checking the rearview mirror of the ambulance before setting out is Mrs NORA GLAUS, of the Cape Municipal Ambulance Rescue Unit in Port Elizabeth. First aid is in her blood.

Nora and Judy handle tough job

Below: Mrs JUDY ZUCCOLLO, the other successful ambulance medical assistant comes from the Dias Divisional Council Ambulance Division. She gets her instructions about a case from the Chief Ambulance Officer of Dias Ambulance Division, Mr M NEVELING.



By NOREEN SUTCLIFFE

TWO Port Elizabeth women have become the first women ambulance medical assistants in South Africa.

Mrs Norah Glaus, of the Cape Ambulance Rescue Service, Port Elizabeth Division, and Mrs Judy Zuccollo, of the Dias Divisional Council Ambulance Division, returned home this week after a rigorous two months of training and examinations in Cape Town.

Shortly after her return, Mrs Norah Glaus climbed behind the wheel of one of four new ambulances delivered this week to the Port Elizabeth Ambulance Division. She will be the senior crew and responsible for driving to an emergency.

Then she will administer to the patient on the return.

There were 13 men with the two women on the course, but not all the men passed.

Everyone in Mrs Glaus's household is involved in first aid.

Mr Errol Glaus, a technician for a medical equipment supply firm, is a member of the St John Ambulance Brigade. He does regular ambulance work at sporting functions over weekends.

Their three daughters Noleen, 16, Karen, 13, and Susan, nine, are all capable of administering first aid, being St John Ambulance cadets.

Mrs Glaus became interested in first aid as a schoolgirl in Boksburg. She joined the Voluntary Aid Detachment of the Red Cross and wrote all the junior exams.

But when she started work as a book-keeper, first aid took a back seat. Then 5½ years ago she joined the St John movement.

In February she joined the full-time staff of the Port Elizabeth Ambulance Division after a year's voluntary service with them.

She is a qualified emergency medical assistant, having completed a course at the Port Elizabeth Technikon. Students were able to watch various pregnancy confinements at a hospital in order to understand the correct approach to birth.

Despite her total involvement in first aid and the major strides she has taken in ambulance rescue work, she says she is not a women's libber.

"Nor have I ever wanted to be a nurse. I always looked on nursing as being too routine, whereas the work I am doing now is more exciting.

"The emergence of women ambulance medical assistants is a new era in ambulance care. We were very well received in Cape Town and, though no leniency was shown us because we were women, the greatest joy was being accepted and the willingness of the Cape Town people to help us."

Mr Arthur Lee, Acting Chief Ambulance Officer, said that basically the service believed in competent training for all ambulance personnel. There was no differentiation in any way between men and women.

"The Ambulance Service provides equal opportunities for people who are interested in emergency medical care," he said.

"Naturally we are very proud of Mrs Glaus. It is not an easy course and her achievement is to be commended."

This week as Mrs Glaus took up her seat behind the wheel of one of the ambulances, she said it was amazing how many men could not believe their eyes when they saw a woman behind the wheel.

Unlike Mrs Glaus, Mrs Zuccollo has always hankered to carry on with her nursing in some form.

After leaving school in Port Elizabeth she did initial training as a nurse in Pretoria, where she passed her hospital examinations but never wrote the government exams.

Like Mrs Glaus she is a qualified emergency medical assistant. She passed an army medics course and is attached to the Donkin Commando.

For Mrs Zuccollo it's a far cry from training race horses and running kennels for cats and dogs, to driving an ambulance. But throughout her life the call of nursing in any of its forms has always been there.

So much so that she took a job as switchboard operator at the Dias Divisional Council headquarters in Burt Drive where, among other duties, she was in radio touch with ambulances and was occasionally called in to be a third member of an ambulance crew.

Now her job is what she loves most and she is the senior crew member on an ambulance.

She has found that her presence in an ambulance crew makes a difference to injured or ill women and children.

Mrs Zuccollo said that at the start people thought women would not be able to handle some of the problems confronting ambulance men, such as carrying a patient in a stretcher down seven flights of stairs or changing the tyre on a vehicle.

But these were easily overcome and she enjoys every moment of being involved with ambulance medical care.

One thing she would like to see is a different attitude of the public towards the ambulance services.

"Many people still think an ambulance officer is only a driver," she said. "They do not realise what training qualifications and capabilities these people have until they see for themselves after having to call on the ambulance medical care services."

SA ambulance services 'lagging behind'

Staff Reporter

EVEN the most progressive ambulance services in South Africa lagged far behind international standards, the national secretary of the Ambulance Service Institute, Mr J Wilby, said on Friday.

Mr Wilby was replying to a Cape Times report which quoted from an article due to appear in the November issue of The Readers Digest.

The article claims ambulance services are "blatantly inadequate" and organization "hotch potch".

The Cape Times report contained statements denying this and claiming great improvements had been made in the services.

Mr Wilby said in a statement that the institute acknowledged that efforts had been made to improve ambulance services and that this was an enormous task. But the services still lagged behind those in European countries.

The European metropolitan standard for emergency response times recommended that 50 percent of cases should be reached in seven minutes and 95 percent within 14 minutes, he said.

No standards existed for South Africa, but the latest statistics showed that in the Cape metropolitan area only 52 percent of emergencies were responded to within 20 minutes.

"These figures highlight the fact that no matter how highly-trained and well-equipped the ambulanceman, the organization which supports him must ensure he is in the right place at the right time."

The organization of the services in most parts of the country involved "costly dupliction of premises, equipment and manpower". It lacked the co-ordination to make sure the nearest aid was sent to those in need.

"The institute believes this situation is indefensible on moral and economic grounds," he said. "It has recommended the separation of services which are combined with traffic and fire departments, and the formation of regional services managed by one local authority on behalf of others."

The institute was concerned that there was no standard entry qualification for ambulancemen and that recommended basic training excluded subjects such as interpersonal and social skills and advanced driving techniques.

Learning to ensure patients' well-being

Volunteers for course make time to care about people

Municipal Reporter

EVERY three months between 25 and 30 volunteers in Port Elizabeth enrol for the Emergency Medical Assistants Course (paramedics course) which enables them to work in the casualty department of a hospital or on an ambulance.

The course is run by the Pre-Hospital Care Committee of Port Elizabeth.

Last night those currently taking the course were taught about extricating an injured person from a damaged vehicle at a demonstration at the Dias Divisional Council depot in Burt Drive.

With lights flashing and sirens blaring traffic vehicles, ambulance cars, a rescue vehicle and an ambulance rushed to the scene of a mock accident where the jaws of life were used to extricate the "patient" from a wreck.

The co-ordinator of the Emergency Medical Assistants course, Sister Cathy Scales, said those who took the course were all people "who cared about people". They gave up two nights a week for three months while taking the course.

In 1976 Port Elizabeth became the first centre in South Africa to start the course, which was internationally recognised, she said.

Volunteers had to be trained sisters, pharmacists, or hold the advanced certificate in first aid.

They learnt about resuscitation, how to set up intravenous infusions, how to treat for shock, how to deliver babies and about basic life-support techniques, she said.

In a talk after the mock rescue demonstration the Secretary of the Dias Divisional Council, Mr N W Anderson, said its ambulance service (known as the East Cape Local Authorities Rescue Service since Dias took over the running of the local services in Winterhoek and Smaldeel) had grown tremendously in the last four years.

In August 1978 the service handled 218 cases and travelled 10 519 kilometres. In August 1982 the service dealt with 5 464 cases and covered 234 882km.

The service had 55 ambulances and five rescue vehicles and had 16 stations covering its area of operation.



Ambulance medical assistants lift the "patient" on to a stretcher. To the left of the "body" are Mr CHARL PRESSLY (left) and Mr LOUIS BARNARD. Mr ANSLEY DU PLESSIS has his back to the camera while Mr AUBREY NEETHLING is holding the drip.

Exams planned for chiropodists in SA

Own Correspondent

It is now compulsory for all chiropodists to register with the South African Medical and Dental Council.

It is also the last opportunity for all those chiropodists who do not have the full qualifications but who have worked in the profession in the country for more than five years to register..

The council has decided to hold an open examination for all chiropodists, and this will entitle them to be registered on a separate register.

However those who do not want to sit this examination will be registered on a separate register, and their activities will be restricted by the Council

These restrictions will be determined by the council after they have conducted an oral or practical examination.

At the moment there are 78 registered chiropodists in South Africa and this is an attempt to up-grade the whole profession, said a spokesman for the Medical and Dental Council in Pretoria.

The open examination will be both oral and practical and the entrance fee is R50. Applications must reach the registrar of the South African Medical and Dental Council before November 15.

Woman of 80 ordered out of ambulance

By Joao Santa Rita

Mrs Hilda Larner (80) was yesterday told to leave an ambulance that was taking her to an old age home after she became ill at her daughter's home in Lombardy East.

But the Brixton ambulance services say they were acting within regulations when they told Mrs Larner to do the rest of the trip in her daughter's car.

Mrs Larner's son-in-law, Mr Norman Clack, said today she had become ill while on a visit from the Edenvale old age home.

"We phoned the ambulance people and they agreed to take her. But halfway through they took her out of the stretcher and my wife had to drive her the rest of the way," he said.

A spokesman for the ambulance services said they informed Mr Clack the old age home was not within their area of service.

"Later we got another phone call saying she was going to the Edenvale Hospital. We agreed to take her, but halfway Mrs Larner said she was not going to the hospital but to the old age home."

Doctors attacked over emergency treatment

By ARLENE GETZ

POOR treatment by doctors and badly-trained ambulance attendants could be causing the deaths of up to 50% of South Africa's accident victims.

This warning came this week from Dr Hymie Green, head of Johannesburg Hospital's accident services

He said the average doctor's knowledge of emergency treatment was "lamentably poor" and that care given to many accident victims bordered on the unethical — and often criminal

"If this were America some of those doctors would undoubtedly be sued," Dr Green said.

And, with the worst offenders in smaller centres, he said, a road accident victim's chances of survival were more slender in country areas than if the accident took place near a city

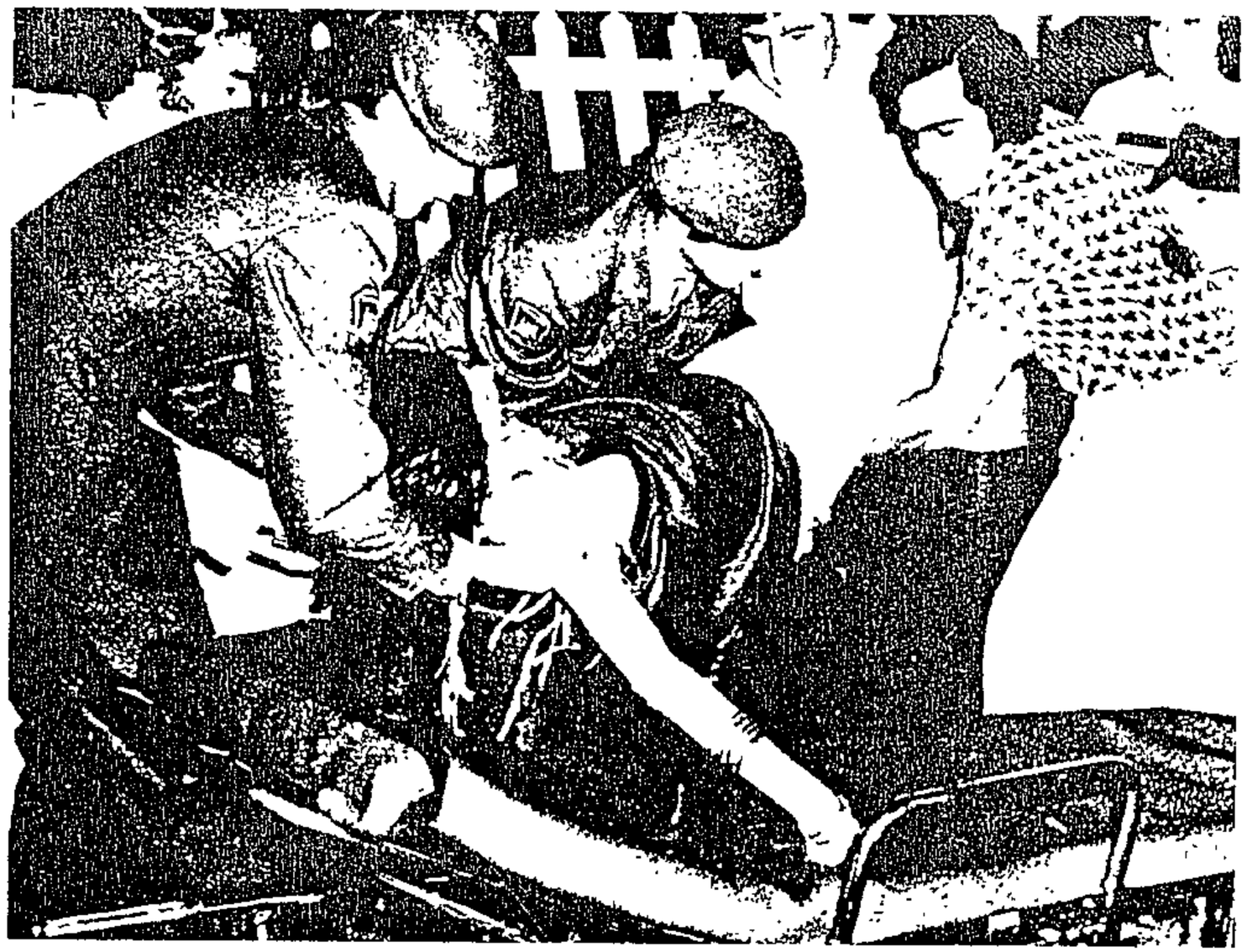
"Once you get east of Benoni you're taking your life in your hands," Dr Green said

His warning was echoed by Mr W N van Kralingen, of the CSIR's National Institute for Transport and Road Research

Mr Van Kralingen was at the centre of a storm three years ago when he told an international conference on disaster medicine that South African ambulance services were shocking.

This week he said that while services in the cities had improved since then, services outside the main cities were still poor.

"At the moment there are still long stretches of road on the way to the main holiday centres which have either non-existent or inferior services," he said.



● An accident victim — is she being treated correctly? Often ambulance attendants are hospital porters or clerks whose knowledge of first aid is sketchy, according to a leading CSIR transport authority.

He had submitted reports criticising this to the National Road Safety Council, but these had not yet been released.

"Often the ambulance attendants are hospital porters or clerks whose knowledge of first aid is sketchy and long-forgotten," said Mr Van Kralingen.

Local authorities often recruited staff such as firemen or traffic officers to act as ambulance attendants.

"This means you'll find a traffic policeman working at a speed trap receiving an emergency call after an accident. He has to pack up his equipment, drive back to the station, collect an ambulance and find a colleague.

"By the time they reach the victims the so-called 'golden hour' has just about elapsed," said Mr van Kralingen.

The golden hour — the first 60 minutes after the accident — was the most important period, as statistics had shown that a patient's chances were dramatically improved if diagnosis and treatment were carried out in this period.

Overseas statistics had also shown that up to 25% of all deaths could be prevented if a properly-trained person was on the scene within 10 minutes, and up to 50% of the victims could have been saved by an adequate ambulance service and treatment area.

Yet about 15% of all accident deaths were not caused by the victims' injuries but by choking.

This could happen either when a person's tongue was not pulled away from the windpipe, or when patients were transported in ambulances on their backs rather than on their sides.

"The problem is often compounded at many small hospitals where staff, confronted by a serious case, simply throw their hands in the air and pack patients off to a big hospital without examining them properly," said Mr Van Kralingen.

This was confirmed by Dr Green, who cited a case in which a teenager was left with possible brain damage following incomplete examination after an accident earlier this month.

"In smaller hospitals — and often in the bigger ones — doctors are neither trained nor interested in emergency reception," he said.

"Not everybody can work in a reception area, but local hospitals are often forced to take anybody who applies because they are short of candidates."

Dr Green said that although medical students at the University of the Witwatersrand were now being trained in emergency medicine and a course for general practitioners was scheduled for next year, the only solution to the problem was to follow the overseas example of making emergency medicine into a speciality.

The director of Transvaal Hospital Services, Dr H A Grove, could not be contacted for comment.

HEALTH AND DISEASE — OTHER MEDICS

1983 — 1984 —

13/11/83

Deadline looms for medical fee hike bid

By GERALD REILLY
Pretoria Bureau

DEMANDS for increased fees by the medical profession will have to be met by the Minister of Health, Dr Nak van der Merwe, by January 26.

Doctors, dentists and physiotherapists submitted their demand to him in November last year. Doctors want an increase of 17,8%, dentists 30%, and physiotherapists want 13,8%

But Pretoria sources said yesterday the Cabinet is unlikely to agree to increases greater than the current 14% inflation rate. The sources expect the Minister to refer the demand back to the South African Medical and Dental council.

Since November 1979, doctors fees have gone up nearly 70% — 52% in November 1979, 9,9% in November 1981 and 6,6% in August last year. Dr Van der Merwe will probably take into account the overall increase in the costs of illnesses — as claimed by the medical profession — when deciding on any new fee scale.

- Private hospital fees have gone up at least three times in the past two years;
- Last year provincial hospital fees also increased substantially;
- The costs of drugs and medicines are continually escalating;
- Doctors claim their practice costs have increased by more than 20% in the past 12 or 14 months; and,
- Salaries of medical personnel, including nurses, employed by doctors, have also increased by 25%.

... focus on constitutional reform. ... session which

Apart from inadequacies in Nationalist constitutional proposals, issues raised this week are expected to include two embarrassing incidents MPs could not discuss last year because of the *sub judice* rule.

These are alleged South African complicity in the Seychelles coup attempt and the Government's unsuccessful attempt to transfer Kangwane and Ingwavuma to Swaziland

These land deals are now being investigated by a commission of inquiry and and might still be precluded from debate.

Two other contentious issues are the constitutional position of blacks and allegations that South Africa is attempting to destabilise its independent black neighbours.

Concentrate

The Prime Minister is expected to reply to destabilisation claims when he enters the debate later this week.

Government members, buoyed by by-election setbacks both for Dr Slabbert and the Conservative Party leader, Dr Andries Treurnicht, are in a confident mood

Having concentrated on Dr Treurnicht when they regarded him as the main threat to a Nationalist Government, they are expected to switch their attention to what they see as the Progressive Federal Party's dilemma over the constitutional proposals.

Probe over bodies

Pietermaritzburg Bureau

A POLICE inquiry is to be held to find out why it took so long to remove the bodies of four black men knocked down and killed by a car in Pietermaritzburg on Friday.

Four construction workers were killed and another seriously injured when a car ploughed into them while they were walking along Town Bush Road about 4 30 p m.

One of the bodies is said to have been left lying in the road for three hours. Apparently another body, found in tall grass at the side of the road, was removed about 7 45 p m.

A senior police spokesman said a departmental inquiry would be held to establish how many bodies had been kept at the scene and why it had taken so long for them to be removed.

A 22-year-old white man is due to appear in the Magistrate's Court today on charges of culpable homicide and drunken driving.

Yesterday police were still looking for a woman passenger who leapt out of the car after the accident and disappeared.

Briton wins speedway tourney

BY PITSTOP

WORLD-RANKED Dave Jessup of Britain displayed his skill to full advantage when he won the Natal round of the South Africa Open speedway championship at the Kings Park Raceway on Saturday night.

Jessup and Springbok Denzil Kent were level, each having won four heats, before the final heat.

In the final heat Jessup took the lead to head off Kent and win by 20 points to 19. Jessup also set the fastest time of the night at 1 minute 10,8 seconds for four laps.

Kent was outstanding in his fourth heat. He was third out of the gate but found a gap going to the first corner to take the lead and win by a good margin.

Gary Coetzee/Peter Vorster won all three of the Australian side-car events.

Raymond Ibrahim (Mini) and Alan Bezuidenhout (R5) were the leading drivers in the 1300 saloon car event.

Top honours in the Formula II Sprint cars went to Koos Moolman with a second and a third, while Doug Franken (Mini) and Bernard McManus each won a modified saloon car event.

The star of the flat-track solo races, when 23 riders came to the line each time, was Ian Soames (Barry Roberts Honda), who won three out of four races.

...CIAL

GIRLS' GREEN, BLACK, NAVY, MARIS STELLA
...AZERS
...RE R40,60
... R32,48
...E PER SIZE

GIRLS' SCHOOL
...ESSES
SCHOOLS
...RE R18,99
...W R15,19
ISE PER SIZE

GIRLS' PANTIES
...PECIAL
... PRICE
...VERE R2,20
...OW R1,10

...PTED

FULL-TIME SENIOR YEARS (ALL FACULTIES EXCEPT EDUCA... ACC)

Issue of Registration Forms	Thursday 17 Februar... 08h30 - 12h30 14h00 - 16h00
Academic Registration by Deans	A - E. 09h00 - 10h00 F - J. 10h00 - 11h00 K - O. 11h00 - 12h30 P - T. 14h00 - 15h00 U - Z. 15h00 - 16h00

PRINCIPAL'S ADDRESS AND STUDENTS' ENROLMENT CER...

All full-time and part-time students	Friday 18 February 17h30

LECTURES IN ALL FACULTIES START ON FRIDAY

DURBAN
(All Faculties except Medicine)

STUDENTS TO BE REGISTERED	DATE AND HOURS OF ATTENDANCE
PART TIME, ALL YEARS	
Commerce	Tuesday 8 February Wednesday 9 February 15h30 - 17h30
Law	Tuesday 8 February 15h30 - 17h30
Education (B.Ed) and Social Science	Wednesday 9 February 15h30 - 17h30

(Prospective B.Ed candidates who did not obtain their qualific... Natal must present their academic reports to the Dean of the F... before Registration.)

FULL-TIME, FIRST YEAR

The "Bridging the Gap" course will commence on Monday 7 February.

The University Orientation Programme offered to all the first y... Monday 14 February at 08h00 in the Students' Union.

Guidance:

All faculties	Tuesday 15 February 14h00 - 16h30	T.B. Den... Scie...
Registration	Wednesday 16 February	
Architecture, Building, and Quantity Surveying	08h30 - 09h30	
Arts, Social Science, Commerce, Science, Engineering and Land Surveying	08h30 - 12h30	D...
Law	14h00 - 16h30	

FULL-TIME, SENIOR YEARS

Architecture, Building Quantity Surveying and Town Planning	Wednesday 16 February 08h30 - 12h30	
Arts and Commerce	Wednesday 16 February 14h00 - 16h00 Thursday 17 February 08h30 - 12h30 14h00 - 16h00	
Education (B Ed, U E D , B.Prim Ed., H.D.E., Postgraduage)	Wednesday 16 February 14h00 - 16h00 Thursday 17 February 08h30 - 12h30	
Engineering and Land Surveying	Wednesday 16 February 14h00 - 16h00 Thursday 17 February 08h30 - 12h30 14h00 - 16h00 Friday 18 February 08h30 - 11h30	Dchis
Law	Wednesday 16 February 15h00 - 16h00 Thursday 17 February 08h30 - 12h30 14h00 - 16h00	
Science and Social Science	Thursday 17 February 08h30 - 12h30	

PRINCIPAL'S ADDRESS AND STUDENTS' ENROLMENT CEREMONY
(Presentation of Certificates of Merit)

All full-time and part-time students	Thursday 17 February 20h00	Students

LECTURES IN ALL FACULTIES (EXCEPT THE FACULTY OF MEDICINE) START FEBRUARY 1983

...Natal ... The ... A ...

Transvaal ambulance fees to rise steeply

Pretoria Bureau

THE charges for ambulance services in the Transvaal have been increased steeply from February 1.

The new tariffs, according to an announcement in Pretoria yesterday by the Transvaal Provincial Administration, will be applied uniformly throughout the province.

"The patient will carry no more than 20% of the total cost," the announcement said. It gave no details of the new uniform charges.

However a Johannesburg ambulance service officer said the charges in Johannesburg would now double.

Previously the charge for an ordinary ambulance was R5, this had now been raised to R10. For an intensive care unit the previous charge was R8. It is now R20.

The Medical Association of South Africa (MASA) has snapped back at the Transvaal Agricultural Union for its accusation that doctors were charging exorbitant fees.

The chairman of the Federal Council of the association, Professor Guy de Klerk, said he viewed the TAU's statement criticising the level of doctors' fees as uncalled for.

MEDICAL PAYOFF SCANDAL

Top Natal official tells how he got radio unit for model boat

A SENIOR official in Natal's provincial hospital administration, Mr Jack Nicholson, admitted this week that he had accepted two gifts — 500 shares in South African Druggists and a control unit for his model boat — from employees of a group of drug companies headed until recently by Mr Isaac Kaye.

Mr Nicholson, the man in charge of hospital supplies for the province, denied that he had at any time used his influence to benefit any particular drug company.

However, he said that after speaking to the Sunday Express this week he sent back the shares by registered post to SA Druggists "in case there was anything illegal or immoral in the acceptance of the shares".

He also sent the company a cheque for R482,12 to cover dividends he had received from the shares, plus interest and GST.

Mr Nicholson, confronted in his office in Maritzburg early in the week with evidence of the gifts, at first denied accepting them.

He had, he said, paid by cheque for the shares and had personally purchased the boat unit on a visit to Johannesburg. He still had the price tag to prove it.

He rose from his desk, and kneeling on the carpet, groped under a small side table to peel off a yellow price tag for R238 which he had concealed for two years.

'I've sent it all back in case there was anything illegal or immoral'

But in a tense telephone call a few days later Mr Nicholson read a prepared statement in which he admitted accepting the gifts but said he had never at any time used his influence to benefit any one company.

He explained that the radio control unit for his model boat was the fulfilment of a humble man's dream but that it had since become the object of sleepless nights for him.

The parcel was delivered to him in his office on the fourth floor of the Natal Provincial Building in Maritzburg by two senior officials from CE Electro Medical, a subsidiary of SA Druggists.

One of the visitors was Mr B D T Boshoff, member of the Transvaal Provincial Council, who doubled as the company's liaison man with provincial administrations. The other was the company's managing director, Mr Frans Erasmus.

Mr Nicholson explained to the Sunday Express just how it came about that he had accepted the gifts.

After a coronary he had been advised to take up a light hobby, and he had decided to build himself a 1m model boat.

"I had just got R230, a nice bit of money, from the Receiver of Revenue but when I looked at radio control units in Maritzburg they were pricey and I decided to make use of my friends.

"I asked Mr Steven (then sales director of CE Electro-Medical) to find me a three to four channel unit wholesale in Johannesburg for a maximum of R120."

When Mr Boshoff and Mr Erasmus arrived in his office and handed over the package he had asked them, he said, how much he owed.

"They said they knew nothing of the price and said vaguely it would be sorted out later. When they had gone I opened the parcel and was absolutly shattered to see the price (R238) when I had asked them to spend only R120.

"I drew the money and walked around with it in an envelope in my pocket for weeks until a rep from the company called on me and I asked him to hand it to the office. I heard no more about it.

"I have used the boat only once, I sailed it on the river," Mr Nicholson said. "I am not well."

"Now I have paid twice for the unit, I feel so strongly about what has happened."

The gift of shares had come a year earlier. Investigations show that Mr Nicholson received a letter containing a certificate for 500 shares in South African Druggists, now worth about R900, from Mr Max Peter Goldberg, executive officer of Continental Ethicals, another company in the Kaye empire.

Mr Nicholson was required to sign a form and send a cheque for only R1 to Mr Isaac Kaye's company, Veritas International Promotions. Part of the correspondence is in the possession of the Sunday Express.

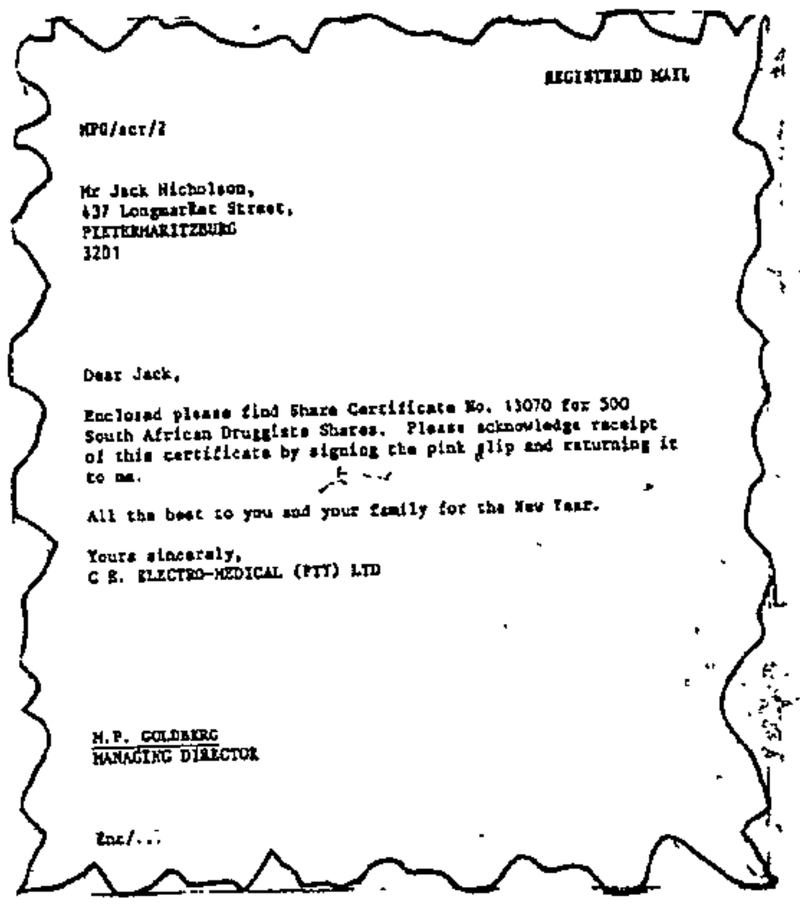
"When I phoned Peter Goldberg and asked the cost (of the shares) he said this would be sorted out later," Mr Nicholson said this week. He had accepted the shares as a gesture of genuine friendship.

Mr Nicholson said he had made sure he kept in his bank account an amount of R135 which he calculated he could be called on to pay for his shares. But he heard no more he said, although dividends of about R30 kept coming from the company every six months.

"When Mr Goldberg first offered me the shares on the telephone I thought he was offering them to me as a friend, not as someone paying me back for something I had done for him.

"When I made recommendations (to the province on tenders) I made them without any thought of benefit to myself. In fact at one time I was responsible for saving the Government R460 000 when I exposed a malpractice in a tender."

After being questioned by the Sunday Express, Mr Nicholson sent back the shares together with his Trust Bank cheque to repay the dividends he had received and to reimburse the company for the boat control unit, for interest and for sales tax.



REGISTERED MAIL

MPG/scr/2

Mr Jack Nicholson,
437 Longmarket Street,
PIETERMARITZBURG
3201

Dear Jack,

Enclosed please find Share Certificate No. 13070 for 500 South African Druggists Shares. Please acknowledge receipt of this certificate by signing the pink slip and returning it to me.

All the best to you and your family for the New Year.

Yours sincerely,
C E. ELECTRO-MEDICAL (PTY) LTD

M.P. GOLDBERG
MANAGING DIRECTOR

Enc/...

● Mr Peter Goldberg had forgotten sending shares to an official — until shown this letter.

His letter was marked for the attention of Mr Erasmus who, unknown to Mr Nicholson, left the services of SA Druggists earlier this month.

Mr Nicholson started a long accompanying letter: "It appears I have been rather naïve and have been misled by two employees, Mr Goldberg and Mr Lunn Steven, both of whom I sincerely believed to have been my friends."

Mr Steven, who has now left the company, said during the first telephone interview with the Sunday Ex-

Mr Nicholson.

Mr Boshoff, telephoned at his hotel in Cape Town, where he was staying for the opening of Parliament, said: "I don't say I did and I don't say I didn't. It's moons, moons, moons ago."

He then cut short the conversation.

Asked for comment in Johannesburg, Mr Goldberg first emphasised that anything costing more than R100 would not be passed as a gift by his company. The auditors would query it, he said. "Above R100 it is not a-

...illegal or immoral'

...sed to take up a ...y, and he had de... build himself a 1m ...

...just got R230, a nice ...y, from the Re... Revenue but when ... at radio control ... Maritzburg they ...ey and I decided to ... of my friends.

...d Mr Steven (then ...ector of CE Electro... to find me a three channel unit whole... Johannesburg for a ... of R120."

Mr Boshoff and Mr ... arrived in his and handed over the ... he had asked them, ... how much he owed. ... said they knew ... of the price and said ... it would be sorted ... When they had opened the parcel and ...olutly shattered to ... price (R238) when I ...ed them to spend asked him to hand it to the office. I heard no more about it.

"I have used the boat only once, I sailed it on the river," Mr Nicholson said. "I am not well."

"Now I have paid twice for the unit, I feel so strongly about what has happened."

The gift of shares had come a year earlier. Investigations show that Mr Nicholson received a letter containing a certificate for 500 shares in South African Druggists, now worth about R900, from Mr Max Peter Goldberg, executive officer of Continental Ethicals, another company in the Kaye empire.

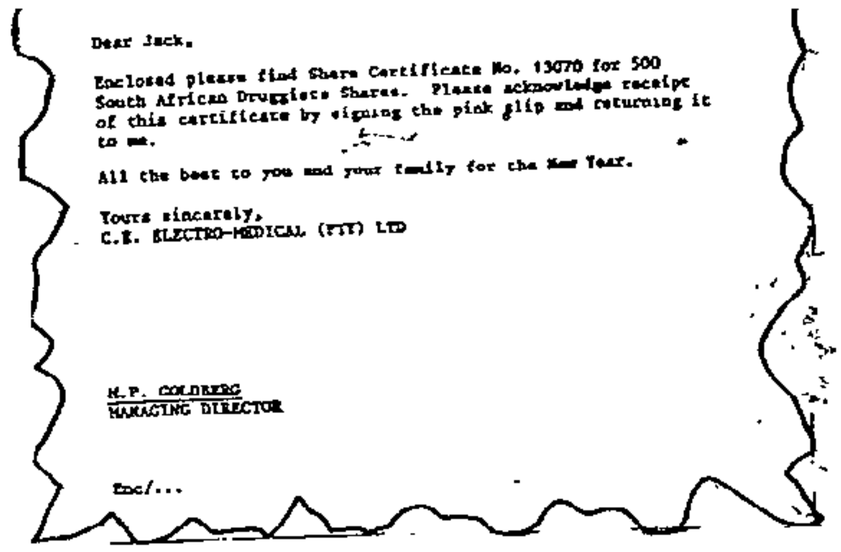
Mr Nicholson was required to sign a form and send a cheque for only R1 to Mr Isaac Kaye's company, Veritas International Promotions. Part of the correspondence is in the possession of the Sunday Express.

made sure he kept in his bank account an amount of R135 which he calculated he could be called on to pay for his shares. But he heard no more he said, although dividends of about R30 kept coming from the company every six months.

"When Mr Goldberg first offered me the shares on the telephone I thought he was offering them to me as a friend, not as someone paying me back for something I had done for him.

"When I made recommendations (to the province on tenders) I made them without any thought of benefit to myself. In fact at one time I was responsible for saving the Government R460 000 when I exposed a malpractice in a tender."

After being questioned by the Sunday Express, Mr Nicholson sent back the shares together with his Trust Bank cheque to repay the dividends he had received and to reimburse the company for the boat control unit, for interest and for sales tax.



Dear Jack,

Enclosed please find Share Certificate No. 13070 for 500 South African Druggists Shares. Please acknowledge receipt of this certificate by signing the pink slip and returning it to me.

All the best to you and your family for the New Year.

Yours sincerely,
C.E. ELECTRO-MEDICAL (PTY) LTD

M.P. GOLDBERG
MANAGING DIRECTOR

Enc/...

● Mr Peter Goldberg had forgotten sending shares to an official — until shown this letter.

His letter was marked for the attention of Mr Erasmus who, unknown to Mr Nicholson, left the services of SA Druggists earlier this month.

Mr Nicholson started a long accompanying letter: "It appears I have been rather naïve and have been misled by two employees, Mr Goldberg and Mr Lunn Steven, both of whom I sincerely believed to have been my friends."

Mr Steven, who has now left the company, said during the first telephone interview with the Sunday Express that he had always made it a practice to "keep out of things like that" and that, although he had "heard things in the marketplace", he in fact knew absolutely nothing about a "boat motor".

Telephoned again the next day he said he had recalled that Mr Nicholson had asked for not a motor, but a control unit. This would have been handled by Durban office and invoiced from Durban.

During a third telephone call he said he now remembered Mr Nicholson talking to him about the control unit and that he must have asked his secretary in Johannesburg to purchase it.

Mr Erasmus said he could recall going to Maritzburg with Mr Boshoff, but they had been to see someone entirely different — not Mr Nicholson. He had never heard of a control unit for Mr Nicholson.

Mr Boshoff, telephoned at his hotel in Cape Town, where he was staying for the opening of Parliament, said: "I don't say I did and I don't say I didn't. It's moons, moons, moons ago."

He then cut short the conversation.

Asked for comment in Johannesburg, Mr Goldberg first emphasised that anything costing more than R100 would not be passed as a gift by his company. The auditors would query it, he said. "Above R100 it is not a gift, it is a commission," he said.

First he said he had obviously assumed Mr Nicholson had paid for the shares. Then he said he must have been instructed to send the certificate by Mr Kaye.

Asked why he or Mr Kaye had not insisted on being paid, Mr Goldberg said: "I don't know, I just did what Mr Kaye told me to do, do you understand?

"Maybe Mr Kaye was sending him some shares as a thank you for the favours he had done. He helped us a lot, he helped us out of many tricky situations.

"If he expected to pay, why didn't he? He should have insisted.

"It's nasty and I feel sorry for him. He must be religious and is now feeling guilty. Now he is just making a fool of himself."

9/2/83 97

Sowetan

Big row over few Soweto ambulances

By ALI MPHAKI

THERE WERE only four ambulances catering for a quarter-of-a-million Soweto residents during weekends, a spokesman at the Jabulani Ambulance and Fire Department, said yesterday.

He said fewer ambulances were used during weekends than during the week, but he was "doing something" to see that this was reversed.

Mr Van Dyk was reacting to claims brought to him after residents had complained that they were forced to wait too long for the ambulances.

Mr Thabo Mahlase of Dube said after phoning the department at about 8.30 on Saturday evening, the ambulance only arrived at 10pm. He said they were so desperate that they tried to wire a cab at the taxi rank but no one was willing to help them.

He said a lot of lives would be saved in Soweto if only there were enough and quick ambulances to cater for the people.

Commenting on the matter, the chairman of the Soweto Committee of Ten, Dr Nthato Motlana, appealed to authorities concerned to organise more ambulances in the area. He said from the complaints he heard, ambulance drivers had a tendency of operating like Putco buses. They (ambulances) would pick up casualties in the whole of Soweto forgetting that there were serious cases in the ambulance that needed immediate attendance.

UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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PFP hits at new ambulance fees (97)

Star 10/2/83

Pretoria Bureau

Recent increases in ambulance tariffs were slammed as "exorbitant" by the PFP during the Provincial Council sitting yesterday.

Mr Sam Moss (PFP, Parktown) said during debate on the additional appropriation of funds that the increases had been made "arbitrarily and without consultation with local authorities."

Tariffs for whites in Johannesburg, he said, had soared by 12,5 percent while those for coloureds and Indians had risen by 174 percent. Blacks in Johannesburg would fork out a whopping 96,6 percent extra while their counterparts in Soweto would pay 102,9 percent more.

In addition he said, the new tariff principles differentiated between three types of ambulance, the Kombi variety, the normal ambulance and the paralance equipped with an intensive care unit.

This did away with the discretion afforded ambulance controllers in deciding which ambullance would best cater for a particular emergency and in future decisions would be dictated by what the patient could afford.

Mr Moss praised the Transvaal Provincial Administration for the 80 percent subsidy it provided for ambulance services run by local authorities, but added that this did not give the TPA the right to act arbitrarily.

It was vital that local authorities be consulted if anomalies in the system were to be avoided, he said.

In reply, the MEC for hospital services, Mr Daan Kirstein, said the new tariffs were an attempt to achieve uniformity across the Transvaal. In some municipalities the new tariffs were lower than existing fees.

He stressed that an ambulance equipped with an intensive care unit should, of necessity, cost more.

Patients who could not afford ambulances would still receive a free service.

Mr Peter Nixon (PFP, Johannesburg North) said the province's allocations of funds had shown an increasing leaning in favour of hospital services, perhaps to the detriment of roads and public works.

He also questioned the allocation of funds to Pact and the State Theatre, saying this had increased by 444 percent from R1 625 000 in the 1978/79 financial year to R7,21 million during the current book year.

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Subject Economics 1b

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NOTE CAREFULLY

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Farmers angry at health tariff hike

EAST LONDON — Stiff protests against the Divisional Council's 68 per cent increase in its rural health rate will be made by farmers soon, the council was warned yesterday

The councillor for Komga, Mr Dudley Lloyd, said he had attended a Komga Farmers' Association meeting yesterday morning — "and they are very unhappy."

He said the council could expect a flood of protests from other associations against the increased health rate and asked the council to approach the relevant Minister urgently.

The health rate in the rural area was increased by the council from 0,069c in the rand to 0,125c in the rand to increase the health budget from R63 000 to R106 000.

Mr Lloyd said an immediate approach to the government should be made to subsidise the rate further. The account is already subsidised by seven-eighths by State Health.

"The ratio of blacks to whites in this region is totally disproportionate. In this division we have the least number of whites to the most number of blacks," he said

"If the government wants us to continue administering health in this manner, they should bear the responsibility

"You can't levy increases like this on ratepayers who are going through a severe drought and economic climate."

The council's senior public health nurse, Sister Korsch, said that the divisional council's health service was for the farm labourers and families.

"We do not provide health services in black states"

The acting secretary, Mr B. Q Andrews, warned the council that it could "bump its head" if it approached the government for help in lowering the health rate.

"Last year when the estimates were being considered, we all sat around this table, trimming the budget and deciding on the rates.

"The council decided on the rate, so it can't go running to higher authorities now, crying that the rate is too high"

Mr Lloyd acknowledged that the council had stopped up and challenged any of the councillors to say that they knew the health rate was being increased by 68 per cent when the estimates were being considered.

He said the health rate was levied only on rural ratepayers and that those living in urban areas did not have to pay the rate.

"Is this fair?" he asked.

The council's senior administrative officer, Mr Naude, said municipalities had their own health services to which people living in municipalities paid their own rates

"Is it fair to expect someone living in a town to pay for their health service and to pay for rural health services as well?"

"It was a stupid question, Mr Chairman, and I knew the answer," Mr Lloyd replied with a smile.

"I was just testing our officials." — DDR

AMBULANCE FEE HIKE'S BLEEDING US'

By OBED MUSI

DAVEYTON — The R10 increase in ambulance fees which came into effect on February 1, will be rejected by the community council here, it was decided this week.

For the 53 km round-trip to Boksburg-Benoni Hospital (BBH) patients will now have to pay three times more. Initially they paid R3.16 for this.

Angry council members at their monthly meeting slammed the increase.

Spearheading the attack was chairman Tom Boya, who said:

"Out of the blue, we are being placed on a par with whites who earn far more than us.

"We also deplore the manner in which the Director of Hospital Services told us of the increase."

Typical

Last December 14, the director wrote to local authorities telling them that an agreement had been reached whereby all races will pay the new increased tariffs which have a maximum of R200.

In Daveyton, the ambulance authorities swiftly applied the new tariffs.

Thundered Councillor Shadrack Sinaba: "This is typical of the Government. No one consulted us, no one told anybody what was going to happen.

"But then we shall have to pay under protest because no sick person can walk the 52 km to Boksburg-Benoni Hospital."

Anger

There was anger among the 100 residents who attended the meeting.

Said Mrs Gladys Thusi: "I am a pensioner. My daughter got labour pains in the middle of the night and we had to call an ambulance.

"The only money I had in the house was R2 and this was not enough, I was told. Yes, they send an account afterwards but the worry is more than burdensome . . ."

Councillors then suggested these measures to counter the problem:

- Every street should have a first-aid post.
- Private vehicles be allowed to operate as ambulances with equipment.

"After all, if a person can apply for a taxi licence why can't he apply for one to operate as an ambulance?" asked Mr Sinaba.

D. Dispatch
14/2/83

Stop free rides —Lloyd

97

EAST LONDON — The Kaffraria Divisional Council's ambulance service is developing into a taxi service, according to a divisional councillor.

Mr Dudley Lloyd of Komga told a council meeting the ambulances were not only taking patients to hospital, but taking them back home again.

"We are not running a glorified taxi service," he said.

"I move that ambulance drivers be instructed to deliver patients only to the hospital and not return them home again."

The acting secretary, Mr B. Q. Andrews, said it was a provincial hospital department ruling that ambulances return patients to their homes from the hospital.

Mr Robbie de Lange agreed with Mr Lloyd and said there were bus services to take people back to their homes.

"It is not the duty of ratepayers to pay for a taxi service," he said.

"This is a matter which we should raise at the divisional councils congress."

Mr Lloyd said that although there may be exceptions because of extenuating circumstances, the service had become a general taxi service.

"Some people jump out of the ambulance and go to do their shopping," he said.

The council's senior public health nurse, Sister Korsch, said ambulance drivers had been instructed not to allow anyone carrying shopping parcels onto an ambulance.

She said ambulance drivers fetched patients from the hospital and were instructed not to let them off the ambulance until they reached their destination. — DDR

deal by ambulance

(97) S. Times 27/2/83

A LONG RIDE HOME IN PAIN FOR WOMAN WHO HAD A BRAIN OP

By ANTHEA TASKER

AN elderly woman who had undergone brain surgery had to endure a four-hour ambulance ride home, her family claims.

Mrs Katy Brits, 68, could not lie down in the ambulance because it was carrying eight other patients.

She eventually arrived home "in a terrible state", her son-in-law, Mr Willie Beck, said.

Mr Beck said Mrs Brits had had surgery at the Johannesburg Hospital for a brain tumour about three weeks previously.

A fortnight later she was discharged, but collapsed at home and had to be readmitted for observation.

Mr Beck said his family was told last week that the hospital could not keep her as they needed her bed.

She would have to recuperate at home.

Mrs Brits's 73-year-old husband, Mr C J Brits, was fearful of bringing her back to their home in Brixton, Johannesburg, because he could not cope if she collapsed again.

So last Friday her family went to collect her. But they were told she was an "ambulance case".

They fetched her medication while she was taken down to the transport room at 1.20pm.

Then they went home — a 20-minute drive away — to await her arrival.

Medication

Mrs Brits was supposed to take her medication at 1pm, and the family became alarmed when she had still not arrived by 2pm.

"During the afternoon we made about a dozen phone calls to the hospital and each time we were told she had already left," Mr Beck said.

"Eventually I said: 'Please, if she is still there, tell me so that I can come and fetch her.'

"But the hospital insisted she had left long before."

The ambulance finally arrived at 5.20pm.

"My mother-in-law was in a terrible state.

"She could not tell us much but she mentioned that there had been a lot of 'running around'.

"She told me she had had to wait until the ambulance was filled with about eight people, who also had to be transported.

"She could not lie down and had to sit crouched on a high bed so that her head did not bump against the ceiling of the vehicle."

Ambulance

Mr Beck said he was disgusted because it was the second ambulance ride in which Mrs Brits had suffered.

Two days before she had been moved from the new Johannesburg Hospital to the old one for cobalt treatment.

The ambulancemen could not get her wheelchair into the vehicle, and her legs were badly cut and bruised while they tried to manhandle her into it.

Dr L Kalmyn, superintendent of the Johannesburg Hospital, declined to comment.

She said she was personally investigating the matter and would report her findings to Mr Beck.

She declined to say whether the ambulance was from the hospital or an outside service.

The assistant superintendent of the Johannesburg municipal ambulance service, Mr Mike Turner, checked their records and said the Johannesburg service had definitely not transported Mrs Katy Brits on Friday, February 18.

No respite for ambulancemen last Saturday

E. Post 28/2/83 (97)

By CARLO MERCORIO

SATURDAY proved to be an extremely busy day for the Port Elizabeth Municipal Division of the Cape Ambulance Rescue Service.

A spokesman for the service, Mr Arthur Lee, said 656 calls — at an average rate of a call just over every two minutes — had been received in the 24-hour period ending at midnight on Saturday night.

This equalled the record for December 11, 1981.

Most of the calls were related to minor incidents.

Ambulances responded to a record number of 287 calls relating to assaults on Saturday.

Under normal circumstances, calls relating to medical treatment outnumber those for assault, but on Saturday, only 247 calls fell into this category.

The hard-pressed ambulance crews had a comparatively quiet day on Sunday when they had only 327 calls — well down on the 1982 daily average of 376.

A fortnight ago, there were only 794 calls over the entire weekend.

● The Fire Department was called out to deal with two small vegetation fires near Lea Place in South End last night.

The two fires, which occurred separately, were both extingushed in about 20 minutes, according to a spokesman for the department.

SUNDAY TRIBUNE, MARCH 13, 1983

AND A WOMAN WAS GIVING BIRTH IN A DRIVEWAY

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She had been crouched in the driveway for 15 minutes, with groups of nurses congregated at a gate 100 metres further on.

At last someone went to plead with the nurses, who sprung into action, pushing out a trolley, and racing the young woman to maternity.

Some municipal workers had pulled the old man across the street and laid him under a guava tree.

An ambulance was parked alongside him, but for the second time that day left without the patient they were called to attend to.

He had spent most of the day motionless. Too old and tired to move, and too weak to talk.

A municipal worker leaned over the old man, trying to communicate, but getting no answer.

"He's dying," he said simply.

The afternoon was drawing on, and doctors, students, and nurses were leaving for home. The man had not eaten since the previous day, and not touched food which had been offered to him.

The residents of the street were beginning to get angry now.

"A dog would not be left to die like this," one put it.

"There have been lots of nurses walking up and down this street all day. I've asked lots of them to help, to look at the old man, but they just walk past," a woman resident complained.

Road of horror — and it's only a stone's throw from the medical school

A group had collected around the old man and asked a passing nurse to fetch a trolley. She was on her way to the bank, she said, and then would get the trolley. She was persuaded otherwise, went off with the promise she would return with a trolley, and was not seen again.

"I've phoned the police, but they say they're busy with accidents and other cases. They didn't even take down the address," a resident noted.

"I also phoned the hospital, but they say they can only deal with the case once the ambulance has brought him to them."

It was 4.30 p m, and the old man had been lying on the roadside for more than 24 hours. A woman from the medical school stopped her car, was told of the problem, and sped back to get a wheelchair.

The wheelchair arrived, an ambulance, and a few minutes later as a result of a second phone call, the police. The old man was put into the ambulance, and driven around to the front entrance of the hospital.

"We received the first call at 10.00 a m," says Steve Smith, Chief Officer of the Durban Fire Department, "but found the patient had already been treated in hospital and discharged".

Evidence of this were abrasions on his foot which had been treated the previous day.

"There was a second call at 1.00 p m, but the patient refused the ambulance. We can try and persuade patients to use the ambulance, but can't force them.

"There have been cases where people have wanted to charge us for taking them to hospital."

The medical superintendent of King Edward VIII, Dr Justin Morfopoulos, described the case of the old man as "more of a social than a hospital problem".

"If we started accepting all the social cases dumped here we'd turn the hospital into an old-age home."

He says in terms of the hospital's function as a teaching hospital offering more sophisticated treatment than surrounding hospitals, it only admitted patients requiring this type of treatment.

The old man's case was a problem of ageing, not a problem of medical pathology, Dr Morfopoulos added.

He says "dumping" of the aged "happens quite frequently".

"They bring them in and dump them in the vicinity of the hospital. This happens with children too," he says, explaining these problems need a social rather than a medical solution.

Dr Morfopolous is emphatic on the case of the woman who was giving birth in the driveway. He says it is not hospital policy to ask people requiring emergency treatment if they have urban status.

"We don't ask that question. We don't ask where they come from. We don't do that," he says, adding he cannot understand how the woman could have been under this impression.

"We have separate admission for women in labour, and our admission plus service is extremely fast".

That evening was like any other evening in Glastonbury Place. The night was quiet save for nurses strolling to a nearby store, and children picking fruit from a guava tree.

AN OLD MAN LAY DYING UNDER A GUAVA TREE A



Life a

By Kevin Davie

IT was like any other day at Glastonbury Place, a road adjoining the University of Natal's Medical School and the King Edward Hospital, except an old man lay dying and a woman was giving birth.

The old man — who had spent a night and a full day in the hot sun — could not have been too far from death.

An ambulance was summoned twice, and twice left him where he lay on a pavement, a stone's throw from the hospital and medical sch... metre off the road ... nurses, sisters, doctors ... dents.

At mid-day a young ... and 100 metres from ... driveway which serves ... and medical school, ... labour.

There was blood on ... condition was desperate.

"Why isn't she in the ... serby asked a woman ... help.

"She isn't a regist... hasn't got a ticket."

"I'm from the farm, ... me," the young woman ... traught with the pai... childbirth.

This ambulance service needs urgent first-aid

(97)
S. Express
13/3/83



● Ambulance superintendent Mr Attie Bezuidenhout, left, with Durban's fire chief, Mr Steve Smith, with two of Durban Central's ambulances.

By LINZI HOWARD

DURBAN'S ambulance service has one ambulance for every 40 000 people in the greater Durban area — and is manned by untrained firemen.

In Durban Central there are as few as 19 ambulances to serve almost 1-million people

Experts have attacked every aspect of the system: the use of unskilled ambulancemen, a shortage of ambulances and consequent long reaction times, poor co-ordination and ineffectual communications

The secretary for Natal's Ambulance and Emergency Medical Services, Mr Peter Bees, says firemen with basic medical training cannot judge the severity of a case, cannot handle vehicles at top speed and are not qualified to be responsible ambulancemen.

Natal's ambulance service is under the spotlight after being described last year by the Council for Scientific and Industrial Research as one of the worst services seen.

The MEC in charge of Natal's Hospital Services, Dr Fred Clarke, described it as "absolutely appalling", but assured the public that steps were being taken to improve matters

He said Natal might buy an American ambulance helicopter which could prevent 20% of road accident deaths by attending serious road accidents and flying doctors to the scene of major disasters.

In the Port Natal (Durban) region, there were 16 different ambulance phone numbers

"Persons trying to call one often get shuffled around," Dr Alan White, the new director of Natal's Ambulance and Emergency Medical Services, said this week.

Dr White, former chief surgeon at Durban's Addington Hospital, is the man entrusted with up-grading the ailing ambulance service.

When he took it over in October 1981 he was the only fully-trained member of the ambulance service.

He said there were 50 ambulances in the Port Natal region serving a population of 2-million. The service was improving, but "we still have a long, long way to go"

Durban's firemen were taught to fight fires and, apart from two weeks of basic first-aid training, were unable to be adequate ambulancemen.

Fire chief Mr Steve Smith said emergency service drivers should be highly-skilled — but that training was not available in South Africa.

Dr White said that by next year there would probably be a special emergency telephone number, much like the famous 999 in Britain, that would process all emergency calls and radio the relevant service depot.

In British cities 95% of emergency calls had to be attended to within seven minutes

In British cities 95% of emergency calls had to be attended to within seven minutes.

That target is still a long way off in Natal but it was worth aiming for, he said.

Although the province is receiving credit for taking over the ambulance service and improving it, a spokesman in the service said in his opinion the province was mostly to blame for the poor service because it had been promising to take it over since 1975.

Local authorities, as a result, had not put any more money into ambulances.

Tatts slam the gates on a losing winner

By LIZ VAN DEN NIEUWENHOF

A WEALTHY woman punter claims the Witwatersrand Tattersalls has 'washed its hands' of her non-payment dispute with a bookmaker.

Miss Trish Wales, 32, a Braamfontein transport company director, has claimed Mr Andrew Papageorge failed to pay her R276 000 after she placed bets totalling R14 000 on last year's Rothmans Durban July winner.

When she tried to claim her winnings, however, she found Mr Papageorge could not pay her out

Miss Wales also discovered that, as an off-course bookmaker, Mr Papageorge's guarantee and liability with Witwatersrand Tattersalls was only R20 000.

After months of legal wrangling her attorney was given a series of post-dated cheques for about R160 000 in December but only two cheques, each for R10 000, were met.

Miss Wales said "No proper control is exercised over the bookmakers. I have now received a letter from the secretary of the Witwatersrand Tattersalls which indicates they are washing their hands of the whole affair.

Miss Wales said she was also told she could not attach Mr Papageorge's cubicle, worth about R150 000.

"They would not let me have it as compensation because the

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Racism on request

w/c Argus 26/3/83

Weekend Argus Reporters

AMBULANCES in Cape Town are still dispatched on a racial basis at the request of patients, even though a job reservation colour bar on ambulance crews was dropped last year.

Abandoning the Government-imposed racial restrictions, which limited the number of coloured crewmen and was partly responsible for a staff crisis, has greatly improved recruitment in the Cape Ambulance and Rescue Service (CARS).

But vehicle crews are still not racially mixed. And patients are allowed to choose the race of their emergency helpers — if staffing circumstances allow.

This week a woman whose husband collapsed and died during a squash game, said the 40-minute wait for an ambulance may have cost him his life.

And she was shocked when an ambulance dispatcher asked his race before a vehicle was sent to assist.

A city doctor who applied cardiac massage and mouth-to-mouth resuscitation to Mr Ismail Andrews, 38, during the wait for the ambulance, said that when it finally came it was not equipped to handle a cardiac patient.

"There was no defibrillator and no intravenous equipment, both of which are essential for a man who has had a heart attack," said Dr Yusuf Omardien, Mrs Faieza Andrews's brother-in-law.

Mrs Andrews, of Newfields, said she, her husband and some friends were playing squash at the S and S Squash Court in Athlone at 6.40 pm on February 19, when her husband collapsed.

Dr Omardien, playing on a nearby court, tried to resuscitate Mr Andrews while the owner of the squash courts telephoned for an ambulance.

"Nothing to hide"

"When she called the first time they asked what colour my husband was. And when the ambulance men eventually arrived and my husband was dead, I said to them it was a pity that one had to be black in a country like this, at a time like this," said Mrs Andrews.

Mr Basil Warner, chief officer of the Cape Ambulance and Rescue Service, confirmed that the ambulance station had received a call at 6.40 pm — but that no ambulances were available immediately.

He said an ambulance was sent to the squash courts at 7 pm, 20 minutes after the first call, and arrived at 7.11 pm, 31 minutes after the call.

"We have nothing to hide. When we got that call we didn't have a vehicle available at all. Do you think for one minute we'd keep a cardiac case waiting when a white-crewed vehicle was standing by?"

He said they routinely asked the colour of a patient, partly for their own records. It was also the right of patients, he said, to travel in an ambulance with a crew of their choice.

"If we know it's a white patient, and if we have a white vehicle available, we'll send it. There are people who have their own principles which we must accept.

"But there is no way a white patient is going to lie waiting for a white ambulance if we have a non-white crew available. Or the other way around.

Dedication of those who man ambulances

In another of The Star's series about people who help keep the city running smoothly, JEAN HEY spent a day with Johannesburg ambulancemen.

CITY FRONTLINE

By the time you have had that first morning coffee and are rousing yourself to face the day, the ambulance officer has seen as much pain, emotion and drama as you may see in a lifetime.

On the day I was there we were battling through the Johannesburg traffic by 7.10 am. It was an emergency — an elderly man with a massive heart attack.

As we reached our goal, Mr Steven Reubenson and Sister Genne Gillanders — the ambulance officers I was to be with for the day — struggled to put a drip in the man moaning on the floor of a bus. His circulation had all but stopped.

They lifted him into the ambulance, switched on the sirens and flashing red lights and sped to hospital in an effort to save a life.

There they passed him to the medical staff, unsure if he would survive.

DISCIPLINE

All that was left to Mr Reubenson and Sister Gillanders was to go to the ambulance and clean up the heart-attack victim's vomit — a 30-minute job — and their day had just begun.

The life of the ambulance officer contains as much hard work as high drama. Cleanliness and discipline are the key to a successful service, says Mr Chris Emerich, senior superintendent of the Johannesburg Ambulance Service. In his service there is no room for people who break down in the face of death.

At 7 am the officers on morning shift stand to attention under the stern eye of Mr Emerich.

"A dirty ambulance officer is like a grubby tablecloth in a restaurant — it gives you no faith in the service you are going to get," says Mr Emerich.

"And if the ambulance is dirty inside, you can't blame the public for thinking they will contract all sorts of diseases," he adds. **

"Pain is the same no matter how rich you are or what colour your skin is. There is no time for petty politics in this job."

But sometimes the worst enemy of the ambulance attendant is the public it is trying to serve. In a state of hysteria the person telephoning the ambulance service often gives the wrong address or misinterprets the symptoms.

"Once we were called out by a man who said his friend was having a heart attack. We found he had a bad dose of flu," says Mr Reubenson.

At the scene of accidents some insist on giving unwanted advice; others give the patient a tot of brandy or sugared water — which delays any operation that may be needed after the accident by six hours.

Still others move the patient from where he has landed — an act that could maim for life.

The frustrations of coping with the life of an ambulance officer takes dedication, says Mr Emerich. These men and women endure physical and emotional battering.

Often they have no time to eat and their clothes are spattered with blood Yet, says Mr Emerich proudly, they will still happily work overtime when necessary. After all, an extra hour's work may save someone's life.



Ambulance officers Mr Jacobus Meintjies and Sister Genne Gillanders . . . fighting a daily battle with death and pain.

** BECK AND CALL

So every morning — after being scrutinised from well-trimmed fingernails to glossy black boots — the officers inspect their ambulances like proud housewives.

From then until the end of an eight-hour shift they are at the beck and call of the Johannesburg and Soweto public — a total of about 2 million people.

Every three minutes the Johannesburg Ambulance Department gets a call to any place within a radius of about 510 sq km. Within 15 minutes they will be there, Mr Emerich says.

Not all calls are medical. We are now in "the suicide months", he says.

His theory is that people overspend in November and December. About now they start getting final notices for accounts they can't pay — so they attempt suicide.

But it is not all a success story. "The worst is when a child dies or when a life you have struggled to save is lost," says Sister Gillanders.

CRITICAL

"You feel personally responsible for that death, and when you break the news to those close to the patient you are admitting failure to yourself.

"The most critical time for a patient is the first 30 minutes after the accident. Before we take him to hospital we must stabilise his condition so he will survive the ride," says Sister Gillanders.

Flashing lights and hysterical hooters are bad for a patient's nerves. Only when it is an emergency where every second counts will these officers use them on the way to hospital

There is no discrimination in the Johannesburg Ambulance Service. They recruit people of all races and sexes — and pay equal salaries, says Mr Emerich In the same way they respond to all calls regardless of race.

proceed → beck and call.

Star 14/4/83 (a7)

Africa stays Red Cross top priority

By Sheryl Raine,
Pretoria Bureau

The International Committee of the Red Cross (ICRC) needs about R100 million to finance its seven special operations this year, one of the most important of which concerns Africa.

Drought, added to war, has made Africa an ugly place for hundreds of thousands of displaced persons, many of whom are suffering from malnutrition.

Problems in Africa, including several regions in Southern Africa, are expected to remain at the top of the organisation's list of priorities for a long time, says the ICRC's latest bulletin.

In an appeal to donor goverments and national societies, the ICRC has estimated that about R40 million is needed to cover activities in Mozambique, Angola, Namibia, South Africa, Ethiopia, Sudan, Kenya, Chad, Zimbabwe, Zaire and Somalia.

About R11 million of this money will be spent on food and medical and other aid, particularly for displaced persons.

Ethiopia is one of the most critical areas.

In the first two months of this year the ICRC distributed more than 170 tons of food to more than 37 000 Ethiopians suffering from malnutrition.

The plight of these victims of armed conflict and crippling drought has deteriorated in recent weeks and, with winter and the dry season drawing near, their position this month could become what the ICRC refers to as "grave".

This year, in conjunction with the Ethiopian Red Cross, the ICRC hopes to develop a joint relief programme to help at least 50 000 people in the regions of Tigre Gondar, Eritrea, Hararge, Bale and Sidamo.

But Africa is not the ICRC's only crisis point.

There are others including:

- Lebanon, where armed clashes, civil war and international conflict have kept a permanent delegation of the ICRC stationed in Beirut and other locations since 1975.
- Thailand-Kampuchea where more than 200 000 people, caught between various opposing parties on the border of the two countries, live in extremely precarious conditions.

In this area, apart from medical aid, one of the Red Cross's most important functions is to continue tracing and mailing services for thousands of Vietnamese refugees throughout Asia.

The planned withdrawal of some relief agencies from this region will mean that the ICRC will depend even more heavily on the support of donors to continue a regular relief programme.

- Iran-Iraq where the number of victims and prisoners of war requiring protection in terms of the Geneva Convention rose dramatically last year.

Since the beginning of the Gulf War, the ICRC's Central Tracing Agency has registered 37 778 POWs, of whom 23 953 were registered last year.

The agency has organised the exchange of more than 700 000 family messages since September 1980, about 500 000 of which were passed last year.

- Afghanistan, where the ICRC has been involved in caring for victims of war who have sought refuge in neighbouring Pakistan.
- El Salvador, where the armed confrontation between government forces and guerillas has intensified.

In the latter part of 1982 about 80 000 people benefited from regular basic food distributions and the programme for the first half of this year has been devised for 89 000 people.

The ICRC has cared for displaced persons in this region since 1980 and continues to visit detainees and to trace missing or displaced persons.

- Poland, where vulnerable civilian groups are still experiencing difficulty in obtaining essential food and medicines.

Most of the ICRC's food supplies are destined for Polish children suffering from undernourishment and illnesses such as tuberculosis.

- Prisoners of war, detainees and sick, wounded and vulnerable civilians generally.

Hansard Q. 61. 1103 -

(97) (~~254~~) Occupational therapists

763. Dr M S BARNARD asked the Minister of Defence 26/4/85

Whether any bursaries are made available by the South African Defence Force to (a) male and (b) female occupational therapists, if not, why not, if so, (i) how many and (ii) for what amount, in each case?

The MINISTER OF DEFENCE:

(a) and (b) No. Negotiations regarding the introduction of such a bursary scheme have not yet been finalized.

WLD

(97) Hansard Q. col. 1102 -

Occupational therapists 26/4/83

759 Dr. M S BARNARD asked the Minister of Health and Welfare:

How many persons were registered as occupational therapists in (a) 1979, (b) 1980, (c) 1981 and (d) 1982?

The MINISTER OF HEALTH AND WELFARE

(a) 50

(b) 41

(c) 96

(d) 34

Hansard Q. 61. 1167–1168

Occupational therapists

768 Dr M S BARNARD asked the Minister of National Education:

Whether any occupational therapists (a) joined, (b) retired from and (c) resigned from the service of his Departments in 1982; if so, (i) how many in each case and (ii) what reasons were given for the resignations?

The MINISTER OF NATIONAL EDUCATION:

Yes.

(i) (a) 21.

(b) Nil

(c) 10

(ii) The reasons given were as follows:
2 moved to other places;
2 accepted other positions,
1 opened a private practice;
4 resigned for personal reasons;
1 resigned as a result of pregnancy.

Occupational therapists 9/5/83

762 Dr M S BARNARD asked the Minister of Co-operation and Development

(1) Whether Black occupational therapists are free to transfer from one Administration Board to another, if not, (a) why not and (b) what procedure is to be followed in order to make a transfer of this nature,

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

The MINISTER OF CO-OPERATION AND DEVELOPMENT

In reply to this question the Honourable Member is referred to the reply given in respect of Question 6 of 25 March 1983

Occupational therapists

762 Dr. M. S BARNARD asked the Minister of Co-operation and Development

Whether any bursaries are made available by his Department to Black (a) male and (b) female occupational therapists; if not, why not; if so, (i) how many, and (ii) for what amount, in each case?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

No bursaries have yet been granted by the Department of Co-operation and Development for the training of occupational therapists Facilities, however, exist for the in-service training of occupational therapists at the Garankuwa Hospital

Occupational therapists

770 Dr. M. S BARNARD asked the Minister of Health and Welfare:

Whether any occupational therapists (a) joined, (b) retired from and (c) resigned from the service of his Department in 1982; if so, (i) how many in each case and (ii) what reasons were given for the resignations?

The MINISTER OF HEALTH AND WELFARE:

Yes:

(i) (a) 18.

(b) 0

(c) 14.

(ii) no reasons were furnished.

Occupational therapists

772 Dr M S BARNARD asked the Minister of Health and Welfare

(1) How many posts for occupational therapists in his Department (a) were vacant and (b) had been filled as at 1 November 1979, 1980, 1981 and 1982, respectively,

(2) whether any such posts lapsed in any of these years, if so, how many in each such year?

The MINISTER OF HEALTH AND WELFARE:

		1979	1980	1981	1982
(1)	(a)	17	21	28	40
	(b)	74	70	71	64

(2) No

Occupational therapists

773. Dr M S. BARNARD asked the Minister of Health and Welfare

(1) Whether any posts for occupational therapists are subsidized by his Department; if so, how many such posts (a) were vacant and (b) had been filled as at 1 November 1979, 1980, 1981 and 1982, respectively,

(2) whether any such posts lapsed in any of these years, if so, how many in each such year?

The MINISTER OF HEALTH AND WELFARE:

Professional staff, such as occupational therapists, in the employ of subsidized institutions are not subsidized separately but expenditure in regard to such staff is taken into account for subsidy purposes For this reason statistics are not available;

(1)(a) and (b) and (2) fall away

Hansard 20/5/83

Occupational therapy

808. Dr. M. S BARNARD asked the Minister of Education and Training:

(1) How many persons obtained degrees in occupational therapy in 1979, 1980, 1981 and 1982, respectively, at each university falling under his Department;

(2) whether the number of occupational therapy graduates meets the demand in this profession; if not,

(3) whether steps are being taken to increase the enrolment of occupational therapy students; if not, why not; if so, what steps;

(4) whether any bursaries are made available by his Department to occupational therapy students, if not why not; if so, (a) how many per annum and (b) how many students applied for such bursaries in each of the above years;

(5) whether he intends to increase the number of bursaries to be made available to such students, if not, why not, if so, by what number?

The MINISTER OF EDUCATION AND TRAINING

(1) None

(2) The Department is not familiar with the present demand for graduates The real demand for Black graduates in this profession is difficult to determine as the Department does not appoint occupational therapists.

(3) Yes Guidance is offered in schools on all possible occupational fields in which training is offered The Medical University of Southern Africa is an autonomous university which has its own mechanisms for the recruitment of students.

(4) No Funds voted for bursaries are transferred to the University who handles the allocation thereof

(5) Falls away

(97) Hansard 30/5/83
Q. Col. 1421 – 1426

Occupational therapy

809. Dr. M S. BARNARD asked the Minister of National Education:

(1) How many persons obtained degrees in occupational therapy in 1979, 1980, 1981 and 1982, respectively, at each university falling under his Department;

(2) whether the number of occupational therapy graduates meets the demand in this profession; if not,

(3) whether steps are being taken to increase the enrolment of occupational therapy students; if not, why not, if so, what steps;

(4) whether any bursaries are made available by his Department to occupational therapy students; if not, why not, if so, (a) how many per annum and (b) how many students applied for such bursaries in each of the above years;

(5) whether he intends to increase the number of bursaries to be made available to such students; if not, why not; if so, by what number?

The MINISTER OF NATIONAL EDUCATION

(1) *Degrees:*

University	1979	1980	1981	1982
UOFS	18	27	13	18
US	22	18	23	20

	1979	1980	1981	1982
UCT	9	15	8	18
WITS	7	9	10	15
Post-graduate Diplomas.				
US	—	3	—	—
Diplomas:				
Vona du Toit College for Occupational Therapy (TPA)*	19	20	15	2

*As from 1982 the course is being offered by the University of Pretoria

(2) According to a manpower survey conducted by the Human Sciences Research Council, the number of vacancies in the public and private sectors during 1979 totalled 18%. A more recent figure cannot be furnished. The results of a survey undertaken by the Directorate of Macro Education Policy of the Department of National Education should be available during the latter half of 1983.

(3) It is the responsibility of employer authorities to recruit students.

(4) No. Bursaries are made available by the Commission for Administration, provincial administrations and universities

(a) The number of bursaries made available, is as follows

	1979	1980	1981	1982
Commission for Administration	5	7	9	16
Transvaal Provincial Administration	33	36	60	60
Provincial Administration of the Orange Free State	8	8	10	10
Natal Provincial Administration	2	2	4	4
Cape Provincial Administration	22	26	24	25
Universities:				
UOFS	30	17	34	33
UCT	9	5	8	3
US	25	16	37	27
WITS	3	5	4	3
UP*	—	—	—	15

*As from 1982 only.

(b) The number of applications received for these bursaries is as follows:

	1979	1980	1981	1982
Commission for Administration	23	56	45	32
Transvaal Provincial Administration	56	50	110	105
Cape Provincial Administration (new applications only)	22	19	21	19

The annual number of applications received by the Provincial Administration of the Orange Free State is estimated at 30 The Natal Provincial Administration and the Universities of the Orange Free State, Stellenbosch, Cape Town and the Witwatersrand are not in a position to furnish the information The University of Pretoria, which is offering the course as from 1982, received 15 applications

(5) Bursaries are made available by the Commission for Administration in accordance with the needs of the Departments of National Education and Health and Welfare The Transvaal Provincial Administration does not experience a need for more bursaries as the number of students in training is sufficient to provide for the need The Provincial Administration of the Orange Free State is considering reducing the number of bursaries as the supply exceeds the demand The Cape and Natal Provincial Administrations award bursaries in accordance with the availability of funds. The number of bursaries allocated by the universities concerned, is revised annually and awarded according to merit.

(a7) Hansard 2/6/83
Occupational therapists
Q 601 1449 - 1450

810 Dr. M. S. BARNARD asked the Minister of Internal Affairs

(1) What are the different levels in the post structure for occupational therapists,

(2) whether such levels make provision for remuneration in respect of such additional duties as occupational therapists may be required to perform; if not, what is being done or envisaged to rectify the matter?

The MINISTER OF INTERNAL AFFAIRS:

(1) Occupational Therapist,
Chief Occupational Therapist,
Control Occupational Therapist

(2) It is not clear what 'additional duties' the question refers to. To each post level is linked a dispensation which relates to the duties and responsibilities attaching to that particular level

Veterinarians

942 Mr E K MOORCROFT asked the Minister of National Education:

How many (a) White, (b) Black, (c) Coloured and (d) Asian veterinarians are being trained at present at universities falling under his Department?

The MINISTER OF NATIONAL EDUCATION:

(a) 585 (Undergraduate students)
78 (Post-graduate students)

(b) Nil. (Since the beginning of 1983, Black veterinarians are being trained at the Medical University of Southern Africa).

(c) 2 (Undergraduate students).

(d) 2 (Undergraduate students).

Veterinarians are trained at the University of Pretoria only

(97) Hansard Q. Col. 1575 15/6/83 1577

Veterinarians

943. Mr. E. K. MOORCROFT asked the Minister of Agriculture:

How many (a) White, (b) Black, (c) Coloured and (d) Asian veterinarians are registered in the Republic at present?

The MINISTER OF AGRICULTURE:

(Particulars as at 31 March 1983).

(a) Approximately 1 242.

(b) None

(c) None

(d) Approximately 5.

NOTE

(1) The Veterinary and Para-Veterinary Professions Act, 1982, provides for the establishment of the South African Veterinary Board as an autonomous body which started functioning on 1 April 1983. After this date all veterinarians were required to register or re-register with the said Board.

(2) Not all veterinarians have to date effected such re-registration—hence the approximation of the numbers

(3) The register for veterinarians does not distinguish between different races

cerned without the permission of the Minister or the magistrate of the district in which they reside.

All persons are prohibited from entering the premises of a supreme court or magistrates court, except as an accused or witness in a criminal case, or a witness or party in a civil action, or to apply to the magistrate for an exemption to their restriction orders. The restriction in respect of courts does not apply where they enter court premises in the execution of their profession as attorneys.

All the persons are prohibited from entering certain Black, Asian or Coloured areas, except those in which they live or their offices are situated.

They are also prohibited from entering Black compounds, factories and premises where publications, as defined in the Internal Security Act, 1982 are prepared or printed.

All persons are prohibited from entering premises of organizations referred to in Government Notice R2130 of 28 December 1962, as amended, universities, colleges, schools and other educational institutions.

Haysom is permitted to be on the premises of the University of the Witwatersrand to complete his studies.

Naidoo is prohibited from entering a harbour.

(b) (i) Jana and Haysom.

(ii) One person.

(3) Yes. All the persons concerned are prohibited from communicating with listed persons.

With the exception of Haysom who may write articles for law journals, the others are prohibited from preparing, compiling, printing, publishing or disseminating publications as defind in the Internal Security Act 1982, or to assist therewith

All of them are prohibited from compiling, printing, publishing or disseminating any publication in which any constitutional system or principle or policy of the government of a state is discussed or which contains any matter relating to an unlawful organization or an organization as defined in Government Notice R2130 of 1962 or any matter which may engender feelings of hostility between different population groups.

All persons are prohibited from participating in the activities of an organization referred to in Government Notice R2130 of 1962, or to educate any person, except their children

Naidoo and Sewpersadh may also not receive visitors at home other than a doctor or certain relatives.

All of them are prohibited from attending any gathering as defined in section 20 of the Internal Security Act, 1982.

Hansard 22/6/83
Q. Col. 1640

Immorality Act

982. Mr. S. S. VAN DER MERWE asked the Minister of Law and Order:

How many persons were charged under section 16 of the Immorality Act, No. 23 of 1957, since its enactment up to the latest specified date for which figures are available?

The MINISTER OF LAW AND ORDER:

Statistics for the period 1957 to 1977 are not available. For the years 1978 to 1982 the figures are 1 233.

Hansard 22/6/83
Q. Col. 1640

Influx control/identity documents

985. Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

(1) What was the total (a) amount in fines and (b) number of days in respect of sentences imposed on Blacks in 1982 in the (i) Cape Peninsula and (ii) rest of the Western Cape for offences relating to influx control and identity documents;

(2) (a)(i) how many persons paid fines and (ii) what was the total amount paid in such fines, and (b)(i) how many persons served sentences and (ii) what was the total number of days served by such persons, in each of the above-mentioned areas in that year?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) (i) Cape Peninsula—R324 900

(ii) Rest of Western Cape—R226 256

(b) (i) Cape Peninsula—324 965 Days

(ii) Rest of Western Cape—179 677 Days

(2) (a) (i) Cape Peninsula—4 187 Persons
Rest of Western Cape—Information not readily available

(ii) Cape Peninsula—R249 662
Rest of Western Cape—Information not readily available

(b) Information not readily available.

Hansard
Port Alfred
22/6/83 Q. Col. 1642

1007. Mr. E. K. MOORCROFT asked the Minister of Health and Welfare:

Whether there are any (a) clinics, (b) doctors, (c) nurses and (d) community health workers in the Black township of Port Alfred; if so, how many in each case?

The MINISTER OF HEALTH AND WELFARE:

(a) 1;

(b) 3;

(c) 4; and

(d) none; community health workers are presently being trained by the Department of Health and Welfare

Hansard
Hostel buildings/beds
22/6/83 Q. Col. 1642

1022. Mr. G. B. D. McINTOSH asked the Minister of Transport Affairs:

How many hostel (a) buildings and (b) beds were (i) owned and/or (ii) utilized by the South African Transport Services as at 31 July 1982 for single White, Coloured Indian and Black males, respectively?

The MINISTER OF TRANSPORT AFFAIRS:

		Whites	Coloureds	Indians	Blacks
(a)	(i)	38	3	—	13
	(ii)	39*	3	—	18†
(b)	(i)	5 432	712	—	21 242
	(ii)	4 019*	688	—	23 098†

* Includes one building with 59 beds hired; 30 beds in this building were utilized at the time

‡ Includes five buildings with 6 479 beds hired; 5 934 beds in these buildings were utilized at the time.

(97) Hansard 22/6/83
Col 1632

Dietitians

*23. Dr M. S. BARNARD asked the Minister of Internal Affairs:

(1) Whether dietitians are to receive salary increases; if so, (a) when and (b) by what percentage will their salaries be increased; if not, why not,

(2) whether he will consider increasing the salaries of dietitians in 1983; if not, why not, if so, when;

(3) whether dietitians as an occupational group will receive additional improvements in salary in terms of the principle of occupational differentiation; if not, why not?

†The DEPUTY MINISTER OF INTERNAL AFFAIRS:

(1) and (2) An investigation on an occupational specific basis is at present being conducted into the service dispensations of certain categories highly qualified personnel The occupational class dietitian is included in this investigation. The nature and extent of improvements to service dispensations resulting from occupational specific investigations as well as the cost implications thereof can only be determined when investigations have been completed. It is therefore not possible to indicate the date on which a new dispensation for dietitians will be implemented and by what percentage salaries will be adjusted A revised service dispensation will however be implemented during the current financial year.

(3) Falls away.

Indians to get night medical services

(97)

Mercury

28/6/87

Mercury Reporter

EMERGENCY night medical services are to be introduced in sprawling Chatsworth from Friday after repeated complaints from residents about problems of getting a doctor after hours.

Dr R M Bux, chairman of the Durban South Doctors' Guild, which is organising the service, said yesterday it would operate from a specially-equipped surgery at Dayanand Gardens, the home for aged in Chatsworth's Unit 6.

He said two doctors would be picked by ballot every night, one for attendance at the surgery and the other for stand-by duty from 9 p m to 6 a m on weekdays and 8 p m to 6 a m during weekends.

Wide area

Only in very exceptional cases would the doctor on duty go out on a house call, he said, adding that the emergency service would cover a wide area, including Clairwood, Merebank, Umhlatuzana and Shallcross.

The doctors themselves would be contributing R30 a month to defray expenses at Dayanand Gardens, where a receptionist and nurse would always be available and a telephone (No 431289) would come into operation.

The lack of after-hours medical services has always been a sore point among residents who claim that it is almost impossible to reach a doctor for medical attention at night.

(97) Hansard Q. Col. 1779
30/6/83

Veterinarians

994. Mr. E. K. MOORCROFT asked the Minister of Education and Training:

How many Black veterinarians are being trained at present at universities falling under his Department?

The MINISTER OF EDUCATION AND TRAINING:

12.

he Star Tuesday July 5 1988 (97)

Healing: combining old and new

By Patrick Bulger, The Star's Foreign Service

MBABANE – Mr Aggrey Hlophe's medicine shop in Nhlangano is a colourful little room when the setting Swazi sun warms patients in search of a cure.

If they do not find what they need among the scores of animal hides, snake skins, bones, bark, roots and bulbs, then Aggrey might suggest one of the secret mutis he keeps in tiny plastic sachets behind the dead eagle.

There are more than 5 000 traditional healers (herbalists and inyangas) in Swaziland. They perform an important task in a deeply traditional society afflicted by some strange maladies. Some of their cures are as strange, though — such as remedies that induce sleep of the everlasting variety.

The genuine healers are becoming increasingly scornful of colleagues who dabble in witchcraft and death. The majority — 80 percent, according to a recent survey — want to be part of a professional healers' association. This would enable them to play a more meaningful role in health-care programmes, provide an opportunity to learn from their sophisticated white-coated counterparts and separate the genuine healers from the quacks.

The government is in favour of such an association for two reasons. It hopes the traditional healers will help raise Swaziland's standard of health care. And it wants to wipe out ritual murder, with which healers who may aptly be named witchdoctors, are associated.

Recently a group of Nhlangano inyangas appealed to their court president for a stricter official attitude towards ritual murderers who were ruining the reputation of traditional healers.

This was not a call in isolation. Repeatedly before his death, King Sobhuza II — a firm believer in traditional healing — called for a stop to ritual murder. Leading government figures echoed him and the kingdom's executioner ended eight lives two years ago to amplify the message.

But the murders have continued unabated.

Experts cannot agree on what lies behind them as they are not part of Swazi tradition.

Unfortunately the debate about ritual murder has diverted attention from some of Swaziland's more serious and widespread health-related problems. These demand all the medical brainpower the kingdom has — and that must include what the traditional healers have to offer,

The government responded by launching an immunisation drive to fight polio, measles, diphtheria, tetanus and whooping cough. Cholera control measures have been introduced.

The scarcity of trained doctors remains an obstacle to an effective rural health p gramme. For every 110 Sw there is one traditional hea in a population of 600 000 th are about 50 modern doct and only two psychiatrists.

In 1979 King Sobhuza ur traditional healers to form association and commissione study of traditional medic Four years later it appe Swaziland is beginning to r lise the full potential of its yangas.

At the Ministry of Health's quest, Dr Ted Green, an antl pologist with a rural wat borne disease control proj and Dr Lydia Makhubu, a ch ist at the University of Sw land, recently complete paper recommending ways achieving better co-operat between traditional and mod healers.

Traditional healers, tl found, believed modern m cine best treated diseases s as cholera, tuberculosis and harzia; they admired doctors their technical capabilities, said their own ability to di nose the ultimate cause of ness was as important.



Herbalist Aggrey Hlophe (left) helps a customer choose from a wide range of skins and mutis in his small shop.

nbining old and new

ıg increasingly scornful of
ıgues who dabble in witch-
and death. The majority —
rcent, according to a re-
survey — want to be part
professional healers' asso-
n. This would enable them
y a more meaningful role
lth-care programmes, pro-
an opportunity to learn
their sophisticated white-
d counterparts and sepa-
he genuine healers from
lacks.

The government is in favour of such an association for two reasons. It hopes the traditional healers will help raise Swaziland's standard of health care. And it wants to wipe out ritual murder, with which healers who may aptly be named witchdoctors, are associated.

Recently a group of Nhlangano inyangas appealed to their court president for a stricter official attitude towards ritual murderers who were ruining the reputation of traditional healers.

This was not a call in isolation. Repeatedly before his death, King Sobhuza II — a firm believer in traditional healing — called for a stop to ritual murder. Leading government figures echoed him and the kingdom's executioner ended eight lives two years ago to amplify the message.

But the murders have continued unabated.

Experts cannot agree on what lies behind them as they are not part of Swazi tradition.

Unfortunately the debate about ritual murder has diverted attention from some of Swaziland's more serious and widespread health-related problems. These demand all the medical brainpower the kingdom has — and that must include what the traditional healers have to offer.

The government responded by launching an immunisation drive to fight polio, measles, diphtheria, tetanus and whooping cough. Cholera control measures have been introduced.

The scarcity of trained doctors remains an obstacle to an effective rural health programme. For every 110 Swazis there is one traditional healer; in a population of 600 000 there are about 50 modern doctors and only two psychiatrists.

In 1979 King Sobhuza urged traditional healers to form an association and commissioned a study of traditional medicine. Four years later it appears Swaziland is beginning to realise the full potential of its inyangas.

At the Ministry of Health's request, Dr Ted Green, an anthropologist with a rural waterborne disease control project, and Dr Lydia Makhubu, a chemist at the University of Swaziland, recently completed a paper recommending ways of achieving better co-operation between traditional and modern healers.

Traditional healers, they found, believed modern medicine best treated diseases such as cholera, tuberculosis and bilharzia; they admired doctors for their technical capabilities, but said their own ability to diagnose the ultimate cause of illness was as important.



ı range of skins and mutis in his small shop.



Inyanga Maliwa Maseko with the bones which he calls his "microscope"; he is in favour of co-operation with modern doctors.



Bop police quiz top psychologists

Sowetan 6/7/83

By MONO BADELA

TWO top Johannesburg psychologists alleged yesterday that they had been quizzed for four hours by the Bophuthatswana Security Police at Sun City after they had distributed pamphlets calling for a boycott of an international conference on marital and family therapy scheduled to be held there this week.

They are Mr Melvyn Freeman and Mr Mark Kahn of the Tara Mental Hospital in Johannesburg. They are members of a non-racial ad-hoc committee established to campaign against the holding of the conference at Sun City

According to Melvyn Freeman the two were distributing pamphlets to some of the delegates arriving for the conference when they were apprehended by Sun City security officials They were later handed over to the Bophuthatswana Security Police for questioning

ESCORTED

The two were escorted to a police station in Mgwazi where they were released after being questioned for four hours.

They then went back to Sun City where the management refused them permission to distribute the pamphlets.

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S1730

Spotlight on housing

MORE than 150 000 houses — about 420 a day - would have to be built annually over the next 17 years to cope with the growing population in this country, Dr J G van der Horst chairman of Old Mutual, said in Cape Town yesterday.

He was addressing about 800 black businessmen from all over South Africa at the National African Federated Chamber of Commerce (Nafcoc) annual conference, which started yesterday and will last until Friday

Robbers jailed

TWO men who shot dead a delivery man and then robbed two shops in KwaNdebele were yesterday sentenced to a total 61 years imprisonment in the Pretoria Supreme Court.

Both Solomon Thendise (19) and Jan Kutumela (19) of Tweefontein, Hammanskraal, will serve effective jail sentences of 21 and 13 years respectively on four charges of murder, attempted murder, robbery and robbery with aggravating circumstances which were committed in KwaNdebele in 1981.

Ambulance 'a vital part of services'

ARGUS 8/7/83 97

Staff Reporter

AMBULANCES have become a vital extension of medical services and are no longer there for "scoop and ride" purposes, says an emergency services chief.

Delivering a paper at the 54th congress of the Medical Association of South African in Cape Town today, Dr Alan MacMahon, director of the Peninsula's Emergency Services Centre, said that while the ambulance service still had a long way to go it had improved radically in the past 10 years

He said it would continue to improve but that it needed the support of the public and the medical profession for it to reach its full potential

Treatment

He said ambulances were no longer designed only for transport but for pre-hospital emergency treatment and staff were trained to deal with emergencies

Dr MacMahon said a possible way to bring the ambulance services and the medical profession closer together was to give medical students and nurses an opportunity to work in the ambulance field "to see what it's like on the outside".

Cases

Dr MacMahon also emphasised that emergency cases should be separated from transport cases to speed up the service.

In many cases, he said, ambulances were only ferrying people who had no other means of transport to hospital.

He also called for more use of air transportation particularly in view of the relatively new concept of regional hospitalisation.

● See page 4.

NO AMBULANCE BECAUSE PATIENT COLOURED?

(97)
C. Herald
9/7/83

WHEN Mr Frans van der Heyden developed severe stomach pains, his colleagues had to rush him to hospital in a private car because, they claim, they were told there was no ambulance available to take a "coloured" man to hospital.

But Mr Basil Warner, Cape Ambulance Rescue Service's chief officer, claims that there is no racial discrimination in the ambulance service when it comes to treating patients. He says they only discriminate between patients that have to be seen to immediately and those that can be attended to when staff become available.

However, Mr Charles Jacobs, who is Mr van der Heyden's immediate superior at the Cape Town head-office of a major insurance company, is adamant that he was asked what the patient's race was, when he telephoned for the ambulance for the first time.

By NAZEEM HOWA

SEVERE

"This was at about 6.20 pm. I had been summoned by one of the security officers. He told me that Frans could not walk because he had severe pains in his stomach.

"When I telephoned the ambulance service the person who answered the telephone asked me whether the patient was 'white' or 'coloured'. I thought it strange but at that stage all I was interested in, was getting the ambulance there.

"When the ambulance had not arrived by 6.40 pm I went up to my office and telphoned again. This time the person who answered the telephone told me they did not have an ambulance to take a coloured man to hospital. After this he told me that they would send the first available ambulance I told him I was going to take the matter further," Mr Jacobs said

EMERGENCY

"I then asked someone who works in the building to rush Mr van der Heyden to Somerset Hospital, using his own car. A few hours after his arrival at the hospital, he underwent an emergency operation.

When asked to comment on Mr Jacobs' allegations, Mr Warner of the Ambulance Rescue Service said they were not true.

"He was never told that there was no ambulance available to take a coloured person to hospital.

"It is our policy to send the nearest ambulance to the patient. The patient's race does not come into the decision. The only criterion we use is the seriousness of the case. The more serious cases will always get preference. We try to render the best service we can," Mr Warner said.

TAPE

When I approached, Mr Warner for comment, I was allowed to listen to a 10-track tape which monitors all telephone calls and radio broadcasts to and from the ambulance station.

A senior ambulance officer played back the second telephonic conversation between Mr Jacobs and one of the switchboard operators. I heard Mr Jacobs being told they would send the first available ambulance. I did not hear the start of the conversation.

Last Thursday at a meeting between Mr Warner, Mr Jacobs and the Cape Herald, Mr Warner and one of his senior officers conceded that Mr Jacobs may have been asked what the race of the patient was. The rescue service, however, denies telling Mr Jacobs that there was no ambulance available for a "coloured" patient.

Mr Jacobs was not allowed to listen to the tape.

Woman dies waiting 2 hours for ambulance

97 E-Post 19/7/83

By SHARON LI GREEN

THE late arrival of an ambulance may have caused the death of a 53-year-old Port Elizabeth woman, two Gelvandale men, both trained in first aid, claimed this week.

Their complaint is being investigated by Mr Bill Rheeder, the Chief Ambulance Officer of Port Elizabeth.

In a letter to the Evening Post, stepbrothers Mr Desmond Rezeers and Mr James Robain complained about the ambulance service in the coloured township.

Both men — advanced first aid certificate holders — suspected their part-time domestic worker, Mrs Evelyn William, was suffering from an asthma attack last Tuesday morning.

They said they phoned for an ambulance at 9am, mentioning that they thought Mrs William was suffering an asthmatic attack, and again at 9.45am. They said they were told an ambulance was not sent to attend to one person only.

They undertook to meet the full costs, but were told to be patient.

"Although we are first aiders there was nothing we could do but lie her down in a recovery position," the brothers said.

An ambulance arrived at 11am, but by then Mrs William was dead.

Mr Rezeers and Mr Robain said they had to lend the ambulancemen blankets to cover the body. When the ambulancemen were asked why they did not have any, the stepbrothers were told the blankets were "dirty".

In an interview, Mr Rezeers said Mrs William's life might have been saved if an ambulance had arrived promptly.

He said Mrs William, of Kwazakele, had been a "very faithful and loyal worker for the past 22 years".

After the ambulance left Gelvandale, he phoned the ambulance division to complain of the poor service and a spokesman allegedly said people countrywide were found to be abusing ambulance services.

In reply to the complaint, Mr Rheeder said an ambulance had been dispatched six minutes after the first call was received. However, no mention had been made by the caller that it was an emergency case.

"In case of a reported emergency, the nearest ambulance is dispatched regardless of race. Our vehicles are fully-equipped for all areas," he said.

Mr Rheeder said Mrs William's case had been coupled with three others in the area at that time. In such an instance, one ambulance was dispatched to deal with all patients depending on the seriousness of the case.

However, the case of Mrs William was being further investigated.

Ambulances 'not slow' to respo

By SHARON LI GREEN

ALLEGATIONS that the ambulance service in Port Elizabeth was slow in responding to emergency calls have been rejected by the Chief Ambulance Officer of the Port Elizabeth Cape Ambulance Rescue Service, Mr William Rheeder.

Mr Rheeder was reacting to two recent claims that patients have had to wait more than an hour for an ambulance to arrive on the scene in an emergency.

According to Mr Rheeder, in both cases no mention had been made that they were emergencies.

Emergency and urgent cases were responded to immediately, while non-urgent cases were usually coupled with other non-serious cases, he said.

The response time — the time the call was received until the ambulance arrived on the scene — depended on information furnished by the caller who was also questioned about the patient's condition.

But Mr Rheeder appealed to the public not to abuse the ambulance service and asked people to specify a case as an emergency only if it was.

Often emergency calls were received from out-patients merely requiring daily treatment.

All accidents, including motor vehicle accidents, and collapse cases, suspected heart attacks and all chest pains, were automatically classified as emergency cases unless otherwise stated, he said.

All assaults and immediate transfers to hospitals were regarded as urgent cases, while normal medical and maternity cases were "non-urgent".

He said the ambulance division was adequately staffed and equipped but demand for ambulances was erratic and staff often worked under great pressure.

The rescue service's busiest day this year was on April 1, when 596 calls were received compared with its quietest day on May 15, when 261 calls were received.

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PRETORIA — Whites would not allow their freedom and right to self-determination to be destroyed by an objectionable constitution, the leader of the Conservative Party, Dr Andries Treurnicht, said last night.

Addressing a public meeting in the Pretoria City Hall, he warned that the whites, and particularly the Afrikaners, would "break shackles and throw off chains" if necessary to protect their freedom and sovereignty.

The meeting, attended by about 2 000 people, marked the official start of the CP's Transvaal provincial congress.

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ARGUS 7/10/83

NATIONAL

Crash project to train black doctors

Argus Correspondent

PRETORIA. — The Medical University of Southern Africa (Medunsa) will train about 200 doctors, 50 dentists, 50 veterinarians and 300 paramedical specialists a year in the next five years.

A spokesman for the university said that millions of rands have been earmarked for projects aimed at expanding and building facilities to cater for the growth of the institution. The university would accommodate about 4 500 students a year, he said.

Phased out

"In a country where there is only one black doctor for every 90 000 black people, and black dentists and veterinarians are almost non-existent, we can be proud of the work Medunsa is doing," he said.

The university, comprising of faculties of medicine, dentistry and veterinary sciences, was established on August 21 1976 to train black doctors after black students were phased out at the University of Natal's Wentworth Medical School in Durban.

The university is located about 30 km northwest of Pretoria in Garankuwa on the border of Bophuthatswana. It adjoins the Garankuwa Hospital which treats more than 20 000 outpatients and 3 000 admissions a month.

Graduation

The first batch of medical graduates was capped last November. The second graduation ceremony will be held on November 26.

Mr Louis Vogel, chief public relations officer at Medunsa, said a number of major companies and distinguished personalities have been invited to tour the campus on October 26.

The guests will visit the lecture rooms, students' residences, laboratories and other facilities on the campus.

Frere chief: more student nurses needed

EAST LONDON — Some Border hospitals are experiencing an acute shortage of nursing staff, while others have been flooded with applications from would-be trainees.

The staff shortage is probably the worst at East London's Frere Hospital where the lack of trained staff was described yesterday by the medical superintendant, Dr Robin Newbery, as "chronic."

He said 40 student nurses had enrolled this year although the hospital could accommodate 70.

"This is the best intake we have had for the past four years."

Dr Newbery said nursing was a good career for "a dedicated woman, and had " accommodation and study leave perks.

"The salaries have been adjusted to an extent which makes nursing a reasonable proposition," he said.

Trained staff in the black and coloured wards were sufficient for the needs of the hospital,said Dr Newbery.

At Frontier Hospital in Queenstown the intake of student nurses is down to four although the hospital can train 10 at a time.

The matron said the hospital had sufficient trained staff for their needs although the intake was lower than previous years.

At Cecilia Makiwane Hospital in Mdantsane there are more applicants for nursing training than the hospital can accommodate.

Thirty nurses each are enrolled at a tri-annual intake for a diploma course. A degree course in nursing run by Fort Hare University was started at the hospital for the first time this year.

Thirty students have enrolled for the course.

At Lovedale Hospital in Alice and Grey Hospital in King William's Town, trained staff are available in satisfactory numbers. — DDR

Film gangster, Larue, dies

LOS ANGELES — Hollywood film gangster Jack Larue, who appeared with Mae West in Diamond Lil and in No Orchids for Miss Blandish has died of a heart attack at the age of 80, a family spokesman said. — SAPA-RNS

Ambulances to save more lives

By Pamela Kleinot,
Medical Reporter

The lives of many heart attack and accident victims can be saved by emergency treatment given by ambulancemen before they drive patients to hospital.

But South Africa lags behind countries such as the US and Britain in providing this treatment, says the chief superintendent of the Johannesburg Hospital, Dr Reg Broekmann.

"There is a big deficit in pre-hospital emergency care," he said.

Dr Broekmann has hopes of emergency services being made a new speciality in South Africa.

In an interview he said several steps had already been taken to make this a reality.

Apart from the opening of the Ambulance Training College last October, Dr Broekmann has also been involved in drawing up a curriculum for a three-year National Diploma in Ambulance and Emergency Care.

This will be offered in association with the Technikon Witwatersrand.



Dr Broekmann.

There is also the possibility of a postgraduate diploma course at medical universities in the near future.

Dr Broekmann (34), former deputy director of Hospital Services (Emergency Medical Services), took over as the Johannesburg Hospital's youngest superintendent this month.

He said urgent attention had to be given to the emergency services at the hospital to cope with all types of disaster.

"We don't want half-baked doctors on the ambulances but need highly trained ambulancemen who will be an extension of medical service under the control of the casualty department," he said.

Ambulancemen are the link between the doctor at casualty and the "crunched up" patient on the highway, the toddler in a coma after nearly drowning, the teenager who broke her neck diving into a shallow swimming pool and the man who collapses in the street after a heart attack.

The emergency treatment these patients receive is often crucial to their survival or the outcome of their condition.

It can sometimes take several hours to stabilise sick or injured patients before taking them to hospital.

Dr Broekmann, who will take control of the development of a computer-aided ambulance dispatch system, said he would also like to see the continued development of the Helicopter Ambulance Service.

He will also be involved in developing a model for clinical control of ambulance services. Doctors will be able to guide and instruct ambulancemen by radio.

Dieticians now have to register with council

E.Post 97

21/1/84

DIETICIANS have grown in number to such an extent that it is now compulsory for those who have at least five years' experience to register with the South African Medical and Dental Council (SAMDC).

A Professional Board for Dieticians has been established under the umbrella body of the SAMDC, making it necessary for dieticians to register if they wish to carry out certain activities, according to the registrar of the SAMDC in Pretoria, Mr Nico Prinsloo.

"Because of the evolution within that profession and the growing number of dieticians, the stage has been reached where compulsory registration is needed," he explained.

The board will look at the training of that profession and at the conduct and complaints against people registered.

By December there were 245 registered dieticians in SA and applications were still pouring in, said Mr Prinsloo.

With registration, the scope of dieticians' activities included:

● Nutritional counselling — establishing and implementing guidelines to promote and maintain healthy and nutritional practices for individuals, groups, persons and communities.

● Therapeutic feeding — applying dietary measures as part of the treatment of a patient referred by or in consultation with a registered medical practitioner.

● Group feeding — establishing guidelines for the provision of suitable nutrition in the community and in institutions for both healthy and sick persons.

But registration of dieticians is nothing new, says Mr Prinsloo.

"For more than 20 years there has been voluntary registration for them with the council."

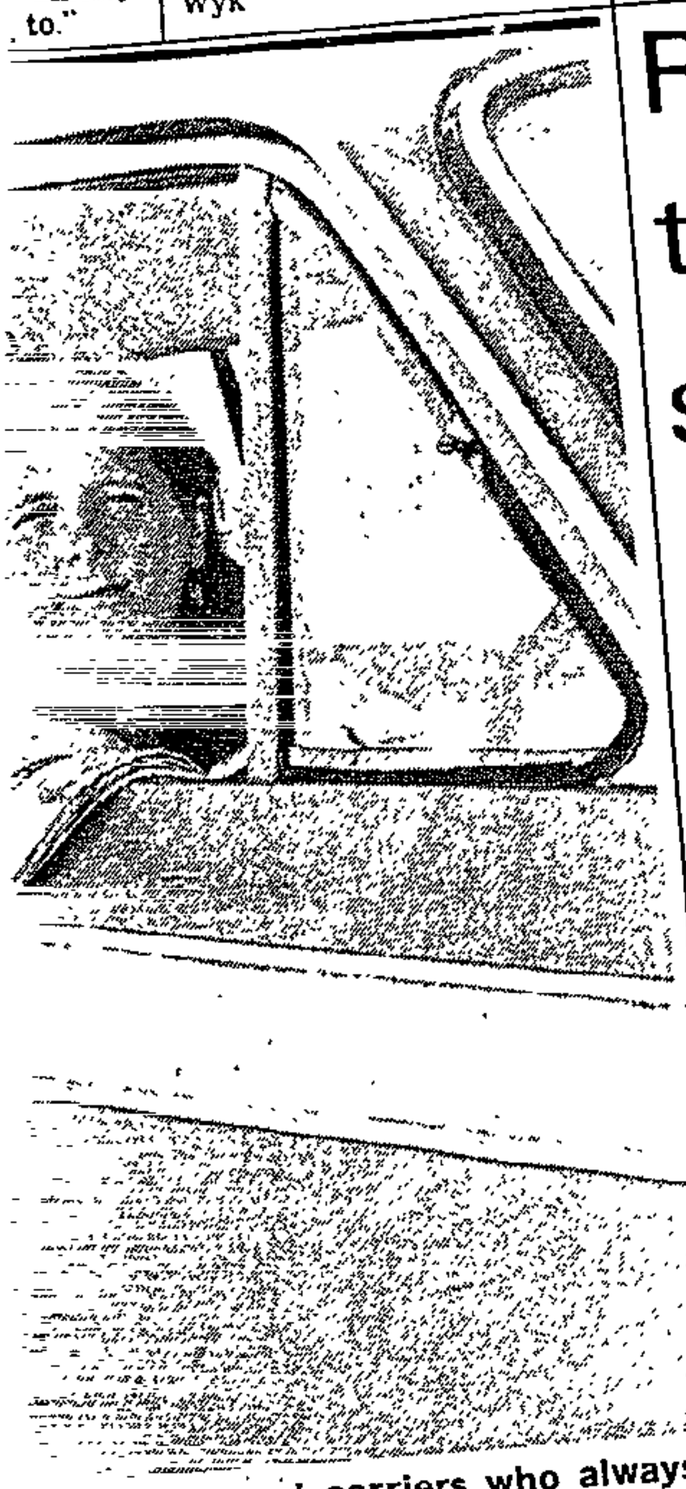
Under the Medical Dental and Supplementary Health Service Professions Act of 1974, provision had been made for the Minister of Health, Welfare and Pensions to establish a professional board for dieticians.

"This is one of the newer boards. Other boards for physiotherapy, psychiatry and psychology have already been set up."

Those having worked as dieticians for five years or more before March 1 — the closing date for applications — were entitled to register, otherwise their qualifications would not be recognised by the SAMDC. A notice to this effect appeared in the Government Gazette on September 2 last year.

People not eligible for registration have the opportunity to write an examination and should write to the SAMDC if interested.

The professional board consists of seven members, of which five are elected dieticians, one a member of the SAMDC and another a medical practitioner with a knowledge of dietetics.



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Race fight underlines the shortage of medical staff, says Hendrickse

By SHARON LI GREEN

A RACIAL flare-up which led to several whites and coloureds being hurt highlighted the shortage of medical personnel at Uitenhage's Provincial Hospital.

This was said today by the leader of the Labour Party, the Rev Allan Hendrickse, who was called to the casualty ward at 2am last Sunday.

He said his only purpose in being there was to defuse a tense situation.

It had been alleged that whites were being given preferential medical treatment.

He denied that one of his sons, Peter, who accompanied him to the hospital, had been involved in the fight.

When he arrived there, the white men involved in the fracas had already left.

Mr Hendrickse said the racial incident highlighted the lack of medical personnel.

Only one intern and one nursing sister were on duty. There were about 25 patients to deal with.

"The staff were unable to give immediate medical attention to many patients, which was one of the grievances of the coloured youngsters.

"Among those requiring immediate attention were a couple who had been stabbed and a pregnant woman who had apparently been kicked by the white guys," he said.

"I managed to defuse the tension."

As a result of his intervention, two more doctors were called in to help.

The medical superintendent of the Provincial Hospital, Dr S Schoeman, confirmed there was only one houseman on duty. He said serious injuries were given priority.

Mr Hendrickse said there was anger on the part of the coloured youngsters.

"If coloureds had attacked whites in the white casualty ward, the riot police would have been called out.

"But because whites attacked coloureds in the coloured ward, only the police were called out. They left without having calmed the inflamed tempers."

The whole incident started outside a snack bar in Market Street on Saturday night when two white men who were having problems with their car allegedly beat up a coloured man who refused to help them.

The white men moved to Harry's Roadhouse later, followed by the group of coloureds allegedly armed with "reinforcements".

Women and children were also involved in the fracas.

The roadhouse fight continued at the hospital casualty ward where the injured were treated.

Mr Hendrickse said he was told the white men invaded the coloured casualty ward armed with "all kinds of instruments."

He was called there after returning from a party in Port Elizabeth.

AREST CORRECT ENTRY

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ST JOHN AMBULANCE

ACROSS

1 — may well have the last word in any difference of opinion with businessman BANKER/BACKER
3 It's no surprise if early — is still a little on the drowsy side RIDER/RISER
6 The man of action type is likely to — a problem much quicker than the average man RESOLVE/REVOLVE
8 It's a rather foolish person who disregards warning not to enter a DEN/FEN
9. Person — a stiff exam just can t afford to be careless SITTING/SETTING
10 Much may depend, of course, on last — of the day BET/BAT
11. Finding — used by a vanished race may afford much evidence to the expert PIT/POT
14. Shrewd — would know how to stick to the point LEADER/LENDER
17 It might require considerable tact to tell a person to stop — GUSHING/PUSHING
19 — might be hard to explain SLIP/SLAP
20 — is someone accustomed to working on a really big scale PLANNER/PLANTER

DOWN

1. Some — have a really wide range BIRDS/BARDS
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5. One — may flatly contradict another REPORT/RETORT
7. Much used cereal OATS
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11. — naturally know how to play on people's feelings PAPERS/PIPER
12. School's team captain should soon pick out youngster — to shine at football KEEN/SEEN
13 The kind of person referred to as a — might be the subject of comment TRUMP/FRUMP
15 Typical — is not the sort to complain about an occasional drenching ROVER/ROWER
16 To the unobservant eye, one small — often looks very much like another SHIP/SHOP
18. Crudely made — is clearly dangerous GIN/GUN

Man found hanged

Weekend Post Reporter

A YOUNG Port Elizabeth man, Mr Johannes Janse van Rensburg, 21, was found by his wife early today hanging from a beam in a storeroom at his home, in Mackay St, Central.

A crime is not suspected.

Medunsa planning to train 50 vets a year

The Medical University of Southern Africa (Medunsa) plans to train about 50 veterinary surgeons a year.

The dean of the faculty of veterinary science, Professor N C Owen, said that the number of black students applying at Medunsa reached record levels this year and of the 60 students who applied for admission to the veterinary faculty, only 11 could be accepted.

"We have had to place some of the applicants on the waiting list.

"We are planning permanent hospital facilities for animals. We will then be able to take 50 students a year. We now only have a temporary hospital.

"Since the veterinary faculty hospital opened in May last year, more than 3 000 animals have been brought to us as out-patients."

Professor Owen said he believed the faculty would soon require a chair in veterinary extension services to upgrade the health management of black farmers' stock in the Bophuthatswana area.

He said the faculty would hold an educational black farmers' day at the university soon.

(97) Hansard Q.61.606
13/3/84

Veterinarians

508. Mr E K MOORCROFT asked the Minister of Agriculture,

How many (a) White, (b) Black, (c) Coloured and (d) Asian veterinarians are registered in the Republic at present?

The MINISTER OF AGRICULTURE:

(a) 1 278.

(b) None.

(c) None.

(d) 2.

Black veterinarians

507. Mr E K MOORCROFT asked the Minister of Education and Training:

(a) How many Black veterinarians are being trained at present at universities falling under his Department and (b) how many persons qualified as veterinarians in 1983 at each specified university?

The MINISTER OF EDUCATION AND TRAINING:

(a) 21.

(b) None.

Transmed

729. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) What was the amount of the subsidy paid to the Medical Scheme of the South African Transport Services (Transmed) in the 1983-84 financial year;

(2) (a) what amount was collected in that year in respect of the levy on prescriptions and (b) what was the amount of the contribution made by the South African Transport Services in this regard;

(3) what was the number of (a) members and (b) dependants registered in respect of this medical scheme at the end of the financial year in question;

(4) whether any non-White employees are entitled to benefits in terms of the said scheme; if so, how many (a) Coloureds, (b) Indians and (c) Blacks are entitled to such benefits?

The MINISTER OF TRANSPORT AFFAIRS:

(1) R123 648 416 for the first 10 months of the financial year.

(2) (a) Since the change-over from the Sick Fund to Transmed on 1 April 1982, levies on prescriptions are not payable. For the period 1 April 1983 to 31 January 1984 members' contributions in respect of the cost of medicine at Transmed dispensaries amounted to R3 184 388. Particulars of members' liability for the cost of medicine obtained from contracting and private pharmacists and from medical practitioners are not available.

(b) R28 018 773 for the first 10 months of the financial year.

(3) (a) 156 309—As at 16 January 1984.

(b) 385 000—As at 16 January 1984.

(4) Coloured and Indian employees and employees from the different Black peoples are not yet members of Transmed but have an own sick fund system.

TUESDAY, 10 APRIL 1984

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†Indicates translated version.

For written reply:

Tax: farmers

736. Mr J J B VAN ZYL asked the Minister of Finance:†

What amount was paid in tax by farmers in each of the latest specified five financial years for which figures are available?

The MINISTER OF FINANCE:

It is not possible to determine the amount of tax *paid* by farmers as details concerning the source from which a taxpayer derives his income are not recorded when payments of tax are received.

WEDNESDAY, 11 APRIL 1984

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†Indicates translated version.

For oral reply:

Prime Minister:

Salem

*1. Mr D J N MALCOMESS asked the Prime Minister:

(1) Whether the National Intelligence Service has been requested to institute an investigation into the *Salem* affair or any aspect thereof; if so, (a) when and (b) by whom;

(2) whether this request was acceded to; if not, why not; if so, when did the investigation commence;

(3) whether the investigation has been completed; if not, when is it anticipated that it will be completed; if so,

(4) whether the findings have been submitted to an attorney-general; if not, why not; if so, (a) by whom, (b) to which attorney-general and (c) when;

(5) whether the National Intelligence Service has submitted any reports in this regard to any bodies or persons; if so, (a) to which bodies and persons and (b) what is the nature of these reports?

The PRIME MINISTER:

(1) The hon member is referred to Hansard of Wednesday 9 March 1983, column 2600 and column 2668 where this House was informed that on the instructions of the Prime Minister persons were appointed on 30 September 1982 to investigate the *Salem* affair. Two members of National Intelligence Service were detailed for this and other investigations and afterwards one member was seconded to the Department of Mineral and Energy Affairs for this purpose.

(2) Yes, on 30.8.1982.

(3) The investigation has been provisionally concluded pending developments which might result from criminal and civil proceedings in other countries. Due to the wide ramifications of the case information is still received from time to time and being followed up.

(4) Yes.

(a) By the Minister and Energy Affairs via the Minister of Justice.

(b) The attorney-general of the Cape Province.

(c) On 12.3.1984.

(5) (a) and (b) A comprehensive report intended as an interim aid to courts and law enforcement agencies in countries which have an interest in the *Salem* affair has been submitted by the investigator to the Department of Mineral and Energy Affairs. Copies of this report have been supplied to the following bodies and persons:

— the judge in Piraeus, Greece who is investigating the involvement of Greek citizens in the *Salem* affair.

— the Netherlands Department of Foreign Affairs for transmissions to parties involved in a criminal case in Rotterdam.

— officials of the United States Department of Justice and the Federal Bureau of Investigation who are investigating the involvement of US citizens in the *Salem* affair.

— the legal representative of a Swiss company concerned with the case.

In addition other reports of a confidential and domestic nature relating to the *Salem* case and to other investigations have been submitted to the Prime Minister and to the Minister of Mineral and Energy Affairs.

Maj R SIVE: Mr Speaker, further arising out of the hon the Minister's reply, does he not believe that, in view of the new constitutional system, this law should be repealed before the system comes into operation?

†The MINISTER: Mr Speaker, I said during an earlier debate in this session that there are facets of this Act which are receiving attention, and I have now again indicated it in reply to the question. The new dispensation is fundamentally based on the recognition of the difference between the groups. It is also based on separate voters' lists, where persons from a particular population group must elect members of that population group to represent them in their own chamber. That is why I regard the existence of separate voters' lists and therefore also the existence of separate parties as a fundamental prerequisite for the new dispensation.

Hansard Q. Col. 963

Msinga area: Tribal clashes

13/4/84

*20. Mr M A TARR asked the Minister of Law and Order:

(1) Whether any persons died in tribal clashes in the Msinga area (a) in 1979, 1980, 1981, 1982 and 1983, respectively, and (b) from 1 January 1984 up to the latest specified date for which figures are available; if so, how many in each case;

(2) whether the South African Police have taken any preventive steps in this regard; if not, why not; if so, (a) what steps and (b) when;

(3) whether any further steps are contemplated; if not, why not; if so, what steps?

†The MINISTER OF JUSTICE (for the Minister of Law and Order):

(1) Yes.

(a) 1979: 55

1980: 7

1981: 20

1982: 16

1983: 43

(b) 1 January 1984 to 3 April 1984: 35

(2) Yes.

(a) and (b) Patrols, including special weekend patrols are being carried out in the area on a continuing basis, while use is from time to time also being made of helicopter support. Discussions with tribal heads are held regularly, the latest of which took place on 14 March 1984, but owing to the unpredictability of the warring impi's, it is not always possible to defuse an explosive situation or to avert the deep-rooted friction.
During the past four years approximately 2 400 arrests had been affected, while the special fire-arm squad operating in the area has already confiscated 2 169 fire-arms during the same period.

(3) Yes. During the past few weeks a comprehensive investigation into the policing of the area has been instituted. It is intended to establish a special unit in the area as soon as possible. In the meantime the Pietermaritzburg reaction unit has been deployed in the area.

†Indicates translated version.

For written reply:

Hansard Q. Col. 964

Public servants: salary increases

13/4/84

450. Mr S S VAN DER MERWE asked the Minister of Internal Affairs:

(a) How many public servants received salary increases as a result of the salary adjustments effected in July 1983 and (b) what was the (i) average percentage of the increases received and (ii) highest percentage received by any public servant in terms of the said adjustments?

The MINISTER OF INTERNAL AFFAIRS:

(a) No general salary adjustment as such was affected on 1 July 1983 The service dispensations of certain occupational classes were however adjusted on a market related basis with effect from 1 July 1983 as a result of occupational specific investigations. The classes and the number of personnel involved are as follows:

Social Worker	2 691
Orthopedic Bootmaker	30
Clinical Technologist	50
Medical Technologist	1 231
Medical Orthotist and Prothetist	185

(b) (i) and (ii)

In order to give an accurate indication of what the actual average and highest adjustment were will mean that particulars in respect of individuals will have to be obtained from each file in each department.
The reason being that normative requirements for translation to the new dispensations were set by the Commission and implemented by the departments concerned.
Individual as well as average percentage improvements depend on the degree to which the officials concerned comply with the new requirements.

Hansard

Maize: consumer prices

Q. Col. 965 13/4/84

559. Mr E K MOORCROFT asked the Minister of Agriculture:

(a) What were the consumer prices of maize in the (i) Transvaal, (ii) Eastern Cape and (iii) Western Cape as at the latest specified date for which figures are available and (b) what is the breakdown of each of these figures in respect of (i) railage, (ii) storage, (iii) production and (iv) any other specified costs?

The MINISTER OF AGRICULTURE:

(a) (i), (ii) and (iii) Maize is sold by the Maize Board to all buyers (among others, millers, feed manufacturers, feed lots, dealers, farmers etc) in the Republic (including the B.L.S. and T.B.V C.-countries, and South West Africa/Namibia) at fixed selling prices on a free on rail basis The Maize Board's selling price was fixed at R187,05 per ton as from 1 January 1984 for the best grades of white and yellow maize in bulk quantities of 100 t and more

(b) (i) Railage differs according to the distance from the production area to the buyer.

(ii) The Maize Board's storage costs on maize sold for local consumption is normally covered by a State subsidy and is consequently not recovered from buyers.

(iii) The cost of production is only one of several factors taken into consideration for the purpose of fixing the producer prices of maize and can therefore not be isolated from the other factors

97 Hansard

National states: health services

Q Col. 966 13/4/84

758. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) (a) How many (i) doctors, (ii) dentists, (iii) physiotherapists, (iv) occupational therapists and (v) nurses are there in each specified national state

whose government has not yet taken over health services and (b) in respect of what date are these statistics furnished;

(2) whether his Department keeps statistics on the above professions in respect of the other national states; if not, why not; if so, what are the relevant statistics in respect of each of these national states?

The MINISTER OF HEALTH AND WELFARE

(1) (a) (i) Doctors—22.

(ii) Dentists—1.

(iii) Physiotherapists—1.

(iv) Occupational Therapists—0.

(v) Nurses—565

these statistics are in respect of Kangwane, the only national state whose Government has not yet taken over health services.

(b) As at 1-4-84;

(2) No; no statistics are kept in respect of the other National States as they administer their own Departments of Health and Welfare.

Flat for General Manager

808. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) With reference to his reply to Question No 735 on 2 April 1984, (a) what is the address of the flat purchased by South African Transport Services for the General Manager, (b) from whom was it purchased, (c) who was the agent in the sale, (d) who paid the agent's commission and (e) how many nights per annum is it estimated that this flat will be occupied;

(2) whether any money has been spent on (a) alterations and (b) repairs to this flat; if so, (i) what amount, and (ii) what was the nature of the alterations or repairs, in each case;

(3) whether rental is paid for this flat; if not, why not, if so, what is the monthly rental?

The MINISTER OF TRANSPORT AFFAIRS:

(1) (a) Flat 73, Milton Manor, Sea Point.

(b) Bernini Holdings (Pty) Ltd, C.M. and L.G. Investments (Pty) Ltd, New Fairfield Village (Pty) Ltd and J. P. A. Investors (Pty) Ltd.

(c) Pam Golding Properties, Sea Point.

(d) The seller.

(e) The flat is occupied for the full duration of the Parliamentary session, as well as during visits when Parliament is in recess.

(2) (a) and (b) No.

(i) and (ii) Fall Away.

(3) Yes. In accordance with the rental structure for personnel performing sessional duties the direct rental is R120 per month. In addition, considerable savings which cannot be accurately assessed are effected by SA Transport Services as the flat is also utilized for the official reception and entertainment of guests.

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Staffing at Provincial Hospital 'totally inadequate'

● From Page 1

are only filled after special applications have been made and considered."

Mrs Blackburn said the nurses also complained that all post-operative cases were normally returned to their wards by the recovery room staff but that an exception was made of the orthopaedic unit. These cases were made to wait while the sister herself did trips backwards and forwards to accommodate porters with patients.

Mrs Blackburn said the report said that, because of heavy pressures of work, procedures were often carried out half-heartedly and short cuts were used.

Mrs Blackburn said nurses often had to work five and six late nights consecutively and if anyone complained they were told that their jobs came first.

However, Mrs Blackburn said that after presenting the report at the session, the MEC of hospital services, Mr P J Loubser, said the matter would be looked into and she felt from his tone that he meant what he said.

● The Chief Matron of the Provincial Hospital, Matron Leonie Stander, today denied that the hospital had a shortage of nursing staff.

She said there were sufficient trained members of staff — in fact, there was even a waiting list — and 123 student nurses had joined the staff between January and May.

Matron Stander did agree, though, that there had been an increase of almost 1 200 in-patients to the hospital between 1982 and 1983 without any increase in the nursing staff complement.

"The junior nurses are not having to shoulder responsibilities as suggested by the report — there are three to four sisters per ward and the juniors are never left on their own. At night there is a sister present to support the nurses."

She said there was not a particularly high absenteeism rate at the hospital and that the 51 nurses off sick today, were all accounted for. She said they had not been replaced by additional nurses.

She denied that patients from the orthopaedic section of the hospital often had to wait outside the theatre before a porter cound be found to take them back to their wards. She said that if did happen, it was rare.

Matron Stander said procedures done "half-heartedly" had never been brought to her notice. Her matrons doing ward rounds had never received complaints from patients about this.

She also denied that nurses were reluctant to work on consecutive late nights. "Many nurses actually ask to work late nights and anyone working overtime is paid for doing so," she said.

● See Page 9

Staffing at PE hospital 'totally inadequate'

By WENDY FRAENKEL

THE nursing staff at the Port Elizabeth Provincial Hospital is "totally inadequate" and even the most basic nursing care is sometimes absent.

This alarming statement forms part of a combined report on the lack of funds allocated to the Eastern Cape for staff and hospital equipment, drawn up by doctors and nursing staff attached to the Provincial Hospital.

The report was presented by Mrs Molly Blackburn (PFP MPC for Walmer) in the Provincial Council yesterday.

In an interview today, Mrs Blackburn said she gleaned from the report that even though the in-patients at the hospital increased by almost 1 200 from 1982 to 1983, no additional nursing posts were created.

She said she had submitted this combined report to the Department of Hospital Services in February. She heard nothing from them for a fortnight.

"I phoned them and was told that I would be contacted but after waiting another four months without hearing a word, I was forced to present it at the session yesterday.

"The main emphasis of the report was the shortage of nursing staff and the fact that additional posts cannot be created, especially for theatre and the orthopaedic wards.

"The report even quoted an instance of one sister being responsible for two orthopaedic floors, 68 beds and also being on call for tractions in the rest of the hospital.

"On most nights she only had two junior staff members on each floor to cope with patients."

Mrs Blackburn said the hospital urgently needed 50 additional nursing assistant posts to compensate for the fact that student nurses no longer were of any use in the day-to-day care of patients.

"The nursing staff stressed that the nurses allocated to the wards were too junior and they were too junior to be trusted with more than simple, menial tasks," she said.

"There is also a high rate of absenteeism and resignations because of the exhausting overwork. It appears that nurses resigning are often not replaced and their positions

● Turn to Page 3

'Bitter' employee refuses award

Staff Reporter

A DARKROOM assistant at Somerset Hospital in Green Point on Tuesday refused to accept a plaque at a long-service awards lunch at the hospital because she protested at receiving only about R300 a month after 27 years' service.

"I cannot put on a happy face at this occasion because I find it an insult to give me a plaque while refusing to give me an increase in salary," Mrs Louise Reuben said.

She said she wanted the plaque to be given to Mr Solly Rodwell, head of the X-ray department where she was employed, to impress on him how bitter she felt about receiving only about R300 a month.

The acting hospital secretary, Mr D Eversen, said Mrs Reuben had recently been offered two other posts, either as a housekeeper or as a technical assistant, which would have meant an increase in salary but that she had refused both.

per annum to Black persons being paid the maximum pension or grant, in respect of (i) old age pensions, (ii) blind persons' pensions, (iii) war veterans' pensions and (iv) disability grants in the 1984-85 financial year?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) (i) (aa) 235 743.

(bb) 4 452.

(cc) 1 283.

(dd) 98 765.

(ii) (aa)—(dd) No statistics are kept about this, but according to estimates between 80% and 85% of the social pensioners in the RSA receive the maximum amount.

(b) These matters have been transferred to the national states. The Department of Co-operation and Development consequently does not keep this information on record.

(2) (a) Old age pension—R635,41;
War veterans' pension—R717,08;
Blind persons' pension—R631,19.

(b) Disability grants—R639,83.
Figures in respect of the national states are not available.

(3) (a) (i)—(iv) From 1 April 1983 to 30 September 1983: R57 per month.
From 1 October 1983 tot 31 March 1984: R65 per month.
Figures in respect of the national states are not available.

(b) (i)—(iv) R252.
Figures in respect of the national states are not in available.

Pietermaritzburg: murders

1056. Mr G B D McINTOSH asked the Minister of Law and Order:

(1) How many (a) Black, (b) White, (c) Coloured and (d) Indian persons were murdered in the Pietermaritzburg police district since 1 January 1984 up to the latest specified date for which figures are available;

(2) whether any suspects have been charged in connection with these murders; if so, how many in respect of each race group?

The MINISTER OF LAW AND ORDER:

(1) 1 January to 31 May 1984.

(a)	(b)	(c)	(d)
349	8	3	6

(2) Yes.

(a)	(b)	(c)	(d)
182	7	6	1

Pietermaritzburg: patrols

1057. Mr G B D McINTOSH asked the Minister of Law and Order:

Whether any (a) foot, (b) bicycle and (c) motorized patrols in or out of uniform are operating from police stations in the Pietermaritzburg police district at present; if not, why not; if so, how many such patrols are on duty (i) during the day and (ii) at night?

The MINISTER OF LAW AND ORDER:

(a) Yes, from three police stations.

(i) 34.

(ii) 18.

(b) No.

(c) Yes, from all the police stations.

(i) 22.

(ii) 11.

Midwives/health visitors/radiographers/sister tutors

1062. Dr M S BARNARD asked the Minister of Health and Welfare:

How many (a) Black, (b) Indian, (c) Coloured and (d) White persons registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors in 1981, 1982 and 1983, respectively?

The MINISTER OF HEALTH AND WELFARE:

(i) *Registered Midwives*

	1981	1982	1983
White	825	882	283
Coloured	204	305	256
Indian	68	94	87
Black	669	946	856
Total	1 766	2 227	1 482

(ii) *Registered Community Health Nurses*

White	193	195	176
Coloured	26	25	44
Indian	5	3	4
Black	79	97	144
Total	303	320	368

(iii) *Radiographers*

Total	224	150	220

(iv) *Tutors*

White	75	45	33
Coloured	4	9	12
Indian	2	4	2
Black	25	55	58
Total	106	113	105

Zebediela citrus farms

1068. Mr P G SOAL asked the Minister of Co-operation and Development:

(1) Whether the Zebediela citrus farms are to be incorporated into any national or independent Black state; if so, into which such state;

(2) whether ownership has been transferred to this state; if not, (a) why not and (b) when will it be transferred; if so, on what date;

(3) whether his Department has received any representations regarding the transfer of these citrus farms; if so, (a) when, (b) from whom and (c) what was the (i) nature of the representations and (ii) response thereto?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1), (2) and (3) The Zebediela Estate will eventually be incorporated in either a national or an independent state. The Estate is at present the property of the South African Development Trust and is run by the South African Development Trust Corporation.

The freehold in land acquired by the South African Development Trust is not transferred to a national state. Only the right of use is transferred. Freehold in Trust land is transferred only in case of incorporation in an independent state.

Representations were received from the Government of Lebowa requesting that the Zebediela Estate be incorporated in the area of jurisdiction of Lebowa.

Whether or not the Estate will be incorporated in Lebowa is of course a consolidation matter and a decision regarding the future of Zebediela will only be taken when the consolidation plans are finalized.

Pietersburg/Seshego: rail link

1079. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether the South African Transport

Mrs Reuben refuses medal, asks for cash

By BENNIE VAN DELFT

AFTER 27 years of loyal service, hospital employee Mrs Louisa Reuben made her point loud and clear — she wanted money and not a medal.

Mrs Reuben caused an uproar at a long-service awards lunch at the Somerset Hospital in Cape Town by refusing to accept a plaque.

"I just wanted to show them how bitter I felt at receiving only about R300 a month after all my years of service," said an unhappy Mrs Reuben.

"I cannot live on medals when the salary itself is not sufficient to survive in these days of sky-rocketing prices.

Insult

"I think it's an insult to console me with a medal instead of hard cash."

Mrs Reuben, 46, a divorcee with three children, joined the Somerset Hospital as a darkroom assistant in 1956 with a starting salary of R32 (then 16 pounds).

She has been doing the same job ever since. She says she received regular increases at first until she reached her top scale.

"That was many years ago and I cannot remember when last I had a salary increase," said Mrs Reuben.

Dr Kosie Roux, the hospital's superintendent, said although he was sympathatic towards Mrs Reuben there was nothing they could do about her case.

"We don't draw up salary scales. She simply has reached her top scale and we cannot pay her more."

Dr Roux said Mrs Reuben had recently been offered two other posts, either as a housekeeper or as a technical assistant.

"This would have meant an increase in salary, but Mrs Reuben refused both," said Dr Roux.

Irregular

Mrs Reuben confirmed that she had been offered jobs in other departments, but had declined because of the irregular working hours these would entail.

"But nothing was said about more money when they made the offer. Frankly, I fail to see why I cannot be promoted to technical assistant within the same department. This has been the case with others, but I have been overlooked in all those years."

"I had made up my mind prior to the function not to accept the plaque."

There was a hushed silence when Mrs Reuben walked up to the table and, instead of "gratefully" accepting the plaque, gave her reasons for refusing the award.

The plaque remained wrapped, because Mrs Reuben never bothered to have a look at it.

"I suppose it had my name on it and the number of years' service.

Bitter

"I just wanted to impress on them how bitter I felt about my salary. Surely, they could not expect me to put on a happy face at this occasion."

Mrs Reuben says she takes home just over R240 a month after deductions.

"I am only able to survive because of the extra money I get from my two youngest daughters who are both working. The third daughter is married.

"My own salary is not enough by far to pay for the rent of my house in Ravensmead, food, and other expences.

"Busfare alone costs me R1,48 daily, while my monthly train ticket comes to R21."

Mrs Reuben, who was divorced in 1970, says her only hope now to improve her financial position is either a general salary increase or a merit increase.

Merit

"A merit increase depends on my employer's generosity, but so far I have never received anything like this.

"I feel very sad about people who were not even born when I joined the hospital's employment, who are now my seniors."

Mrs Reuben reckons that a salary increase would have been a "nice gesture" on the part of the hospital to thank her for her long service.

"A medal is definitely no consolation for someone who struggles to make ends meet."

Despite her quarrel with the hospital, she has, however, no intention of working elsewhere.

"I have been developing X-rays for 27 years and have not been trained to do anything else. And where can I go anyway, especially at my age," said Mrs Reuben.



Mrs Louisa Reuben in front of the Somerset Hospital.

MONDAY, 2 JULY 1984

†Indicates translated version.

For written reply: 2/7/84 Hansard

Farm schools

Q-601.1865

1093. Mr S S VAN DER MERWE asked the Minister of Internal Affairs:

(1) (a) How many farm schools falling under the control of his Department were there in the Republic as at the latest specified date for which figures are available and (b) how many (i) pupils were enrolled and (ii) teachers were employed at these schools as at that date;

(2) whether any of these schools have any facilities other than classroom and toilet facilities; if so, what specified facilities in respect of each school?

The MINISTER OF INTERNAL AFFAIRS:

(1) (a) 989 as at 31 March 1984.

(b) (i) 87 574.

(ii) 3 765.

(2) Yes. Taking into account the considerable number of schools involved, the information is not readily available.

TUESDAY, 3 JULY 1984

†Indicates translated version.

Hansard

For written reply: Q-601.1865

Doctors/paramedical personnel

3/7/84

1060. Dr M S BARNARD asked the Minister of Internal Affairs:

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

The MINISTER OF INTERNAL AFFAIRS:

(a) and (b) *Explanatory notes*

(1) The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

(2) Salary scales for the different population groups are specified up to the point where posts exist.

(3) List of abbreviations/symbols used hereafter:

PA —Pensionable Allowance
NPPA —Non-pensionable Professional Allowance
(W) —White
(C) —Coloured
(I) —Indian
(B) —Black

(a) *Salary Scales: Medical Staff (All population groups)*

Intern (Medical)
R12 030 + 12% PA.

Registrar
R18 288 × 849 – 25 080 + 12% PA + R11 037 NPPA.

Medical Officer

Dentist
R18 288 × 849 – 25 080/24 231 – 25 080 × 1 035 – 27 150 + 12% PA plus NPPA of R11 037 (first leg of scale) and NPPA of R12 420 (second leg of scale).

Deputy Director (Head- and Regional Office Personnel)

Medical Superintendent
Senior Medical Officer
Senior Dentist
R31 290 × 1 320 – 33 930 + 12% PA + R7 710 NPPA.

Senior Medical Superintendent
R33 930 × 1 320 – 35 250 + 12% PA + R7 425 NPPA.

Medical and Dentistry Specialists
R33 930 × 1 320 – 35 250 + 12% PA + NPPA of R8 745 payable at the notch R33 930 and NPPA of R9 495 payable at the notch R35 250.

Director (Head- and Regional Office Personnel)

Chief Medical Superintendent
R39 630 (fixed) + 12% PA + R4 080 NPPA.

Principal Family Practitioner
Principal Clinical Pharmacologist
Principal Stomatologist
Senior Specialist
R39 630 (fixed) + 12% PA + R9 255 NPPA.

Chief Director (Head- and Regional Office Personnel)
R44 850 (fixed) + 12% PA.

Chief Family Practitioner/Professor
Chief Clinical Pharmacologist/Professor
Chief Stomatologist/Professor
Chief Specialist/Professor
R44 850 (fixed) + 12% PA + R8 475 NPPA.

(b) *Salary Scales: Paramedical Staff*

Occupational Classes Occupational Therapist, Physiotherapist, Speech Therapist and Audiologist, Radiographer:

Student Occupational Therapist
Student Physiotherapist
Student Speech Therapist and Audiologist
Student Radiographer
(W) R3 633 × 249 – 4 629 + 12% PA.
(C) (I) R3 135 × 249 – 4 131 + 12% PA.
(B) (Male) R2 301 × 195 – 2 886 – 3 135 + 12% PA.
(B) (Female) R2 106 × 195 – 2 886 + 12% PA.

Occupational Therapist
Physiotherapist
Speech Therapist and Audiologist
Radiographer
(W) (C) (I) R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570–16 020 + 12% PA.
(B) R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA.

Chief Occupational Therapist
Chief Physiotherapist
Chief Speech Therapist and Audiologist
Chief Radiographer
(W) (C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Control Occupational Therapist
Control Physiotherapist
Control Speech Therapist and Audiologist
Control Radiographer
(W) (C) (I) (B) R21 684 × 849 – 23 382 + 12% PA.

Occupational Class Chiropodist
Chiropodist
(W) (C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Occupational Class Medical Orthotist and Prosthetist:

Pupil Medical Orthotist and Prosthetist
(W) R4 380 × 249 – 4 878 × 276 – 6 534 – 6 846 + 12% PA.
(C) (I) R3 882 × 249 – 4 878 × 276 – 6 258 + 12% PA.
(B) R2 886 × 249 – 4 878 – 5 154 + 12% PA.

Medical Orthotist and Prosthetist
(W) (C) (I) R9 648 × 414 – 10 890 × 570 – 14 880/16 020 – 16 590 × 849 – 19 137 + 12% PA.
(B) R8 820 × 414 – 10 890 × 570 – 13 740/14 880 × 570 – 16 590 × 849 – 17 439 + 12% PA.

Senior Medical Orthotist and Prosthetist
(W) (C) (I) (B) R18 288 × 849 – 21 684 + 12% PA.

Chief Medical Orthotist and Prosthetist
(W) (C) (I) (B) R21 684 × 849 – 25 080 + 12% PA.

Occupational Class Medical Technologist:

Pupil Medical Technologist
(W) R4 878 – 5 430 – 5 982 – 6 258 + 12% PA.
(C) (I) R4 131 – 4 629 – 5 154 – 5 706 + 12% PA.
(B) R3 135 – 3 633 – 4 131 – 4 629 + 12% PA.

Medical Technologist
(W) (C) (I) R9 648 × 414 – 10 890 × 570 – 12 600/13 740 × 570 – 16 020 + 12% PA.
(B) R8 820 × 414 – 10 890 – 11 460/12 600 × 570 – 14 880 + 12% PA.

Senior Medical Technologist
(W) (C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Chief Medical Technologist
(W) (C) (I) (B) R19 137 × 849 – 25 080 + 12% PA.

Control Medical Technologist
(W) R24 231–25 080 × 1 035 – 27 150 + 12% PA.

Occupational Class Oral Hygienist:

Student Oral Hygienist
(B) (Male) R2 301 × 195 – 2 886 – 3 135 + 12% PA.
(B) (Female) R2 106 × 195 – 2 886 + 12% PA.

Oral Hygienist
(W) (C) (I) R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA.
(B) R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA.

Chief Oral Hygienist
(W) (C) (I) R16 020 – 16 590 × 849 – 19 137 + 12% PA.
(B) R14 880 × 570 – 16 590 – 17 439 + 12% PA.

Control Oral Hygienist
(W) (C) (I) (B) R21 684 × 849 – 23 382 + 12% PA.

Occupational Class Optometrist:

Optometrist
(W) (C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Occupational Class Dental Therapist:

Student Dental Therapist
(B) (Female) R2 106 × 195 – 2 886 + 12% PA.
(B) (Male) R2 301 × 195 – 2 886 – 3 135 + 12% PA.

Dental Therapist
(C) (I) R7 470 × 312 – 8 406 ×

414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 × 12% PA.

(B) R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA.

Chief Dental Therapist

(C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Hansard Q.61. 1871 3/7/84

Nursing staff

1061. Dr M S BARNARD asked the Minister of Internal Affairs:

(1) What are the salary scales payable to (a) male and (b) female persons of each race group employed in provincial hospitals as (i) student nurses, (ii) staff nurses, (iii) professional nurses, (iv) senior professional nurses, (v) chief professional nurses and (vi) chief nursing service managers;

(2) (a) what is the estimated annual cost of raising the salary scales applicable to African, Coloured and Asian nurses to those applicable to White nurses and (b) when is it envisaged that parity will be achieved in respect of these salary scales?

The MINISTER OF INTERNAL AFFAIRS:

(1) *Explanatory notes*

(i) The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

(ii) Salary scales for the different population groups are specified up to the point where posts exist.

(iii) The salary scales of male and female employees in the Public Service are the same.

(iv) No rank or salary scale exists for a student nurse. Such nurses are employed against posts of Nursing Assistant and Senior Nursing Assistant. Student nurses on the salary scale of Nursing Assistant can progress to that of Senior Nursing Assistant by means of promotion after completion of the required period of time. After obtaining the required qualification a student nurse is appointed as a Professional Nurse.

(v) List of abbreviations/symbols used hereafter:

PA Pensionable Allowance
(W) White
(C) Coloureds
(I) Indian
(B) Black

Salary Scales: Nursing Staff

Nursing Assistant

(W) R2 691 – 2 886 × 249 – 4 878 × 276 – 6 258 + 12% PA.

(C) (I) R2 496 × 195 – 2 886 × 249 – 4 878 × 276 – 5 982 + 12% PA.

(B) R1 674 × 144 – 2 106 × 195 – 2 886 × 249 – 4 629 + 12% PA.

Senior Nursing Assistants

(W) R4 629 – 4 878 × 276 – 6 534 × 312 – 7 782 + 12% PA.

(K) (I) R4 131 × 249 – 4 878 × 276 – 6 534 × 312 – 7 158 + 12% PA.

(B) R3 135 × 249 – 4 878 × 276 – 5 982 + 12% PA.

Staff Nurse

(W) (C) (I) R5 982 × 276 – 6 534 × 312 – 8 406 × 414 – 9 234 + 12% PA.

(B) R4 878 × 276 – 6 534 × 312 – 7 782 + 12% PA.

Senior Staff Nurse

(W) (C) (I) R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600 + 12% PA.

(B) R6 258 – 6 534 × 312 – 8 406 × 414 – 10 476 + 12% PA.

Professional Nurse

(W) (C) (I) R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600 + 12% PA.

(B) R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460 + 12% PA.

Senior Professional Nurse

(W) (C) (I) R10 890 × 570 – 16 020 + 12% PA.

(B) R10 062 × 414 – 10 890 × 570 – 14 880 + 12% PA.

Chief Professional Nurse

(W) (C) (I) (B) R16 020 – 16 590 × 849 – 19 137 + 12% PA.

Nursing Service Manager

(W) (C) (I) (B) R18 288 – 849 – 21 684 + 12% PA.

Senior Nursing Service Manager

(W) (C) (I) (B) R21 684 × 849 – 23 382 + 12% PA.

Chief Nursing Service Manager

(W) R24 231 – 25 080 – 26 115 + 12% PA.

(2) (a) The estimated annual cost to adjust the salary scales applicable to Black, Coloured and Asian Nursing Staff to that applicable to White Nursing Staff, is R56,7 million.

(b) The implementation of a further phase of the programme to eliminate the salary gap will be considered in the light of available funds when occupational specific market related investigations are undertaken according to needs and/or general salary adjustments can be effected.

Blue Train

1065. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

What are the (a) procedures and (b) regulations laid down by the South African Transport Services for travel agents making bookings for the Blue Train?

The MINISTER OF TRANSPORT AFFAIRS:

(a) and (b) Travel agents may contract for all the accommodation on the Blue Train 18 months prior to the date of departure; make block bookings of 10 or more seats 15 months prior to the date of departure; or book up to nine seats 11 months prior to the date of departure, ie, when public bookings open.

Before 15 March 1984 the only condition was that payment for groups of 10 and more had to be made not later than one month before departure, and payment for smaller groups or individuals not later than 48 hours before departure.

As no cancellation fees were raised, the system led to abuse and conditions which include cancellation fees, as well as the furnishing of certain bank guarantees, were introduced with effect from 15 March 1984, after discussions with the organised travel trade.

It soon became clear that certain of the conditions would have an adverse effect on our overseas business in particular. Because of this problem we had extensive discussions with the organised travel trade as well as numerous private individuals.

Cost to State per student

962. Mr K M ANDREW asked the Minister of Education and Training:

What was the cost to the State per student at each of the universities for Blacks in 1982 and 1983, respectively?

The MINISTER OF EDUCATION AND TRAINING:

	1982/83 R	1983/84 R
Fort Hare	4 311	5 988
The North	2 981	3 703
Zululand	3 736	3 313
Medunsa	15 972	15 812
Vista	Mainly establishement costs	2 199

Figures are available only in respect of financial years.

Farm schools

1032. Mr K M ANDREW asked the Minister of Education and Training:

With reference to his reply to Question No 13 on 9 May 1984, (a) what are the names of the farm schools closed down in 1983 and 1984, respectively, and (b) where are they situated in each case?

The MINISTER OF EDUCATION AND TRAINING:

Name of School	Farm	Magisterial District
	1983	
Leeupoort	Leeupoort	Harrismith
Terpentyn	Terpentynbult	Letaba
Dikgokong	Buffelskop	Waterberg
Sandfonteinsoog	Sandfonteinsoorg	Potgietersrus
Maraispark	Maraispark	Bultfontein
Letsheng	Rooipan	Waterberg
Kgopa	Arden	Pietersburg
Vaalwal	Vaalwal	Warm Baths
Malan	Daggakraal	Potgietersrus
Letlhakola	Rhenosterhoekspruit	Warm Baths
Bourgondie	Bourgondie	Marquard
Leeuwkuil	Skietkop	Parys
Nutfield	Nutfield	Lions River
Loerie	Loerie Govt. Plantation	Humansdorp
De Vos	Tweerivieren	Joubertina
Bloukrans	Bloukrans	Fouriesburg
Sophiasdeel	Sophiasdeel	Bethlehem
Barth's Deel	Barth's Deel	Brandfort
Vlaktefontein	Vlaktefontein	Aliwal North
Twaalf-Kamele	Twaalfkameelbomen	Schweizer-Reneke
Welgedacht	Welgedacht	Hanover
Sondelani Adult continuation Classes	Trust land	Inanda
Komati	Vygeboom	Carolina
Mahemsvlei	Mahemslvei	Klerksdorp
Dumakude	Witklipbank	Delmas
Monaku	Vrede	Hoopstad
Montello	Montello	Umvoti
Strydkraal	Strydkraal	Vereeniging
Koesterfontein	Koesterfontein	Krugersdorp

Name of School	Farm	Magisterial District
	1984	
Ngwenya	Thornhill	Barberton
Refeng-Thuto	Hartebeeshoek	Krugersdorp

Students: health service professions

1063. Dr M S BARNARD asked the Minister of Education and Training:

How many students (a) were enrolled in 1983 in each of the years of study at institutions falling under the control of his Department for training as (i) health assistants, (ii) health inspectors, (iii) public health nurses, (iv) medical labotatory technologists, (v) dental therapists, (vi) radiographers, (vii) physiotherapists and (viii) other specified paramedical personnel and (b) passed their final examinations in that year in each of these courses of study?

The MINISTER OF EDUCATION AND TRAINING:

(a) 1. TECHNIKONS

	Year of study	Mabopane East Technikon	Edenvale Technical College
(1) Health assistants		0 Course discontinued	0
(ii) Health inspectors	1	27	20
	2	21	11
	3	18	10
(iii) Public health nurses	1	26	24
(iv) Medical laboratory technologists	1	46	28
	2	Intake 2nd semester	15
	3	51	

(a) 2. UNIVERSITIES

(iv) Medical Sciences	1	19
	2	6
	3	7
	4	4
(v) Diploma in Dentistry	3	1
(vi) *Radiographers*		
B.Radiography (Diagnostics)	1	15
	2	8
	3	6
(vii) *Physiotherapists*		
B.Sc. Physiotherapy	1	15
	2	13

	Year of study	Mabopane East Technikon	Edenvale Technical College
(viii) *Other paramedical personnel*			
B. Occupational Therapy	1	26	
	2	5	
	3	2	
B.Sc. Dietetics	1	8	
	2	7	
	3	2	
B.Optometry.....	1	13	
	2	5	
	3	6	
	4	2	
B.Oral Hygiene.....	1	7	
	2	10	

(b) Examination results for 1983 are not yet available as statistical returns in respect of 1983 have not been received yet.

Hansard Q. 61. 1971
6/7/84

Western Cape: technical education/adult education/literacy training

1071. Mr P R C ROGERS asked the Minister of Education and Training:

(1) Whether there are facilities for (a) technical education, (b) adult education and (c) literacy training in (i) Langa, (ii) Nyanga, (iii) Guguletu and (iv) any other Black urban areas in the Western Cape; if so, (aa) where is each of these institutions situated and (bb) how many persons can be accommodated in each;

(2) whether any of these institutions offer night classes; if so, (a) which institutions and (b) in what fields?

The MINISTER OF EDUCATION AND TRAINING:

(1) (a) (i) No.

(ii) No.

(iii) Yes.

(iv) No.

(aa) Guguletu Technical Centre which is also attended by pupils from Langa and Nyanga.
Sivuyile Technical College, Guguletu.

(bb) 3 000 pupils on a rotation base.
60 students per day or 180 on a trimester base.

(b) and (c) (i) Yes.

(ii) Yes.

(iii) Only adult education.

(iv) Yes.

(aa)		(bb)
(i)	St Francis Cultural Centre, Langa	650
(ii)	Sizamile Junior Secondary School, Nyanga.....	250
(iii)	Sivuyile Technical College, Guguletu	150 per year
(iv)	Yizani, Blackheath	40
	Kya Mandi, Stellenbosch	20
	Zwelihle, Hermanus.....	20
	Zolani, Ashton	45
	Eziqhameni, Ceres	50
	Zamulwazi, Robertson.....	50
	Vuyisile, Worcester	75

(2) Yes.

(a) St Francis Cultural Centre, Langa;
Sizamile Junior Secondary School, Nyanga;
Yizani, Blackheath;
Kya Mandi, Stellenbosch;
Zwelihle, Hermanus;
Zolani, Ashton;
Eziqhameni, Ceres;
Zamulwazi, Robertson;
Vuyisile, Worcester.

(b) All prescribed courses from literacy up to and including standard 10.

Hansard Q. 61. 1973
6/7/84

Matriculation examination

1072. Mr P R C ROGERS asked the Minister of Education and Training:

Whether, with reference to his reply to Question No 741 on 29 May 1984, there are facilities for writing the matriculation examination at Cathcart, King William's Town, Komga and Stutterheim, respectively; if not, (a) what is the highest standard offered by schools at each of these centres, (b) how many such schools are there at these centres, (c) how many pupils are currently in the highest standard of each such school and (d) to which schools will they proceed in order to complete their studies at matriculation level?

The MINISTER OF EDUCATION AND TRAINING:

No.

	Cathcart	King William's Town	Komga	Stutterheim
(a)	Std 8	Std 8	Std 6	Std 9
(b)	1	1	1	1
(c)	42	157	44	76

(d) Likely schools to which pupils will apply are the schools at Queenstown and Stutterheim (Std 10 will be offered as from 1985) and schools situated in Ciskei.

Technical secondary schools

1073. Mr H E J VAN RENSBURG asked the Minister of Education and Training:

Argus 17/9/84 97

Health workers to form pressure group

Medical Reporter

MORE than 100 health workers have agreed to help form a national pressure group aimed at a fairer health deal for the country's lower-paid workers.

They protested against costly and cursory medical treatment, low pay of health-service domestics and labourers and the lack of hospitals in black and coloured areas.

The Health Workers' Society, which organised a meeting in Athlone at the weekend, presented a letter from the MEC for Health Services, Mr Piet Loubser, saying hospitals had been instructed on August 3 to relax income-ceiling requirements for patients.

Reaction to pamphlet

Mr Loubser's letter was in reaction to a pamphlet issued by the society before the meeting, saying patients were regularly turned away from provincial and day hospitals if they earned more than R240 a month.

The MEC added that negotiations were taking place to raise the ceiling "considerably", and he denied the society's forecast that hospital admission fees were to rise again following the 50 percent increase last April.

Various speakers told the meeting that:

● Poor, unhygienic housing in areas such as as Lotus River aggravated community health problems.

● The unequal distribution of health-care facilities reflected the injustices of the "broader South African context".

● Parents of children in hospital had to pay in-patient fees of R45 a day and heavy bus fares when they visited at hospitals far from homes.

● It was "shameful" that hospital fees were increased by 50 percent this year, while the Defence Force spent R1,4-million on fuel alone during its Operation Thunder Chariot manoeuvres last week.

● Workers in the clothing industry had to accept indignities such as compulsory birth control and cursory treatment from overworked, under-paid doctors appointed by medical aid funds.

● People receiving low pensions from private enterprise should be given the same remission of hospital admission fees extended to social and Government pensioners.

● It was unfair that domestic workers and labourers were excluded from recent pay increases for hospital workers, since they worked long hours and did important work.

Mr Loubser said in his letter that the workers had been excluded because their pay was kept on a par with private sector wages.

Oct 1984

INDUSTRIAL COURT

Unions take a loss

Trade unionists are wondering whether their recent successes in the Industrial Court set the true pattern for future decisions — or whether the parameters are changing. Two recent decisions that went against them in Natal have raised doubts.

In the case of the Paper Wood and Allied Workers' Union (PWAWU) v Uniply, the union sought the reinstatement of two shop stewards who it alleged had been unfairly dismissed. In a separate action, it applied for the reinstatement of the entire workforce, which had been dismissed following a strike over earlier dismissals.

The court found that the shop stewards had not been unfairly dismissed. There was sufficient evidence to justify dismissal. In the case of the remainder of the workforce, it found that they had precipitated their own dismissal by walking off the job and not following strictly the procedures laid down in the Labour Relations Act.

A similar judgment was handed down in the case of the National Union of Textile Workers (NUTW) v Lanatex. In this instance, two workers were allegedly unfairly dismissed. The firing was followed by the dismissal of two shop stewards who protested on their behalf and, finally, the entire workforce, who had come out in support. Here the court found that the workers and the two shop stewards had, in fact, been unfairly dimissed and ordered their reinstatement.

But it did not reinstate the other workers because they had acted unilaterally and, in so doing, had placed themselves outside of the law.

Both judgments, says labour lawyer Chris Albertyn, create serious problems for trade unionists. "It appears," says Albertyn, "that the courts are not coming to the assistance of workers facing mass dismissal where the proper procedures have not been followed."

HEALTH & DISEASE — OTHER Medics

1985 — 1986

542 arrested, 781 fired at King Edward VIII Hospital

HOSPITAL STRIKERS IN JAIL

C Press 97
10/2/85

MORE than half of the 800 striking workers at Durban's giant King Edward VIII Hospital were arrested yesterday when police arrived after vital hospital installations had been sabotaged.



ON STRIKE: Some of the strikers earlier this week.

Medical superintendent Justin Morfopoulus told City Press the two hospital lifts to the operating theatres had been "blown up by saboteurs using spanners to put the lifts out of action".

There have also been attempts to sabotage the hospital boiler, he said, but police had arrived in time to prevent this.

The 542 workers were arrested after Mr Morfopoulus signed an affidavit saying that they were "trespassing" on the hospital grounds and asked the police to remove them.

They will appear in court next week — and are expected to be released if they pay a R20 admission of guilt fine for "trespassing".

CP Correspondent

Dr Morfopoulus told the 781 striking workers — who gathered in a hospital courtyard — that he was "sad" to take the action, but was forced to fire them after they had ignored the 7am deadline to return to work yesterday.

Police then gave them half an hour to disperse.

When they didn't, police moved in with dogs and told the group that they were under arrest.

Still dressed in their hospital uniforms, the men and women were loaded into police trucks and driven away.

They climbed into the vans peacefully, calling out that they did not want to "fight" anyone — all they wanted was "mali".

As the hundreds waited for their turn to jump into the vans, they sang and danced, singing that they didn't have any money.

Dr Morfopoulus claimed that professional staff had been intimidated by some of the strikers who wanted their support.

He also claimed there had been threats against the lives of staff who did not support the strike.

The workers have been on strike since Monday, when they decided not to work in protest against the increases announced by hospital authorities last Friday..

Farmers fume

SCORES of khaki-clad Martizburg farmers this week drove more than 500 tractors through the streets in a protest rally against rising operating costs.

Sporting banners with slogans reading: "Don't bite the hands that feed you", "You have a steak in our future", "It's not too Luyt to drop fertiliser prices" and "SA was a Utopia – Watch out for Ethiopia," the procession proceeded up the city's main Street.

Thousands of onlookers cheered.

All pupils from the local Murchiston School formed a guard of honour for the farmers.

Call for medical chief's removal

Own Correspondent

DURBAN — Doctors, nurses and paramedics at King Edward VIII Hospital have called for the removal of the chief medical superintendent after a strike by 781 non-classified hospital workers.

But Dr Fred Clarke, MEC in charge of hospitals, has backed Dr Justin Morfopolous's handling of the dispute.

At a meeting of more than 250 health professionals at King Edward VIII yesterday, it was decided there had been a deterioration of hospital services during the strike.

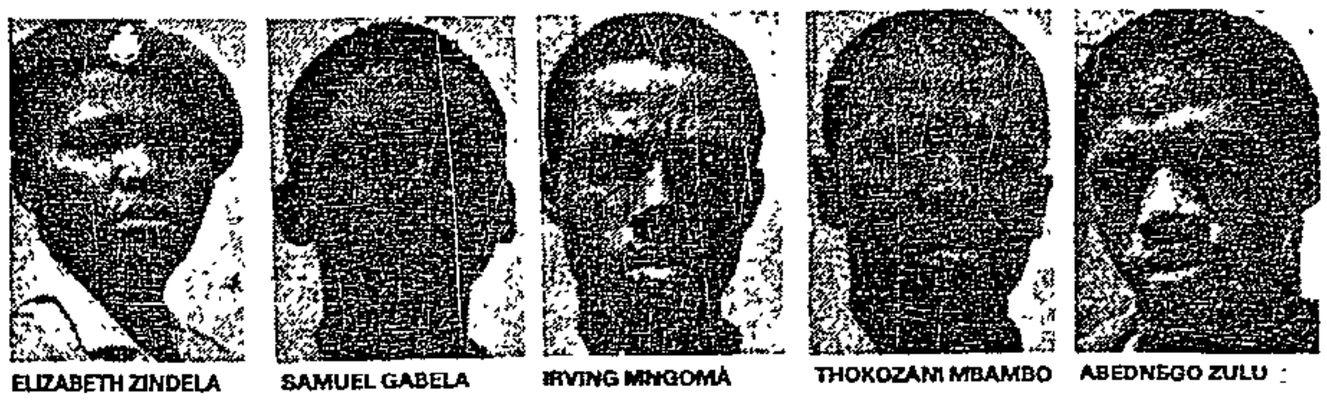
A resolution adopted by the meeting said Dr Justin Morfopolous was intransigent in his handling of the strike and had threatened to victimise workers involved in it.

"We therefore recommend that the authorities negotiate with the workers' union and reinstate all dismissed workers unconditionally.

"Further, we call for the re-establishing of adequate health care at King Edward immediately, and that Dr Morfopolous be removed from his post by the provincial authorities."

The resolution comes in the wake of worsening relations between the medical superintendent and students and doctors at the training hospital.

You're fired! You're hired!



ELIZABETH ZINDELA | SAMUEL GABELA | IRVING MNGOMA | THOKOZANI MBAMBO | ABEDNEGO ZULU

You're FIRED!

FIRED, reinstated and then fired again – that is the story of seven of the 541 King Edward VIII Hospital workers who were fired for going on strike and reinstated again last week.

By BANCROFT HLATSHWAYO

The seven are all security guards who were told to collect their salaries and hand back their hospital uniforms this week.

Elizabeth Zindela, 29, Abednego Zulu, 24, Thokozani Mbambo, 25, Samuel Gabela, 24, Irvin Mngoma, 36, Gerald Shangase and Attwell Dazanibe – like the rest of the fired workers – were initially reinstated "unconditionally".

But when they reported to work with the others on Monday, they were told they were being re-employed and had to sign new forms.

They were then told to report to work the following day.

They told City Press they were ushered into the chief security officer's office on Tuesday and interrogated.

"We were questioned at length about our involvement in the strike and about our affiliation to an unnamed union," he said.

They were accused of having caused the disruption of "essential services" in the hospital and were ordered to report back for their pay on Thursday and also to return their hospital uniforms.

Before the workers were reinstated, provicial hospital spokesperson Fred Clarke confirmed that the employees would be reinstated unconditionally, but would lose one week's pay.

However, he added that medical superintendent Justin Morfopolous would have the right not to re-employ any workers he believed were "intransigent or caused unnecessary unrest".

The fired guards have since consulted the Health Workers' Federation Union, which has taken up the matter with their lawyers and Dr Clarke.

(a) How many applications have been received for financial assistance in terms of the Promotion of the Density of the Population in Designated Areas Act, No 87 of 1979, since its commencement and (b) how many applications were successful?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(a) 555.

(b) 346

Charlesville

*3. Mr H D K VAN DER MERWE asked the Minister of Health Services and Welfare:†

(a) How many houses are there in Charlesville, near Jagersfontein, (b) how many of the houses are occupied at present, (c) to whom do the houses belong and (d) for what purpose did his Department have them built.

†The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) 143.

(b) 86.

(c) The houses belong to Administration: House of Assembly: Department of Local Government, Housing and Works.

(d) The houses were donated to the State by a Mining Company.

Hansard Q.601. 531

Medicine/para-medical sciences: bursaries

12/3/85

*4. Mr P C CRONJÉ asked the Minister of Education and Culture:

Whether his Department offers any bursaries for White students to study in the field of (a) medicine and (b) the paramedical sciences; if not, why not; if so, (i) how many and (ii) what criteria are applied in awarding these bursaries?

The MINISTER OF EDUCATION AND CULTURE:

(a) No, because the Department does not employ medical practitioners;

(b) Yes.

(i) According to the projected needs which, over the past 3 years, averaged 12 students per year;

(ii) Projected needs, acceptance of the candidate by an appropriate faculty, proven achievement of the candidate in the standard 10 examination or competence in present post, medical fitness, leadership qualities and the self image of the candidate.

Medical/para-medical personnel: shortage

*5. Mr P C CRONJÉ asked the Minister of Health Services and Welfare:

(1) Whether there is a shortage of White (a) medical and (b) para-medical personnel in the Republic; if so, what is the nature of the shortage in each case;

(2) whether his Department is taking any steps to overcome this shortage; if not, why not; if so, what steps?

†The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) Registers of medical and para-medical personnel are kept by the SA Medical and Dental Council. These registers are not kept on the basis of colour or race. A meaningful reply is thus not possible. There is, however, a geographical maldistribution of medical practitioners.

(2) Training of medical and para-medical personnel is expanded by the medical faculties according to need.

Cultural affairs: bodies

*6. Mr R M BURROWS asked the Minister of Education and Culture:

Which (a) statutory and (b) other specified bodies connected with the cultural affairs of Whites fall under the control or supervision of his Department?

The MINISTER OF EDUCATION AND CULTURE (Reply laid upon the Table with leave of House):

(a) The following statutory councils have been established by the Department of Education and Culture, Administration: House of Assembly in terms of the acts as listed below:

(i) Section 3 (1) of the Culture Promotion Act, 1983 (Act 35 of 1983):

Regional Council for Cultural Affairs: Northern Transvaal
Regional Council for Cultural Affairs: Southern Transvaal
Regional Council for Cultural Affairs: Western Transvaal
Regional Council for Cultural Affairs: Western Cape
Regional Council for Cultural Affairs: Eastern Cape
Regional Council for Cultural Affairs: Northern Cape
Regional Council for Cultural Affairs: Orange Free State
Regional Council for Cultural Affairs: Natal

(ii) Section 6 (1) of the Cultural Institutions Act, 1969 (Act 29 of 1969):

Council of the National Cultural History and Open Air Museum
Council of the South African Cultural History Museum
Council of the Voortrekker Museum
Council of the War Museum of the Boer Republics
Council of the Michaelis Collection
Council of the Engelenburg Collection
Council of the William Fehr Collection

(b) The following bodies/councils/committees have been established by the Department:

(i) Advisory Committee regarding the Erection of Theatres.

(ii) Campsite Control Companies for the following campsites:

Verre-Noord Land Service Site—near Pietersburg
Rietspruit Land Service Site—near Nelspruit
Hartbeespoort Dam Campsites—near Hartbeespoort Dam
FR Tomlinson Land Service Site—near Pretoria
Rustenburgkloof Cultural Centre—near Rustenburg
Highveld Campsite—near Delmas
Noyons Land Service Site—near Potchefstroom
Okkie Jooste Land Service Site—near Stellenbosch
Melkbos Cultural Centre—near Melkbosstrand
Schoemanspoort Campsite—near Oudtshoorn
CC Claassens Land Service Site—near East London
Warrenton Cultural Resort—near Warrenton
RS Skinner Land Service Site—near Pietermaritzburg
Cathedral Peak Cultural Centre—near Bergville (Natal)
JJP Op't Hof Educational Centre—near Bloemfontein
Wouter van der Merwe Land Service Site—near Bloemfontein
Culturama Campsite—near Port Elizabeth (Van Stadens forestry)
Roodepoort Cultural Centre—near Roodepoort

(a) How many applications have been received for financial assistance in terms of the Promotion of the Density of the Population in Designated Areas Act, No 87 of 1979, since its commencement and (b) how many applications were successful?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(a) 555.

(b) 346

Charlesville

*3. Mr H D K VAN DER MERWE asked the Minister of Health Services and Welfare:†

(a) How many houses are there in Charlesville, near Jagersfontein, (b) how many of the houses are occupied at present, (c) to whom do the houses belong and (d) for what purpose did his Department have them built.

†The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) 143.

(b) 86.

(c) The houses belong to Administration: House of Assembly: Department of Local Government, Housing and Works.

(d) The houses were donated to the State by a Mining Company.

Hansard Q.to/. 531

Medicine/para-medical sciences: bursaries

12/3/85

*4. Mr P C CRONJÉ asked the Minister of Education and Culture:

Whether his Department offers any bursaries for White students to study in the field of (a) medicine and (b) the paramedical sciences; if not, why not; if so, (i) how many and (ii) what criteria are applied in awarding these bursaries?

The MINISTER OF EDUCATION AND CULTURE:

(a) No, because the Department does not employ medical practitioners;

(b) Yes.

(i) According to the projected needs which, over the past 3 years, averaged 12 students per year;

(ii) Projected needs, acceptance of the candidate by an appropriate faculty, proven achievement of the candidate in the standard 10 examination or competence in present post, medical fitness, leadership qualities and the self image of the candidate.

Medical/para-medical personnel: shortage

*5. Mr P C CRONJÉ asked the Minister of Health Services and Welfare:

(1) Whether there is a shortage of White (a) medical and (b) para-medical personnel in the Republic; if so, what is the nature of the shortage in each case;

(2) whether his Department is taking any steps to overcome this shortage; if not, why not; if so, what steps?

†The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) Registers of medical and para-medical personnel are kept by the SA Medical and Dental Council. These registers are not kept on the basis of colour or race. A meaningful reply is thus not possible. There is, however, a geographical maldistribution of medical practitioners.

(2) Training of medical and para-medical personnel is expanded by the medical faculties according to need.

HoA

Cultural affairs: bodies

*6. Mr R M BURROWS asked the Minister of Education and Culture:

Which (a) statutory and (b) other specified bodies connected with the cultural affairs of Whites fall under the control or supervision of his Department?

The MINISTER OF EDUCATION AND CULTURE (Reply laid upon the Table with leave of House):

(a) The following statutory councils have been established by the Department of Education and Culture, Administration: House of Assembly in terms of the acts as listed below:

(i) Section 3 (1) of the Culture Promotion Act, 1983 (Act 35 of 1983):

Regional Council for Cultural Affairs: Northern Transvaal
Regional Council for Cultural Affairs: Southern Transvaal
Regional Council for Cultural Affairs: Western Transvaal
Regional Council for Cultural Affairs: Western Cape
Regional Council for Cultural Affairs: Eastern Cape
Regional Council for Cultural Affairs: Northern Cape
Regional Council for Cultural Affairs: Orange Free State
Regional Council for Cultural Affairs: Natal

(ii) Section 6 (1) of the Cultural Institutions Act, 1969 (Act 29 of 1969):

Council of the National Cultural History and Open Air Museum
Council of the South African Cultural History Museum
Council of the Voortrekker Museum
Council of the War Museum of the Boer Republics
Council of the Michaelis Collection
Council of the Engelenburg Collection
Council of the William Fehr Collection

(b) The following bodies/councils/committees have been established by the Department:

(i) Advisory Committee regarding the Erection of Theatres.

(ii) Campsite Control Companies for the following campsites:

Verre-Noord Land Service Site—near Pietersburg
Rietspruit Land Service Site—near Nelspruit
Hartbeespoort Dam Campsites—near Hartbeespoort Dam
FR Tomlinson Land Service Site—near Pretoria
Rustenburgkloof Cultural Centre—near Rustenburg
Highveld Campsite—near Delmas
Noyons Land Service Site—near Potchefstroom
Okkie Jooste Land Service Site—near Stellenbosch
Melkbos Cultural Centre—near Melkbosstrand
Schoemanspoort Campsite—near Oudtshoorn
CC Claassens Land Service Site—near East London
Warrenton Cultural Resort—near Warrenton
RS Skinner Land Service Site—near Pietermaritzburg
Cathedral Peak Cultural Centre—near Bergville (Natal)
JJP Op't Hof Educational Centre—near Bloemfontein
Wouter van der Merwe Land Service Site—near Bloemfontein
Culturama Campsite—near Port Elizabeth (Van Stadens forestry)
Roodepoort Cultural Centre—near Roodepoort

HoA

(iii) *Buffalo Flats:* Relief is dependent on the establishment of a new exchange, the building in respect of which is expected to become available by October 1986. At this stage a commissioning date for the exchange cannot be furnished;

(iv) *Cambridge*: All waiting applicants will be provided with service during the first half of 1987 after the commissioning of a new exchange at Nahoon;

(v) *Gonubie*: All waiting applicants will be provided with service during the second half of 1986 or early in 1987 after the commissioning of an extension of the exchange;

(vi) *East London Central*: 205 of the waiting applicants will be provided with service after the completion of an extension of the exchange towards the end of this year. Cable works to meet 82 applications for telephones in the Black township (the remaining applications) are being planned, but at this stage no indication can be given as to when the work will be completed; and

(d) *Komga*: there is no backlog in this area.

Maitland: coal merchant

*22. Mr B W B PAGE asked the Minister of Transport Affairs:

With reference to his reply to Question No 25 on 19 February 1985, (a) what alternative sites are being considered for use by the coal merchant currently operating from South African Transport Services property in Maitland, Cape Town, (b) which of the alternatives is favoured by the South African Transport Services and (c) by what date will this matter be finalized?

The MINISTER OF TRANSPORT AFFAIRS:

(a) and (b) Feasibility studies are still in progress and no specific site has as yet been identified.

(c) Unknown.

Hansard

Medicine/para-medical sciences: State bursaries

97 Q.Col. 512 12/3/85

*23. Mr P C CRONJÉ asked the Minister of Home Affairs:

(1) Whether the Commission for Administration offers any State bursaries for students to study in the field of (a) medicine and (b) the para-medical sciences; if not, why not; if so, (i) how many and (ii) what criteria are applied in awarding these bursaries;

(2) whether these bursaries are reserved for a particular race group; if so, (a) why and (b) for which race group or groups?

†The MINISTER OF HOME AFFAIRS:

(1) (a) and (b) Yes.

(i) For the 1985 academic year:
26 medicine;
47 paramedical.

(ii) Education achievement;
financial means;
public service affiliation.

(2) Yes.

(a) Administrations: House of Representatives and House of Delegates presently administer the bursaries for Coloureds and Indians respectively. It was not possible to amend this procedure for the 1985 academic year but it is planned to rationalize the entire bursary system. The National States administer bursaries in respect of Blacks.

(b) Whites.

Medical/paramedical personnel: shortage

*24. Mr P C CRONJÉ asked the Minister of Health and Welfare:

(1) Whether there is a shortage of Black (a) medical and (b) paramedical personnel in the Republic; if so, what is the nature of the shortage in each case;

(2) whether his Department is taking any steps to overcome this shortage; if not, why not; if so, what steps?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) Yes.

(b) Yes. SA Medical and Dental Council does not keep records on basis of colour or race but shortages are considered to be considerable.

(2) Yes. Facilities at Medunsa are being expanded and training at other Medical Training Centres continued.

Criminal Procedure Act

*25. Mr D J DALLING asked the Minister of Justice:

(1) Whether (a) he and/or (b) senior members of his Department have recently held discussions with representatives of the Press in connection with the application of section 205 of the Criminal Procedure Act; if so,

(2) whether the Press has been appraised of the policy to be followed by his Department in regard to the application of the above-mentioned provision; if so, what is his Department's policy in this regard?

The MINISTER OF JUSTICE:

(1) (a) No.

(b) Yes, the Attorney-General, Cape Town.

(2) No, the Attorney-General merely pointed out that section 205 of the Criminal Procedure Act, 1977 (Act 51 of 1977) will be applied in his area of jurisdiction when he deems it necessary.

Public relations officers

*26. Mr H H SCHWARZ asked the Minister of Home Affairs:

(a) What is the total number of public relations officers who are employed in the Public Service and (b) what is the total cost of employing them?

The MINISTER OF HOME AFFAIRS:

(a) 43 which is made up of 15 public relations officers attached to Ministeries and 28 departmental liaison officers. Liaison work forms only a facet of the latters work as they are predominantly concerned with other line functions in departments.

(b) R1 763 033,00 in respect of the service benefit package.

Small claims court

*27. Mr A B WIDMAN asked the Minister of Justice:

Whether the proposed small claims courts have been established; if so, when did they come into operation; if not, (a) when is it anticipated that they will come into operation and (b) where will they be located?

†The MINISTER OF JUSTICE:

The hon member is referred to a statement which I have recently made in connection with the matter, a copy of which has been made available to him.

Mr A B WIDMAN: Mr Speaker, arising out of the hon the Minister's reply, I just want to point out that the public statement was made after the question was put on the Question Paper. Nevertheless, I want to ask him whether, at this stage, he has been in

three years and negative publicity regarding the alleged presence of salmonella in certain samples of rooibos tea.

(b) None, except for higher processing costs.

Leaf tobacco

(a) Favourable climatic conditions.

(b) Exports at reduced prices.

Beef

(a) Forced marketing mainly as a result of the drought.

(b) Decrease in the auction prices and possible sales at reduced prices.

(3) *Wheat*

(a) Surplus stocks are exported at competitive prices.

(b) Incidented surpluses are mainly due to favourable climatic conditions.

Dairy products

(a) Sales at the best prices that can be realized in the market.

(b) Surpluses are mainly the result of the adverse effects of drought conditions in the northern crop production areas.

Eggs

(a) and (b) Application of an effective marketing strategy to improve the demand for and the sale of eggs and egg products.

Rooibos tea

(a) and (b) Marketing quotas were introduced last year, foreign markets were exploited and steps are being taken to enhance the market acceptance of stocks and new production.

Leaf tobacco

(a) and (b) Voluntary limitation of production is applied by the producers.

Beef

(a) and (b) Price- and marketing arrangements to effect an equilibrium between demand and supply as far as possible.

Agricultural products: shortage

363. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) Whether any shortages of agricultural products exist or are expected in 1985; if so, of which products;

(2) what in each case are the (a) reasons for such shortages and (b) price implications;

(3) what steps have been taken or are contemplated in each case to (a) counter the effect of such shortages and (b) avoid them in future?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) Yes, sunflower seed (for pressing purposes to provide in the cooking oil requirements) and cotton.

(2) *Sunflower Seed*

(a) Mainly unfavourable climatic conditions.

(b) Not quantifiable owing to variable factors such as variation in supply and demand (locally) and price fluctuations on the world market.

Cotton

(a) Mainly unfavourable climatic conditions.

HoA

(b) None.

(3) *Sunflower Seed*

(a) and (b) It is customary to supplement shortages of cooking oil by means of imports.

Cotton

(a) and (b) It is customary to supplement shortages by means of imports.

Alexandra

424. Mr D J DALLING asked the Minister of Co-operation, Development and Education:

(1) Whether any civil unrest and/or school boycotts occurred in Alexandra in 1984; if so,

(2) whether any inquiries have been instituted in this regard; if not, why not; if so, who is or was in charge of these inquiries;

(3) whether these inquiries have been completed; if so, what were the findings; if not, (a) why not and (b) when is it anticipated that they will be completed;

(4) whether any action has been or is to be taken as a result of the inquiries; if not, why not; if so, what action?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes, only a boycott at a school.

(2) Yes. The governing body of the school instituted inquiries with the chairman of the governing body in charge.

(3) Yes. The governing body came to the conclusion that the main reason had been the influence which persons and organizations outside the school exercised on the pupils. A further reason for dissatisfaction with the pupils was their demand that money which they had paid for wood for the construction of woodwork models, be paid back to them, could not be met as the wood had already been used in models which they had not completed.

(a) and (b) Fall away.

(4) Yes. A former Inspector of Schools was appointed as acting principal for the beginning of 1985 to restore order.

Doctors/paramedical personnel: salary scales

454. Dr M S BARNARD asked the Minister of Home Affairs:

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

The MINISTER OF HOME AFFAIRS:

Explanatory notes:

1. The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

2. Salary scales for the different population groups are specified up to the point where posts exist.

3. List of abbreviations/symbols used hereafter:

PA:	Pensionable Allowance
NPPA:	Non-pensionable Professional Allowance
(W):	White
(C):	Coloured
(I):	Indian
(B):	Black

(A) Salary Scales: Medical Staff

(All population groups)
Intern (Medical)
R12 030 + 12% PA
Registrar
R18 288 × 849 – 25 080 + 12% PA + R11 037 NPPA

HoA

Medical Officer
Dentist
R18 288 × 849 – 25 080/24 231 – 25 080 × 1 035 – 27 150 + 12% PA plus NPPA of R11 037 (first leg of scale) and NPPA of R12 420 (second leg of scale)
Deputy Director (Head- and Regional Office Personnel)
Medical Superintendent
Senior Medical Officer
Senior Dentist
R31 290 × 1 320 – 33 930 + 12% PA + R7 710 NPA
Senior Medical Superintendent
R33 930 × 1 320 – 35 250 + 12% PA + R7 425 NPPA
Medical and Dentistry Specialists
R33 930 × 1 320 – 35 250 + 12% PA + NPPA of R8 745 payable at the notch R33 930 and NPPA of R9 495 payable at the notch R35 250.
Director (Head- and Regional Office Personnel)
Chief Medical Superintendent
R39 630 (fixed) + 12% PA + R4 080 NPPA
Principal Family Practitioner
Principal Clinical Pharmacologist
Principal Stomatologist
Senior Specialist
R39 630 (fixed) + 12% PA + R9 255 NPPA
Chief Director (Head- and Regional Office Personnel)
R44 850 (fixed) + 12% PA
Chief Family Practitioner/Professor
Chief Clinical Pharmacologist/Professor
Chief Stomatologist/Professor
Chief Specialist/Professor
R44 850 (fixed) + 12% PA + R8 475 NPPA

(B) Salary Scales: Paramedical Staff

Occupational Classes Occupational Therapist, Physiotherapist, Speech Therapist and Audiologist, Radiographer:
Student Occupational Therapist
Student Physiotherapist
Student Speech Therapist and Audiologist
Student Radiographer
(W): R3 633 × 249 – 4 629 + 12% PA
(C)(I): R3 135 × 249 – 4 131 + 12% PA
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA

Occupational Therapist
Physiotherapist
Speech Therapist and Audiologist
Radiographer
(W)(C)(I):R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 .. 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA

Chief Occupational Therapist
Chief Physiotherapist
Chief Speech Therapist and Audiologist
Chief Radiographer
(W)(C)(I)(B): R16 020 – 16 590 × 849 – 19 137 + 12% PA

Control Occupational Therapist
Control Speech Therapist and Audiologist
Control Physiotherapist
Control Radiographer
(W)(C)(I)(B): R21 684 × 849 – 23 382 + 12% PA

Occupational Class Chiropodist
Chiropodist
(W)(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA
Occupational Class Medical Orthotist and Prosthetist:
Pupil Medical Orthotist and Prosthetist
(W): R4 380 × 249 – 4 878 × 276 – 6 534 – 6 846 + 12% PA
(C)(I): R3 882 × 249 – 4 878 × 276 – 6 258 + 12% PA
(B): R2 886 × 249 – 4 878 – 5 154 + 12% PA
Medical Orthotist and Prosthetist
(W)(C)(I): R9 648 × 414 – 10 890 × 570 – 14 880/16 020 – 16 590 × 849 – 19 137 + 12% PA
(B): R8 820 × 414 – 10 890 × 570 – 13 740/14 880 ×570 – 16 590 × 849 – 17 439 + 12% PA

Senior Medical Orthotist and Prosthetist
(W)(C)(I):R18 288 × 849 – 21 684 + 12% PA
Chief Medical Orthotist and Prosthetist
(W)(C)(I)(B): R21 684 × 849 – 25 080 + 12% PA
Control Medical Orthotist and Prosthetist
(W)(C)(I)(B): R31 290 × 1 320 – 33 930
Occupational Class Medical Technologist:
Pupil Medical Technologist
(W): R4 878 – 5 430 – 5 982 – 6 258 + 12% PA
(C)(I): R4 131 – 4 629 – 5 154 – 5 706 + 12% PA
(B): R3 135 – 3 633 – 4 131 – 4 629 + 12% PA
Medical Technologist
(W)(C)(I): R9 648 × 414 – 10 890 × 570 – 12 600/13 740 × 570 – 16 020 + 12% PA
(B): R8 820 × 414 – 10 890 – 11 460/12 600 × 570 – 14 880 + 12% PA
Senior Medical Technologist
(W)(C)(I)(B): R16 020 – 16 590 × 849 – 19 137 + 12% PA
Chief Medical Technologist
(W)(C)(I)(B): R19 137 × 849 – 25 080 + 12% PA
Control Medical Technologist
(W): R24 231 — 25 080 × 1 035 – 27 150 + 12% PA
Occupational Class Oral Hygienist:
Student Oral Hygienist
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA
Oral Hygienist
(W)(C)(I): R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA
Chief oral Hygienist
(W)(C)(I): R16 020 – 16 590 × 840 – 19 137 + 12% PA
(B): R14 880 × 570 – 16 590 – 17 439 + 12% PA
Control Oral Hygienist
(W)(C)(I)(B): R21 684 × 849 – 23 382 + 12% PA
Occupational Class Optometrist:
Optometrist
(W)(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA
Occupational Class Dental Therapist:
Student Dental Therapist
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA
Dental Therapist
(C)(I): R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA
Chief Dental Therapist
(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA

Teachers: number required

570. Mr R M BURROWS asked the Minister of National Education:

(1) Whether his Department has undertaken a study concerning the numbers of teachers required for White, Coloured and Indian schools; if not, why not; if so, how many teachers in each race group will be required to be trained between now and the year 2000 in order to accommodate the natural growth of each community;

(2) whether there is currently a shortage of teachers, if so, how many teachers in each race group will have to be trained during the same period to overcome such shortages as might persist?

The MINISTER OF NATIONAL EDUCATION:

(1) (a) Yes.

(b) Falls away.

(c) The study has not been finalized

three years and negative publicity regarding the alleged presence of salmonella in certain samples of rooibos tea.

(b) None, except for higher processing costs.

Leaf tobacco

(a) Favourable climatic conditions.

(b) Exports at reduced prices.

Beef

(a) Forced marketing mainly as a result of the drought.

(b) Decrease in the auction prices and possible sales at reduced prices.

(3) *Wheat*

(a) Surplus stocks are exported at competitive prices.

(b) Incidented surpluses are mainly due to favourable climatic conditions.

Dairy products

(a) Sales at the best prices that can be realized in the market.

(b) Surpluses are mainly the result of the adverse effects of drought conditions in the northern crop production areas.

Eggs

(a) and (b) Application of an effective marketing strategy to improve the demand for and the sale of eggs and egg products

Rooibos tea

(a) and (b) Marketing quotas were introduced last year, foreign markets were exploited and steps are being taken to enhance the market acceptance of stocks and new production.

Leaf tobacco

(a) and (b) Voluntary limitation of production is applied by the producers.

Beef

(a) and (b) Price- and marketing arrangements to effect an equilibrium between demand and supply as far as possible.

Agricultural products: shortage

363. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) Whether any shortages of agricultural products exist or are expected in 1985; if so, of which products;

(2) what in each case are the (a) reasons for such shortages and (b) price implications;

(3) what steps have been taken or are contemplated in each case to (a) counter the effect of such shortages and (b) avoid them in future?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) Yes, sunflower seed (for pressing purposes to provide in the cooking oil requirements) and cotton.

(2) *Sunflower Seed*

(a) Mainly unfavourable climatic conditions.

(b) Not quantifiable owing to variable factors such as variation in supply and demand (locally) and price fluctuations on the world market.

Cotton

(a) Mainly unfavourable climatic conditions.

(b) None.

(3) *Sunflower Seed*

(a) and (b) It is customary to supplement shortages of cooking oil by means of imports.

Cotton

(a) and (b) It is customary to supplement shortages by means of imports.

Alexandra

424. Mr D J DALLING asked the Minister of Co-operation, Development and Education:

(1) Whether any civil unrest and/or school boycotts occurred in Alexandra in 1984, if so,

(2) whether any inquiries have been instituted in this regard; if not, why not; if so, who is or was in charge of these inquiries;

(3) whether these inquiries have been completed; if so, what were the findings; if not, (a) why not and (b) when is it anticipated that they will be completed;

(4) whether any action has been or is to be taken as a result of the inquires; if not, why not; if so, what action?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes, only a boycott at a school.

(2) Yes. The governing body of the school instituted inquiries with the chairman of the governing body in charge.

(3) Yes. The governing body came to the conclusion that the main reason had been the influence which persons and organizations outside the school exercised on the pupils. A further reason for dissatisfaction with the pupils was their demand that money which they had paid for wood for the construction of woodwork models, be paid back to them, could not be met as the wood had already been used in models which they had not completed.

(a) and (b) Fall away.

(4) Yes. A former Inspector of Schools was appointed as acting principal for the beginning of 1985 to restore order.

Doctors/paramedical personnel: salary scales

454. Dr M S BARNARD asked the Minister of Home Affairs:

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

The MINISTER OF HOME AFFAIRS:

Explanatory notes:

1. The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

2. Salary scales for the different population groups are specified up to the point where posts exist.

3. List of abbreviations/symbols used hereafter:

PA:	Pensionable Allowance
NPPA:	Non-pensionable Professional Allowance
(W):	White
(C):	Coloured
(I):	Indian
(B):	Black

(A) Salary Scales: Medical Staff

(All population groups)
Intern (Medical)
R12 030 + 12% PA
Registrar
R18 288 × 849 – 25 080 + 12% PA
+ R11 037 NPPA

Medical Officer
Dentist
R18 288 × 849 – 25 080/24 231 – 25 080 × 1 035 – 27 150 + 12% PA plus NPPA of R11 037 (first leg of scale) and NPPA of R12 420 (second leg of scale)
Deputy Director (Head- and Regional Office Personnel)
Medical Superintendent
Senior Medical Officer
Senior Dentist
R31 290 × 1 320 – 33 930 + 12% PA + R7 710 NPA
Senior Medical Superintendent
R33 930 × 1 320 – 35 250 + 12% PA + R7 425 NPPA
Medical and Dentistry Specialists
R33 930 × 1 320 – 35 250 + 12% PA + NPPA of R8 745 payable at the notch R33 930 and NPPA of R9 495 payable at the notch R35 250.
Director (Head- and Regional Office Personnel)
Chief Medical Superintendent
R39 630 (fixed) + 12% PA + R4 080 NPPA
Principal Family Practitioner
Principal Clinical Pharmacologist
Principal Stomatologist
Senior Specialist
R39 630 (fixed) + 12% PA + R9 255 NPPA
Chief Director (Head- and Regional Office Personnel)
R44 850 (fixed) + 12% PA
Chief Family Practitioner/Professor
Chief Clinical Pharmacologist/Professor
Chief Stomatologist/Professor
Chief Specialist/Professor
R44 850 (fixed) + 12% PA + R8 475 NPPA

(B) Salary Scales: Paramedical Staff

Occupational Classes Occupational Therapist, Physiotherapist, Speech Therapist and Audiologist, Radiographer:
Student Occupational Therapist
Student Physiotherapist
Student Speech Therapist and Audiologist
Student Radiographer
(W): R3 633 × 249 – 4 629 + 12% PA
(C)(I): R3 135 × 249 – 4 131 + 12% PA
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA
Occupational Therapist
Physiotherapist
Speech Therapist and Audiologist
Radiographer
(W)(C)(I):R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 .. 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA
Chief Occupational Therapist
Chief Physiotherapist
Chief Speech Therapist and Audiologist
Chief Radiographer
(W)(C)(I)(B): R16 020 – 16 590 × 849 – 19 137 + 12% PA
Control Occupational Therapist
Control Speech Therapist and Audiologist
Control Physiotherapist
Control Radiographer
(W)(C)(I)(B): R21 684 × 849 – 23 382 + 12% PA
Occupational Class Chiropodist
Chiropodist
(W)(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA
Occupational Class Medical Orthotist and Prosthetist:
Pupil Medical Orthotist and Prosthetist
(W): R4 380 × 249 – 4 878 × 276 – 6 534 – 6 846 + 12% PA
(C)(I): R3 882 × 249 – 4 878 × 276 – 6 258 + 12% PA
(B): R2 886 × 249 – 4 878 – 5 154 + 12% PA
Medical Orthotist and Prosthetist
(W)(C)(I): R9 648 × 414 – 10 890 × 570 – 14 880/16 020 – 16 590 × 849 – 19 137 + 12% PA
(B): R8 820 × 414 – 10 890 × 570 – 13 740/14 880 ×570 – 16 590 × 849 – 17 439 + 12% PA

HoA

Senior Medical Orthotist and Prosthetist
(W)(C)(I):R18 288 × 849 – 21 684 + 12% PA
Chief Medical Orthotist and Prosthetist
(W)(C)(I)(B): R21 684 × 849 – 25 080 + 12% PA
Control Medical Orthotist and Prosthetist
(W)(C)(I)(B): R31 290 × 1 320 – 33 930
Occupational Class Medical Technologist
Pupil Medical Technologist
(W): R4 878 – 5 430 – 5 982 – 6 258 + 12% PA
(C)(I): R4 131 – 4 629 – 5 154 – 5 706 + 12% PA
(B): R3 135 – 3 633 – 4 131 – 4 629 + 12% PA
Medical Technologist
(W)(C)(I): R9 648 × 414 – 10 890 × 570 – 12 600/13 740 × 570 – 16 020 + 12% PA
(B): R8 820 × 414 – 10 890 – 11 460/12 600 × 570 – 14 880 + 12% PA
Senior Medical Technologist
(W)(C)(I)(B): R16 020 – 16 590 × 849 – 19 137 + 12% PA
Chief Medical Technologist
(W)(C)(I)(B): R19 137 × 849 – 25 080 + 12% PA
Control Medical Technologist
(W): R24 231 — 25 080 × 1 035 – 27 150 + 12% PA
Occupational Class Oral Hygienist:
Student Oral Hygienist
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA
Oral Hygienist
(W)(C)(I): R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA
Chief oral Hygienist
(W)(C)(I): R16 020 – 16 590 × 840 – 19 137 + 12% PA
(B): R14 880 × 570 – 16 590 – 17 439 + 12% PA
Control Oral Hygienist
(W)(C)(I)(B): R21 684 × 849 – 23 382 + 12% PA
Occupational Class Optometrist:
Optometrist
(W)(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA
Occupational Class Dental Therapist:
Student Dental Therapist
(B) (Male): R2 301 × 195 – 2 886 – 3 135 + 12% PA
(B) (Female): R2 106 × 195 – 2 886 + 12% PA
Dental Therapist
(C)(I): R7 470 × 312 – 8 406 × 414 – 10 890 × 570 – 12 600/11 460 × 570 – 16 020 + 12% PA
(B): R6 846 × 312 – 8 406 × 414 – 10 890 – 11 460/10 476 – 10 890 × 570 – 14 880 + 12% PA
Chief Dental Therapist
(C)(I)(B): R16 020 – 16 590 × 840 – 19 137 + 12% PA

Teachers: number required

570. Mr R M BURROWS asked the Minister of National Education.

(1) Whether his Department has undertaken a study concerning the numbers of teachers required for White, Coloured and Indian schools; if not, why not; if so, how many teachers in each race group will be required to be trained between now and the year 2000 in order to accommodate the natural growth of each community.

(2) whether there is currently a shortage of teachers; if so, how many teachers in each race group will have to be trained during the same period to overcome such shortages as might persist?

The MINISTER OF NATIONAL EDUCATION:

(1) (a) Yes.

(b) Falls away.

(c) The study has not been finalized

HoA

streams and canals and (c) with what result?

The MINISTER OF WATER AFFAIRS:

No, but monthly monitoring of the Braamfontein and Sandspruit, which flow through the Parliamentary constituency of Johannesburg North, was undertaken. This constituency covers mainly a residential area and no industrial effluents are, therefore, discharged into natural or man made water courses. Other than natural spring water, the river flow consists mainly of urban run-off. The monitoring revealed no unusual results which pointed to pollution.

(a), (b) and (c) Fall away.

77) Hansard 3/5/85 Q Col. 1391

Veterinary services

844. Mr R M BURROWS asked the Minister of Agricultural Economics:

(1) Whether his Department is responsible for the control if veterinary services provided by the State; if not, who is responsible for them; if so, how many qualified veterinarians are employed by the State in each province;

(2) whether these veterinarians have been used to inoculate dogs against rabies; if not, why not; if so, how many dogs were inoculated in each province in each of the latest specified three years for which figures are available;

(3) whether these veterinarians have inoculated dogs in the national states; if not, why not; if so, how many dogs were inoculated in each of the national states in each of the latest specified three years for which figures are available;

(4) whether State veterinarians have formed any inoculation support mechanism in conjunction with private veterinarians; if not, why not; if so, what is the nature of this relationship;

(5) whether any other measures are being taken to stop outbreaks of rabies; if not, why not; if so, what other measures?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) Yes, a total of 100 qualified veterinarians are employed in the following veterinary regions:

Transvaal	21
Northern and Eastern Transvaal	9
Highfeld	8
Natal	21
Eastern Cape and Karoo	17
Western Cape	14
Head office Veterinary Services Pretoria	10

(2) Yes.

Region	1982	1983	1984
Transvaal	8 549	32 006	45 893
Northern and Eastern Transvaal	22 882	37 144	47 641
Highfeld	59 599	74 543	56 141
Orange Free State	44 318	23 688	12 462
Natal	144 084	145 429	179 791
Eastern Cape and Karoo	15 009	24 564	13 331
Western Cape	50	5 292	5 201
Total	294 491	342 666	360 460

(3) No, each independent state has its own organization to provide veterinary services within such a state.

(4) Yes, good mutual co-operation in various fields exists between State and private veterinarians.

(5) Yes, the necessary control measures are applied in terms of the provisions of the Animal Diseases and Parasites Act, 1956 (Act 13 of 1956), during each outbreak of rabies. In the rabies control areas of Natal, Northern and Eastern Transvaal the movement of dogs and cats is subject to permit control. Inoculation against rabies is a prerequisite before dogs and cats may be moved.

QUESTIONS UNDER NAME OF MEMBER

Andrew, Mr K M—
General Affairs:
Agricultural Economics, 352
Communications, 268, 270, 310, 312, 480
Constitutional Development and Planning, 1065, 1238
Co-operation, Development and Education, 8, 9, 10, 78, 79, 103, 122, 162, 163, 229, 230, 231, 235, 301, 302, 307, 308, 311, 364, 400, 421, 422, 455, 469, 472, 479, 525, 553, 570, 576, 626, 637, 645, 734, 753, 863, 866, 869, 930, 947, 948, 979, 980, 1007, 1104, 1106, 1109, 1231, 1233, 1234, 1293, 1297, 1321, 1322, 1364, 1373, 1377
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Health and Welfare, 463
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Justice, 160, 312, 319, 328, 363, 898, 986
Law and Order, 199, 207, 376, 1361
Manpower, 609
Mineral and Energy Affairs, 239
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Public Works, 1042
State President, 610, 611
Trade and Industry, 648
Transport Affairs, 77, 263, 444, 732, 899
Water Affairs, 377
Own Affairs:
Agriculture and Water Supply, 464
Budget, 179, 288
Education and Culture, 240, 288, 382, 1259
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Local Government, Housing and Works, 180, 183, 619

Aronson, Mr T—
Public Works, 1147

Bamford, Mr B R—
Public Works, 276, 1221

Barnard, Dr M S—
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Constitutional Development and Planning, 218
Co-operation, Development and Education, 53, 150, 456, 461, 647, 823, 981
Finance, 403, 498
Health and Welfare, 82, 142, 147, 207, 237, 238, 239, 248, 263, 411, 460, 461, 462, 464, 473, 482, 483, 487, 488, 508, 587, 588, 810, 815, 816, 817, 821, 858, 917, 1125, 1135, 1147, 1222, 1370
Home Affairs, 697, 1026
Justice, 681
Law and Order, 318, 1222
Manpower, 1262
Transport Affairs, 80, 410, 708
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Defence, 47
Finance, 15

Boraine, Dr A L—
Communications, 799
Constitutional Development and Planning, 1070
Co-operation, Development and Education, 7, 628, 1118
Health and Welfare, 451
Justice, 988
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Manpower, 7, 8, 82, 86, 93, 99, 145, 204, 256, 378, 379, 381, 486, 603, 604, 605, 612, 615, 652, 701, 702, 706, 707, 810, 863, 933, 935
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S A's exclusion angers therapists

NM 715/85 (97)

COPENHAGEN—The World Federation of Occupational Therapists has cancelled its 1986 international congress in Copenhagen because the Danish hosts refused to accept delegates from South Africa, the chairman of the Danish Occupational Therapists' Association said.

'The world federation cannot accept that we in Denmark say we do not want our South African colleagues to come,' chairman Mr Bente Christensen said.

'We regret that colleagues in other lands cannot understand our point of view.'

Mr Christensen said the Danes were acting in line with a United Nations resolution that called on member countries to avoid cultural and sporting contacts with South Africa.

More than 2 000 delegates were due to attend the international congress in June 1986. Representatives from Scandinavian countries also refused to attend a council meeting of the world federation held in South Africa in 1980. — (Sapa-Reuter)

Technologists upset over hours

CAPE TIMES 17/5/82

Medical Reporter

MEDICAL technologists have joined nurses in their complaint against longer working hours.

In particular, the technologists are upset about "severe" cuts in compulsory overtime, according to a spokesman for the Society of Medical Laboratory Technologists.

The nursing and medical technologist professions are the only two in provincial hospitals which have to work a 42½-hour week apart from doctors, who work a 56-hour week but receive substantial allowances for this extra time

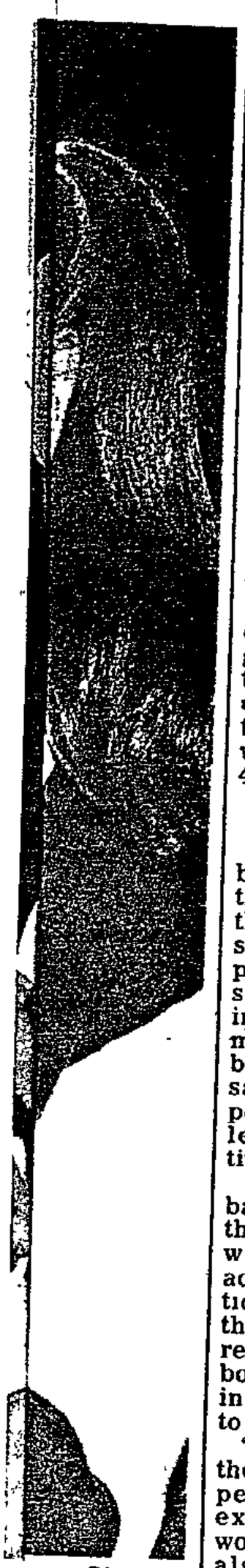
According to the SMLT spokesman, medical technologists rendered a compulsory 24-hour service, often operated under extreme stress in emergencies and could not be pushed any harder.

Overtime worked by technologists had been cut by a tenth but, once the longer working week and other voluntary concessions had been taken into account, they were taking home up to 30 percent less in overtime pay.

The technologists' objections were based on the lack of consultation with them over the cuts and the failure to impose similar pay reductions or extensions of working hours on doctors.

Morale was low because promotional opportunities had been stifled and because certain doctors received large stand-by allowances without working the long hours of some of their medical colleagues, said the spokesman.

The SA Nursing Association last week said nurses, who already worked long hours, could not be compared to civil servants



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Hospital problems blamed on cuts

Medical Reporter

THE problems now being faced by nurses, medical technologists and paramedics at provincial hospitals were almost all related to the cut-back in government spending, the Cape Director of Hospital Services, Dr N S Louw, said this week.

He was reacting to complaints by all three groups relating to cuts in their annual bonuses, cuts in overtime pay and the extension of their working week from 40 to 42½ hours.

Personnel costs

Dr Louw said: "It must be understood that all these problems relate to the government's decision to cut back on expenditure wherever possible. When the instruction came down to my department to cut back by eight percent on salary and associated personnel costs, we were left with few alternatives.

"We could have cut back on the income of these people, and that would have been an across-the-board reduction. That was done in the form of the one-third reduction in the annual bonuses, which resulted in a R500-million saving to government."

"One way of making these savings was to ask personnel to work an extra half-hour each working day and that was also done," Dr Louw said.

'Irritation'

Responding to complaints that an extra half-hour on the hospital staff working day had more "irritation than practical value", Dr Louw said this was "a very dangerous statement" as "I might have to take these people up and force them to work the time efficiently".

Doctors had a much longer working week than nurses or paramedics — a survey had shown they worked an average of 65 hours a week rather than the 56 expected of them.

Paid overtime

Nurses working 12-hour night shifts were

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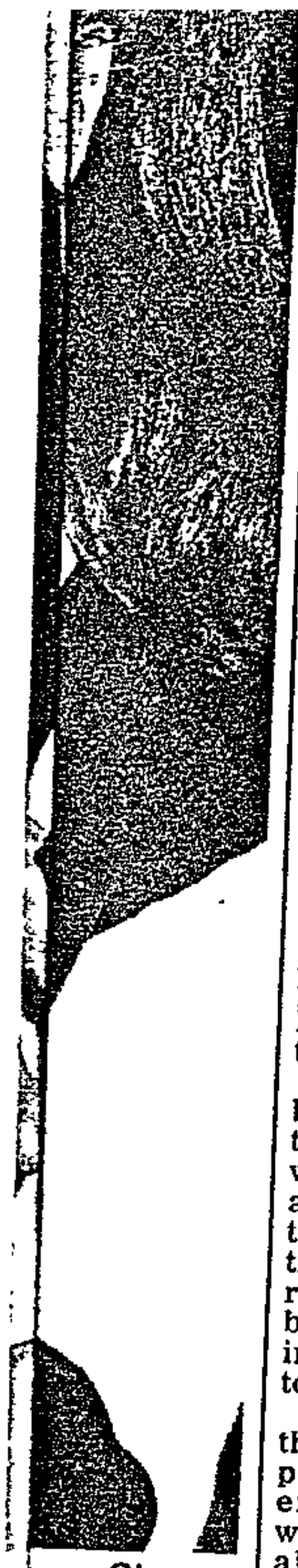

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Doctors had a much longer working week than nurses or paramedics — a survey had shown they worked an average of 65 hours a week rather than the 56 expected of them.

Paid overtime

Nurses working 12-hour night shifts were paid overtime for the extra hours they worked, he said.

The paramedics had confused the situation, said Dr Louw. The standby pay they previously received, and which had been "extensively abused", had been stopped, but they too received overtime pay for emergency work required of them.

'Blacks denied help in crash'

Black commuters who were involved in a train accident near Pretoria yesterday have claimed that men in white city council ambulances refused to assist injured blacks.

About 374 people were injured when two trains collided on the Saulsville-Pretoria line.

One of the commuters, Mr Anthony Ndukula, said: "When I asked them why they would not help us, they said they were only looking for white casualties."

Mr J A du Plessis of the city council ambulance service denied the claim. — Pretoria Bureau.

W/E ARGUS 11/6/88 (9P)

Dismay as OTs quit

Poor pay cited as many leave profession

By LINDA PIETERSEN
Weekend Argus Reporter

OCCUPATIONAL therapists in Cape Town have expressed their dismay at the number of qualified personnel leaving the profession and blame their rock-bottom salaries.

At a mass meeting held this week in Conradie Hospital, Pinelands, which was attended by occupational therapists from hospitals and various institutions, it was agreed that an urgent appeal should be made to local employing authorities and the Commission of Administration to reconsider their current salary and scale of renumeration.

"We should be paid according to the level of qualification and the degree of responsibility required for patient care," a spokesman from the Cape group of the South African Association of Occupational Therapists said.

A four-year degree has to be completed before occupational therapists can practise as professionals, but according to them they are classified as technicians, which limits their earning capacities

They believe they should be regarded as an independent profession.

A committee has been appointed by the Cape group to co-ordinate efforts to change the present situation between local occupational therapists and to liaise with their South African Association.

They will "collect information to prove the contribution which the occupational therapists make to the national economy in order to highlight the loss of service which the public will experience if the present trend to leave the profession continues".

The recent call by the Administrator, Mr Gene Louw, for CPA employees to work an extra two-and-a-half hours a week has been described as "an extra burden on a situation they are already finding difficult to deal with"

Occupational therapists are already short-staffed and concern was expressed about "the short and long-term consequences of the continual loss of qualified personnel from the profession".

"They are seeking alternative employment because their current renumeration is so poor".

The Director of Hospital Services, Dr N Louw, said he had not received any complaints from occupational therapists, but when he did they would be considered

CPC-Trips
10/6/85

97

'Reward' for chiropractors

Staff Reporter

THE reopening of South Africa's chiropractic register has been described as a "momentous occasion" by the Chiropractic Association of South Africa.

The president of the association, Dr Reg Engelbrecht, yesterday welcomed the amendment to the Associated Health Service Professions Act, approved by Parliament on Friday night, which will allow chiropractors to train and register in this country.

"This is the reward of 18 years of devotion by the association to stabilizing our credentials and getting our house in order."

The closing of the register to new practitioners in 1971 had resulted in the number of practising chiropractors being "whittled down to scarcely 100".

"Essentially, this Act allows for the establishment of minimum training standards and for the registration of duly qualified Doctors of Chiropractic.

"In effect, this paves the way for future training in South Africa and it is our intent to establish standards which will ensure that persons receiving their Doctor of Chiropractic degree in South Africa will rank among the most qualified of such doctors anywhere in the world."

Dr Engelbrecht said qualified chiropractors were "the experts" in the field of spinal manipulative therapy "and as such have a very real contribution to make in the health team".

"Perhaps now with this further recognition we can look forward to improved relations with the medical profession in the interests of the patient," he said.

Hospitals may lose services of therapists

Medical Reporter

There is a danger of physiotherapy services in provincial and State hospitals drying up unless the salary and promotion prospects of physiotherapists are dramatically improved, says the South African Society of Physiotherapists. 97

The percentage of registered physiotherapists working in public hospitals has dwindled to 25 percent and many hospitals have had to curtail services. 30/8/85

Physiotherapists study four years at university for a BSc degree with honours status and once qualified are encouraged to work for the province or the State where they carry considerable responsibility treating actutely ill or severely injured patients," a statement by the society said. 30/8/85

"For all this expertise and high-level responsibility their take-home pay is about R620 a month.

The society also says that despite assurances by the Government that the gap is being closed between white and black therapists, there is still no parity of basic salary grades for all race groups.

Paramedics and nurses to get R42-m pay boost

By Joe Openshaw,
Medical Reporter

Improved service dispensations for nurses and paramedics amounting to R42 million a year will be introduced from the beginning of next month

About 65 000 staff members — 33 000 auxiliary nurses and paramedics and 32 000 professional nurses and paramedics — will share in the improvements which will take the form of interim non-pensionable allowances to augment the salaries of staff at certain levels.

Except for an adjustment to bring the starting salaries of student therapists on a par with those of student staff, this improvement does not bring about change in the salary scales.

Between October 1 and March 31 next year the cost will be about R21 million In a full year the cost will be R42 million.

The improvements will be officially announced in Pretoria today by the Minister of Health, Dr Willie van Niekerk, who said in a preliminary statement that the improvements are a "modest attempt at best, with the limited available funds, at bringing partial relief by way of interim measures".

The improvements are seen only as an interim measure to bring about a degree of relief and will not place staff concerned in a competitive position with the private sector.

The allowance professional nurses and paramedics will receive is higher than for auxiliary nursing staff and paramedics.

When certain salary points in the salary structures are reached, the allowances will begin to reduce until they fall away on reaching specific salary notches

The improvement consists of the following allowances:

● For nursing assistants, staff nurses, therapy assistants and auxiliary diagnostic radiographers — an allowance of R480 a year. The allowance is reduced to R240 a year at the salary notch of R13 170 and falls away at the notch of R13 740.

For registered nurses, occupational therapists, physiotherapists, radiographers, speech therapists, oral hygienists and dental therapists — an allowance of R840 a year. This is reduced to R555 at the salary notch of R13 740 and to R270 a year at the notch of R14 310 and falls away at the notch of R14 880.

TRAINEES

Staff in the student and trainee ranks will not receive this allowance but are assured their dispensation still retains high priority for a fully fledged stuctural revision which will be carried out as soon as funds can be made available.

Benefits differ by race

Black nurses and paramedics will benefit most from the interim non-pensionable allowances to boost salaries announced by the Minister of Health, Dr Willie van Niekerk, in Pretoria today.

The Minister said at a Press conference the salaries of black nurses would improve by 25 percent and those of white nurses by between 9,3 and 11 percent.

Dr van Niekerk said it was to be regretted there was not enough money to have achieved parity in salaries and to have closed the gap between black staff and white, Indian and coloured staff.

He said as soon as additional money was available parity and the increase of black salaries to the level of other groups would receive top priority.

High priority is also being given to a fully fledged structural revision of salaries for all as soon as the economy of the country improves.

"Student nurses and trainees will not get the interim allowances because they receive practical training and do not render a service," he said.

Govt gets Bara ultimatum

B. Daily 20/11/85

SIPHO HLONGO and SOPHIE TEMA

TWO of the unions representing the more than 1 500 sacked Baragwanath student nurses and auxiliary workers have sent a telex to Health and Welfare Minister George Morrison warning him to resolve the issue or face a general strike

Officials of the Black Health and Allied Workers Union of SA (Bhawusa) and the SA Black Municipal and Allied Workers Union (Sabmawu) said a similar message had been telexed to the Transvaal Regional Director of Health Services.

Doctors and health workers at Baragwanath yesterday also urged the hospital's chief superintendent, Dr Chris van Heever, to reinstate the strikers.

But the situation looked set to deteriorate further when government slapped a second ban on the Health Workers Association (HWA).

The HWA was banned from holding meetings until 8.30am next Monday

A ban last Friday prohibited the association's executive from addressing striking staff at the hospital until Monday.

Meanwhile, lawyers acting on behalf of the 900 Baragwanath nurses gave notice in the Rand Supreme Court yesterday that they would bring an urgent

● To Page 2

General strike threatened

● From Page 1

application this morning for the reinstatement of the sacked staff.

Some of the student nurses were granted a stay of eviction and allowed to sleep at the nurses' home last night after they had re-applied for their jobs.

However, hundreds who did not reapply were evicted by defence force members.

The hospital administration had given the nurses until 11am yesterday to evacuate the hospital premises, but the deadline was later extended to 12pm

The latest banning order was served on the HWA executive on Monday afternoon after the Baragwanath employees had been dismissed.

A hospital spokesman refused to comment or say whether those who had re-applied for their jobs would be reinstated.

Hospital chaos as hundreds (97)

# of strikers arrested

21/11/85

By WILMAR UTTING

OPERATING theatres, medical departments and kitchens closed down at Baragwanath Hospital near Soweto yesterday when more than 900 student nurses refused to work and police arrested more than 700 auxiliary workers who had stormed through the hospital in protest against poor pay and working conditions.

Late yesterday, the 718 men and women appeared in Protea Magistrate's Court, charged with attending an illegal gathering.

"They have been released on their own recognisances and warned to appear again on November 29," a police spokesman said.

"The prosecutor may formulate other charges against them before then," he said.

At the hospital most services came to a stop, with only emergency cases receiving attention. Non-emergency patients were sent home and told "to come back later".

Doctors left the hospital in groups about noon.

"There is no point in staying, we cannot do anything. Most of the theatres are closed," one said.

Early yesterday policemen swooped on a gathering at the hospital and arrested 574 women and 144 men workers who were demanding an increase in their average earnings of R150 a month.

Many of the cleaners, messengers and porters in the protest have 10, 15 and up to 28 years' service with the hospital and are still employed on a temporary basis only.

They were told this week their demands might be considered in March next year.

Blue-uniformed South African Police wearing riot helmets and carrying quirts marshalled the singing crowd into bus-sized vans.

The hospital superintendent, Dr Chris van der Heever, issued a statement later, saying the workers had held a mass protest meeting on Wednesday night. "Unruly elements went on the rampage, destroying equipment and throwing cooked floor on to the floors."

Nurses had presented their demands to the hospital superintendent on Wednesday and when these had been refused, they had destroyed property and had yesterday morning refused to go to work.

At least one nurse is known to be among the group arrested.

A police officer at the hospital refused to allow journalists to enter, telling them "this is an unrest situation".

But before being asked to leave the grounds, Weekly Mail spoke to doctors who had witnessed the arrests and to a nurse who had been injured in a confrontation with the hospital's security guards.

Doctors said the hospital had reacted

● To PAGE 5

● From PAGE 1

"too roughly by calling in the police".

One doctor said: "It wasn't a violent gathering. Yet Bara's guards and the police lashed out right and left with sjamboks. People started running away.

"The whole thing was so badly handled. This was just a domestic strike and the hospital and the police turned it into something much more than it was," the doctor said.

The nurse Weekly Mail spoke to — who had herself been injured in the clash with the security guards — said more than 900 students had presented

Bara chaos after strike

They had not refused to attend to patients.

When the nurses were told the gates would continue to be closed at 8pm, they marched to the gates and tore them down, the nurse said.

They were then baton-charged by the hospital security guards. Several nurses received head injuries and were treated in the hospital's casualty section and then discharged.

"We were then herded into the hostel and locked up for the night," the nurse said.

"We waited the next morning for the superintendent to address us, but he did not turn up," she said.

The nurses had not taken part in the workers' strike, she said. The two actions were unrelated.

An official of the all-black Health Workers' Association (HWA) said late yesterday they were trying to sort out which of the workers belonged to their association before taking action.

The HWA fully supported the demands from the workers, he said, and called on the administration to listen to their grievances.

The demands included asking that their residence gate, which was closed at 8pm, be kept open later; better quality food and a halt to unfair dismissals and victimisation. They also objected to working an extra two-and-a-half hours a week with no extra pay, and refused to carry out the cleaning duties of the striking auxiliary workers.

LABOUR REVIEW

Baragwanath: problem of a fight for existence

THE crisis at Baragwanath Hospital triggered by the strike of student nurses and daily-paid auxiliary workers has had more impact on the black community than any other public sector strike over the past five years, writes CLAIRE PICKARD-CAMBRIDGE

THREE unions are co-operating to build unity among health workers following what was essentially a wildcat strike at Baragwanath.

The strike, which began more than a week ago has resulted in the sacking of 1 800 student nurses and auxiliary workers.

The difficulties confronting the nurses and auxiliary workers were outlined at several mass meetings.

One problem faced was a moral one, how to use the workers most effective weapon — strike action — when it jeopardised people's lives.

While the chance of a co-ordinated strike has not been scotched, they decided against a less radical move — a lengthy go-slow — "because people are dying".

Yet, they argued, their fight was also for their own existence (some workers earn as little as R150 a month).

A Black Health and Allied Workers Union of SA (Bhawusa) spokesman stressed that State employers refused to recognise the health unions, although they have been negotiating wages and conditions of employment in most private hospitals for some time.

However, despite this, it has been decided that committees would be formed at a number of Johannesburg and Reef hospitals to improve organisation.

ANOTHER major event last week was the handing down of the Industrial Court's reasons for its ruling that Gencor's Marievale mine should temporarily re-instate several hundred workers dismissed in a September wage strike.

The ruling is significant because it is likely to encourage workers to use legal dispute procedures and highlights the need for management to base decisions on principles of fairness and not only on common law rights.

But Gencor wants the decision reviewed by the Supreme Court. The outcome will be important because it could cast more clarity on the question of the overlapping jurisdiction of the two courts.

The National Union of Mineworkers (NUM) has, however, pointed out that they are having great problems in getting the Marievale workers re-instated.

They say the majority of the fired workers have not been re-instated and the union has had to send organisers to villages in Lesotho and the Transkei to find affected workers.

The NUM also say there have been difficulties in getting contracts renewed, with The Employment Bureau of Africa (TEBA) reluctant to assist.

□□□

A FURTHER development last week was the decision by about 800 workers at three Asea plants in Pretoria to suspend a "go slow" after talks between management and the Metal and Allied Workers Union (Mawu).

The Mawu is still in dispute with more than 40 employers in the metal industry over the issue of plant-level bargaining. But although neither Mawu nor Asea have yet revealed what progress has been made, the union claims there has been a substantial move towards conciliation.

□□□

A MILESTONE was the formation of a Southern African Miners Federation in Harare last week with NUM president James Motlatsi, elected as president of the new body.

The federation, which represents workers from SA, Zambia, Botswana, Lesotho and Zimbabwe, resolved that total sanctions be imposed against SA. It has called on the International Labour Movement to organise the economic boycott and has warned it will take strong action if the SA government repatriates foreign mineworkers.



Alina Molefe, a cleaner at Soweto's Baragwanath Hospital, told a meeting of striking hospital workers in central Johannesburg this week that, after six years of service, she still earned a "poverty wage".
Picture: Wendy Schwegmann, Reuter

Portrait of a hospital striker

By SEFAKO NYAKA

AZAEL MCHUNU, aged 55, has been working as a cook at Baragwanath Hospital for17 years.

His monthly earnings, after deductions, amount only to R157,63.

Last Wednesday he joined about 800 other "non-classified" workers who were striking for higher wages and better working conditions.

This week he was summarily dismissed — and because he had been employed on a "temporary" basis, the cheque given to him on his dismissal reflected far less than R157.

There was no bonus pay or leave pay for him.

He last had a pay rise sometime in 1981. This year, as inflation bit deeper into his pocket, he was told by hospital authorities his pay "might be increased next March".

After paying R18 for his bed at the Jabulani Hostel, and buying his R12,50 monthly bus ticket, there has been little left to send to his wife, Mamthembu, and their seven schoolgoing children at Msinga near Zululand.

In fact his life has been a constant struggle for survival. He was at least lucky in his employment in one respect — he had his breakfast and lunch from the hospital kitchen, but even this was not free. The hospital deducted R2 every month for food.

His wife depended on him for clothes and food.

Now he is worried about his R19 monthly premium with an insurance company.

He is very bitter about the manner in which the authorities reacted to the whole strike issue.

"We were not fighting, but the authorities called in the army, with guns and all."

He emphasises that after so many years of loyalty and sacrifice from its employees, it is "scandalous" for the hospital authorities to have reacted in such a high-handed manner.

"All that we were asking for was a living wage, not money that would turn us into overnight tycoons."

But he still has some hope in what the General Allied Workers Union (Gawu) might do for him and his colleagues.

In the meantime it means sharing food provided by friends — until the end of the month, when his tenure at the hostel will be considered illegal.

Strain tells on doctors

By SEFAKO NYAKA

VISIBLY fatigued and strained doctors and nurses at Johannesburg's Hillbrow Hospital yesterday complained of being overworked — although the hospital superintendant Dr J Nach has denied that medical staff are battling to cope with an influx of patients sent from the strike-hit Baragwanath Hospital.

Forty patients were taken to the section, formerly the Non-European Hospital, now the "New Indian Hospital" (NIH). In spite of chronic overcrowding in the wards for Africans, the NIH has been standing virtually empty since it was reopened a few months ago, operating with a small staff.

"The African patients brought to the NIH are really low-care patients on the way to recovery or waiting to be discharged," Nach said.

He said that because the hospital was the only one that had radio-therapy equipment, many patients were brought from adjacent hospitals for treatment.

"There is definitely no over-burdening of the staff," Nach said.

Yet, in the African wards, dozens of patients are still sleeping on the floor or on steel trolleys and the staff shortage is said to be critical.

There was a near-chaotic situation on Wednesday evening in Ward 7, with patients sleeping on foam mattresses on the floor.

Prof Selma Browde of the hospital's radiation department described the situation as "horrific".

She said the nursing shortage was having an adverse effect on patient care, with patients not receiving medication and drips on time.

●The chairman of the United Nation's Special Committee Against Apartheid, Major-General J N Garba, has sent a message of support for the striking workers and nurses at Baragwanath Hospital.

In its message, the UN committee says the international community is well aware of the appalling conditions at the hospital for patients and workers alike.

"Your stand makes the public once more aware of the destructive effects of the apartheid system on all social services in South Africa".

And the United Democratic Front (UDF) says it is deeply angered at the intransigent and "kragdadige" behaviour of hospital authorities in their treatment of genuine worker grievances.

In its statement, the UDF says the ease with which thousands of workers and nurses "are just fired, is appalling to say the least. It is even more revolting when we see the same government shouting reform on public platforms treating people like they were scum".

After the strike — nothing's changed

CLAIRE PICKARD-CAMBRIDGE

THE decision to summon the SA Defence Force to provide back-up service during the Baragwanath crisis has drawn sharp criticism from unions and a health association.

The MSE for Hospital Services, Haan Kirstein, argues that the presence of the SADF was essential for the nursing of patients, cooking of meals and washing of laundry.

"The patients would have suffered if the SADF had not been called and I have letters from black nursing sisters at Baragwanath who thanked us for calling in the SADF to assist them," he says.

However, the Health Workers Association (HWA), the General and Allied Workers Union (Gawu), the Black Health and Allied Workers Union of SA (Bhawusa) and the SA Black Municipal and Allied Workers Union (Sabmawu) argue that the SADF's presence generated great tension among remaining health workers.

Chairman of Bhawusa's advisory board Benny Alexander said bad feelings between employees and the SADF had been reinforced by existing tensions with the SADF in the townships. Others say black patients found the presence of the SADF upsetting.

An HWA spokesman supports this, claiming five senior doctors had gone to the student nurses' quarters early last week to try and facilitate the reopening of negotiations between nurses and authorities.

He said an armoured vehicle had drawn up and members of the SADF's red beret units had ordered the doctors at gunpoint to lie on the floor. They had been searched and questioned for 20 minutes before being released.

Kirstein said he had not heard of the incident and an SADF spokesman has dismissed the account as untrue.

The HWA argues that the SADF's presence cannot be justified because the authorities should have dealt with grievances beforehand. And at a mass meeting last week, nurses claimed the presence of the SADF allowed the authorities to continue running the hospital without addressing employee grievances.

Asked if the authorities would meet with any of the unions, Kirstein said the hospital was not prepared to negotiate with "outside bodies".

"We are only prepared to negotiate with people in our employ and believe existing professional bodies such as the Hospital Employees Association and the SA Nursing Association provide adequate channels for this purpose. I believe they act in the interests of members because they were elected."

Kirstein says there cannot be any increases for nurses before March, when the new budget is announced. However, health authorities have put the question of increases for auxiliary workers to the Treasury and the commissioner of administration.

The unions in turn are dismissive of the employee associations, which they say have no negotiating power and only act in a consultative capacity. They claim the bodies are headed by senior personnel against whom worker grievances are sometimes directed.

Tensions have also arisen with the SA Nursing Council condemning student nurses for contravening the Nursing Act — which prohibits strikes — and warning that they may take action against the student nurses.

The unions have responded sharply, saying it is not certain that the nurses were on a proper strike and claim their sit-in was an indictment of the council's inability to effectively address problems.

Gawu president Samson Ndou has warned that they have instructed their lawyers to step in if student nurses are victimised by Nursing Council members.

Bhawusa's Alexander argues that the World Health Organisation, Public Services International and the International Labour Organisation acknowledge the right of nursing staff to strike.

Asked what had been achieved by the strike, the unions said it had created more unity among the workers as well as highlighting both their plight and the state's attitude towards workers' rights. However, their major demands for a collective bargaining arrangement and improved wages and working conditions have clearly not yet been met.

☐November 4: Auxilliary workers at Baragwanath Hospital meet to demand higher wages.

☐November 13: Workers meet to hear management's response and are told their demand will be considered in March with the start of the new financial year. A fracas breaks out in the evening with workers and some student nurses allegedly rampaging through the kitchens and dining rooms.

☐November 14: Workers reassemble and some want to travel to Pretoria to make representations to the health authorities. Police arrive and several hundred are arrested and charged with attending an illegal gathering. This erupts in a wildcat strike among auxilliary workers.

☐November 15: Student nurses approach the authorities with their grievances. Agreement cannot be reached and they stage a sit-in at their quarters.

☐March 17 and 18: About 800 student nurses and 700 auxillary workers are fired. The SADF is summoned to provide backup at the hospital and observers describe the area as akin to a "militarised zone".

☐Monday 25: Authorities begin to reinstate employees without loss of benefits. This coincides with a succesful supreme court application for the reinstatement of student nurse Mardulate Tshabalala.

☐Wednesday 27: Most employees are back at work.

☐Thursday 28: Most SADF members have left Baragwanath. Charges against workers who attended an "illegal gathering" are dropped.

BARAGWANATH STRIKE

Healthy judgment

The right of workers to have their grievances properly considered has been re-affirmed yet again in the Rand Supreme Court's decision to order the reinstatement of a student nurse dismissed during the strike at Baragwanath Hospital.

Some 1 500 Baragwanath workers — 800 student nurses and 700 auxiliary workers — were dismissed on November 18 In a test case challenging the dismissals, an urgent application for reinstatement was launched by three of the student nurses.

The first applicant, Mardulate Tshabalala, represented all student nurses who claimed they were on leave during the strike. The second applicant, Themba Mbobo, represented permanently employed nurses who were on probation who were dismissed, while the third, Macbeth Nxumalo, represented the temporarily employed nurses. The respondents were the Minister of Health and Welfare, the Administrator of the Transvaal, the Director of Hospital Services and Baragwanath chief superintendent Chris van den Heever.

Mr Justice R Goldstone found that Tshabalala had been unlawfully dismissed and ordered that she should be reinstated. He also upheld to right to be accommodated at the hospital and awarded her costs. He said oral evidence would have to be led to determine whether Mbobo was employed in a temporary or permanent capacity. In the interim, Mbobe is entitled to remain in the employ of the hospital and can occupy his room. Nxumalo was refused relief as he admitted that he had participated in the strike.

The crux of the matter, according to Justice Goldstone, was that Van den Heever had not applied his mind to the individual circumstances of the dismissed employees. The notice of termination Van den Heever had issued on November 18 was invalid in the case of *all* the student nurses because it was made effective from November 13 — before the strike occurred. This gave each student the right to be heard, the judge stated Van den Heever had also not been entitled to order a general dismissal — each student had to be informed.

"Nursing is a venerable and noble profession," the judge said. "As it is an essential service, the lives or health of many people could be endangered by strike action. It undermines the ethics of their calling." But the responsibility that nurses bear implies that the authorities have a reciprocal duty to ensure their terms of employment are satisfactory and they should ensure that an efficient mechanism to air grievances exists, even if these are considered petty.

Attorney Amichand Soman, who acted for the three student nurses, has pointed out that even though the judge found that Nxumalo could not be reinstated, the student nurse is still entitled to claim for damages on the basis of unlawful dismissal.

Soman also says that the hospital authorities told the State Attorney that thet will be reinstating all the nurses and auxiliary workers. Director of Hospital Services Hennie van Wyk has, however, refused to comment until he receives the written judgment. Van Wyk tells the *FM* that 600 of the student nurses had been re-employed by Monday afternoon Some 950 auxiliary workers have also been employed — more than the total orginally dismissed. Meanwhile national servicemen continue to be deployed at the hospital. Van Wyk says they will be phased out as the workers return

Leader of the Opposition in the Provincial Council Douglas Gibson has condemned the provincial services for their handling of the strike. He says the MEC for Hospital Services, Daan Kirstein, had rejected his call for an emergency session of the council to discuss the issue. Says Gibson: "We have been kept in the dark about the events. The outcome of the court application is a slap in the face for the provincial authorities. Perhaps Kirstein will now learn that authoritarianism is not the answer." ■

Cape Times 4/12/85

SADF medics quit Baragwanath

Own Correspondent

JOHANNESBURG. — A Defence Force headquarters spokesman in Pretoria last night confirmed that elements of the SADF medical corps had been withdrawn from Baragwanath Hospital in Soweto.

He said the withdrawal had followed the return to work by daily-paid workers and student nurses who had been dismissed by hospital authorities after a walk-out.

The nurses' union went to the Rand Supreme Court to request an order reinstating them. The court ordered that they should be reinstated pending a full trial.

Subsequently hospital authorities announced that all of the 1 800 dismissed staff should be reinstated until the outcome of the trial which could involve hundreds of witnesses.

In the urgent application brought by the nurses' union, the judge ruled that it was arguable whether all of the dismissed people had been on strike or whether hospital authorities had acted arbitrarily against the majority of its staff without regard to whether they were in fact on strike or not.

Since November 17, SADF and police units have guarded and run the hospital except for intensive care units.

Social Sciences and Social Studies: Economics	522
Other	2 314
Not designated/coded/declared (incl. Non-degree Purposes)	897
Total	14 238

University of Pretoria

Physical Education, Health Education and Leisure	1
Total	1

Rand Afrikaans University

Communication	1
Education	11
Health Care and Health Sciences: Nursing	1
Languages, Linguistics and Literature	5
Law	1
Libraries and Museums	1
Public Administration and Social Services	1
Social Sciences and Social Studies: Economics	4
Not designated/coded/declared (incl. Non-degree Purposes)	2
Total	27

University of Cape Town

Architecture and Environmental Design	16
Arts, Visual and Performing	2
Business, Commerce and Management Sciences	16
Computer Sciences and Data Processing	4
Education	17
Engineering and Engineering Technology	71
Health Care and Health Sciences: Medicine/Surgery	3
Languages, Linguistics and Literature	10
Law	12
Libraries and Museums	2
Life Sciences and Physical Sciences: Life Sciences	22
Physical Sciences	22
Mathematical Sciences	15
Philosophy, Religion and Theology	15
Psychology	12
Public Administration and Social Services	19
Social Sciences and Social Studies: Economics	6
Other	48
Not designated/coded/declared (incl. Non-degree Purposes)	4
Total	316

University of Port Elizabeth

Education	2
Health Care and Health Sciences: Nursing	20
Languages, Linguistics and Literature	3
Law	1
Life- and Physical Sciences: Physical Sciences	1
Philosophy, Religion and Theology	2
Psychology	4
Public Administration and Social Services	8
Social Sciences and Social Studies: Other	2
Not designated/coded/declared (incl. Non-degree Purposes)	19
Total	62

Potchefstroom University for CHE

Education	10
Health Care and Health Sciences: Nursing	1
Pharmacy	1
Languages, Linguistics and Literature	3
Law	1
Philosophy, Religion and Theology	1
Social Sciences and Social Studies: Economics	1
Other	1
Total	19

University of the Witwatersrand

Architecture and Environmental Design	33
Arts, Visual and Performing	8
Business, Commerce and Management Sciences	30
Communication	1
Computer Sciences and Data Processing	9
Education	153
Engineering and -Technology	35
Health Care and Health Sciences: Medicine/Surgery	72
Dentistry	10
Nursing	3
Pharmacy	3
Other	27
Languages, Linguistics and Literature	20
Law	78
Libraries and Museums	1
Life—and Physical Sciences: Life Sciences	38
Physical Sciences	129
Philosophy, Religion and Theology	4
Psychology	17
Public Administration and Social Services	49
Social Sciences and Social Studies: Economics	26
Other	51
Mathematical Sciences	69
Total	866

University of Stellenbosch

Business-, Commerce and Management Sciences	7
Education	1
Health Care and Health Sciences: Medicine/Surgery	2
Nursing	1
Languages, Linguistics and Literature	5
Philosophy, Religion and Theology	1
Total	17

University of Natal

Agriculture and renewable Natural Resources	3
Architecture and Environmental Design	22
Arts, Visual and Performing	7
Business, Commerce and Management Sciences	25
Computer Sciences and Data Processing	1
Education	99
Engineering and -Technology	75
Health Care and Health Sciences: Medicine/Surgery	230
Dentistry	1
Pharmacy	4
Other	18
Languages, Linguistics and Literature	28
Law	73
Libraries and Museums	3
Life Sciences and Physical Sciences: Life Sciences	13
Physical Sciences	20
Philosophy, Religion and Theology	4
Psychology	18
Public Administration and Social Services	11
Social Sciences and Social Studies: Economics	15
Other	43
Not designated/coded/declared (incl. Non-degree Purposes)	1
Mathematical Sciences	8
Total	722

Rhodes University

Statistics not available yet.

The above statistics were obtained from the SAPSE tables received from the universities.

HANSARD 25/3/86
Q.Con 762.

Veterinarians (97)

43. Mr E K MOORCROFT asked the Minister of Education and Culture:

(1) How many (a) White, (b) Black, (c) Coloured and (d) Asian veterinarians are being trained at present at each specified university falling under his Department;

(2) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) White 587

(b) Black..... Nil

(c) Coloured 1

(d) Asian..... 3

University of Pretoria;

(2) on 17 March 1986.

Veterinarians

46. Mr R W HARDINGHAM asked the Minister of Education and Culture:

(a) How many Black students were being trained as veterinarians at Onderstepoort in each of the latest specified three year for which figures are available and (b) how many such students (i) completed the course and (ii) obtained degrees in each of these years?

The MINISTER OF EDUCATION AND CULTURE:

(a) No Black student has been trained as veterinarian at Onderstepoort;

(b) (i) and (ii) fall away.

Mortgage loans

54. Maj R SIVE asked the Minister of Education and Culture:

What total amount has been budgeted by his Department for interest subsidies on mortgage loans of officials in its employ in the 1986-87 financial year?

The MINISTER OF EDUCATION AND CULTURE:

R7 243 000 for the officials of the Department of Education and Culture. Provision for the interest subsidies for the staffs of universities and technicons are included in their global subsidies. As autonomous institutions they administer this themselves and the details are not known to this department.

Mortgage loans

55. Maj R SIVE asked the Minister of Health Services and Welfare:

What total amount has been budgeted by his Department for interest subsidies on mortgage loans of officials in its employ in the 1986-87 financial year?

The MINISTER OF HEALTH SERVICES AND WELFARE:

R7 600 000.

Pensions/allowances

58. Dr W J SNYMAN asked the Minister of Health Services and Welfare:†

(1) How many persons qualify at present for (a) each specified type of social pension, and (b) the (i) foster-care and (ii) child allowances, for which his Department is responsible;

(2) in respect of what date is this information furnished?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) Old Age Pensions 142 766
War Veterans Pensions 12 780
Disability Pensions 32 337
Blind Persons Pensions 749

(b) Foster Care Grants 5 103
Maintenance Grants 15 562
Family Allowances 60

(2) 1 March 1986.

WEDNESDAY, 26 MARCH 1986

†Indicates translated version.

For written reply:

General Affairs:

De facto/de jure **population**

36. Mr R A F SWART asked the Minister of Constitutional Development and Planning:

What was the (a) *de facto* and (b) *de jure* population of the townships falling under each specified Development Board as at the latest specified date for which figures are available?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

	(a) As at 31 January 1986 *De facto*	(b) As at 31 January 1986 *De jure*
Eastern Transvaal Development Board		
Amsterdam	1 495	1 365
Amersfoort	3 068	2 818
Barberton	10 904	10 281
Breyten	10 498	9 398
Chrissiesmeer	394	354
Carolina	5 691	5 091
Davel	2 655	2 355
Lothair	2 226	2 046
Morgenzon	2 890	2 340
Piet Retief	13 163	10 663
Sabie	3 034	2 814
Wakkerstroom	1 744	1 594
Waterval Boven	6 718	5 718

	(a) As at 31 January 1986 *De facto*	(b) As at 31 January 1986 *De jure*
Northern Transvaal Development Board		
Messina	4 745	4 745
Louis Trichardt	847	847
Soekmekaar	585	585
Duiwelskloof	406	406
Tzaneen (Hostel for singlemen)	852	852
Gravelotte (Hostel for singlemen)	32	32
Naboomspruit	3 774	3 774
Vaalwater (Hostel for singlemen)	130	130
Ellisras (Hostel for singlemen)	344	344
Nylstroom	3 839	3 839
Roedtan	321	321

According to the Development Board Northern Transvaal there is no statistical difference between the *de facto* and *de jure* population of the various townships falling under its jurisdiction.

	(a) As at 6 February 1986 *De facto*	(b) As at 6 February 1986 *De jure*
Natalia Development Board		
Kokstad	4 953	4 803
Mooirivier	5 914	4 814
Cedarville	311	249
Chesterville	13 039	12 889
Greytown	5 724	4 724
Tongaat	6 936	6 906
Howick	1 037	967
Pinetown	4 296	4 112
Lamontville	35 280	31 500
Matatiele	928	743
Stanger	2 354	2 304
Umzinto	450	444
Pietermaritzburg	14 811	11 849
Vryheid	7 735	7 584
Paulpietersburg	2 700	1 102
Colenso	1 125	2 648
Dundee	8 440	8 275
Ladysmith	8 352	8 189
Glencoe	4 479	4 392
Weenen (Emergency camp)	1 221	1 198
Dannhauser (Emergency camp)	1 088	1 067
Winterton (Emergency camp)	782	745

'Holes' in ambulance service probed

Cape Times 28/3/86 97

Medical Reporter

THE Cape Province's ambulance services and personnel were not perfect, but they were as good as limited resources allowed, the province's MEC for Hospital Services, Mr Koos Theron, said yesterday.

Responding to a hard-hitting Automobile Association report on ambulance services in the Transvaal and the Free State, Mr Theron said there were "some holes" in the Cape's service but these were being looked into and corrected as quickly as limited finances would allow.

"Within the constraints placed upon us I think we have achieved a miracle with the province's ambulance services," he said.

Disagreed

Dr Alan MacMahon, consultant-in-charge of emergency services, said he and Mr Theron totally disagreed with the AA report's assessment of the safety of ambulances, at least as far as those in the Cape were concerned.

"Of the province's 450 ambulances, 90 percent have been properly equipped and the remainder will be phased out over the next few years," he said. Some 80 percent were equipped with radio communications.

Referring to criticism in the AA report of the training received by ambulance personnel, Dr MacMahon said the province had three permanent training centres, one each in Cape Town, Port Elizabeth and East London, and training for ambulance personnel from the Northern Cape was carried out annually in Kimberley.

"The vast majority of our personnel have undergone at least the Basic Ambulance Course, which trains them in the use of ambulance equipment to keep injured patients alive until more sophisticated help is available.

Advanced courses

"Many have also gone through more advanced courses and we have also trained about 500 traffic officers in the essentials of first-aid.

"Of course we still have a few personnel who have not passed some sort of course, but these people are very few in number and are usually from rural areas where we have difficulty finding personnel," said Dr MacMahon.

In the major centres, ambulance response times were usually excellent, with between 80 and 85 percent of calls being answered within 20 minutes.

Mr Theron said under no circumstances would racial discrimination by ambulancemen be tolerated and anyone guilty of this would be in serious trouble.

Prototype

Dr MacMahon added that a prototype ambulance, with easily obtainable parts to counteract the rising prices of large municipal ambulances which cost up to R80 000, would be unveiled within a few days.

● Sapa reports that the Progressive Federal Party's health spokesman, Dr Marius Barnard, has called on the Minister of National Health and Population Development, Dr Willie van Niekerk, to appoint a Select Committee to investigate the country's ambulance services. He said it should include representatives of the AA.

The PFP also condemned all forms of racialism by ambulance services "exposed by the report".

Scheme, specific control measures are not justified and has therefore recommended that—

restructive registration of fresh milk distributors be abolished;
restrictive registration of industrial milk manufacturers be abolished;
the single channel prohibition in respect of butter and cheese be abolished;
the fixation of wholesale and retail prices in respect of butter and cheese be abolished; and
the Dairy Board will only purchase surplus butter and skimmed milk.

The findings of the National Marketing Council in respect of the Cotton Scheme were that the existing control measures are justified and should remain unchanged except that the Cotton Board should substitute its present system of restrictive registration of cotton ginners for a system of formal registration. Such a recommendation is contained in the report.

(3) No, the reports have been submitted to the Boards concerned and the South African Agricultural Union. Certain recommendations in respect of the Dairy Scheme are being applied already.

Telephones

642. Mr E K MOORCROFT asked the Minister of Communications:

(1) How many (a) applications for telephones were received and (b) telephones were installed for (i) private and (ii) business purposes in Grahamstown in 1985;

(2) whether there is a backlog for this area at present; if so, (a) what was the backlog as at the latest specified date for which figures are available and (b) when is it anticipated that the backlog will be eliminated?

The MINISTER OF COMMUNICATIONS:

(1) (a) 1 615;

(b) (i) 1 036; and

(ii) 437.

(2) Yes;

(a) 418, as at 28 February 1986; and

(b) 88 of the applications will be met as soon as the unrest situation in the Black residential area is normalised, 201 during the first quarter of the 1986-87 financial year after completion of an extension to the exchange, 24 later during that financial year and the remaining 105 during the 1988-89 financial year after completion of cable works.

Sheep scab

645. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) How many outbreaks of sheep scab were reported in the Republic in 1985;

(2) how many farmers were prosecuted in that year for offences under the relevant provisions of the Animal Diseases and Parasites Act, No 13 of 1956?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) 106 of which 23 occured in KwaZulu.

(2) 13.

Agricultural land

651. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

What is the estimated area that was lost for agricultural purposes as a result of urban development in the 1984-85 financial year?

The MINISTER OF AGRICULTURAL ECONOMICS:

2 987 hectares.

State veterinarians

653. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

Whether there are any vacancies for State veterinarians in his Department; if so, how many?

The MINISTER OF AGRICULTURAL ECONOMICS:

Yes, 18 vacancies.

Veterinarians

654. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(a) How many (i) White, (ii) Black, (iii) Coloured and (iv) Asian veterinarians are registered in the Republic at present and (b) in respect of what date is this information furnished?

The MINISTER OF AGRICULTURAL ECONOMICS:

(a) (i) 1 343.

(ii) 1.

(iii) 1.

(iv) 3.

(Figures are for the RSA and National States).

(b) 20 March 1986.

Blue Train

665. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) How many passengers travelled on the Blue Train in 1985;

(2) whether all such passengers paid the full fare; if not, how many paid the full fare in that year?

The MINISTER OF TRANSPORT AFFAIRS:

(1) 16 299.

(2) No, 16 050 (ie 98,5 per cent).

Milk-powder

675. Mr D J N MALCOMESS asked the Minister of Agricultural Economics:

(1) How much milk-powder was (a) produced and (b) sold in the Republic in 1985;

(2) whether milk-powder was imported in this year; if so, (a) by whom, (b) from what country or countries and (c) at what price in each case;

(3) whether any South African individuals or companies acted as agents in any of these transactions; if so, what are their names;

(4) whether milk-powder is being exported at present; if so, at what price;

(5) whether any South African individuals or companies are acting as agents in such transactions at present; if so, what are their names;

(6) whether this milk-powder is being exported at a loss; if so, (a) what is the nature of the loss and (b) how will this loss be recouped?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) (a) 24 719 ton skimmed milk powder
11 214 ton full cream milk powder.

(b) 16 248 ton skimmed milk powder
11 835 ton full cream milk powder.

demic staff were there at each specified technikon under the control of his Department (i) in 1985 and/or (ii) as at the latest specified date for which figures are available?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Only the Technikon Northern-Transvaal falls under this Department.

	(i) 5 March 1985	(ii) 17 March 1986
(a)	135	133
(b)	0	0
(c)	0	0
(d)	8	7

Universities: foreign Black students

630. Mr P R C ROGERS asked the Minister of Education and Development Aid:

(a) How many foreign Black students were enrolled at universities for Blacks in the Republic as at the latest specified date for which figures are available, (b) what was the country of origin of each such student and (c) at which university was each enrolled?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a), (b) and (c): The Honourable member is referred to Table 8.2.2, page 295 and Table 8.2.3, page 296 of the Annual Report, 1985 of the Department of Education and Training.

Q COL 1039.

Veterinarians

HANSARD 10/4/86 (97)

655. Mr R W HARDINGHAM asked the Minister of Education and Development Aid:

(a) How many Black students were being trained as veterinarians at the Medical University of Southern Africa in each of the latest specified three years for which figures are available and (b) how many such students (i) completed the course and (ii) obtained degrees in each of these years?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

		1983	1984	1985
(a)		13	21	48
(b)	(i)	none	none	none
	(ii)	none	none	none

Note: Veterinary Science is a six year course. The most advanced students are at present in their fifth year.

Q COL 1040.

Permission to enter Republic

HANSARD 11/4/86

687. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

(1) (a) How many persons applied for permission to enter the Republic in 1985 and (b) how many of these persons were (i) journalists or connected with the media, (ii) academics and (iii) connected with churches;

(2) in respect of how many of the persons in each of the above categories was permission to enter the Republic (a) granted and (b) refused?

The MINISTER OF HOME AFFAIRS:

(1) and (2) Because the Annual Report of the Department of Home Affairs covers the period 1 July to 30 June, detailed statistics for the second half of 1985 have not yet been received from overseas Missions. According to the Department's Annual Report for the period 1 July 1984 to 30 June 1985, which was Tabled on 7 April 1986, 292 029 visitors visas, 87 687 re-entry visas and 6 365 transit visas were issued. A total of 8 188 visas were refused. Statistics are not kept on the basis of occupational categories. With regard to journalists and persons attached to the media, the Department did in fact record applications from persons in this category separately since June 1985. From June 1985 to 31 December 1985 956 applications were received and up to 31 December 1985 350 of these applications were approved and 332 were rejected. The balance of 274 partly processed applications were carried over to January 1986.

Q COL 1041.

Curfew regulations

HANSARD 11/4/86

702. Mrs H SUZMAN asked the Minister of Justice:

How many persons in the Republic were prosecuted under curfew regulations in 1985?

The MINISTER OF JUSTICE:

The information is not readily available.

Mortgage loans

709. Maj R SIVE asked the Minister of National Education:

What total amount has been budgeted by his Department for interest subsidies on mortgage loans of officials in its employ in the 1986-87 financial year?

The MINISTER OF NATIONAL EDUCATION:

R1 238 269,00.

Q COL 1041.

Prohibited publications/objects

HANSARD 11/4/86

749. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

Whether the possession of any publications or objects was declared prohibited in 1985 in terms of section 9(3) of the Publications Act, No 42 of 1974; if so, how many publications of objects in terms of section 47(2)(a), (b), (c), (d), (e) and (f), respectively?

The MINISTER OF HOME AFFAIRS:

Yes.

Section 47(2)(a)	14
Section 47(2)(b)	1
Section 47(2)(c)	0
Section 47(2)(d)	0
Section 47(2)(e)	39
Section 47(2)(f)	0

Undesirable items

750. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

(1) How many items were declared undesirable in 1985 in terms of section 47 (2)(a), (b), (c), (d), (e) and (f), respectively, of the Publications Act, No 42 of 1974;

(2) whether any appeals have been lodged against decisions to declare any such items undesirable; if so, how many cases in respect of each of the categories referred to in section 47(2) of the said Act (a) had been (i) upheld and (ii) dismissed and (b) were still pending as at the latest specified date for which information is available?

The MINISTER OF HOME AFFAIRS:

		Publications or Objects	*Films*	*Public Entertainment*
(1)	Section 47(2)(a)	319	91	—
	Section 47(2)(b)	29	7	—
	Section 47(2)(c)	—	2	—
	Section 47(2)(d)	4	2	—
	Section 47(2)(e)	292	—	1
	Section 47(2)(f)	—	—	—

in respect of races in pupil/teacher ratios; if not, (a) why not and (b) when it is envisaged that such estimates will be made; if so, what amount per year is required to bring about parity by (i) 1990 and (ii) 1995?

†The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The hon member is referred to the answer on Question 29, which is also applicable to this question on pupil/teacher ratios.

Rabies

*31. Mr R W HARDINGHAM asked the Minister of Agricultural Economics:

How many cases of rabies were reported in (a) Natal and (b) KwaZulu during the latest specified period of 12 months for which figures are available?

The MINISTER OF AGRICULTURAL ECONOMICS:

(a) Natal: 68.

(b) KwaZulu: 15.

For the period 1 March 1985 to 28 February 1986.

Johannesburg station: release of gas

*32 Mr W V RAW asked the Minister of Transport Affairs:

(1) Whether an investigation was held into the release of gas in the Johannesburg station; if not, why not; if so, (a) what type of gas was released, (b)(i) by whom, (ii) why and (iii) when was it released and (c) what areas and/or public facilities were affected;

(2) whether any (a) adults and (b) children were evacuated from the affected areas; if so, what total number of persons were evacuated;

(3) whether any foodstuffs and/or meals were contaminated by the gas so released; if so, what was the total amount of the losses sustained in this regard;

(4) whether any action has been taken against those responsible for releasing the gas; if so, what action?

†The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a), (b), (i) (ii), (iii), (c) and (2) to (4) As the matter is *sub judice* no information can be divulged at this juncture.

Own Affairs;

Provincial health/hospital services

*1. Dr M S BARNARD asked the Minister of Health Services and Welfare:

(1) Whether a date has been set for the transfer of the provincial health and hospital services to his Department; if not, (a) why not and (b) when is it anticipated that a decision will be taken in this regard; if so, what is that date;

(2) whether any changes will be made to the (a) structure and (b) functioning of these provincial services when they are transferred to his Department; if so, (i) what changes and (ii) what is the reason for each of these changes?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a) and (b) I refer the hon member to my reply on a question of the hon member for Pietersburg on 10 February 1986. The investigation by the project team of the Commission for Administration has been completed. The report is being studied at present and a decision will be taken shortly.

(2) The changes will be determined by the nature and extent of the functions which are to be transferred to Own Affairs Administrations.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, can he indicate which health services it has been agreed will be shared between the Natal Provincial Administration and the KwaZulu authority in terms of the Joint Executive Authority approved by the Government?

The MINISTER: Mr Speaker, the hon member should direct that question to the hon the Minister of Constitutional Development and Planning. [Interjections.]

Mr G B D McINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, would he tell the House whether the report of the Commission for Administration is an own affairs report or a general affairs report and whether it will be made available to hon members of Parliament?

The MINISTER: Mr Speaker, I do not think the report has been classified . . .

Mrs H SUZMAN: Race classification!

The MINISTER: . . . in the terms used by the hon member, but it is being dealt with by a general affairs department, namely the Department of Constitutional Development and Planning.

Mr G B D McINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, can he tell the House if the hon the Minister of National Health and Population Development is involved in dealing with this problem?

The MINISTER: Mr Speaker, the hon the Minister of National Health and Population Development is obviously involved in this matter.

Teacher training colleges

*2. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether any Administrator, Provincial Executive Committee or Member of the Executive Committee was formally approached at any time during the latest specified period of five years for which information is available, to open to all races any teacher training college then falling under provincial control; if so, (a) by what persons or groups, (b) what are the names of the persons so approached, (c) on what dates did this occur and (d) what was the reaction in each case;

(2) whether during the above period any university acting in accordance with the provisions of the National Education Policy Act, No 39 of 1967, made a request, in conjunction with a teacher training college, that such college admit non-White students of the university; if so, (a) which (i) universities and (ii) colleges, (b) on what dates and (c) with what result in each case;

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

†The MINISTER OF EDUCATION AND CULTURE:

(1) No request in this regard was made to the Department. The Department also has no record of requests made to the Administrators, Executive Committees and members of Executive Committees in the past;

(a), (b), (c) and (d) fall away;

(2) No such request was made to the Department and the Department has no knowledge of requests made to Administrators, Executive Committees or members of Executive Committees;

(a)(i)(ii), (b) and (c) fall away;

(3) No.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, did I understand him correctly to say that his de-

AA ambulance report distributed

STAR 97

24/4/86.

By Zenaide Vendeiro

The Automobile Association has printed 5 000 copies of its report on ambulance services in rural areas for distribution to politicians and service organisations.

Mr Eugene Roelofse, manager of the AA's research unit, said yesterday he went to Cape Town this week to distribute the document to all members of the three Houses of Parliament and members of the President's Council.

He said it would also be given to all Chambers of Commerce and Afrikaanse Sakekamers, and all branches of service organisations such as Lions, Rotary, Rapportryers, the Women's Institute and the Women's Agricultural Institute.

"We believe that we must win grassroots support for the drive to improve ambulance services," he said.



Mr Eugene Roelofse

"We are grateful that many people in top positions in the Government, political and administrative fields support the revamping of facilities, but it is essential that people in the rural areas be made aware of the gross neglect of their services," he said.

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Cape Times

Carfinder Inside

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A WORLD OF FOOD AT THE FOOD HALL
CLAREMONT



Divisional Council workers erect permanent roadblocks in Lansdowne Road yesterday.
Picture Anne Laing

No police escorts into Guguletu

By CHRIS STEYN and TONY WEAVER

PENINSULA ambulance drivers were told by police yesterday they would not be given escorts into Guguletu, while motorists were warned that the Divisional Council had permanently sealed off Old Klipfontein Road and a section of Lansdowne Road — the two main arteries leading into Old Crossroads

Responding to the police escort refusal, baffled ambulancemen, who did not want to be named, said they had been ordered to stay out of the township and that if they entered, they would do so "at their own risk".

"The police are not telling us what is going on there," said one ambulanceman who said the order was apparently given at 2pm yesterday.

Meanwhile at Crossroads, massive 15-ton concrete blocks, 15cm thick and 10 metres long, were placed across entrance roads to the squatter town, with just a small gap left for residents to get through.

For some months now, large boards at both entrances to Crossroads have proclaimed in English, Afrikaans and Xhosa "Road closed to general public."

One barrier has been placed across Old Klipfontein Road at the entrance to Crossroads, one at the intersection of Stock Road and Lansdowne Road, and five at the intersection of Lansdowne and New Eisleben roads — a total of 105 tons of concrete

On Monday, a man was killed and his passenger severely burned when the bakkie he was driving was petrol-bombed. Later six shots were fired at police on patrol. In the past month, 48 incidents of stone-throwing and petrol-bombing occurred in the area.

An ambulanceman, asked what would happen in the case of casualties resulting from police action in unrest, said injured people would have to go to the police station.

He said an ambulance was turned away from Guguletu by police at 3pm yesterday and police told the ambulance crew they could not guarantee their safety.

The ambulance department was responding to a call from a sick resident and not an unrest-related injury.

The ambulanceman said it was not the first time police refused them an escort into townships.

"Whenever there is a funeral, the police don't allow us to respond to calls. The only people they allow in there are residents," he said.

Move to get hospital workers reinstated

STAR 21/5/86 97

A pressure group has been formed to try to get 200 dismissed Welkom hospital workers reinstated.

The Orange Vaal General Workers Union (OVGWU) has formed a working committee with other organisations in the Welkom area to pressure Free State provincial authorities to reinstate the workers unconditionally.

The workers were dismissed from the Welkom Provincial Hospital for staging a work stoppage last week.

The working committee, which involves the OVGWU, the National Union of Mineworkers and the Azanian Peoples Organisation, has called for a black consumer boycott of white businesses in Welkom.

Voluntary hospital workers to hold AGM

Medical Reporter

VOLUNTARY workers in hospitals provide many essential services and some extras which cannot be handled by overworked nursing staff.

Each hospital has its own voluntary aid office which falls under a central body, the Association of Voluntary Aid Services for Hospitals in the Cape Province.

Workers perform voluntarily any service which cannot be considered to be nursing and which is approved by the medical superintendent, said Mrs Shirley Collins, co-ordinator of Groote Schuur's voluntary aid group.

WASHING

Services include washing patients' hair, trolley services, distribution of magazines, feeding babies in the neo-natal unit, visiting patients from out of town, interpreting and helping with office work.

The association holds its first annual meeting tomorrow morning and after the election of office-bearers members can take part in a workshop on communication and a demonstration by Conradie Hospital volunteers.

For further information contact Mrs Collins ☎ 47 3311 extension 3926 or Mrs Lorna van Zyl ☎ 97 2954.

Ambulancemen praised

Staff Reporter

PROVINCIAL COUNCIL. — The Cape's ambulance services were not significantly hampered by "unrest" and were praised here yesterday by the MEC for Hospitals, Mr Koos Theron, and Dr John Sonnenberg (PFP Sea Point).

Speaking during the Hospitals vote, Mr Theron said the unrest had posed "new challenges" for the Department of Health.

"Despite about 21 ambulances having sustained slight damage as a result of stone-throwing, it was possible to maintain a normal service, even within unrest areas," he said.

While there were a few delays in the removal of patients, the service was not hampered in any significant way.

"The staff of especially the day hospitals and the ambulance services deserve the highest praise for the way in which they performed their duties — sometimes under dangerous circumstances," Mr Theron said.

Dr Sonnenberg said the devotion to duty and humanitarian manner of members of the ambulance services had not gone unnoticed and had "enhanced their stature and reputation amongst all segments of the community".

"To the men who man the ambulances who have risked life and limb on numerous occasions, nothing by the highest praise is due. They are a credit to their service," he said.

Sacked workers take case to court

Hospital workers who were dismissed from the Welkom Provincial Hospital for staging a work stoppage have applied to the Industrial Court for reinstatement.

A spokesman for the Orange Vaal General Workers' Union, Mr Stanley Tyelentombi, said the union had applied for the reinstatement of 164 black workers dismissed in April.

The application was made in terms of Section 43 of the Labour Relations Act.

He said papers had been served on the superintendent of the hospital as well as the Administrator of the Orange Free State.

About 200 workers staged a two-day work stoppage over wages, recognition of the union and lack of communication with hospital authorities. They were all dismissed but some were selectively re-hired.

"We believe the dismissals were unfair. No effective channels of communication existed between workers and hospital authorities," said Mr Tyelentombi.

Provincial authorities are expected to file papers in response to the union application.

Health inspectors may be given more muscle

Dispatch Reporter

EAST LONDON — The Divisional Council of Kaffraria is to look at ways to give more muscle to health inspectors when carrying out their orders.

The move follows a near outbreak of a fly plague at a poultry farm because fowl manure had not been removed on a regular basis following a labour strike.

Fly larvae in a shed was in abundance when health inspectors visited the farm.

Some of the sheds had been cleared and the manure kept in hoppers on the premises.

The inspection revealed that at least two loads of manure which were delivered by the poultry farm to another farm "contained a seething mass of fly larvae of which the majority were due to pupate".

Inspectors ordered that the manure be removed and disposed of on the poultry farm in the Mooiplaas area. They also ordered that future deliveries of manure to private farms be suspended.

Further inspections would be carried out when the problem had abated. Possible authority would then be given for further manure deliveries.

A report from the inspectors said the recommendations were conveyed to the manager of the poultry farm and instructions were also given to the farmer who received the fly larvae infested manure.

A request from the poultry farm that the infested manure be ploughed in on a neighbouring farm was turned down because it was a known fact for flies to emerge through 300 mm of loose soil.

The instruction was not obeyed and, when questioned, the farmer who originally received the infested manure said he had been informed by the poultry farm that Divisional Council inspectors had agreed to the manure being ploughed in on a neighbouring farm.

The farmer said he had been contacted later by the poultry farm and told that the infested manure should not be removed and that the company would send a vehicle to remove it.

The council decided to write a letter to the owners of the poultry farm warning them that orders of council officials should not be disobeyed.

Farmers were also to be informed that when manure deliveries were discontinued because of fly larvae infestation, no further deliveries were to be accepted until authorised by council officials.

'No transport for expectant mother because she was an illegal tenant'

NO ROOM IN AMBULANCE

A MOTHER-to-be of Dobsonville had to use public transport after an ambulanceman was allegedly instructed not to ferry her to hospital because she was occupying the house she was living in illegally.

By SY MAKARINGE

Mrs Theresa Dlamini (35), is one of several people who have not vacated the newly-built houses in Dobsonville despite a Rand Supreme Court ruling.

Mrs Dlamini told the *Sowetan* yesterday she sent her son to call for an ambulance to take her to hospital on Saturday morning.

When it arrived, she said, an ambulanceman told her he was not supposed to take people living in those houses to hospital because they were occupying them illegally.

"He then took me to the rent office where he spoke to someone. I did not see the man he spoke to as he had left me in the ambulance. When he came back he told me he had been instructed not to take me to Leratong Hospital because I was an illegal tenant," Mrs Dlamini said.

She said the driver took her back to her home where she started making alternative arrangements of getting to hospital.

"I was in great pain at that stage, but I managed to reach the rank where I boarded a taxi to Roodepoort Road. I got off at Roodepoort Road and boarded another taxi to Leratong," she said.

Mr A M Conn, town clerk of Dobsonville, said he was not aware of the incident.

He said he would not allow such a thing to happen adding that the matter would be investigated and steps taken if necessary.

"I can't say at this stage that the allegations are untrue," Mr Conn said.



Mrs DLAMINI back at her home after giving birth to a baby girl at Leratong Hospital at the weekend.

Pic: MOFFAT ZUNGU

...members and it was ... Natal Agricultural Union ... A similar

Cape Times 4/8/86

Pay parity between races to cost R94m

Own Correspondent

JOHANNESBURG. — The scrapping of wage apartheid among teachers, paramedics and nurses is to cost the state R94-million in fiscal 1986, according to Treasury figures.

The amount will be drawn from the Commission for Administration's R1-billion budget for improving conditions of service for State employees.

Adjusting salaries and allowances of government departments increases by R63,5-million to R505-million in the current term.

It is understood that the lion's share of the increase comes from the 10 percent civil service salary rise in April and funds earmarked for closing racial and occupational wage gaps in the public sector.

A Treasury spokesman said R45-million would be injected into the salaries of 81 000 black teachers employed by the Department of Education and Training and its counterpart in national states.

The government has said the "disparity in the salaries of teachers of different population groups" will be eliminated from December 1.

Meanwhile, a further R49-million will be used to achieve racial pay parity for nurses and paramedics.

The Minister of Administration and Economic Advisory Services, Mr Eli Louw, said public sector pay discrimination would be eliminated "as swiftly as possible", but that the government still had to announce a timetable for nurses and paramedics.

rd

Clicks

ariety, Service & Style

	Lead	Sulphur dioxide	Particulates
(xi) Goodwood	0,3	8	14
(xii) Parow	0,3	7	11,5
(xiii) Pinelands	0,2	8,3	10
(xiv) Edgemead	0,2	16,3	9,5

Acceptable levels for these pollutants are:

(a) Lead: 2,5 micrograms per cubic metre (monthly average).

(b) Sulphur dioxide: 80 micrograms per cubic metre (annual average).

(c) Particulates: 100 micrograms per cubic metre (annual average).

The pollution levels are well below the accepted levels. In no instance was the acceptable level exceeded.

5/9/86 Q Cur 2559

Provincial/private hospitals

HANSARD

1195. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(a) How many (i) provincial and (ii) private hospitals in each province will fall under (aa) the Administration: House of Assembly, (bb) the Administration: House of Representatives, (cc) the Administration: House of Delegates, (dd) his Department and (ee) other specified State departments in terms of the new dispensation for health services in South Africa and (b) with effect from what date or dates will these hospitals officially fall under the above-mentioned authorities?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

A particular hospital may be classified and allocated as an own affair of a specific population group, if an occupancy rate of 95% or more for that particular population group is applicable.

On the basis of this norm the classification and allocation of hospitals are presently being evaluated and the information as requested cannot be supplied at this stage.

5/9/86 Q Cur

HANSARD 2560 97

Medical technologists

1200. Mr P C CRONJE asked the Minister of National Health and Population Development:

(1) Whether his Department is responsible for the training of medical technologists; if not, who is responsible for their training; if so, (a)(i) how many students were studying medical technology in 1986 and (ii) where were they studying in each case and (b) how many completed their academic training in 1986;

(2) whether any medical technology students have been placed at Government institutions to complete their practical training in 1986;

(3) how many posts for qualified medical technologists (a) existed and (b) were vacant at institutions under his Department's control as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) In collaboration with the Department of National Education, the Department of National Health and Population Development is responsible for the training of medical technologists within the public service.

(a) (i) 88 pupil medical technologists are presently in training.

(ii) Pupil medical technologists received training at the following technikons:

Pretoria, Cape Town, Witwatersrand, Natal, M L Sultan and Mabopane East.

(b) By the end of 1986, 52 pupil medical technologists will have completed their academic training.

(2) Yes.

(3) (a) There are currently 436 posts for qualified medical technologists.

(b) There are 8 vacant posts for medical technologists against which students are employed.

Q Cur 2561

HANSARD 5/9/86

KwaNdebele: schools/pupils

1201. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) Whether he will furnish information on schools in KwaNdebele; if not, why not; if so, how many (a) schools were taken in KwaNdebele, and (b) pupils were (i) registered at and (ii) attending these schools, as at the latest specified date for which information is available;

(2) whether any incidents of unrest occurred at these schools recently; if so, (a) when, (b) what was the nature of the incidents, (c) what has been the effect of this unrest on regular schooling and (d) what action has been taken as a result?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) No. KwaNdebele has an autonomous education department and schools in KwaNdebele are the responsibility of the Government of that Self-governing State. Certain information on the provision of education in KwaNdebele is published in the annual reports of the Department of Education and Training with the permission of that education department. The most recent published information is available in the 1985 annual report of the Department of Education and Training.

(a) Falls away.

(b) (i) and (ii) Fall away.

(2) For the same reason as stated above, this information cannot be provided.

(a), (b), (c) and (d) Fall away.

Drivers' licences separate from identity books/reference books

1202. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question 309 on 10 March 1986, the provincial administrations have as yet reported to the Cabinet on measures to give effect to the decision that drivers' licences be separate from identity documents and reference books; if not, when is it anticipated that the provincial administrations will report to the Cabinet; if so,

(2) whether the provincial administrations have made any recommendations in this regard; if so, (a) what is the nature of these recommendations and (b) when will they be implemented?

The MINISTER OF TRANSPORT AFFAIRS:

(1) No. Indications are that a report will be submitted to the Cabinet towards the middle of November 1986.

(2) (a) and (b) Fall away.

5/9/86

HANSARD Q Cur 2562 97

KwaNdebele: Commissioner-General

1203. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether any steps were taken in re-

Medical costs are all set to escalate

DAVID FURLONGER

THE WARNING by private hospitals that they may pull out of the medical aid system is the latest shot in a protracted dispute between the hospitals and medical aid societies.

Regularly accused of over-charging the sick and dying, the hospitals in turn accuse societies of denying them the cash they need to remain profitable. Caught in the middle, meanwhile, is the patient. One way or another, he is going to have to pay more for his medical care.

If the societies buckle in to the hospitals' threat and allow them to charge more, it will mean an increase in medical aid contributions. If the hospitals pull out of the system, the patient himself will have to pay the difference between what his treatment costs and what his medical aid is prepared to pay.

The argument is between two central bodies — the Representative Association of Medical Societies (Rams) and the Representative Association of Private Hospitals (RAPH).

RAPH officials are due to meet tomorrow to discuss pulling out of the medical aid system in response to Rams' decision to grant private hospitals an average 7% increase in benefit scales from January 1 next year. RAPH had asked for a 20% increase in the scales, which are the maximum medical aids will pay for members' treatment.

Hospitals say the 7% follows a 12% increase this year, 10% last year and 6,25% in 1984. During the same period, they claim, actual costs rose faster than inflation.

Ultimately, the dispute boils down to a difference in philosophy — between non-profit-making medical aid societies and hospitals determined to achieve maximum returns for investors.

The private hospitals sector is dominated by three groups — Rembrandt, Afrox and Clinic Holdings. Although there are several smaller investors, all are motivated by the profit factor and interests of their shareholders.

And according to RAPH chairman Dick Williamson, those shareholders are not too happy. "Returns on capital are declining and margins are coming down substantially."

He says the growing cost of building hospitals — up to R120 000 a bed — has pushed up to about 65% the minimum occupancy rate needed to break even. That, added to increasing costs — such as nursing salaries, water and power costs and imported equipment costs — have dampened profitability.

Profitable it remains, however, as the recent surge in new private hospitals indicates. And Williamson admits that bed occupancy is over the 65% mark. "So we are profitable."

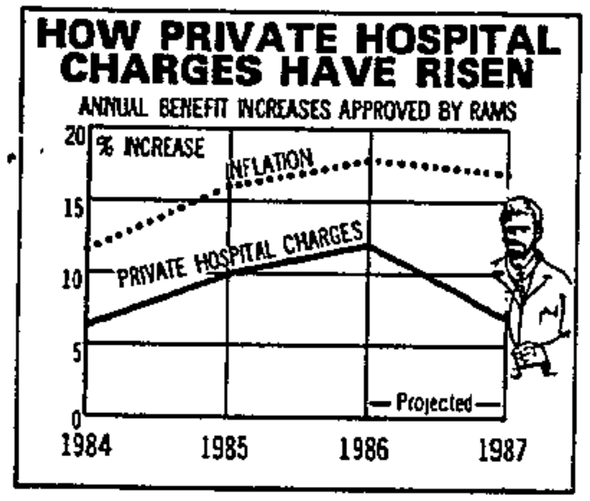
Medical aid societies, while conceding hospitals might be entitled to bigger increases, are themselves short of cash. The only way they can boost their coffers is through higher contributions from members. "We have our own cost problems," says Rams chairman Jan Fernhout.

Adding to the argument is the belief among many medical aid societies that hospitals are sometimes less than honest in the way they seek profits — by billing for drugs that were not used; by charging for reusable syringes; or even for charging for an entire roll of bandage or tape after using only a short strip.

"Every time we have queried a private hospital account we have always got a refund," says the head of a leading medical aid society. "The hospital's excuse is either 'wrong patient' or 'wrong drug quantity'. Overcharging can be as high as 20%. Hospitals get to know who is checking accounts. They will 'try it on' with a scheme which doesn't check properly."

He adds: "I can't get away from the conviction that it is deliberate."

Biggest gripe of all among critics is the "three-time-payment" system. Where clinic-based doctors used to provide their own equipment, this is often now provided by the clinics, but without a reduction in the doctor's own bill. The patient therefore is paying for the doctor, the standard hospital fee and an extra hospital fee to recover the cost of the doctor's equipment.



Williamson rejects this and says: "The hospital provides basic items of equipment. That's what we pay for it and that's what we should get back. Surely it's better to provide one set of equipment for doctors than have the need for several sets?

"In any case, if Rams doesn't want to, it shouldn't let doctors charge for the equipment they don't have. And remember — Rams has allowed doctors no increases at all for next year."

Where the two sides do agree is on the idea that most problems are caused by the existing health care system. Two main problems emerge — lack of incentive for patients to be cost-conscious and the cover-all system of medical benefits.

To most patients, their only link with health care is the monthly medical aid contribution. Beyond that, prescriptions, hospital bills and even visits to their GP mean only the receipt and handing-over of pieces of paper for others to pay.

The patient doesn't care, therefore, that any private establishment he may enter has facilities — and charges — far in excess of what he may need.

"There's no need to be so luxurious," says the medical aid society head. "I want a system of maximum payment per day. Tell the doctor: 'I can't afford this, get me a cheaper rate'. Patients have been spoiled; there is no incentive to save costs."

Williamson agrees that a system encouraging cost-consciousness would be "no bad thing".

The second complaint — that there's no variety in medical aid cover — may be rectified next month when the Brown Commission on health care is officially translated into a White Paper.

Both societies and hospitals want a system whereby people have the choice of medical cover — the option of comprehensive cover, cover for major operations or cover beyond a certain base-line.

Workers claim racist treatment

Hospital staff downs tools and sleeps in

BUSDAY 18/11/86

97

JOHANNESBURG's J G Strijdom Hospital was hit by a strike yesterday when 500 workers downed tools and staged a sleep-in at the hospital over a number of grievances, including "racial discrimination".

The workers, comprising security guards, cleaners, X-Ray darkroom assistants, ward assistants, kitchen and college staff — all members of the SA Black Municipal and Allied Workers Union (Sabmawu) — went on strike at 6am.

An official of the superintendent's office at the hospital referred all inquiries to the Directorate of Hospital Services in Pretoria.

Dr H van Wyk, Director of Hospital Services, said he was busy in a meeting and could not say anything.

The labour problem at the J G Strijdom dates back to September 25, when a senior hospital official, P W Venter, told a workers' committee that the hospital services "do not recognise or negotiate with an outside union" but only with a local grievance committee consisting of the hospital employees.

SIPHO NGCOBO

On October 21, the committee presented a list of grievances to management.

Among the grievances were:

- ☐ Long working hours without overtime pay;
- ☐ Racial discrimination regarding telephone calls — only whites had access to telephones;
- ☐ Black employees were followed to the toilets and shouted at;
- ☐ Some blacks were not allowed tea time and were told it was only for whites;
- ☐ Workers worked in water without boots or any form of protection against deseases;
- ☐ workers were injured on duty and were not entitled to workman's compensation and causes of accidents were not investigated;
- ☐ Remuneration was unequal and bore no relation to service period or duties peformed;
- ☐ Some employees received their salaries without pay slips;

Meanwhile, about 200 workers at Rietfontein Tuberculosis Hospital have also gone on strike.

Police remove 300 workers from hospital

Police removed about 300 dismissed workers from the J G Strijdom Hospital in Johannesburg last night after the granting of a Supreme Court order barring them from hospital premises.

The urgent application for the order was brought by the Administrator of the Transvaal, Mr Willem Cruywagen.

The workers stopped work on Monday over grievances about pay and working conditions. The deadline to resume was yesterday morning.

A spokesman for the Bureau for Information said the workers had been evicted by police after failing to heed the interdict. As far as he knew there had been no arrests.

Yesterday the director of Hospital Services, Dr van Wyk, said the workers had dismissed themselves by failing to heed the deadline to return to work.

Star reporters were asked to leave the premises.

● As the wage strike by 200 Rietfontein Hospital workers continued for the second day yesterday, the General and Allied Workers' Union (Gawu) called on hospital authorities to negotiate with it.

The union rejected the authorities' policy of negotiating with staff associations, saying most of the workers belonged to the union, not the association.

Court evicts 324 hospital strikers

BUSDAY 19/11/86

LIAM EGAN and
SIPHO NGCOBO

97

THE Rand Supreme Court has ordered 324 striking workers evicted from Johannesburg's J G Strijdom Hospital.

Granting an *ex parte* application by the Transvaal Administrator, Mr Justice Vermooten also ordered the workers to refrain from intimidating any other hospital employees, and to refrain from re-entering the premises without permission.

J G Strijdom superintendent Antoinette van der Merwe said in her founding affidavit the workers had gone on strike unlawfully on Monday as a result of listed grievances.

From an addendum to her affidavit it appeared the workers included among their grievances excessive working hours, unequal remuneration, racial ex-

● To Page 2

19/11/86 BUSDAY

Hospital strike 'may spread'

97

ploitation, discriminatory practices and victimisation.

It also appeared from Van der Merwe's affidavit that the strike had begun after the workers had refused to negotiate with designated works committees over their grievances, following an earlier refusal by the hospital to recognise the SA Municipal and Allied Workers' Union.

Meanwhile, more than 250 of about 500 of the hospital's workers who went on strike on Monday have been fired.

The workers' dismissal was announced yesterday by Dr Hennie van Wyk, Director of Hospital Services.

Van Wyk said the workers had "dismissed themselves" by failing to honour an ultimatum to return to work by 9am

● From Page 1

yesterday after downing tools and sleeping at the hospital on Monday.

However, at the time of going to press it was still not clear whether the late shift would also not honour the ultimatum.

Those dismissed include black non-nursing staff, mainly kitchen workers, porters, cleaners, X-Ray darkroom assistants, ward assistants and college staff.

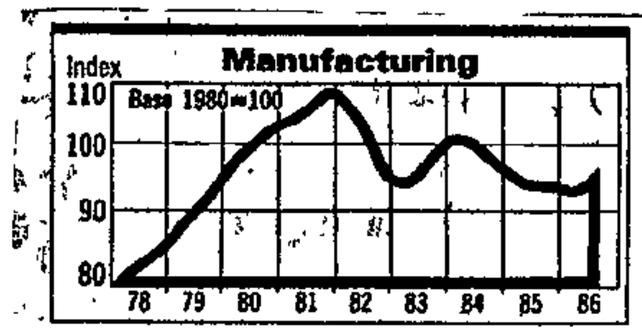
A spokesman for the South African Black Municipal and Allied Workers' Union (Sabmawu) told Van Wyk the union would take immediate action and warned the strikes could spread to other hospitals.

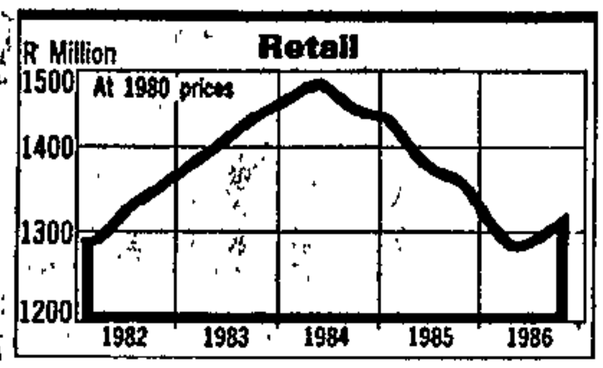
300 JG Strijdom workers in court

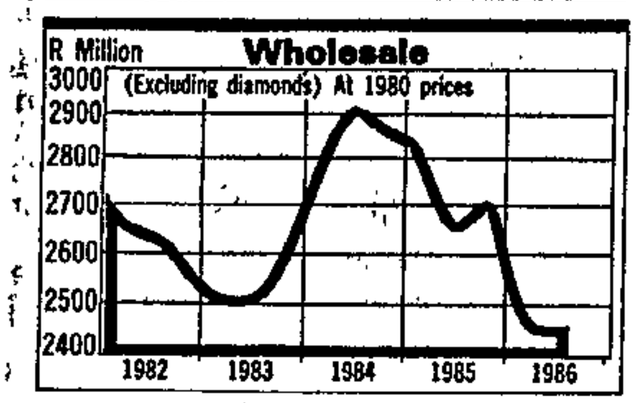
20/11/86 STAR

More than 300 sacked J G Strijdom Hospital workers appeared before a Johannesburg magistrate yesterday on charges of trespassing, the SA Municipal Workers' Union said. A union spokesman said the case had been postponed to November 26.

Yesterday 240 members of the General and Allied Workers' Union (Gawu) appeared in the Germiston Magistrate's Court after being arrested earlier in the day while on strike at the Rietfontein Hospital near Edenvale, according to the workers' lawyer. He said an additional 238, held while striking at Security Systems, were released on R50 bail each after appearing in the Roodepoort Magistrate's Court on Tuesday.







Hospital firings: legal fight looms

SIPHO NGCOBO

A LEGAL battle is looming between the Transvaal Provincial Administration (TPA) and the SA Black Muncipal and Allied Workers Union (Sabmawu) over the sacking of more than 250 workers at J G Strijdom Hospital.

The Sabmawu leadership has already taken the matter up with its legal representatives.

A union spokesman said that almost the entire remaining black hospital staff — numbering over 300 — had downed tools in solidarity with the sacked workers and demanded that a list of grievances about racial discrimination and remuneration be addressed by the authorities.

Despite apparently worsening relations between workers and hospital officials, the officials have reported that all is normal and that the rest of the workers have now returned to work.

The dismissed workers were locked in a meeting at Johannesburg's Khotso House for most of yesterday, discussing new strategies.

It is alleged that some of the workers were seriously injured at the hospital on Tuesday when police arrested them for breaching a court order evicting them from the hospital after they had "slept-in" on Monday night.

Sabmawu and its lawyers are also looking at the issue of injured workers.

Hospital Services Director Dr Hennie van Wyk said the strikers lost their jobs after "dismissing themselves" by failing to report for duty on Monday.

He further said his department did not recognise any outside representative of workers, such as a union, and said grievances were dealt with by a staff committee chosen by staff members themselves.

Workers allege police attack

SIPHO NGCOBO

SOME of about 500 workers recently dismissed from the J G Strijdom Hospital were injured outside the hospital yesterday after being allegedly baton-charged and sjambokked.

This was claimed by a SA Black Municipal and Allied Workers Union (Sabmawu) spokesman, who said at least four of the workers were also arrested.

A Bureau for Information spokesman said he knew nothing of the incident and according to his records, nothing had happened outside the hospital.

The Sabmawu spokesman said the incident occurred at about midday while workers were outside the hospital.

They had been there since being dismissed about two weeks ago, in order to prevent the hospital authorities from employing new staff.

The spokesman added some of the workers were still missing.

The alleged charge on the J G Strijdom workers was the second in less than two weeks.

In addition, more than 200 workers were arrested after they staged a sit-in strike within the hospital premises. They are on bail and are due to appear in court today.

Charges withdrawn

By MARTIN NTSOELENGOE

CHARGES of trespassing were withdrawn against 350 JG Strijdom Hospital workers in the Johannesburg magistrate's court this week.

The trespass charges came after workers downed tools and staged a sleep-in at the hospital over low wages and other related grievances.

About 200 other hospital workers attended the hearing after they had clocked in for duty at the hospital.

Earlier Rand Supreme Court Judge WW Vermooten ordered that the workers leave the hospital premises immediately.

The application for the court order was made by hospital superintendent Dr Antoinette van der Merwe.

Vermooten also ordered that:

- The striking workers should not interfere or intimidate workers who are not on strike.
- Should not enter or remain on the hospital premises without written permission from Van der Merwe and that the officer commanding the mobile unit of the SAP be allowed to remove strikers from the hospital premises.

The strike of the hospital workers has been on for more than two weeks.

The workers' grievances include racial discrimination and unequal pay.

They also allege that they were being followed to the toilets by supervisors and that some of them were still regarded as temporary workers although they had worked there for about 15 years.

The hospital has been hard-hit by the strike: surgeons, doctors, nurses and clerical staff have had to take turns to clean up the wards and serve meals.

Conditions have become so serious that even people from old-age homes have volunteered to help.

About 200 workers who were not fired, but who have gathered in solidarity with the strike action, have been given a two weeks' ultimatum to come back to work or be fired.

Eviction order on hospital staff finalised

An interim order, granted last month for the eviction of about 300 dismissed workers from the J G Strijdom Hospital premises, was finalised by a Rand Supreme Court judge yesterday.

The interim order was made on November 18 and more than 300 workers were ordered to leave the hospital premises and not to interfere with other employees.

They were also ordered not to be on the premises without written permission.

The urgent application was brought by the Administrator of the Transvaal.

Yesterday about 400 workers arrived at the court. Those that could not get into the courtroom sat in the foyer.

No. R. 2581 **5 December 1986**

LABOUR RELATIONS ACT, 1956

PRINTING AND NEWS PAPER INDUSTRY, R.S.A.—RENEWAL OF PENSION FUND AGREEMENT

I, Mattheus Willem Johannes le Roux, Director: Manpower, duly authorised thereto by the Minister of Manpower, hereby, in terms of section 48 (4) (a) (ii) of the Labour Relations Act, 1956, declare the provisions of Government Notices R. 165 of 10 February 1984, R. 502 of 8 March 1985 and R. 930 of 16 May 1986 to be effective from the date of publication of this notice and for the period ending 31 December 1988.

M. W. J. LE ROUX,
Director: Manpower.

No. R. 2581 **5 Desember 1986**

WET OP ARBEIDSVERHOUDINGE, 1956

DRUK- EN NUUSBLADNYWERHEID, R.S.A.—HERNUWING VAN PENSIOENFONDSOOREENKOMS

Ek, Mattheus Willem Johannes le Roux, Direkteur: Mannekrag, behoorlik daartoe gemagtig deur die Minister van Mannekrag, verklaar hierby, kragtens artikel 48 (4) (a) (ii) van die Wet op Arbeidsverhoudinge, 1956, dat die bepalings van Goewermentskennisgewings R. 165 van 10 Februarie 1984, R. 502 van 8 Maart 1985 en R. 930 van 16 Mei 1986 van krag is vanaf die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 31 Desember 1988 eindig.

M. W. J. LE ROUX,
Direkteur: Mannekrag.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2536 **5 December 1986**

HUMAN TISSUE ACT, 1983

REGULATIONS REGARDING THE IMPORTING AND EXPORTING OF PRESCRIBED TISSUE

The Minister of National Health and Population Development has, in terms of section 37 of the Human Tissue Act, 1983 (Act 65 of 1983), made the regulations contained in the Annexure hereto.

ANNEXURE

1. In these regulations "the Act" means the Human Tissue Act, 1983 (Act 65 of 1983), and any expression to which a meaning has been assigned in the Act bears such meaning and, unless the context otherwise indicates—

"prescribed tissue" means tissue, or any part of such tissue mentioned in the Schedule to these regulations.

2. Application for a permit for the importing or exporting of prescribed tissue in terms of section 25 (2) of the Act is made on a form which can be obtained for that purpose from the Director-General.

SCHEDULE

(1) Human placenta.

(2) Human umbilical cord tissue.

No. R. 2550 **5 December 1986**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

CONTINUED EXISTENCE OF THE PROFESSIONAL BOARD FOR CHIROPODY UNDER THE NAME PROFESSIONAL BOARD FOR PODIATRY

Under the powers vested in me by section 61 (4) read with section 15 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), I hereby determine—

(a) that the Professional Board for Chiropody established by Proclamation R. 8, 1973, of the State President, shall continue to exist under the name of Professional Board for Podiatry and shall in future consist of persons whose names appear on the register of podiatry kept in terms of section 32 of the said Act; and

(b) that the above-mentioned proclamation is hereby repealed.

W. A. VAN NIEKERK,
Minister of National Health and Population Development.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

No. R. 2536 **5 Desember 1986**

WET OP MENSLIKE WEEFSEL, 1983

REGULASIES BETREFFENDE DIE INVOER OF UITVOER VAN VOORGESKREWE WEEFSEL

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 37 van die Wet op Menslike Weefsel, 1983 (Wet 65 van 1983), die regulasies in die Bylae hiervan vervat, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Wet" die Wet op Menslike Weefsel, 1983 (Wet 65 van 1983), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis en, tensy uit die samehang anders blyk, beteken—

"voorgeskrewe weefsel" weefsel of enige gedeelte van sodanige weefsel, in die Aanhangsel van hierdie regulasies vermeld.

2. Aansoek om 'n permit vir die invoer van voorgeskrewe weefsel ingevolge artikel 25 (2) van die Wet word gedoen op 'n vorm wat vir daardie doel van die Direkteur-generaal verkrygbaar is.

AANHANGSEL

(1) Menslike plasenta.

(2) Menslike naelstringweefsel.

No. R. 2550 **5 Desember 1986**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VOORTBESTAAN VAN DIE BEROEPSRAAD VIR CHIROPODIE ONDER DIE NAAM BEROEPSRAAD VIR VOETKUNDE

Kragtens die bevoegdheid my verleen by artikel 61 (4) saamgelees met artikel 15 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), bepaal ek hierby—

(a) dat die Beroepsraad vir Chiropodie ingestel by Proklamasie R. 8, 1973, van die Staatspresident onder die naam Beroepsraad vir Voetkunde bly voortbestaan en voortaan moet bestaan uit persone wie se name verskyn op die register van voetkundiges wat kragtens artikel 32 van genoemde Wet gehou word; en

(b) dat genoemde Proklamasie hierby herroep word.

W. A. VAN NIEKERK,
Minister van Nasionale Gesondheid en Bevolkingsontwikkeling.

No. R. 2551 **5 December 1986**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONSTITUTION, FUNCTIONS, POWERS AND DUTIES OF THE PROFESSIONAL BOARD FOR CHIROPODY.—AMENDMENT

In terms of sections 15 (5) and 61 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the Minister of National Health and Population Development has, on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1 In this Schedule "the Regulations" shall mean the regulations published under Government Notice R. 2293 of 3 December 1976

2. The Regulations are hereby amended by the substitution for the words "chiropody" and "chiropodist", wherever these words appear, of the words "podiatry" and "podiatrist", respectively.

No. R. 2552 **5 December 1986**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF CHIROPODY —AMENDMENT

In terms of section 61 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the Minister of National Health and Population Development has, on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto

SCHEDULE

1. In this Schedule "the Regulations" shall mean the regulations published under Government Notice R. 361 of 26 February 1982.

2 The Regulations are hereby amended by the substitution for the word "chiropody", wherever the word appears, of the word "podiatry".

No. R. 2553 **5 December 1986**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY CHIROPODISTS OF ADDITIONAL QUALIFICATIONS.—AMENDMENT

In terms of section 61 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the Minister of National Health and Population Development has, on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" shall mean the regulations published under Government Notice R. 2295 of 3 December 1976.

2. The Regulations are hereby amended by the substitution for the word "chiropodists" wherever the word appears of the word "podiatrists".

No. R. 2551 **5 Desember 1986**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE SAMESTELLING, WERKSAAMHEDE, BEVOEGDHEDE EN PLIGTE VAN DIE BEROEPSRAAD VIR CHIROPODIE.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikels 15 (5) en 61 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 2293 van 3 Desember 1976.

2. Die Regulasies word hierby gewysig deur die woorde "chiropodie" en "chiropodis", waar dié woorde ook al voorkom, te vervang deur die woorde "voetkunde" en "voetkundige" respektiewelik.

No. R. 2552 **5 Desember 1986**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP CHIROPODIE OMSKRYF.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 61 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 361 van 26 Februarie 1982.

2. Die Regulasies word hierby gewysig deur die woord "chiropodie", waar dit ook al voorkom, te vervang deur die woord "voetkunde".

No. R. 2553 **5 Desember 1986**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR CHIROPODISTE VAN ADDISIONELE KWALIFIKASIES.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 61 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 2295 van 3 Desember 1976.

2. Die Regulasies word hierby gewysig deur die woord, "chiropodiste", waar dit ook al voorkom, te vervang deur die woord "voetkundiges".

No. R. 2554 **5 December 1986**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES SPECIFYING THE ACTS OR OMISSIONS IN RESPECT OF WHICH DISCIPLINARY STEPS MAY BE TAKEN BY THE PROFESSIONAL BOARD FOR CHIROPODY AND THE COUNCIL.—AMENDMENT

In terms of section 50 (2) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the Minister of National Health and Population Development has approved the rules made by the South African Medical and Dental Council under section 50 (1) of the said Act and set out in the Schedule hereto.

SCHEDULE

The rules published under Government Notice R 1836 of 16 September 1977, as amended by Government Notice R. 2102 of 2 October 1981, are hereby amended by the substitution for the words "chiropody" and "chiropodist", wherever these words appear, of the words "podiatry" and "podiatrist", respectively.

DEPARTMENT OF POSTS AND TELECOMMUNICATIONS

No. R. 2504 **5 December 1986**

AMENDMENT OF THE POST OFFICE SAVINGS BANK REGULATIONS

The Minister of Communications and of Public Works has, under section 77E of the Post Office Act, 1958 (Act 44 of 1958), made the regulations set out in the Schedule.

SCHEDULE

1. In this Schedule, unless inconsistent with the context, "the Regulations" means the Post Office Savings Bank Regulations promulgated under Government Notice R 1687 of 6 August 1982, as amended by Government Notices R. 1229 of 22 June 1984, R. 2440 of 9 November 1984 and R. 1235 of 20 June 1986.

2 Subregulation 15 (1) of the Regulations is hereby amended by substituting the figure "21" for the figure "14".

3. These regulations shall come into operation on 1 December 1986.

DEPARTMENT OF PUBLIC WORKS AND LAND AFFAIRS

No. R. 2515 **5 December 1986**

ARCHITECTS' ACT, 1970 (ACT 35 OF 1970)

NOTICE IN TERMS OF SECTION 31B (2).—BOARD OF CONTROL FOR BUILDING SCIENCE PRACTITIONERS

I, Lourens Albertus Petrus Anderson Munnik, Minister of Communications and of Public Works, do hereby in terms of section 31B (2) of the Architects' Act, 1970 (Act 35 of 1970), establish a board of control to be known as the board of Control for Building Science Practitioners.

No. R. 2554 **5 Desember 1986**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS WAT DIE HANDELINGE OF VERSUIME UITEENSIT TEN OPSIGTE WAARVAN TUGSTAPPE DEUR DIE BEROEPSRAAD VIR CHIROPODIE EN DIE RAAD GEDOEN KAN WORD.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 50 (2) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), die reëls goedgekeur wat deur die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad kragtens artikel 50 (1) van genoemde Wet uitgevaardig is en wat in die Bylae hiervan uiteengesit word.

BYLAE

Die reëls afgekondig by Goewermentskennisgewing R. 1836 van 16 September 1977, soos gewysig by Goewermentskennisgewing R. 2102 van 2 Oktober 1981, word hierby gewysig deur die woorde "chiropodie" en "chiropodis", waar die woorde ook al voorkom, te vervang deur die woorde "voetkunde" en "voetkundige" respektiewelik.

DEPARTEMENT VAN POS- EN TELEKOMMUNIKASIEWESE

No. R. 2504 **5 Desember 1986**

WYSIGING VAN DIE POSSPAARBANKREGULASIES

Die Minister van Kommunikasie en van Openbare Werke het kragtens artikel 77E van die Poswet, 1958 (Wet 44 van 1958), die regulasies uitgevaardig wat in die Bylae vervat is.

BYLAE

1. In hierdie Bylae, tensy uit die samehang anders blyk, beteken "die Regulasies" die Posspaarbankregulasies afgekondig by Goewermentskennisgewing R. 1687 van 6 Augustus 1982, soos gewysig by Goewermentskennisgewings R 1229 van 22 Junie 1984, R 2440 van 9 November 1984 en R. 1235 van 20 Junie 1986.

2. Subregulasie 15 (1) van die Regulasies word hierby gewysig deur die syfer "14" met die syfer "21" te vervang.

3. Hierdie regulasies tree op 1 Desember 1986 in werking.

DEPARTEMENT VAN OPENBARE WERKE EN GRONDSAKE

No. R. 2515 **5 Desember 1986**

WET OP ARGITEKTE, 1970 (WET 35 VAN 1970)

KENNISGEWING INGEVOLGE ARTIKEL 31B (2).—BEHEERRAAD VIR BOUKUNDEPRAKTISYNS

Ek, Lourens Albertus Petrus Anderson Munnik, Minister van Kommunikasie en van Openbare Werke, stel hierby kragtens artikel 31B (2) van die Wet op Argitekte, 1970 (Wet 35 van 1970), 'n beheerraad in wat bekend sal staan as die Beheerraad vir Boukundepraktisyns.

HEALTH + DISEASE - OTHER MEDICS

1987

JAN — OCT — DEC

Unionists want their jobs back

7/11/87

More than 100 former J G Strijdom Hospital workers crowded into the Rand Supreme Court yesterday when four of their colleagues brought an urgent application against the hospital authorities.

Mrs Emily Moyo, Mrs Ellen Molutsi, Mrs Kesia Mofokeng and Mrs Maria Sanboon — members of the South African Black Municipal Workers' Union — are asking the court to declare their dismissal last November unlawful and to order their reinstatement.

The application stood down and is expected to be heard tomorrow.

About 500 workers were dismissed from the hospital last year after striking.

Judgment reserved in hearing on sacked four

BUS DAY 97
9/11/87

SUSAN RUSSELL

JUDGMENT was reserved yesterday in the urgent appeal by four dismissed J G Strijdom Hospital workers to be reinstated.

The four — Emily Moyo, Ellen Molutsi, Kesia Mofokeng and Maria Jabane — were dismissed last November after a work stoppage over grievances.

The four have asked Mr Justice M J Strydom to order the Transvaal Administrator and hospital superintendent Dr Antoinette van der Merwe to show cause why they should not reinstate them and the dismissals be declared unlawful.

The women were part of a group of 324 administrative and cleaning staff who were dismissed after the stoppage on November 18.

Counsel for the four women, M Wagener, conceded the hospital would have been entitled to dismiss the workers. He argued, however, that Moyo should be reinstated because Van der Merwe had not adhered to the rules of natural justice and given each worker a separate hearing.

The other three women submitted in papers they were either off duty or on leave at the time of the stoppage and were refused entry to the hospital after the others were dismissed.

Wagener asked that in their case the matter be referred to oral evidence.

J Prinsloo, appearing for Van der Merwe and the Administrator, asked that the application be dismissed with costs. He said in terms of their conditions of service workers who were absent for more than three days without reason could be dismissed.

Prinsloo said Van der Merwe had attempted to address the workers before the 9am return-to-work ultimatum on November 19.

He said Molutsi, Mofokeng and Jabane would not have been denied access to the hospital if they had wished to return to work.



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rules on
oms men

stine meetings in South Africa and

and July 1985 the men are alleged to official positions to acquire and pass n Zimbabwe's imports and exports.
1985, they are alleged to have passed erning the ANC in Zimbabwe and to hysical address of the ANC office.
alleged to have supplied a sketch Crescent, an ANC house.
es were blasted by South African lay last year.
bbay and Mr Justice McNally said n were substantially more detailed, d more inherently convincing than viously.
the phrase 'more inherently convinctend to make any judgment as to the allegations. They may be true. They alse. What we mean is that, assuming y justify the decision to detain."
of a High Court judge in accepting a the two judges said that, on proceshould not have been accepted.
there were authorities for the propo-rule about hearing the other side yield in cases involving the public interest.

But, in this case, they ruled that the document had been improperly produced and, for that reason, should not have been taken into account.

The chief justice, Mr Justice Dumbutshena, ruled in a separate judgment that the grounds for detention were adequate but that the judge was wrong to have used the secret document to form a view of the matter.

Hospital workers: judgment reserved

By Lesley Cowling

Judgment was reserved in an urgent application brought by four former J G Strijdom Hospital workers in the Rand Supreme Court yesterday.

Mrs Emily Moyo, Miss Ellen Molutsi, Miss Kesia Mofokeng and Miss Maria Jabane yesterday asked the court to declare unlawful their dismissal last year by hospital superintendent Dr A van der Merwe and reinstate them.

They and about 300 colleagues were dismissed in November after hospital authorities issued an ultimatum to employees involved in a work stoppage, ordering them to return to work or lose their jobs.

DISMISSED

Most of the dismissed workers — many of them middle-aged women — waited in the foyer of the court building yesterday while the application was in progress.

Mr M Wagener, counsel for the women, said Dr van der Merwe "did not adhere to natural justice" because she did not give the workers a hearing before dismissing them. He conceded that, in terms of the agreement under which they were employed, they could be summarily dismissed for stopping work.

PREVENTED

He said Mrs Ellen Molutsi, Mrs Kesia Mofokeng and Mrs Maria Sanboon had tried to return to work but were prevented from doing so by hospital security staff.

The counsel for Dr van der Merwe, Mr J J S Prinsloo, said she attempted to speak to the workers during the strike but they refused to listen.

He said the strikers were given written ultimatums asking to give reasons if they could not return to work.

He denied that the three women had been prevented from returning to work.

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Natal to get 40 new ambulances

Pietermaritzburg Bureau

NATAL will get 40 new ambulances this year at a cost of R2 500 000.

Mr Val Volker MEC said 23 new vehicles would be delivered next month and the remaining 17 would be delivered in April.

He said they would largely replace older ambulances that had 'served their term of duty'.

Mr Volker said ambulances, which presently cost about R78 000 each, had to be replaced within a 12-18 month period because of their round-the-clock use.

Mr Volker said the NPA had asked the Government to allow it to retain control of its ambulance service.

Proposed new legislation, the Fire Services Bill, published for comment late last year, provides for municipal fire departments to take over control of the service.

Mr Volker also announced yesterday that 15 student ambulance assistant posts had been created. The students would be enrolled at the Natal Technikon in Durban and would study for the new Diploma in Ambulance and Emergency Care.

The new course at tertiary education level would begin for the first time in January and would provide 'the highest level of training and expertise', he said.

Hospital workers lose case

SUSAN RUSSELL

FOUR workers fired from the J G Strijdom Hospital last year after a work stoppage have failed in a bid to have themselves reinstated.

In a judgment handed down in the Rand Supreme Court yesterday, Mr Justice M J Strydom dismissed their application with costs.

The four women, Emily Moyo, Ellen Molutsi, Kesia Mofokeng and Maria Jaban, brought an urgent application against hospital superintendent Dr Antoinette van der Merwe and the Administrator of the Transvaal, asking for an order declaring their dismissals invalid.

Moyo brought her application on the grounds that Van der Merwe had failed to hold an inquiry for each of the 324 sacked workers.

The other three women contended that they were either off-duty or on leave at the time of the stoppage last November and had not been allowed to enter the hospital or resume work until December 8.

These allegations were disputed.

Dismissing the application, Judge Strydom said Moyo had failed to make a case against Van der Merwe. He said no obligation to afford a hearing could be implied.

The judge said Moyo had been given full opportunity to make representations to the hospital, but had failed to do so.

The judge said the other women must have foreseen there would be a dispute over the facts of their case. But they had brought their application on the scantiest details, and had not responded after the superintendant had given a detailed reply to their allegations.

Aids: rescue teams in gear

DURBAN — Every possible precaution is being taken by the Natal Ambulance and Emergency Medical Services to protect its employees from contracting Aids by accidental contact.

This follows the exposure of six Cape Town emergency workers to infection while removing a body from Chapman's Peak.

The head of the Natal services, Dr John Keenan, said he was aware of what had happened in Cape Town and had discussed the issue with the chief of the Cape Emergency Services, Dr Alan McMahon.

"We are taking whatever precautions that we can.

"If our paramedics follow the full protocol for standard viral diseases then there is little chance of infection," he said. — DDC

Black athlete banned from track

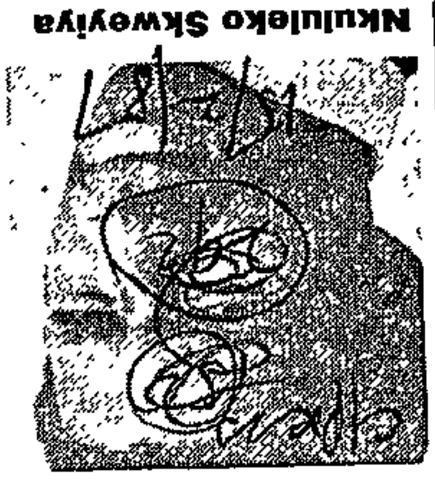
A NATAL schoolboy athlete was told he cannot run in the annual SA Sport Foundation Athletics meeting to be held in Pretoria this weekend because he is black.

The ban on Nkululeko "Squeegie" Skweyiya of Kearsney College has prompted Durban and District High Schools Athletics Association chairman Stu Davis to withdraw as manager of the team he was to take to Pretoria.

Kearsney headmaster Colin Silcock said last night: "It's just not fair. I'm sad that, in 1987, not everybody is welcome to take part in an athletics meeting."

He added:"What we find hard to reconcile is that he could play Craven week rugby for Natal Schools in Graaff-Reinet last year – yet cannot participate in athletics in Pretoria this year."

When asked how Skweyiya had reacted to the ban, Silcock said: "He is philosophical about the matter." – Sapa



Nkululeko Skweyiya

(67)

'Strides towards equal psychiatric services'

Cape Times 27/11/87

Political Staff

THE government was committed to ensure that psychiatric services were equal for all population groups in South Africa, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

"We have made great strides in achieving this, for instance, in respect of salaries and conditions of service of staff," he said in a speech at the opening of the fifth National Congress of Psychiatry in Cape Town.

He said an extensive rebuilding programme, involving 12 hospitals, had been completed.

He said of the new Lentegeur Hospital for coloured patients: "This is without doubt the most modern, well designed and purpose-orientated hospital ever built in South Africa."

However, he said there were fewer than 200 practising psychiatrists in South Africa for more than 30 million people.

"Of these, most are working in the highly industrialized areas, leaving large areas of the country without any services and many distressed individuals go without help."

Although half of the population of South Africa was under the age of 18, "we can count the number of child psychiatrists on the fingers of one hand", Dr Van Niekerk said.

SA organ shortage hampers transplants

Post Correspondent

JOHANNESBURG — South Africa possessed competent surgeons who were as capable as any others in the world of performing intricate organ transplants.

But the problem was that there were not enough donors — and that was the reason why patients were sent overseas, according to Professor Peter Thomson, head of the childrens' section of the Johannesburg Hospital.

He was commenting on the death of little Wendy Morris, of Cape Town, who died after a liver transplant in the US.

Prof Thomson, who treated Nicole Howhosky among others, said whereas there was a shortage of organ donors in SA, the US had a huge population and it was logical that far more liver and other organs would be available for transplant operations.

SA surgeons were quite capable of carrying out liver and other transplants. They had the ability and the technical knowledge, as was shown in the field of heart and bypass operations.

He believed that SA could not afford to keep sending patients overseas for transplant operations.

Money should rather be used to establish one or two centres in the republic where research and transplants could be carried out. It would then be no longer necessary to send children overseas for operations which could be performed in SA.

Prof Thomson said liver and other transplants could be carried out much cheaper in SA since so many costs would become unnecessary.

He was also disturbed that so little money was made available in SA for research in the field of transplants and this should be remedied when more became available in the future.

Military spy in the sky satellite for French

PARIS — France has announced plans to launch its first military observation satellite in July, 1993, moving ahead with an ambitious programme to extend its surveillance capabilities into space.

The Defence Ministry said the high-resolution satellite project, codenamed Helios, would be carried out in co-operation with the national space agency, the Centre National d'Etudes Spatiales (CNES).

Helios will give France what amounts to its first strictly military eye in the sky, analagous to the spy satellites used by the US and the Soviet Union. It will thus become the third country known to have such a capability.

Helios will be capable of identifying objects as small as a baseball bat — or a tank track — from an orbit of 400 kilometres above the earth. Such a capability has been sorely lacking in light of France's worldwide strategic interests. — Sapa-Reuter

(97)

3/3/87
Eltost

A busy weekend for ambulance staff

THE PE Municipal Division of the Cape Ambulance Rescue Service received almost 1 000 calls for assistance over the weekend including 156 for assaults in black townships around Port Elizabeth.

Mr Arthur Lee, head of the service, said the 977 calls were higher than average.

Besides calls for minor road accidents, gas bottle explosions and motorcycle mishaps, the service was called to eight accidents involving pedestrians.

At 7.30pm yesterday, an unidentified 70-year-old man was knocked down in a suspected hit and run accident at Uitenhage and Johnson Roads. He was certified dead on arrival at Dora Nginza Hospital.

A man and a woman, both 23, were admitted to the Provincial Hospital with back and neck injuries last night after the vehicle in which they were travelling overturned.

A 26-year-old man and a woman aged 57 were admitted to Livingstone Hospital with minor injuries after an accident, at Main and Crawford Streets.

Four women and eight men were admitted to Livingstone Hospital yesterday after the vehicle in which they were travelling overturned on the old Grahamstown Road.



Deputy chief of the Cape Ambulance Rescue Service (PE Municipal division) Mr ARTHUR LEE (right) confirm details of the accident in which a worker was injured in the harbour today.

Rescue container used in PE for first time to lift injured man

A SPECIALLY designed rescue container was used for the first time in Port Elizabeth harbour today to lift an injured worker from a container ship, the SA Winterberg.

The accident happened shortly after 11am when Mr Paul Labove, an employee of SA Stevedores slipped on deck and hit his head against a ladder.

An ambulance crew went to the scene. On arrival, they found that a first-aider had already bandaged Mr Labove's head.

He was taken to Livingstone Hospital with lacerations of the skull.

Deputy chief ambulance officer, Mr Arthur Lee, said Mr Labove was brought ashore by means of the specially designed rescue container — the first time the special container, which was designed overseas, had been used in PE for an actual rescue.

Painted in distinctive red with white lettering, a rescue container can accommodate 10 to 15 people.

It looks like a normal container, has a height of 2,3 metres and an open top and side.

Its primary purpose is to facilitate moving injured people as well as getting bulk medical supplies or fire-fighting equipment on board a ship as quickly as possible, as well as treating injured people while the container is being brought ashore.

Overseas tech body expels SA medicos

By DENYSE ARMOUR

MEDICAL technologists in South Africa have been cut off from professional foreign contacts after their expulsion from an international organisation.

The Society of Medical Laboratory Technologists of South Africa received the letter of expulsion last week from the International Association of Medical Laboratory Technologists (IAMLT).

Mrs Shan McCullum, PRO for the South African society, said her organisation had been a member of the international body for about 30 years.

But last August members of the SA delegation had their visas turned down when they tried to attend the 17th general assembly of the IAMLT.

Refused

After the general assembly the society received a letter from the international body asking it to resign.

The South African organisation refused to do so and last week received a letter stating that, as they had turned down the "invitation" to resign voluntarily, they had been expelled.

In a letter to the society, the president of the IAMLT said the assembly had adopted the resolution to align itself with United Nations policy and to retain it's international status in world health matters.

Unclear

Mrs McCullum said the South Africans believed strongly that their expulsion had been achieved illegally.

"There is nothing in the IAMLT's statutes which allows for a member body to be expelled because of the policies of its country's government," she said.

The society's president, Mr George Wikeley, said he did not understand the IAMLT's reasons for the expulsion.

City ambulance service in crisis

CAPE TIMES 12/5/97

By CHRIS BATEMAN

THE Cape Peninsula Ambulance Service is breaking down.

Almost a third of its vehicles break down regularly, patients are being kept waiting and emergency cases are sometimes re-routed to cope with the workload.

An average of 26 vehicles were towed in every month this year while ambulancemen struggled under a workload conservatively estimated at an average 300 calls a day.

The pressure has become so great that the ambulance chief, Mr Basil Warner, has issued a routine order instructing his staff that if they cannot respond within 45 minutes they should phone callers back and advise them to "make their own arrangements".

At weekends calls increase markedly, sometimes forcing drivers transporting resuscitated patients to divert to pick up other patients, said one ambulanceman, who declined to be named.

These details emerged after several Peninsula residents complained last week that seriously sick or injured people were forced to wait for up to five hours for ambulances on the eve of the May Day long weekend.

The figures come from Singh's Breakdown Services, the company contracted to the Cape Ambulance Rescue Service.

Mr Warner, who has since increased the number of ambulances on call, yesterday responded by saying: "I think those tow-away figures are a bit exaggerated — I'd be perturbed to see that they were correct."

Mr Dawie de Villiers, the deputy city administrator, yesterday conceded that there was "a general shortage on ambulances" but said "they can get by — they have been stretching their service to cope with what they've got".

He cited "financial stringencies" as the main reason for the problem.

'More resources'

Cape Town's Medical Officer of Health, Dr Reg Coogan, in spite of having no say in the running of the service, yesterday appealed for "more resources to be allotted, both in money and manpower".

In a lengthy interview, Mr Warner said he had 85 vehicles to cover a 2 000 square km area with 14 municipalities, stretching as far as Atlantis. Patients needing specialized care were also fetched from as far afield as Worcester, he said.

The staff complement is normally 251, but there are 11 vacancies at present.

He last wrote to his superiors "two to three years ago" about the vehicle shortage, but has received no additional ambulances since then.

"It would certainly make life easier if we had more staff and vehicles — but we have to do the best we can," said Mr Warner, who is due for retirement in September.

Asked about the resuscitation patients being re-routed he said: "This is the way you must run the service unfortunately."

Seven vehicles were recently replaced and he was waiting for their radios to be installed "before they can roll, possibly even this week".

Mr Warner confirmed the routine order about calls which would take longer than 45 minutes to respond to.

He said that at present 21 ambulances were working the weekly day shift, 16 the weekly night shift and 21 the weekend night shift.

"We have worked out that if we had 30 ambulances for both shifts we could cope amply," he said.

Vehicles recently replaced had clocked up 300 000km. Several still in service had travelled 280 000km and had received up to three engine overhauls, Mr Warner confirmed.

Ambulancemen spoken to claimed their training and medical on-vehicle equipment were "the best in the country".

"But when problems arise they just say look to us to solve them," one said.

Ambulance probe by city council

Cape Times 13/5/87

By CHRIS BATEMAN

THE city council will investigate the Cape Peninsula Ambulance Service following a Cape Times report yesterday that almost a third of all ambulances were breaking down regularly.

It will also ask the Cape Provincial Administration (CPA) to approve funds to "unfreeze" 11 staff vacancies which arose in the service since July last year.

The civic investigation will be carried out by former town clerk and council ombudsman Mr Granger Heugh, who will submit his report "as soon as possible".

The Cape Times inquiry, prompted by public complaints that ambulances were taking several hours to respond to emergency calls, showed that an average of 26 ambulances in the 85-vehicle fleet broke down each month this year.

It also showed that work pressure caused by an average of 300 calls a day sometimes resulted in ambulancemen responding to other calls while carrying resuscitated patients.

The ambulance staff complement stands at 240 and the service covers an area of 2 000 sq km, stretching as far as Atlantis.

Mr Louis Kreiner, chairman of the council's amenities and health committee, released a statement yesterday after consulting with Dr Alan MacMahon, head of the CPA's Emergency Medical Services.

Cape Times Investigation

Mr Kreiner confirmed the monthly ambulance breakdown figure, but denied callers were being told by ambulance station staffers to "make their own arrangements" when a call could not be responded to within 45 minutes.

"What does happen is that when a non-emergency — and I stress *non-emergency* — call cannot be answered within 45 minutes, the instruction is to call back and explain the position.

"In fact, 25 percent of all calls are answered within seven minutes, 50 percent within 14 minutes and 75 percent within 21 minutes."

Mr Kreiner described the breakdowns as "not excessive". He said this did not mean there was a shortage of ambulances on the road "at any one time".

The breakdown figure failed to take into account the "high number" of vehicles (85) and a total fleet distance of three million kilometres travelled per year.

Many vehicles were back on the road "within hours" and were immediately replaced when out of action.

In the past two years 20 ageing vehicles had been replaced and more replacements were envisaged, Mr Kreiner said.

He said that two years ago the Automobile Association had found the rescue services in the Western Cape were of "world standard" and the city council was "justifiably proud" of the ambulance service.

"A service that can handle 400 calls a day, with the efficiency displayed, *is* of a world standard," he

Jo'burg medicine dealers blame witchdoctors

We don't sell vulture organs, say muti men

97

SPM 4/6/87

By Melanie Gosling

Muti dealers in Johannesburg say only witchdoctors in rural areas use vulture organs, and they deny selling these or parts of any other protected birds and animals to the public.

They were reacting to statements by Kruger National Park staff that the 64 birds of prey poisoned this week were to be used for muti.

Dr Kessavamn Naidoo, of Zulu Muti, in Diagonal Street, said one vulture carcass, cut up and sold in pieces, was worth about R300.

"The heart and stomach are powdered and applied to the patient to make him have good dreams," Dr Naidoo said. "The feet and heads are cut into pieces and hung outside houses for protection."

Speaking from behind hundreds of bones, skins and furs hanging from the ceiling of his shop, Dr Naidoo said he opposed killing protected species.

"If people come in an ask for vultures we give them some powdered bones which they are quite satisfied with."

On sale were legs of donkeys and horses; skins of cats, vervet monkeys and jackals; ostrich heads and feet; and a lion skull — in various stages of decay.

"I'm very disappointed to hear about the vulture poisoning. We should protect these animals from poachers," Dr Naidoo said.

Mrs Anne Pillay, of kwaNcanyamba muti shop, in Pritchard Street, said it was sad that vultures had been poisoned.

Although the shop was full of bones and hides, Mrs Pillay said she sold mainly bark and roots.

"I never sell vultures. My customers mainly want treatment for venereal disease and to cleanse the blood, which vultures are not used for anyway."

A spokesman for the permit section at the Transvaal Provincial Administration's Nature Conservation Division said yesterday muti dealers could apply for permits to sell certain species, like lion.

Vulture killings 'part of big trade in muti'

Staff Reporters

The poisoning of vultures and eagles in the Kruger Park is part of a lucrative muti trade controlled from Johannesburg and other major centres, according to Mr Johan Kloppers, head of wildlife management in the park.

"As far as we are concerned these people fall into the same category as the ivory and rhino horn racketeers. They should be hammered," he said yesterday.

"We know that black 'runners' are being hired by white businessmen to lay the poisoned bait and to remove the organs from dead birds for witchcraft. The muti is sold at inflated prices in the cities and townships."

Mr Kloppers appealed to insecticide dealers to prevent supplies falling into the wrong hands.

A helicopter search yesterday revealed 16 more vultures dead from poisoning near Pretoriuskop. This brings to 65 the number of white-backed vultures poisoned.

THREE EAGLES

Also killed were a Cape vulture, three tawny eagles, a hyena and a hammerkop.

An impala carcass poisoned with a deadly pesticide was used to lure the birds. The heads and feet of the birds had been cut off.

Kruger Park warden Dr Salmon Joubert said: "The people responsible for this horrible act must be stopped at all cost. The park's ecology is at risk."

The Pretoriuskop massacre is the third of its type in the park since 1985.

In an earlier incident, a Parks Board employee almost wiped out the entire jackal population near Skukuza with poison.

The poachers are believed to have operated from a camp set up in a reedbed — which they also plundered for swift nests — inside the game reserve.

They were pursued by game rangers but escaped.

(iii) Tracing and treatment of contacts.

(iv) Health Education.

(v) Participation in the interdepartmental committee providing advice to authorities responsible for providing services.

Campaign mainly centered on Natal.

Cholera

26. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1986 to the latest specified month for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

During 1986-87 all cases of cholera occurred in Natal among Blacks.

1986	Cases	Deaths
Jan	43	0
Feb	38	0
March	0	0
April	0	0
May	0	0
June	0	0
July	0	0
Aug	0	0
Sept	0	0
Oct	0	0
Nov	0	30
Dec	0	0
1987		
Jan	0	0
Feb	0	0
March	0	0
Total	84	0

Social workers

27. Mr P G SOAL asked the Minister of National Health and Population Development:

(1) What total number of (a) White, (b) Black, (c) Coloured and (d) Indian social workers are registered with the Council for Social and Associated Workers;

(2) how many social workers does his Department employ;

(3) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) White 4 391
Black 1 025
Coloured 694
Indian 332
Total 6 442

(2) (i) There are seven posts for social workers in the Welfare Section of which six posts are filled.

(ii) There are forty nine posts for social workers in the Department's Mental (Psychiatric) Health Branch.

(3) As at 1987.05.30.

Medical technologists

63. Mr P C CRONJÉ asked the Minister of National Health and Population Development:

(1) Whether his Department is responsible for the training of medical technologists; if not, who is responsible for their training; if so, (a) (i) how many students were studying medical technology in 1986 and (ii) where were they studying in each case and (b) how many completed their academic training in 1986;

(2) whether any medical technology students have been placed at Government institutions to complete their practical training in 1986; if so, how many;

(3) how many posts for qualified medical technologists (a) existed and (b) were vacant at institutions under his Department's control as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No. The various Technikons and the Medical University of Southern Africa are responsible for such training;

(2) Yes, 67 medical technology students.

(3) (a) 654.

(b) 13 as at 30.4.1987.

Atmospheric lead levels

95. Mr R R HULLEY asked the Minister of National Health and Population Development:

(1) What are the latest average recorded atmospheric lead levels measured at urban locations during (a) summer and (b) winter at (i) Cape Town City Hall, (ii) Port Elizabeth City Hall, (iii) Durban City Hall, (iv) Johannesburg City Hall, (v) the Munitoria, Pretoria, and (vi) Arcadia, Pretoria;

(2) in which years were these measurements taken?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) The following averages for lead are all expressed in micrograms per cubic metre.

	(a) Summer	(b) Winter
(i) Cape Town City Hall	1,22	1,92
(ii) Port Elizabeth City Hall	0,79	1,14
(iii) Durban City Hall	0,45	0,98
(iv) Johannesburg City Hall	0,63	0,86
(v) Munitoria, Pretoria	0,68	1,31
(vi) Arcadia, Pretoria	0,77	1,63

(2) Summer period: October 1986 to March 1987. Winter period: April 1986 to September 1986.

The acceptable level for lead in air is taken as 2,5 micrograms per cubic metre (monthly average).

Pensions

97. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) (a) What amount of money was there in the (i) Government Service Pension Fund, (ii) Associated Institutions Pension Fund, (iii) Temporary Employees' Pension Fund, (iv) Authorities' Service Pension Fund and (v) Authorities' Service Superannuation Fund, and (b) what percentage of each pension contribution was contributed by the (i) individual and (ii) State, as at the latest specified date for which figures are available;

(2) what total amount did the State contribute to each of these funds in the 1986-87 financial year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) As at 31 March 1986.

(i) R9 576 981 458.

(ii) R2 047 251 782.

(iii) R1 266 064 185.

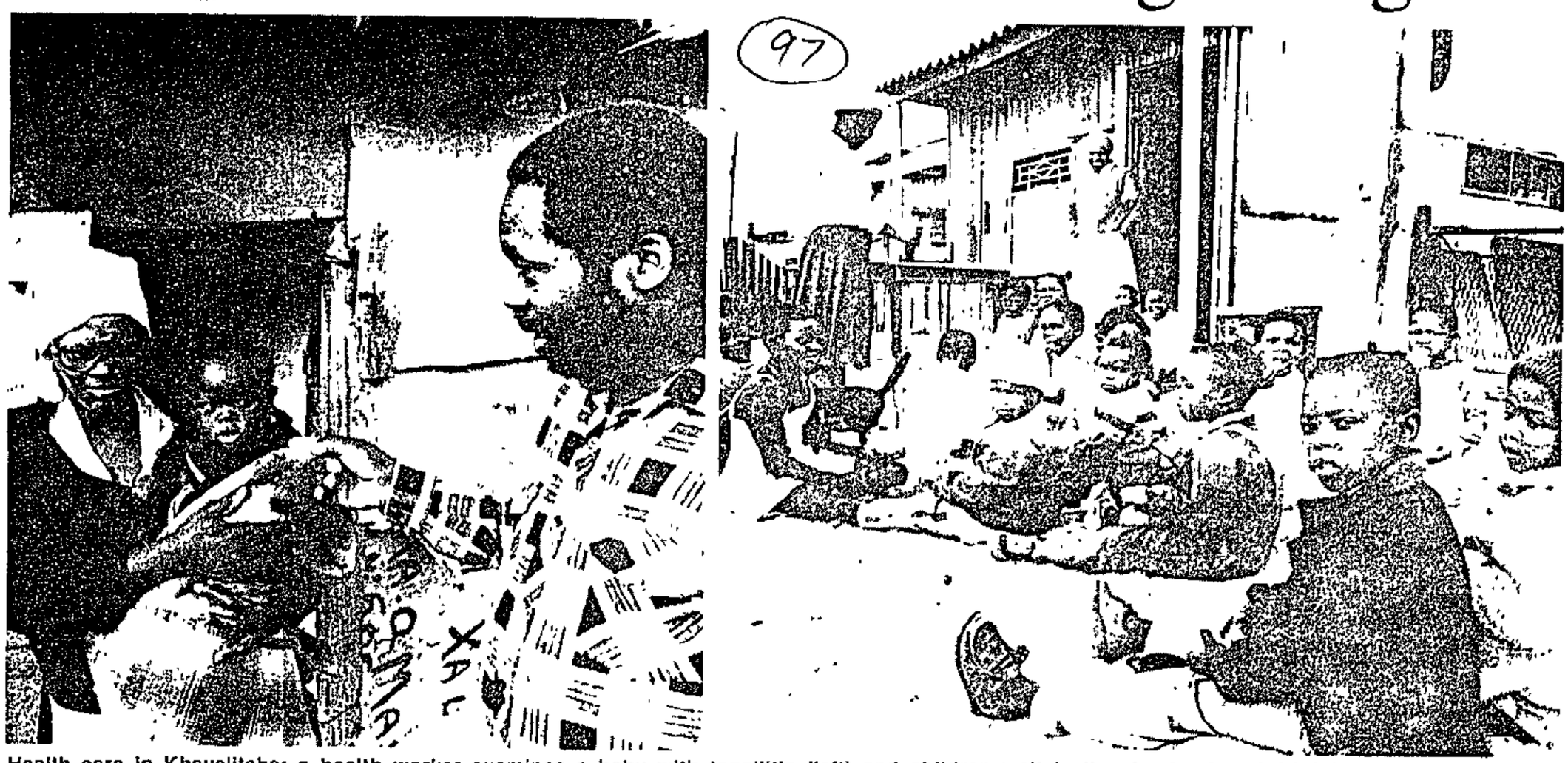
(iv) R673 003 827.

(v) R30 357 697.

(b)

(i) Government Service Pension Fund: 26,68%.
Associated Institutions Pension Fund: 32,89%.
Temporary Employees' Pension Fund: 33,33%.
Authorities' Service Pension Fund: 32,89%.

Doing the rounds with a healing evangelist



Health care in Khayelitsha: a health worker examines a baby with tonsilitis (left) and children wait in line for treatment (right)

Picture: Mike Hutchings

The 'people's doctors' of shantytown Khayelitsha

An innovative scheme in which residents are trained as health workers could serve as a model for other communities. GAYE DAVIS reports from Cape Town

"ITHI ah," says Livingstone Mboxwana, "Say ah."

"Ah," says the young woman, opening her mouth wide.

An icy wind snatches at her skirt and slices through the narrow alley between the shacks which stretch across the sand as far as the eye can see

He makes his diagnosis, acute tonsillitis, and tells the woman where to go for antibiotics.

It's a winter's morning in Khayelitsha, Cape Town's largest black township situated on flattened dunes some 40km from the city. Mboxwana is doing his rounds in Site B, a squatter section housing about 120 000 people in makeshift shelters.

Mboxwana is one of 15 community health workers — or "people's health workers" as they are known in Xhosa — trained in Khayelitsha by the South African Christian Leadership Assembly Health Project, a church and business-funded team of professional and lay health workers.

He moves on, between tents and shacks of corrugated iron, bits of wood and plastic. Children run alongside him, wheeling tin cans attached to lengths of wire. Their mothers, sweeping up the endless sand, call greetings. More patients present themselves

Mboxwana is not a doctor. He does not wear a white coat or carry a stethescope. But he is providing basic health care to about 2 000 people struggling to subsist in a shantyland where unemployment is rated at 80 percent and malnutrition, kwashiorkor and tuberculosis are rampant.

Chosen by the people among whom he lives, and now serves, Mboxwana is doing more than healing people. He is equipping them with the knowledge to heal themselves.

"There are many people now who know things that they didn't know before," he says. "Before, when the top of a baby's head became sunken, the mother would think the child bewitched. Now she knows the baby is dehydrated and how to fix it."

"I am a preacher of the gospel according to health," he says. His "Bible" is a well-thumbed textbook, *Where There is no Doctor*, by David Werner

The Sacla team is putting Werner's ideas into practice and the dual goals — providing basic health care where the need is enormous and facilities scant, but in such a way that the community controls the care they get — could form a basis for a health service which meets the needs of the majority of South Africans, rather than the privileged few.

"But you can't just waltz in and give the community control," says Dr Di Hewitson, one of three doctors on the Sacla team. "You have to start with the leader in the area, making it clear the community must decide who is chosen to serve them It's no good having someone linked to the power structure — they are powerful already and might use their skills to increase this, rather than empowering the community."

For this reason she dislikes the term "barefoot doctors" "It implies inferiority. And we aren't creating little doctors to run around in white coats giving orders."

Once chosen, Mboxwana's six-week training started He learned basic first-aid, how to identify a malnourished child or someone with tuberculosis, how to treat worms, skin infections, sores, coughs, colds and 'flu or assist at childbirth

He can assess when a patient must go to hospital or can wait for a clinic session. He also learned that in South Africa health is a political issue — that apartheid and disease go hand in hand.

Working in pairs of men and women, each health worker cares for about 2 000 people. They check children's immunisation, encourage mothers to breastfeed, give advice on family planning, pensions and unemployment payments and refer people to advice offices

They teach mothers a simple song to remind them of the correct proportions of salt and sugar to put in water for babies with gastro-enteritis They run "education meetings" on nutrition or emergency treatment for burns.

"We are far from doctors here We try to learn the *raadjes* (remedies) so that we can help ourselves and don't have to go to the doctor. We save money: It costs R2 to get to the nearest hospital and there you must wait it takes almost a whole day, says Khayelitsha resident Maria Nyanyatse.

Sharing their knowledge and skills with those they treat, the health workers are demystifying health, undermining the notion that health comes from a doctor in a white coat who gives you an injection.

But one of the project's greatest strengths is that in times of political violence or civil war, when townships are sealed off and ambulances and doctors can't get in, health services won't collapse.

"Usually government services are withdrawn at times of greatest need," says team member Dr Ivan Toms. "Often the worst periods of state action in a black community will happen unexpectedly and outside health professionals can't get in. With the community health workers, you have trained people within the community at all times"

A report by Cape Town epidemiologist Dr Derek Yach underlines the need of community health care He was assessing the impact of political violence on health services after the devastation, by vigilantes, of sections of Crossroads last year.

He found that while an estimated 4 000 people received gunshot injuries in Crossroads and the adjacent KTC squatter camp between May and July, health services were widely disrupted.

Water supplies and sewage bucket collections were affected, carrying the risk of a major epidemic. Midwives could not make follow-up visits The impact of the loss of preventive services – immunisations, family planning, tuberculosis and hypertension treatment – could not be measured.

The community health workers' project is the central, but not the only, facet of Sacla's work

Mothers bring their disabled children — most with cerebral palsy — to a creche where qualified physiotherapist Marian Loveday has passed on some of her skills to her assistant, Nomazizi Stuurman When Loveday was overseas recently and Stuurman having her third child, the mothers had learned enough to run the creche themselves.

"We teach the mothers how to exercise their children's limbs. That little girl over there was just a floppy baby when she came. Now she lifts her head and looks around her. For the mothers, it is like their children coming to life," says Stuurman.

Next door is Phlani (meaning get well), one of three nutrition clinics run by Sacla. Mothers come with their children to cook donated food for their children. According to community worker Keh Mbangata, few mothers need to be told what foods their children need. "They rather need the means to afford it."

Greenery thrusts its way upwards among the shacks. "The soil here is mostly sand but we teach that if you make compost from vegetable peels, you can get it to yield."

In donated shipping containers, people wait to be treated for chronic hypertension, diabetes, asthma and epilepsy The Sacla team spreads itself between these centres and also handles follow-up training sessions with the community health workers or working to extend the project.

By March next year Sacla hopes to have 51 trained community health workers working in Khayelitsha, Mbekweni (Paarl's black township) and in the rural areas of Montagu and Ashton.

But it's not easy For Mboxwana it means "seeing terrible suffering which worries you a lot. Sometimes I do not sleep at night." Often, he shares his own food with families that have none.

For Sacla, the State of Emergency hinders consulting with communities. "Because of the repression, progressive organisations and community groups are difficult to contact, with people in hiding or in detention," says Toms.

Costs are high. Health workers living in urban areas, where rural support systems don't exist, need a reasonable salary to live on.

Measuring the effectiveness of the programme, with 19 000 Xhosa-speaking black people moving into Cape Town each month, is not easy.

"The project is only a part of the changes that are needed to bring about a just system in South Africa," says Toms. "We are aware that we must never think of it as a comprehensive solution – rather it complements other democratic and progressive initiatives."

VACANCIES

UNIVERSITY OF CAPE TOWN

Assistant Academic Planning Officer

Applications are invited for the above post which is vacant from 1 October 1987 This challenging position involves all aspects of the academic planning process under the direction of the Academic Planning Officer

This administrative post would suit a motivated university graduate with an interest in academic activities and university education. It will involve participation in many of the academic policy debates facing UCT as it responds creatively to the challenges and opportunities of a changing South Africa. Analytical ability, strong written communication skills and a reasonable level of numeracy are essential Experience of university administration and of servicing university commmees is desirable.

The salary range is R.1249 - R2048 per month with an annual bonus and attractive staff benefits.

Applicants should submit a full curriculum vitae and the names and addresses of two referees to the Registrar (Attention: Academic Planning Office), Bremner Building, University of Cape Town, Rondebosch, 7700, from whom an information sheet giving further details should be obtained. The closing date for applications is 23 September 1987.

Applicants are considered irrespective of sex, race or religion.

Bates Wells Recruitment CT 267B

THE SOUTH AFRICAN COUNCIL OF CHURCHES

wishes to appoint a

JOURNALIST/ EDITOR

in its Communications Division.

The successful applicant will be required to produce a range of publications and be solely responsible for the production of a monthly news and documentations magazine

Applicants should be committed to the proclamation of the Christian Gospel in relation to the democratic struggle for socio-economic and political justice in South Africa.

Details of terms and conditions of employment available on request. The successful applicant will be required to work from the Council s Johannesburg Offices.

Applications must be sent immediately to.
The Director, Division of Communications, SA Council of Churches, P.O. Box 4921, Johannesburg 2000

Vacancy to be filled immediately.

MONDAY, 28 SEPTEMBER 1987

†Indicates translated version.

For written reply:

General Affairs:

Replacement of ambulance equipment

335. Mr R M BURROWS asked the Minister of Constitutional Development and Planning:

What amounts were (a) requested by and (b) granted to each province, during the latest specified period of 12 months for which information is available, for the (i) replacement of obsolete or unserviceable ambulance equipment, (ii) expansion of ambulance services, (iii) purchase of rescue equipment and (iv) training of staff in ambulance and rescue work?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Orange Free State:

Financial year 1987/88.

(a) (i) R900 000.
(ii) R1 080 000.
(iii) R100 000.
(iv) R793 000.

(b) (i) None.
(ii) None.
(iii) None.
(iv) R450 000.

Transvaal:

Financial year 1986/87:

(a) (i) R1 610 405.
(ii) R7 287 331.
(iii) None (purchased by municipal fire departments)
(iv) R273 621.

(b) (i) R1 331 281.
(ii) None.
(iii) None (purchased by municipal fire departments)
(iv) R240 059.

Natal:

Financial year 1987/88:

(a) (i) R1 820 000.
(ii) R12 726 000.
(iii) R68 286.

(b) (i) R800 000.
(ii) R80 000*
(iii) R68 286.
(iv) It is not possible to determine the amounts involved in the training of staff in ambulance and rescue work as the present accounting system does not make provision for the specific allocation of funds for this purpose.

* As funds for the appointment of additional personnel are not available little or no expansion is possible.

Cape Province:

Firstly, it must be pointed out that as far as the Cape Province is concerned, ambulance services are conducted by local authorities on an agency basis on behalf of this Administration.

For various reasons, such as the following, it is unfortunately not possible to furnish the information in the format requested.

—The budget year of local authorities runs from 1 July to 30 June, which complicates budget procedures.

—Because of the unfavourable economic climate and a national shortage of funds, the amount requested by the Administration for ambulance services is based mainly on the expenditure incurred by local authorities in the pre-

vious financial year. It is identified as Operating Costs and is an inclusive amount.

The following figures can however be furnished in respect of amounts which local authorities requested in their 1986/87 draft estimates and those amounts which the Administration was able to allocate to them from the funds which could be utilised for ambulance services.

Financial year 1986/87:

(a) (i) R174 750.
(ii) R377 140.
(iii) R150 160.

(b) (i) R142 260.
(ii) R405 630.
(iii) R150 160.

Annual reports

379. Mr K M ANDREW asked the Minister of Water Affairs:

(1) (a) (i) How many annual reports were produced in 1986 by his Department and/or statutory bodies falling under his Department and (ii) in respect of what bodies were these reports produced, (b) what was the cost of producing each such report, (c) how many copies of each report were printed and (d) who undertook the printing of each report;

(2) whether the printing of these reports was put out to tender; if not, why not; if so, (a) what was the (i) lowest and (ii) highest tender submitted, and (b) what was the amount of the successful tender, in each case;

(3) whether any copies of these reports were sold; if so, (a) how many, (b) to whom, and (c) at what price, in respect of each report

(4) in respect of each of the latest specified five years for which information is available, (a) what was the total cost to his Department of these annual reports, (b) how many copies were printed, (c) how many of these reports contained (i) full colour and (ii) black and white pictures, (d) on what quality paper were the annual reports printed and (e) (i) how many of these reports contained a photograph or drawing of the (aa) political head and (bb) top official of his Department and/or the statutory bodies in question and (ii) how many of these pictures were in (aa) colour and (bb) black and white in each case?

The MINISTER OF WATER AFFAIRS:

(1) (a) (i) Two.
(ii) The Department of Water Affairs and the Water Research Commission.

	Department of Water Affairs	Water Research Commission
(b)	R38 439,69	R25 600,00
(c)	1 200	2 300
(d)	Cape and Transvaal Printers (Pty) Ltd	Heer Printers (Pretoria)

(2) No, the printing of the annual report is arranged by the Government Printer per contract.

(a) (i) (ii) and (b) Fall away.

HoA

	Department of Water Affairs	Water Research Commission
(3)	No. (a), (b) and (c) Fall away.	
(4) (a)	The Department of Water Affairs was reinstated as from 1 September 1984 and was prior to that date part of the Department of Environment Affairs. As the reply to Question 378 contains the aforementioned Department's particulars, particulars in respect of only the following years are provided: 1984-85 — R38 439,69 1985-86 — Approximately R52 000,00, invoice not yet available.	No cost as far as the Department of Water Affairs is concerned, as all expenses are financed by the Water Research Commission.
(b)	1984-85 — 1 000 1985-86 — 1 000	1982 — 2 100 1983 — 2 100 1984 — 2 200 1985 — 2 300 1986 — 2 300
(c)	(i) Two (ii) Two.	Five (only the cover page). Five.
(d)	White dukuza matt.	1982-1985: Dukuza gloss. 1986 — Shaka matt.
(e)	(i) (aa) None.	Two. A photo of the Minister together with other persons at a presentation ceremony appeared in the 1982 and 1983 reports.
	(bb) Two.	One.
	(ii) (aa) None.	None.
	(bb) Two.	Three.

Langa/Nyanga/Guguletu: hostels/family units

460. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether, with reference to his reply to Question No 29 on 6 May 1986, any single-quarter hostels in Langa, Nyanga and Guguletu have been converted into family units; if not, why not; if so, (a) how many (i) single-quarter units have been converted and (ii) family units have been created and (b) where are they situated;

(2) whether any single-quarter hostels are still being used; if so, (a) how many and (b) where are they situated;

(3) whether these hostels are to be converted into family units; if so, when; if not, why not;

(4) whether the policy of his Department

HoA

TRADITIONAL HEALERS

For Botha's counsel

Delegates from the South African Traditional Healers Council (THC) met President P W Botha in February, and two of his representatives in June. They have since received a letter from Botha asking for yet another meeting, as soon as the president comes to Pretoria.

Since volunteers to serve on the statutory National Council (NC) for blacks are thin on the ground, could it be that Botha may name someone from the influential THC as one of his 10 appointments, in addition to those directly elected?

THC adviser Pip Erasmus says the healers are apolitical, and would only advise the State President on a "confidential basis." He adds that although the THC would be "honoured" were Botha to approach them, it "won't be advisable to serve on the NC." The THC asked to meet Botha solely to introduce themselves to further "communication channels."

Erasmus says the traditional healer provides an important, but forgotten, link between whites and blacks, and Cabinet ministers and the community. Since the 112 000-member body was formed in November last year, delegates have also met the ministers of law and order, and national health and population development.

They thanked Minister Adriaan Vlok for the presence of police in the townships, and suggested that healers receive cards which will allow them free access to all areas. This was well received by Vlok, says Erasmus.

It's not surprising that government hopes to woo the healers. As Erasmus points out, they are generally highly regarded within the black community, may cross tribal boundaries, and often travel with and advise black leaders. In Soweto alone, says Erasmus, there are some 80 000 traditional healers.

Botha has in the past tried to win over black South Africans by moving outside the political arena. In 1985 he addressed the Zion Christian Church (ZCC) at its massive annual Easter assembly, after which he received the ZCC's "Moira City Nobel Peace Prize Award." And although the ZCC also sees itself as non-political, its leader Bishop Barnabas Lekganyane is still one of the main candidates for the NC. ■

(b) No statutory provision exists *per se* but SA Defence Force regulations in respect of personnel security make such provision.

(c) They will not be accepted for these key appointments or course attendance.

KwaNdebele: independence

*11. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether, with reference to his reply to Question No 15 on 11 August 1987, the requirements relating to further negotiations for independence laid down by the State President have as yet been complied with by the KwaNdebele Government; if not, what requirements (a) have and (b) have not been complied with; if so, (i) when and (ii) what were these requirements;

(2) whether he or any other member of the South African Government has received any communications from the Chief Minister of KwaNdebele regarding independence since his reply to the above question; if so, (a) on what date or dates, (b) what was the (i) purpose and (ii) nature of the communications and (c) what was the response of the South African Government thereto;

(3) whether the feelings of the broader population of KwaNdebele have been tested regarding independence for this territory; if not, why not; if so, (a) when, (b) in what manner, (c) which section of the population were included in this test and (d) what was the result;

(4) whether any other negotiations have been held with the KwaNdebele Government regarding independence since his reply to the above question; if so, (a) on what date or dates, (b) what issues were discussed and (c) what was the result;

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

HoA

†The DEPUTY MINISTER OF CONSTITUTIONAL PLANNING:

(1) No, official feedback has been received from the KwaNdebele Government relating to the progress to comply with the requirements set by the State President.

(a) and (b) The requirements compromise the following:

— The outonomy or independence must be obtained in an orderly fashion and on the basis of the broad support of the population of KwaNdebele;

— a number of agreements which can make independence possible, must still be negotiated by joint committees of the two Governments; and

— the Government of KwaNdebele must consider some or other acceptable method of demonstrating that it has the support of the broad population in its striving for independence.

(2) Yes.

(a) and (b) (i) and (ii) On 11 September 1987, the minister received a request from the Chief Minister of KwaNdebele that he and his Cabinet wish to see the State President regarding the three requirements laid down for independence.

(c) The Chief Minister has been informed that his request is receiving the necessary attention. As soon as a date, suitable to both parties, could be arranged, a meeting will be held.

(3) It is entrusted to the KwaNdebele Government as part of the requirements to test the will of the population. No feedback has yet been received.

(4) No.

(a) up to (c) Fall away.

(5) No.

Scheme of self-analysis

*12. Mr R M BURROWS asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:

(1) Whether any or all members of the Public Service required to participate in a scheme of self-analysis of their functional ability according to certain guidelines, a copy of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) when was this scheme initiated, (b) what categories of public servants are participating in this scheme and (c) in what areas is this scheme being undertaken;

(2) whether any consultation with staff associations was undertaken before this matter was proceeded with; if not, why not; if so, (a) what associations were consulted and (b) when;

(3) whether public servants may refuse to participate in this scheme; if not, why not;

(4) whether any representations have been received against this scheme; if so, from whom;

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

The MINISTER OF NATIONAL EDUCATION (for the Minister in the State President's Office Entrusted with Administration and Broadcasting Services):

(1) No. Various instruments are in use for different groups of personnel. The furnished copy is but one of them. It is expected of subordinate personnel to furnish their supervisors with incidents in view of their evaluation, but not to participate in a scheme of self-analysis of their functional abilities. That is the exclusive task of the supervisor.

(a) Falls away.

(b) Falls away.

(c) Falls way.

(2) (a) Falls away.

(b) Falls away.

(3) Falls away.

(4) Falls away.

(5) Falls away.

Mr R M BURROWS: Mr Speaker, arising from the reply of the hon the Minister, can he tell my why section 2, regarding consultation with staff associations. should have fallen away?

The MINISTER: Mr Speaker, the basis of the question is whether there is a scheme in terms of which—I quote from the question on the Question Paper:

> . . . any or all members of the Public Service are required to participate in a scheme of self-analysis of their functional ability . . .

The answer to that is no, and the rest of the question also relates to the crux of the question. So, if the answer to the crux of the question is no, the rest falls away.

Mr R M BURROWS: Mr Speaker, further arising from the hon the Minister's reply, one understands fully that this is not the hon the Minister's department, but in his reply he has indicated that the copy which I furnished to the responsible Minister had a bearing on the functions carried out by public servants in providing incidents. All I want to know is whether consultation with staff associations in that regard in fact took place.

The MINISTER: Mr Speaker, I cannot give the hon member the facts in this regard, but his question does not refer to a scheme in terms of which subordinates are requested to submit incidents, but is based on a different premise. Therefore, the reply is technically in order.

Ambulances/patient transporters

*13. Mr R M BURROWS asked the Minister of Constitutional Development and Planning:

(1) (a) How many (i) ambulances and (ii) patient transporters are there in each province and (b) how many of these are based at provincial hospitals in each case;

(2) how many of these (a) ambulances and (b) patient transporters are manned by persons who (i) have and (ii) have not passed the basic ambulance course recognised by the provinces;

(3) in respect of what date is this information furnished?

The DEPUTY MINISTER OF CONSTITUTIONAL PLANNING [Reply laid upon the Table with leave of House]:

Orange Free State

(1) (a) (i) 110 ambulances and

(ii) 2 patient transporters.

(b) 3 ambulances at National/Universities, Bloemfontein.
2 ambulances at Welkom Provincial Hospital.
2 ambulances at Pelonomi Hospital, Bloemfontein.

(2) (a) (i) 452.

(ii) 41 persons failed the course and ± 200 persons have not yet followed the course.

(b) (i) None.

(ii) 3 drivers operate the patient transporters.

(3) 20 August 1987.

Transvaal

(1) (a) (i) 719 ambulances.

(ii) 137 vehicles operated by 45 private contractors.

(b) (i) 138.

(ii) None.

(2) (a) (i) 548.

(ii) 171.

(b) (i) 1.

(ii) 136.

(3) 18 August 1987.

Natal

(1) (a) (i) 131 ambulances.

(ii) 86 patient transporters. In addition there are 49 command/rescue/support vehicles.

(b) (i) 111 ambulances.

(ii) 82 patient transporters. Of the 49 command/rescue/support vehicles 26 are based at provincial hospitals.

The aforementioned information relates to vehicles under the control of the Natal Provincial Administration. No details are available in respect of private ambulances/patient transporters.

(2) (a) and (b) (i) and (ii) Of the 535 persons who perform ambulance duties 76 persons have not passed the basic ambulance course recognised by the provinces. In practice and wherever possible these persons crew a vehicle that is also manned by a qualified ambulanceman.

(3) 13 August 1987.

Cape Province

Firstly it must be pointed out that, as far as the Cape Province is concerned, ambulance services are at present conducted by local authorities and on agency basis on behalf of this Administration.

(1) (a) (i) 470 ambulances.

(ii) 91 patient transporters.

(b) 2 ambulances at Walvis Bay Hospital.

(2) Owing to the agency system referred to above, a reply cannot be furnished to the question in its present form.

There are 78 agency services (local authorities) in the Cape Province, 69 of which have had their staff trained according to provincial standards.

1 733 ambulance personnel in the Cape Province have passed the basic ambulance course or a more advanced course.

(3) 17 August 1987.

Opinion survey by Buro for Information

*14. Mr P G SOAL asked the Deputy Minister of Information:

(1) Whether the Government recently commissioned an opinion survey covering various political, economic and security issues; if so, (a) (i) by whom, (ii) when and (iii) in which areas was the survey conducted, (b) which population groups were included in the survey, (c) (i) what was the sample interviewed in respect of each race group and (ii) how was the sample selected, (d) (i) what specified questions were asked and (ii) what were the results of the survey in respect of each of the questions asked and (e) when will the full results of the survey be made available to the public;

(2) whether the Government intends taking any action in the light of the results of the survey; if not, why not; if so, what action?

The DEPUTY MINISTER OF INFORMATION:

(1) No. The Government as such has not recently commissioned such an opinion survey. However, the Bureau for Information regularly undertakes such surveys as part of its function of communicating between the Government and the people of the RSA.

(a) (i) The survey was carried out under the supervision of the Bureau's Directorate for Research Co-ordination.

(ii) The most recent survey for which results are at present available was conducted in April and May 1987.

(iii) See (c) (i).

(b) The Black, Coloured and Asian population groups.

(c) (i) Blacks 4 500 (countrywide), Coloureds 500 (Western Cape and urban areas), Asians 500 (Natal and urban areas).

(ii) According to accepted statistical methods.

(d) (i), (ii) and (e) The survey was conducted to provide the Bureau and the Government with essential communication information, and not for general publicity purposes. For a number of reasons the Bureau does not consider it desirable to give general publicity to the questions and findings involved. However, some of the information can be of use to various groups in the private sector and the Bureau accordingly gives confidential briefings to such groups from time to time.

I am prepared, should the hon member be interested, to arrange a briefing for him.

(2) The Government will take the information gained from the survey, together with data from other sources, into account when considering a broad variety of matters. The information will be of specific use to the Bureau for Information in assisting it to communicate effectively with the South African population.

†Mr J H VAN DER MERWE: Mr Speaker, I could not hear the hon the Deputy Minister very clearly . . . [Interjections.] Mr Speaker, on a point of order: Is it permissible for hon members to shout at me "Run, Koos, run!"? You have given a ruling—you have spoken to me about it—that hon members should not call each other by name and make such senseless interjections.

†Mr SPEAKER: Order! The hon member may continue and put his question.

†Mr J H VAN DER MERWE: Mr Speaker, arising from the reply of the hon the Deputy Minister, I want to ask him whether he is prepared to make known the information on such opinion polls to opposition parties; if so, whether he will make it available to us.

†The DEPUTY MINISTER: Mr Speaker, we are prepared to make presentations based on this information.

SOWETAN, Frida

Porters to help ease nurse shortage

23/10/87

THE Johannesburg Hospital will employ more porters to alleviate pressure on the nursing staff, according to Mr D P Kirsten, executive member for Medical Services for the Transvaal.

He said the decision to increase the number of porters was taken at Monday's meeting to discuss "the great shortage of nurses at the Johannesburg Hospital." The meeting was between Hennie van Wyk, director for the medical services and Miss Odelia Muller, the South African Nursing Association's president.

Nurses had also complained of being overworked. This was attributed to shortage of staff.

Mr Kirsten said the situation at the hospital was not as "bad as it was made to sound." He admitted however, that certain nursing sisters had to take charge of two wards each and said they operated at a nurse/patient ratio of 1:98.

"Allegations that junior staff members had to make decisions in wards have also been found to be untrue. Junior nurses are supposed to inform their seniors in cases where decisions have to be made," he said.

He also pointed out that the number of people being admitted has been limited to enable nurses to cope. He said some of the patients brought in for admission were referred to other hospitals.

Miss Muller said in a statement: "We have intensive talks and he (Dr van Wyk) is aware of the situation, and attention will be given to complaints. In the past two weeks 217 beds have been closed and this should ease the pressure in the wards.

News 8/12/87 97

Stop traditional healers — Motlana

The Argus Correspondent

JOHANNESBURG. — All health-care professionals, including psychologists, must stop romanticising the evil depradations of the sangoma (traditional healer), Dr Nthato Motlana, the president of the Soweto Civic Association, has urged.

Addressing a medical graduation ceremony of the University of the Witwatersrand, Dr Motlana hit out at medical professionals who allowed the "indigenous doctor" to form part of the health team.

"Scientific bases for traditional medicine have not been established, most of it is based on supersition and this meaningless pseudo-psychological mumbo-jumbo is often positively harmful," said Dr Motlana.

Avoid going to hospital

"One of the difficulties of eradicating tuberculosis — a disease which is now of epidemic proportions in areas like the Transkei — from our land is that often, when you suggest a course of treatment, the patient then will consult our competitors who will tell him of the '*gogga*' lurking in his chest.

"They (traditional healers) will advise the patient to avoid hospitalisation and injections at all costs," said Dr Motlana.

Dr Motlana said gonorrhoea was spreading like wildfire in Soweto.

"You ask any young man who comes to you with this problem of several days standing why he did not come earlier.

"The standard reply is that he was afraid you would give him an injection that would drive the disease inward and render him impotent," said Dr Motlana.

He pointed out that the President of Mozambique, Mr Samora Machel, rounded up all the sangomas, herbalists and witch doctors and sent them to a detention farm for re-education and the acquisition of new and different skills.

Worth a try

"It is said we are among the world's most organised and regulated nations. The remedy adopted by Samora Machel is perhaps not appropriate — although it is certainly worth a try.

"We have the Anti-Witchcraft Act, we have laws against gambling and prostitution. Surely we can use the anti-witchcraft law to protect the ignorant," said Dr Motlana.

"One often gets the feeling that some of my comrades in the struggle and in the medical profession — thrashing around for some meaningful contribution to the total sum of human achievement by blacks — mistakenly latch on to indigenous medicine as part of those contributions

"If so, let us first subject it to rigorous scientific examination before there is the beating of drums in the Great Hall of our University," said Dr Motlana.

He said the medical profession should use all the resources at its disposal to wean black and white patients from the tyranny of superstition.



The sangoma plays an important role in curing illnesses in Africa.

Legalise sangomas, say doctors

CP Correspondent

THE World Health Organisation's goal of health for all by the year 2000 is wishful thinking in Africa – unless full use is made of the continent's traditional healers, according to doctors attending a recent conference at Arusha in Tanzania.

The meeting brought together both traditional healers and practitioners of modern medicine from around the world, who heard that an estimated 80 percent of the population of Africa made use of traditional medicine, at least at some stage of their illness.

Traditional midwives are also responsible for overseeing 80 percent of births in the rural areas. Unless this resource is tapped, and improved where necessary, the future for African health could be bleak, the doctors felt.

"I have been referring my cases of psychosomatic disorders for many years to traditional healers," one British-trained Zimbabwean doctor told the Arusha conference.

The healer, generally an elderly man, usually performs a course of hypnotherapy, using knowledge and skills inherited from his ancestors. The treatment includes touching and stroking and the use of charms such as amulets, which the patient is asked to wear.

Various herbal concoctions may also be prescribed for the patient to drink and he or she may also be forbidden to do certain things. Patients may also be injured to modify their drinking and eating habits, or the healer may order the patient to go home and perform certain oblations and prayers.

Europeans who came to Africa during colonial times called such rituals and the actibites of traditional healers black magic, voodoo or witchcraft. The tendency was to discourage such practices and rely on modern medicine to treat all ailments.

African nations, however, invariably realise the importance and potency of traditional medicine, the more so as the majority of people in the rural areas are treated for various ailments by traditional healers.

Despite the expansion of modern health care throught the continent, there is no indication that traditional healers are losing their popular influence. It is not uncommon to hear of traditional healers capable of treating diseases such as epilepsy and asthma, for which modern medicine has yet to find a cure.

In an effort to both boost and better understand traditional medicine, the Tanzanian government has established a traditional medicine research unit at the University of Dar Es Salaam's faculty of medicine.

The unit has been identifying sources of the traditional drugs and subjecting them to chemical analyses in an attempt to isolate material that could be used in the preparation of clinically useful drugs.

According to the unit's director, Dr EN Mshiu: "The unit has so far amassed detailed information from over 1 000 traditional healers."

It has also collected nearly 3 000 plant speciments out of which a third have yet to be identified.

Traditional healers' practices are often not recognised as a legitimate course of treatment or therapy. But by "legitimising" some traditional medicine by finding its scientific basis, work like that of Mshiu may be the start of a useful trend. – Ano.

HEALTH + DISEASE

OTHER MEDICS

1988.

250 000 ambulance, fire, Traffic Dept calls

By DEBBIE MARCH

MORE than 250 000 calls and in excess of five million kilometres . . . and yet, they say, it has been a relatively "quiet year". They are Port Elizabeth's Ambulance Services and the Traffic and Fire Departments, who this week began their yearly calculations.

The Algoa Regional Services Council Ambulance and Rescue Service, for example, expects total distance covered by its entire fleet of 98 vehicles to amount to four million kilometres last year.

The number of calls handled were correspondingly high — 114 250 by December 29, says to Mr Des Heuer, head of the service.

The local ambulance service topped that figure, however, with its projected number of calls in 1987 standing at 136 089. That is an average of 373 calls a day.

Their fleet of 40 ambulances was expected to cover 1 182 873km by the year end, said deputy chief ambulance officer Mr Arthur Lee.

The Fire Department monitored 2 061 calls by Wednesday (about 600 calls fewer than last year), 88 of which had sadly been hoax calls. They attended 1 002 bush fires, 468 house fires (mostly shacks), 40 factory fires, two church fires, one nightclub fire and rescued 25 animals from trees among, other things.

Divisional Officer Giddy said they had also carried out 3 903 business inspections and a further 110 inspections at bars and clubs. He was unable to calculate accurately the distance covered by department vehicles.

The Traffic Department calculated that it had attended to 1 826 accidents in the city in 1987. This was probably only 40% of the total number of accidents. It was, however, less than last year.

"We definitely seem to be down on motor vehicle accidents this year. The police seem to share our experience," the spokesman said.

By midday on December 31, 615 motorists had been arrested on charges of drunken driving.

However, while accidents appeared to be down, along with drownings, regrettably suicides, shootings and assaults were up. Mr Heuer's service attended to about 6 250 assaults in 1987.

While the municipal service did not yet have its annual assault figures available, Mr Lee said they expected to have attended to at least 1 500 assaults in December.

He said that on January 1 last year they received 440 calls, of which 114 had been for assaults.

Other statistics gathered by Mr Heuer were that the service attended to 6 147 maternities, 1 936 infectious diseases, 909 domestic and industrial accidents, 1 753 motor vehicle accidents and 83 587 medical cases.

18 more drownings

JOHANNESBURG — Eighteen more people have been reported drowned in South Africa.

In **George**, a six-year-old boy, Jacobus du Preez, drowned in the Hartenbos River.

In **East London**, three people drowned at the city's beaches.

A man drowned at Cove Rock at 9am and a teenager drowned at Gulu Mouth. A seven-year-old girl also drowned there.

Four people people drowned off the Natal coast.

At Westbrook on the North Coast an unidentified person drowned yesterday.

At Blythedale beach a young girl drowned and a Phoenix man drowned at a beach near Tongaat.

At Virginia Beach a woman was declared dead after three women were rescued from the water.

In the **Western Cape**, the number of drownings over the New Year weekend has risen to 10.

Two men drowned in the Orange River at Vioolsdrif. They were Benjamin Saal, 36, of Concordia, Namaqualand, and H W Fielding, 48, also of Concordia.

Another two people drowned in the sea at Soutpanne.

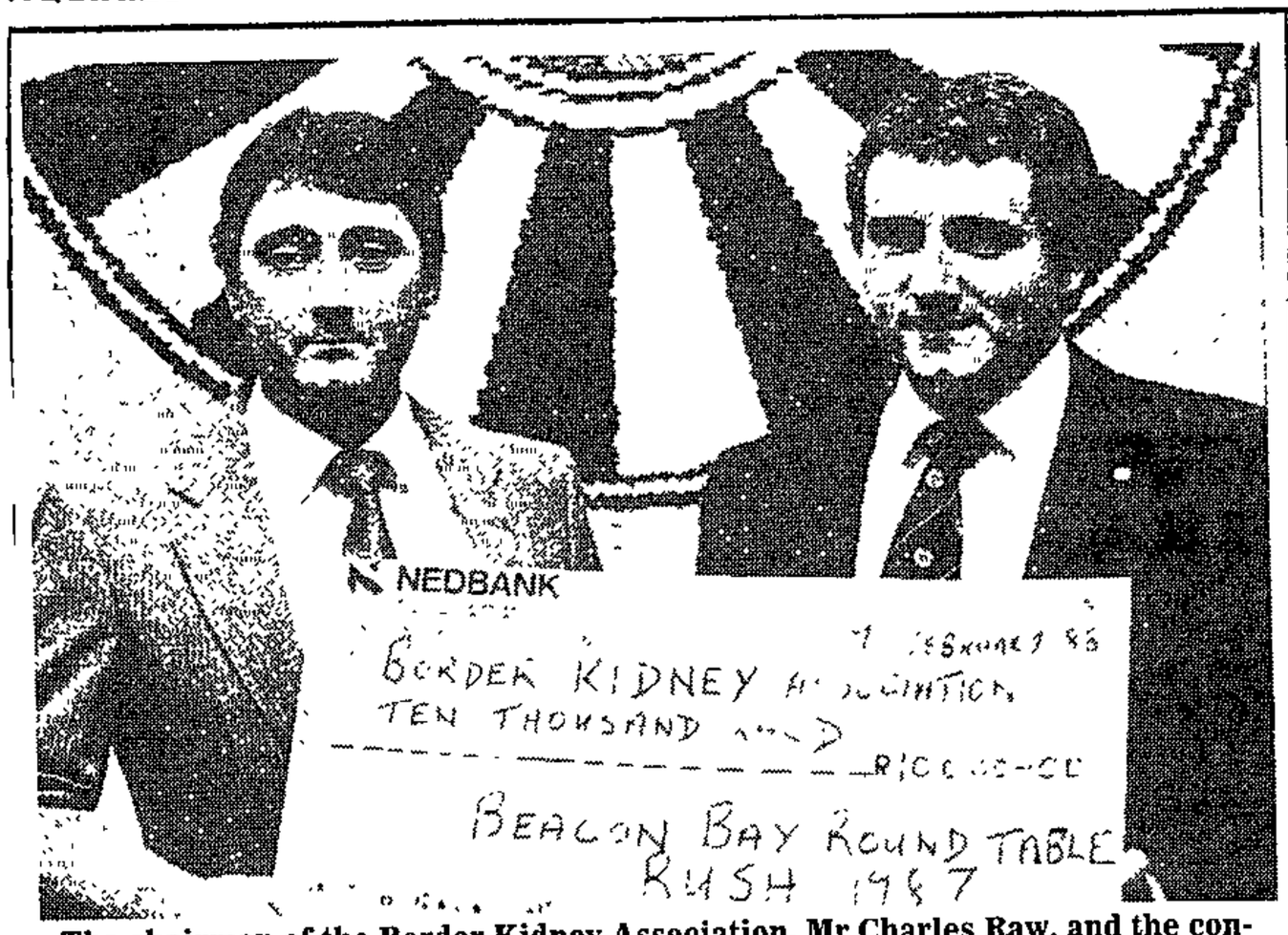
The two victims were Mr Gert Smit, 19, and Gerald Cloete, 20, both of Steinkopf, Namaqualand.

A Stellenbosch man, Mr David John Linders, disappeared while swimming near Hermanus.

Two brothers, Derick, eight, and Gert Julies, 10, and their friend, Alberto de Wee, 11, all of the Garies district, drowned while swimming in a water hole at Rietpoort.

Mr Dolf Pekeur, 40, of Rietvlei farm, drowned in a farm dam near Montagu.

The body of a seven-year-old boy, R Kourie, was found in Princess Vlei. — Sapa



The chairman of the Border Kidney Association, Mr Charles Raw, and the convener of Rush '87, Mr Tony Swift, with the cheque which will pay for a new kidney dialysis machine at Frere Hospital.

(97) DD 10/4/88

Rush 87 pays for kidney machine

Daily Dispatch Reporter

EAST LONDON — A cheque for R10 000 was handed to the Border Kidney Association by the Beacon Bay Rotary Club at a function last night.

The Beacon Bay Rotary Club nominated the Border Kidney Association as the beneficiary of funds raised at its main campaign, Rush 1987.

The chairman of the Border Kidney Association, Mr Charles Raw, said the donation would enable them to purchase a new kidney dialysis machine for the multiracial renal unit at Frere Hospital.

The sister in charge of the renal unit, Mrs Joan McMillan, said the machines served to remove impurities from the body of a patient with kidney failure.

Some of the machines at the unit have become obsolete.

Patients spend up to six hours a day on the old machines, while between three and four hours are needed on the new machine.

Mrs McMillan said that the renal unit at Frere served patients not only from East London, but Queenstown, King William's Town and Transkei and Ciskei as well.

"The new machines are also far more accurate, as they measure the required amounts of fluid drawn off," Mr Raw said.

"Thirdly, it assists hospital staff, as it can be cleaned faster than the old machines can.

"In 1983 the machines cost R10 000, but today you need between R30 and R40 thousand to buy one," he added.

The convener of Rush 1987, Mr Tony Swift, said that the Round Table had, on a national basis, been busy with a project on kidney disease awareness, and this had motivated the choice of the Border Kidney Association as beneficiary.

Nationally the campaign had aimed at making people aware of kidney disease, as well as raising funds for further research into kidney diseases, he said.

"That Rush 1987 was a great success is borne out by the fact that we can now present the Border Kidney Association with a cheque for R10 000," he said.

Mr Raw expressed his appreciation for the hard work of the organisers of Rush 1987.

Star 29/2/88 (97)



Traditional healers throughout southern Africa met in Johannesburg this week at a congress aimed at encouraging the unification of traditional healers. Dr G W Chipangula, the National Executive Chairman of the International Traditional Medicine Association in Malawi, greets Dr Nyandula Dlakela (right), from Transkei.

Healer warns of impostors

By Toni Younghusband, Medical Reporter

Traditional healers must beware of unscrupulous impostors whose money-grabbing actions harm the reputation of the genuine healer, a congress of traditional healers heard in Johannesburg last week.

Dr G W Chipangula, the national executive chairman of the International Traditional Medicines Association in Malawi, warned the congress they should beware of impostors who practised false medicine in an attempt to make money.

"They are not healers or doctors, they are just stealing money," Dr Chipangula said.

Referring to the role of the herbalist in modern society, Dr Chipangula said patient confidentiality was of the utmost importance.

"We must not boast about our treatment — that is when the modern hospitals laugh at us. We need discipline."

'AVOID POLITICS'

He warned traditional healers to stay away from politics.

"Don't be a politician, be a healer. If you become involved in politics you won't have time to teach your children what you know and to pass on our tradition," he said.

He urged healers to work closely with modern hospitals, stressing that there was room in society for both.

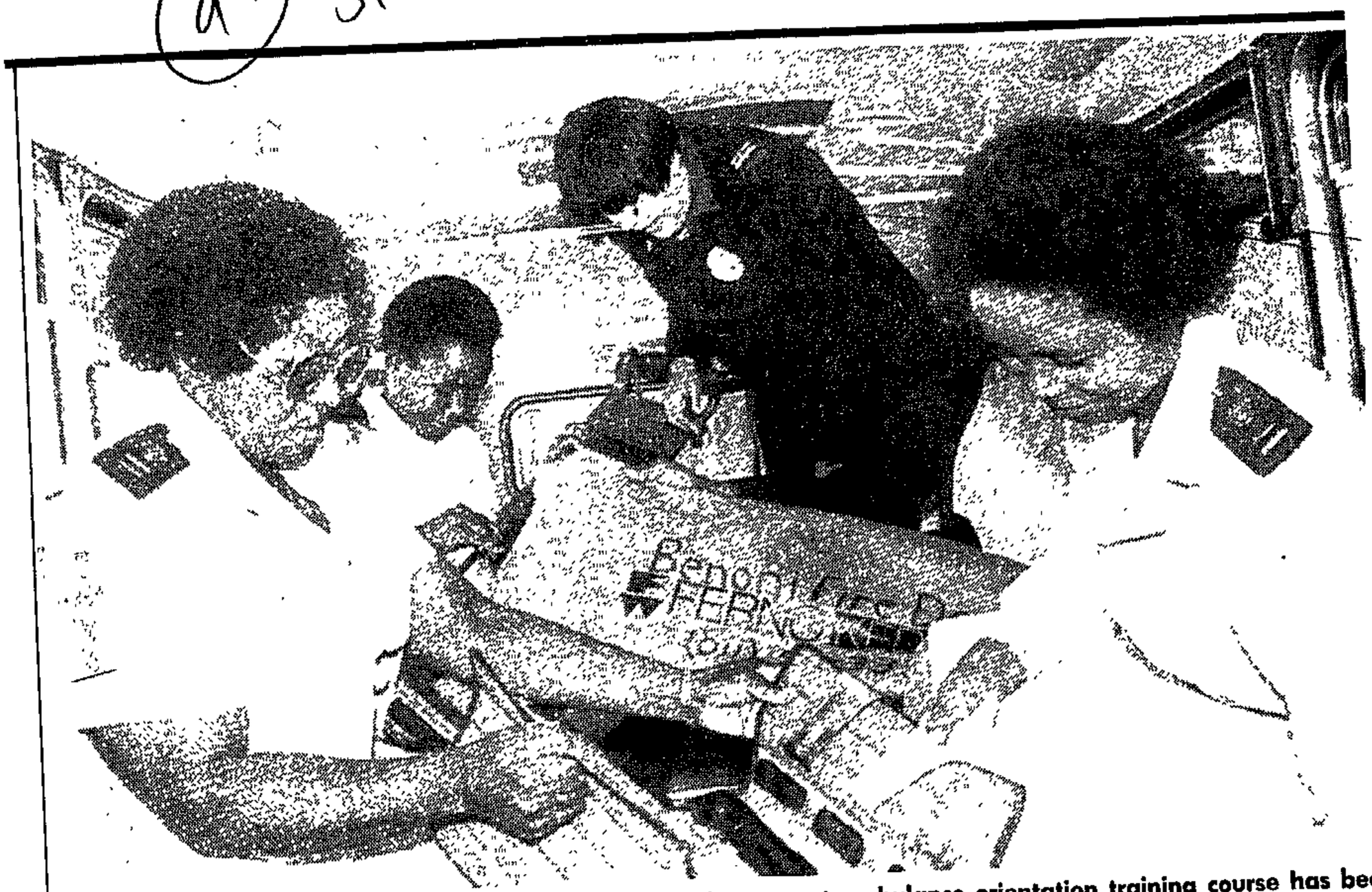
"There is some medicine which belongs to the traditional healer and some which belongs to the modern hospital," he said.

He also urged male traditional healers to accept their female counterparts rather than "despise" them.

"It just shows ignorance. Female healers know the workings of the human organs, they are able to advise us what medicine to use and tell us what is wrong with a patient. We must unite with them," he said.

About 50 healers from Malawi, Swaziland, Natal and the Eastern Transvaal attended the congress.

a7 Star 21/4/88



Gaining new skills to aid Daveyton

A Benoni fire department ambulance orientation training course has been initiated with the aim of establishing an operational ambulance service in neighbouring Daveyton. At present Daveyton operates its own ambulances but has no trained personnel or equipment for the treatment of patients. Pictured inside a Benoni ambulance are course instructor Leading Fireman Dawn Davey (rear) and course participants (from left) Sister Katherine Ncwana, Sister Alegria Nyoka, Sister Evelyn Moema (obscured) and Sister Stephina Sibeko. Nursing sisters and doctors taking part in the course are all from Daveyton.

Psychiatrist backs traditional healers

(97) Star 27/4/88

Medical Reporter

The traditional healer's involvement in the treatment of psychiatric patients is important and is a concept which had to be considered in providing adequate psychiatric care, said Dr Cliff Allwood, a senior psychiatrist at Baragwanath Hospital.

In an interview with the South African Institute of Race Relations, Dr Allwood said he was aware that traditional healing was a delicate subject.

"Some people have very strong religious and/or medical opinions about this. But there is no question that many of our patients are caught between two systems of treatment — between a Western medical management and a traditional religious system. These concepts need to be addressed in psychiatry," said Dr Allwood.

He said the involvement of traditional healers was important as they were already working in a health-care system but used their own traditional drugs and religious rites — religious not meaning Christian, but rites which were sometimes wholly traditional or a mixture of traditional and Christian.

"My information is that there are a large number of practising traditional healers in Soweto."

Dr Allwood said these healers seemed to be able to address some issues more adequately because they worked within the same society as the patients they treated.

DEPOSIT R68
MONTHLY R3

Monke

YOUR TWO YEAR GUARANTEE

AN · Aliwal Street: Tel 32-0461, Smith Street: Tel 304-6536 · EASTGATE · Tel 616-5006 ERMELO
41 · Market Street: Tel 337-1565/9 President Street. 28-5724 KEMPTON PARK Tel 394-1713
RG Tel 2-5230 NELSPRUIT: Tel 53287/8/9 PIETERSBURG. Devenish St Tel 6566. Gröblar St
· PRETORIA: Central Street Tel 26-4255, Paul Kruger Street Tel 32-30713 Van der Walt Street:
ROODEPOORT Tel 763-5641 Tel 2-1071/2/3 · SASOLBURG Tel 6-4854 SOUTHDALE
r St · Tel 81-2111 D.F Malan St Tel 33-5951 · VEREENIGING Merriman Avenue Tel 22-4806
368/9

(2) The required information is not readily available.

NATAL

(1)(a)	(b)(i)	(ii)	(iii)
4	Stanger	84/86	214 380
24	Utrecht	87/88	522 000
207	Oaklands (Verulam)	84/85	7 000 000
718	Trenant Park	87/88	22 000 000
101	Vryheid	84/85	1 655 000
54	Vryheid	87/88	1 000 000
74	Harding	87/89	600 000
102	Belvedere	84/85	6 709 000
59	Westbrooke	85/86	1 720 000
77	Belvedere (Tongaat)	86/87	932 500
1	Umhlali Beach	84/85	750 000
300	Umzinto North	84 85	5 000 000
100	Mooi River	87/88	3 000 000
20	Matatiele	84/85	3 200 000
107	Bishopstowe	87/88	2 317 000
22	Northdale	87/88	634 444
12	Lenville (Newcastle)	86/87	206 260
380	Juchers	86/87	2 700 000
20	Glencoe	85/86	400 000
265	Isipingo	84/85	Unknown
214	Isipingo	85/86	Unknown
102	Isipingo	86/87	Unknown
74	Kokstad	86/87	2 500 000
175	Ladysmith	87/88	3 262 758
2	Ramsgate	84/85	Unknown
1	Shelly Beach	84/85	49 000
157	Dundee	84/85	2 500 000
49	Dundee	86/87	960 000
120	Marburg	84/85	1 590 000
250	Marburg	87/88	10 000 000
190	Merebank (Durban)	85/86	3 000 000
1 851	Phoenix (Durban)	85/86	18 400 000
74	Merebank (Durban)	86/87	3 100 000
1 375	Phoenix (Durban)	86/87	15 700 000
664	Phoenix (Durban)	86/87	15 200 000
280	Phoenix (Durban)	87/88	4 500 000
88	Canelands	87/88	1 400 000
136	Dundee	88/89	4 100 000
230	Marburg	88/89	6 000 000
2 000	Marburg	89/90	70 000 000
20	Weenen	88/89	500 000
1	Weenen (Old Age Home)	89/90	1 500 000
50	Dannhauser	88/90	1 500 000
150	Ginginhlovu	88/90	4 500 000
60	Ginginhlovu	88/90	1 800 000
80	Harding	89/90	1 200 000
6	Uvongo	88/89	350 000
1 200	Verulam	88/90	40 000 000
45	Ixopo	88/89	810 000
45	Ixopo	89/90	810 000
Retirement Village	Pennington	89/90	1 800 000
49	Glencoe	88/89	1 500 000
130	Greytown	88/89	6 500 000
36	Greytown	88/89	1 080 000
60	Howick	89/90	1 500 000
50	Howick	89/90	1 500 000
150	Kokstad	88/89	3 200 000
83	Kokstad	89/90	2 000 000
115	Ladysmith	88/89	2 270 000
104	Ladysmith	88/89	2 750 000
173	Ladysmith	89/90	4 196 000
20	Matatiele	88/89	400 000
250	Pietermaritzburg	88/89	7 500 000
1 000	Pietermaritzburg	89/90	30 000 000
48	Newcastle	88/89	1 109 000

Crashes: SADF aircraft involved

48. Mr M RAJAB asked the Minister of Defence:

Whether he will furnish information on the number of South African Defence Force aircraft involved in crashes in recent years; if not, why not; if so, (a)(i) how many such aircraft crashed in 1986, 1987 and 1988, respectively, and (ii) in respect of what date is the information for 1988 furnished and (b) what was the cost to the Defence Force in this regard in terms of (i) lives lost and (ii) replacement in respect of each of these years?

The MINISTER OF DEFENCE:

Yes.

(a)		1986	1987	1988
	(i)	4	7	4
	(ii)	16 April 1988		
(b)				
	(i)	1	3	1
	(ii)	R2 755 906	R31 103 518	R6 000 000

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Black nurses: institutions for training

944. Mr J J WALSH asked the Minister of National Health and Population Development:

(1) (a)(i) How many institutions for the training of Black nurses are there in the Cape Province and (ii) in respect of what date is this information furnished and (b) how many students obtained their initial nursing qualifications at each such institution during the latest specified period of five years for which information is available;

(2) (a) how many persons in each population group are employed as nurses in the Cape Province and (b) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) Five.

(ii) 29 March 1988

(b) (aa) Nico Malan College of Nursing.

1983	1984	1985	1986	1987
—	—	—	—	—

(bb) Farleh Dollie College of Nursing

1983	1984	1985	1986	1987
—	—	—	—	—

(cc) Frere College of Nursing

1983	1984	1985	1986	1987
—	—	—	—	—

(dd) Charlotte Searle College of Nursing

1983	1984	1985	1986	1987
49	60	47	55	30

(ee) Henriëtta Stockdale College of Nursing

1983	1984	1985	1986	1987
5	2	3	4	1

(2) (a) White : 6 968
Coloured : 9 385
Asian : 71
Black : 3 196

(b) 31 December 1987.

Cost of putting ambulance services on sound footing: estimate prepared

986. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) Whether, at any time in the past, he instructed the subcommittee on ambulance services to prepare an estimate of the cost of putting ambulance services in South Africa on a sound footing; if so, when;

(2) whether such an estimate was prepared; if not, why not; if so,

(3) whether this estimate was presented to the Advisory Committee on Health Services; if so, what amounts were budgeted for each province;

(4) whether these budgets were implemented; if so, when; if not, why not?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, on 30 May 1986.

(2) Yes.

(3) Yes. The estimates submitted to the Advisory Committee are as follows:

Province	Non-recurring	Annually	Total 1987/88
	(R)	(R)	(R)
Transvaal	16 790 000	19 410 000	36 200 000
Cape	14 432 000	6 648 000	21 080 000
O.F.S.	2 100 000	2 200 000	4 300 000
Natal	4 322 000	10 699 000	15 021 000
Totals	R37 644 000	R38 957 000	R76 601 000

(4) No. No funds were available.

Bus-racism victim saves white lives

Madlala heads crucial team at Joburg hospital

By HAPPY ZONDI

JOHANNESBURGERS might recall a recent incident involving a black health worker, Happy Madlala, whose encounter with naked racism embarrassed the city's purported attempts at desegregation.

She hit news headlines when she was ordered off of a white Johannesburg municipal bus because she was black. She refused to disembark and the driver veered off his route to take Madlala and the entire busload of passengers to Hilbrow police station.

The incident took place while 27-year-old Madlala was on her way to the Johannesburg Hospital where she works as a cardio-vascular perfusionist.

Madlala, originally from Lamontville in Durban, said: "I got into the perfusion field by chance, when the ML Sultan Technikon in Durban opened its doors to blacks. I became interested in clinical technology and decided to drop the BSc degree I was registered for at the University of Natal. It was also a bit cheaper and so I decided to go for it.

"Our function is to drain the blood from the heart to a machine called the oxygenerator. It is important to ensure that the patient receives blood in other parts of the body like the brain, lungs and kidneys. "Two years ago, the cardiac surgery unit moved from Baragwanath to the Johannesburg Hospital. I found myself with no choice but to work there. Although it is a white hospital, most cases we deal with are black – probably because we are in the majority," said Madlala.

She is one of a few black cardiac perfusionists in Southern Africa. Another is Babongile Mkhize – also from Durban – who is doing her practical training at Johannesburg Hospital.

The mother of a seven-year-old son, Madlala studied at the Inanda Seminary in Durban, where she matriculated in 1981.

She is acting head of her department at the hospital.

She says: "When I started working here, many of my seniors went into private practice and I found myself faced with the responsibility."

She normally works in a team of four – a cardiac surgeon, anaesthetist, perfusionist and cardiac sister.

"Certain surgery cannot take place without a perfusionist," says Madlala.

"In order to do this the patient must be kept cold, sometimes at 10 degrees celsius – depending on the kind of surgery being performed," said Madlala.

Academic requirements for a course in cardiac perfusion are a matric pass with strong science subjects. It is a four-year course, offered only at the ML Sultan, Witwatersrand and Pretoria technikons.

The first-year course includes eight subjects while the second year is divided into four subject categories. These are cardiology, pulmonology, nephrology and neurology.

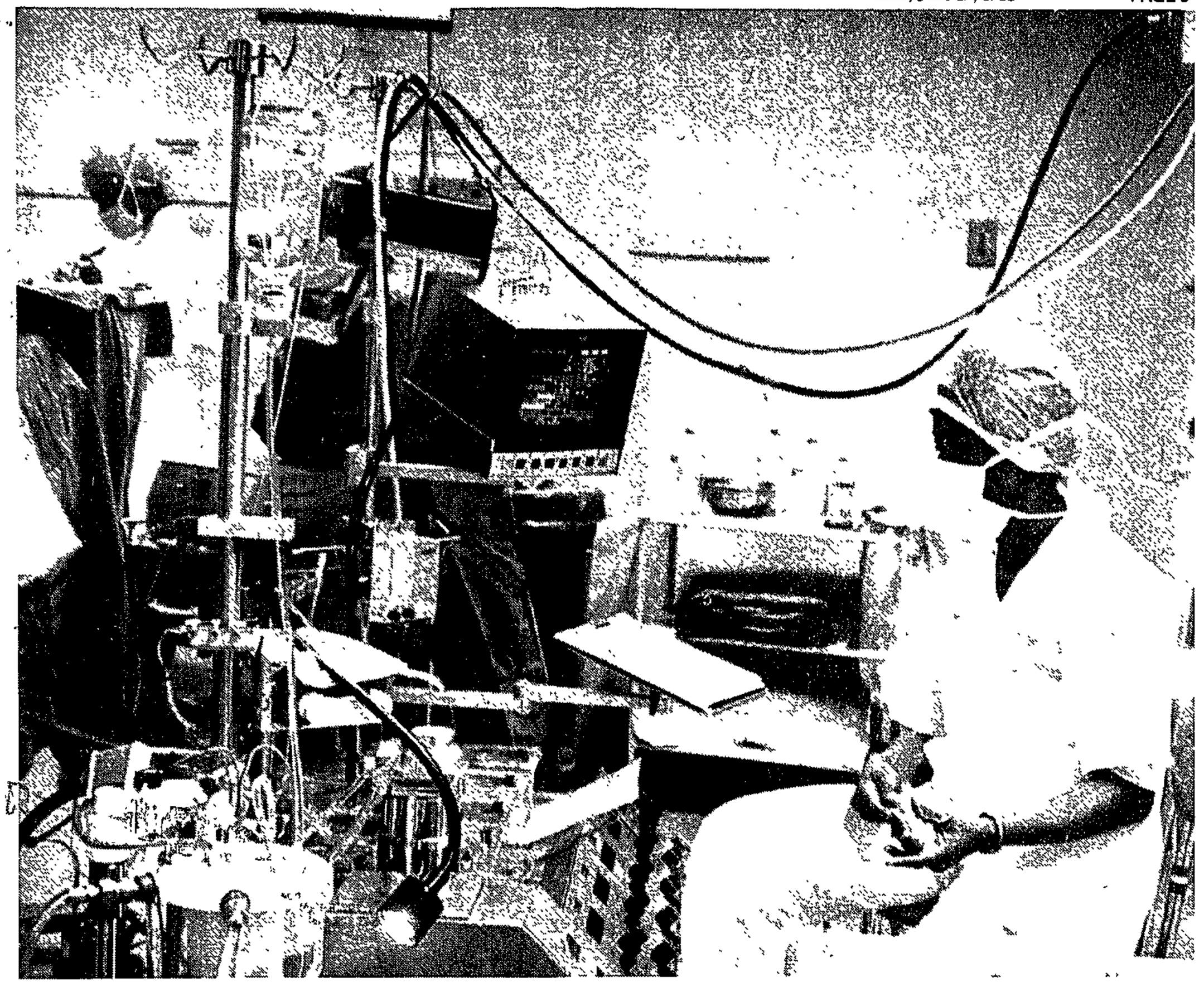
Students can then choose to specialise in their area of interest. Madlala chose cardiology.

The students then join a hospital for inservice training. This is done for two years, with a written exam and at the end of each year.

In fourth year, the students becomes a houseman until registration. A further two years study in the US would equip the student with an international qualification, which is not compulsory.

Says Madlala: "I hope to do this extra course in the future. So far, there are only three perfusionists in South Africa who have managed to go that far.

"To be a good perfusionist one needs a fair amount of intelligence, patience and confidence," Madlala said.



Happy Madlala has a responsible, highly qualified position as perfusionist at the Johannesburg Hospital.

SA physiotherapists to fight expulsion bid

Sten 1/7/97

By Toni Younghusband, Medical Reporter

Representatives of the South African Society of Physiotherapy (SASP) flew to London yesterday in an attempt to prevent expulsion from the world body.

Sweden has said it will call for South Africa's expulsion from the World Confederation of Physical Therapy (WCPT) at a special meeting today.

This is Sweden's second attempt to have South Africa barred.

Ms Sheena Irwin-Carruthers, South Africa's voting delegate, will have to prove to the world body that there is no discrimination among this country's physiotherapists.

Expulsion could have grave consequences for all fields of medicine in South Africa.

Shortly before leaving for London, Ms Irwin-Carruthers told our Cape Town correspondent that quality health care for all people was the SASP's main concern.

"Patients are treated without regard to race, colour or social status," she said.

"The ratio of physiotherapists to population is approximately one in 18 000. This is woefully inadequate in view of vast distances in rural areas, poor transport services in some peri-urban areas, and the fact that too few physiotherapists are working in State hospitals.

"Physiotherapists are, however, trying to meet the needs, often by treating large numbers of patients and working very long hours."

Physiotherapists under fire

The Star Bureau

LONDON — Anti-apartheid activists carrying placards calling for South Africa's expulsion from the World Confederation of Physical Therapists picketed the opening of a WCPT meeting in London on Saturday.

The activists, from an organisation called Therapists Against Apartheid, handed out copies of a "briefing document" setting out the case for South Africa's expulsion as delegates entered the North London School of Physiotherapy where the meeting is being held.

The document claimed that the South African Society of Physiotherapists (SASP) had "failed to show a responsiveness to the health needs of the people of South Africa" and had not "demonstrated a commitment to the eradication of the racially-based inequitable and discriminatatory provision of health care".

The SASP had also "demonstrated a deep reluctance to respond in the spirit of the WCPT's ethical principles".

It is understood that a Swedish motion calling for the SASP's expulsion from the World Confederation is on the agenda for the meeting.

Swedish move against SA thwarted

(97) (1000) Star 5/7/88

The Star Bureau

LONDON — South Africa remains a)member of the 45-nation World Confederation for Physical Therapy (WCPT) despite a Swedish move to have it expelled on the grounds of alleged racial discrimination.

The subject was raised by the Swedish Physiotherapy Association at a three-day meeting here of the WCPT attended by 72 delegates representing more than 30 of the member nations.

The Swedes proposed a motion urging the South African Society of Physiotherapists (SASP) to act in terms of United Nations resolutions on apartheid. A second motion expressed support for the SASP's efforts in providing health services in South Africa. Both resolutions were passed.

The meeting was addressed by Miss Sheena Irwin-Carruthers, of Cape Town, the SASP's voting delegate, who gave delegates assurances that her socicty did not discriminate racially.

Miss Irwin-Carruthers said later: "The meeting expressed its support for the SASP's efforts in providing health services in South Africa. Secondly, the meeting has given us a mandate to go back to our members and discuss further action."

Physiotherapists reject racism charge

Star 6/7/84

97

Medical Reporter

All allegations of racism which have been levelled at the South African Society of Physiotherapists are unfounded and untrue, Professor Jo Beenhakker, the chairman of the SASP said in Johannesburg yesterday.

Swedish members of the 45-nation World Confederation for Physical Therapy called for South Africa's expulsion on Monday on the grounds of racial discrimination.

At a three-day meeting of the WCPT in London — attended by 72 delegates representing more than 30 of the member nations — it was decided that South Africa would remain a member but had until 1991 to provide proof of its claim that physiotherapy in this country was totally non-racial.

Professor Beenhakker said all claims of racism were untrue and the profession was open to everybody at both the training and practising levels.

She said there had also been complete salary parity for all physiotherapists since September 1986.

South Africa was one of the founder members of the WCPT.

Professor Beenhakker was confident that with or without expulsion South African physiotherapists would always have contact with their overseas counterparts.



The muti shop . . . off-putting in the eyes of the scientist but of great benefit to many.

One man's medicine

Star 18/7/88

97

By TONI YOUNGHUSBAND

South Africa's first traditional healers' training centre opened in Johannesburg's central business district at the weekend. The Star's Medical Reporter looks at the reasons behind its establishment.

Modern society, one is led to believe, has little time for traditional healing and instead places its faith in chemical compounds developed by scientists in expensively-equipped laboratories.

Not so, says Mr Pip Erasmus of the South African Traditional Healers' Council. He says there is still a great demand for traditional healers who remain a highly-regarded member of black society.

Yet despite the demand, the traditional healer is finding it increasingly difficult to convince scientists and doctors that he too has a function in helping the sick.

This environment goes against everything the university-trained doctor has been taught.

Then of course, the inyanga has not been to university. He does not have microscopes, test tubes and syringes. His implements are sticks and bones, dried skins and browned calabash shells.

"Traditional healing is far more than the supply of herbal medicine," Mr Erasmus says. "The healer is the person responsible for the balance of moral order, he is the confidante of the patient, the priest and the adviser.

"It is a lot cheaper to go to your traditional healer for advice than a general practitioner," he says.

So in an attempt to bridge the gap between modern medicine and traditional healing, the council has embarked on a nationwide project which will see the establishment of training centres for traditional healers and specialised shops where strict control will be kept over the medicines sold.

Healers are invited to enrol at the centres where they will be taught to combine traditional and aspects of modern medicine for best results.

hursday July 21 1988

Diseases must be reported — expert

'Eye disorders could result in death on roads'

DURBAN — It should be compulsory for optometrists and opthalmologists to notify the authorities about drivers with eye disorders, says an optometrist who advises the State of California as an expert on driving vision.

Dr John Griffin, a delegate at the South African Optometric Association conference in Durban, Vision 88, said today: "In America, child abuse, gunshot wounds, venereal and infectious diseases are all notifiable, so why not diseases that affect a patient's driving ability?"

Dr Griffin said he had been trying unsuccessfully for some years to achieve this in America.

He said many people passed the eye tests laid down by the traffic authorities because they could read an eye chart and see directly in front of them.

"But they may have serious problems that result in death on the roads: for example, they could have reduced peripheral vision."

This could be caused by a number of eye diseases.

"The most common is glaucoma — two percent of the population in America has it," he said.

Another cause was a disease called retinitis pigmentosa: "This is insidious, because it not only affects night vision — sufferers become nightblind — but it also reduces peripheral vision.

Dr Griffin will give a public lecture on drivers' vision at the Maharani Hotel at 6 pm today. — Sapa.

● See Page 6M.

SA doctor loses WHO bursary

Star 22/7/88

(92)

The Star Bureau

LONDON — Psychiatrist Professor Michael Simpson has had a World Health Organisation bursary withdrawn because he is a South African.

The bursary was to have helped cover the costs of Prof Simpson's trip this week to New York for a WHO-sponsored meeting on cancer. However, Prof Simpson will still be travelling to the meeting, where he will speak on cancer in black patients.

It is the second time he has been a "victim" of apartheid.

In October last year he was banned from lecturing to the Royal College of Psychiatry in London.

He was to have spoken on Aids in Africa and post-dramatic stress disorders in political detainees.

Professor Simpson has found that his own anti-apartheid work has been blunted by these snubs.

At Gallo it's okay to stay off sick, if the sangoma agrees

By EDDIE KOCH and MZIMKULU MALUNGA

WORKERS at the Gallo recording company can now take paid sick leave if a sangoma says they must.

This week some 400 members of the Commercial Catering and Allied Workers' Union (Ccawusa) returned to work after staging a month-long strike to support demands for higher wages and the right to time off if this is prescribed by a traditional healer.

The company agreed to raise wages by R120 a month across-the-board and to grant workers five days' paid sick leave per annum if they produce a certificate from a sangoma, inyanga, herbalist or other healer.

The medical part of the strike settlement will operate on a trial basis for one year and has been hailed by the union as a breakthrough in industrial relations.

"The major victory is over traditional doctors and it will encourage our members to make similar demands in wage talks with other companies," said Ccawusa organiser Abie Ramalope.

Gallo's industrial relations manager Byron Xypteras said the company was "gratified at the joint settlement reached and looks forward to a continuation of the good relations with Ccawusa as the a basis for future negotiation".

Jeremy Daphne, a research officer for the union, confirmed similar proposals have already been tabled in wage negotiations with the large Metro, CNA and Frasers retail chains.

"There are many ailments which workers prefer to consult African doctors about and there's been an overwhelming feeling from workers and shop stewards in large companies that they have the right to visit such people when they have health problems," said Daphne.

"Most employers have in principle recognised the right of workers to see traditional healers but there is still a lot of disagreement over technicalities like how to prove that one has been to a sangoma and what kinds of certificates can be used to do this."

The union has suggested one way to solve the problem is for the company to produce standard forms which can be signed or stamped by a traditional doctor.

Ccawusa is also considering making demands that workers have the right to claim the costs of visiting African healers from company medical aid schemes and to include visits to healers as part of their compassionate leave.

Daphne says demands around these issues are likely to be raised when national wage talks with large chain stores such as OK Bazaars and Pick 'n Pay begin later in the year.

The pioneering agreement at Gallo will add impetus to growing co-operation between traditional and Western medical practitioners, though formal liaison between the two medical systems is effectively illegal.

The South African Medical and Dental Council bans doctors, dentists and psychologists from collaborating with those not registered by the council but there have been increasing calls from practitioners for the value of folk medicine to be recognised.

Another unique aspect of the Gallo strike was the support received from top musicians like Ray Phiri and Stimela, who refused to enter the company's recording studios in solidarity with the workers.

Merging muti with medicine

CHRISTOPHER TUCHER

SIYAVUMA, a first-of-its-kind medical centre that will combine traditional muti and modern medicine, is to be opened this month in downtown Johannesburg by the Southern African Traditional Healers' Council.

The centre will occupy the storefront of the 16-floor building on the corner of Jeppe and Nugget Streets which also houses the healers' council.

Above the store will be office space for more than 150 practitioners, and the novelty of Siyavuma is that one-third of them will be medical doctors.

Intimidating

Siyavuma director Pip Erasmus explains the concept: "Siyavuma is bringing traditional healing on to supermarket shelves."

At first, the huge building is intimidating and the customer has to pluck up a lot of courage just to walk in. A "gourd of grog" helps to ease him into the unfamiliar setting.

Behind the long counter, python skin and giraffe knuckles compete with Bayer and Vicks for shelf-space. The muti product line includes herbs, hides, animal by-products, tobacco and traditional brews of beer.

The customer, comforted by the grog, makes his way to the counter, where a half-dozen attendants of Zulu, Sotho, Swazi and Malawi origin can assist the far-flung clientele.

The customer describes his ailments and is referred to either medical or natural doctor in the upstairs offices. Depending on his origin and medical preference, the customer can consult with any of a variety of tribal healers: Zulu, Sotho, Swazi and Malawi are all housed in the centre.

"If it is pains of the stomach that suggest appendicitis, he will be sent to a doctor, but often the first visit is to a natural healer," said Erasmus.

The centre can prepare patients for the modern environment of a hospital, which often is a cultural shock.

"Doctors at Baragawanath Hospital often phone the natural healer because patients will refuse surgery before receiving his natural cleansing."

Siyavuma's mix of muti and medicine will take the form of cross-referral. Several healers, busy stocking the cabinets of their new offices, indicated that while they wouldn't prescribe medicine from the downstairs counter, they would refer patients to medical specialists.

Erasmus estimates that, initially, muti will represent 80% of sales, but modern medicine will grow.

Siyavuma, however, does not aim to displace traditional healing, rather to merge it with modern medicine, Erasmus said.

"For too long there has been an abyss between the two. There is nothing mythical about traditional healing. It is a solid practice, rooted in African culture, and its development is not so different from that of modern medicine 100 years ago."

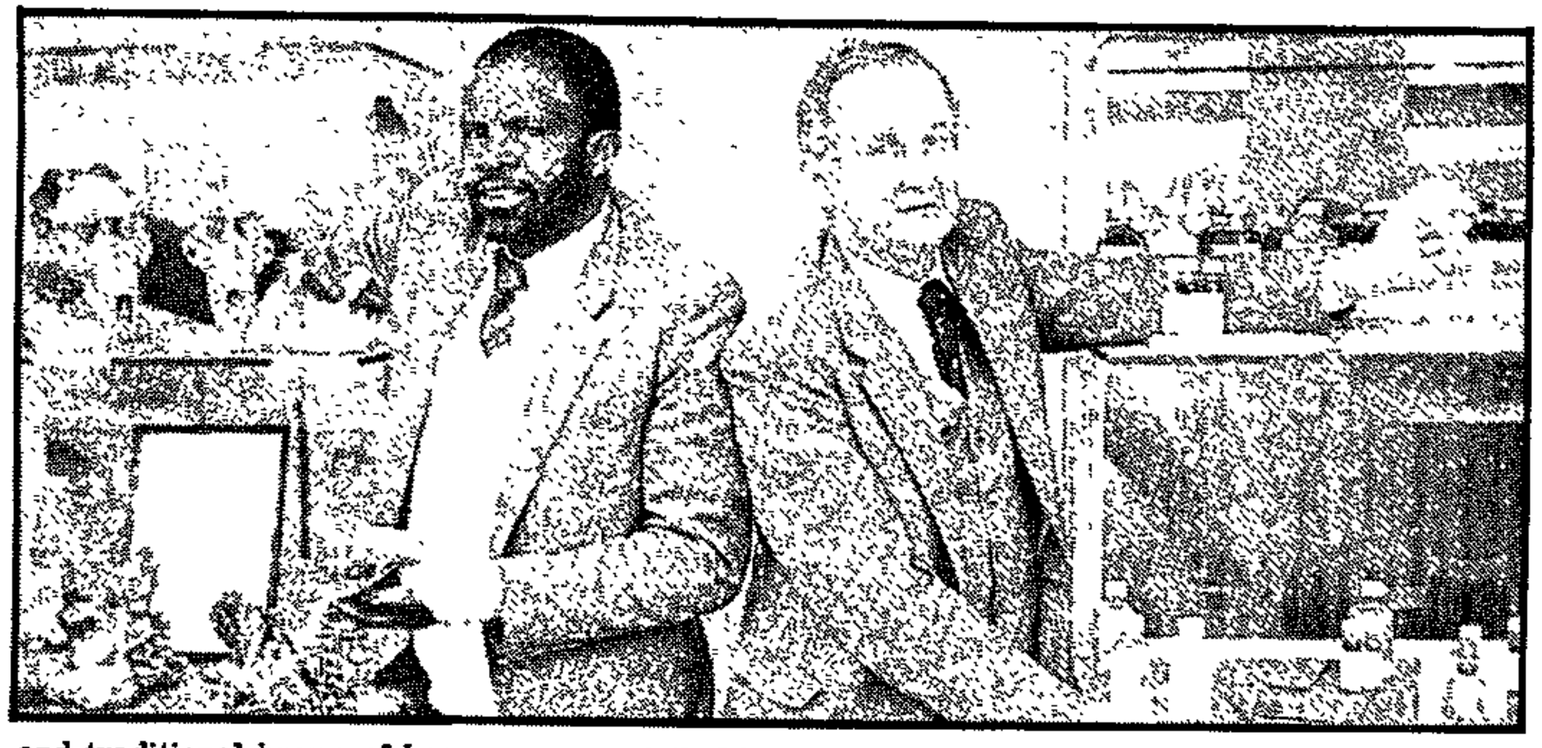
To reach a "largely illiterate clientele," Erasmus is busy drawing up cartoon-strip advertisements to be sent to the 105 affiliated local councils. Thereafter, marketing is word-of-mouth.

Delays

Already obstacles have blocked the way for Siyavuma. First, its medical supplies were delayed when pharmaceutical distributors faced boycotts from druggists suspicious of the Siyavuma concept.

Next, neighbours complained about the influx of blacks which Siyavuma would attract, and had Siyavuma's trade licence suspended.

Erasmus expects to receive the licence within the next two weeks. "You would think we were introducing blacks to Africa," he said.



☐ **WHERE OLD MEETS NEW ... a natural healer with his traditional wares on the left and director Pip Erasmus with modern medicines at the Siyavuma centre**

4/8/88 Star p97

Health service fees now in dispute

By Mckeed Kotlolo, Pretoria Bureau

A Winterveldt ambulance service operator, Mr Petrus Mkansi, has threatened to stop his service, saying the Bophuthatswana government has refused to pay him since last October.

Mr Mkansi says . . .

He started the business in 1980 with two ambulances and was contracted to the Transvaal Provincial Administration (TPA).

The central government told him last September that it would no longer pay accounts of people transported in Bophuthatswana.

"I was advised to make arrangements with the various homeland governments I served.

"I informed the Department of Health in Bophuthatswana because most of the people I serve were from the Odi District (Mabopane, Winterveldt, Ga-Rankuwa and the surrounding areas).

"Everything seemed fine after a number of meetings with officials in Mmabatho, but I was shocked to hear from the local Director of Health Services, Dr P K Mokgethi, that the government could not pay me for the more than 4 000 people I have transported in my four ambulances since October last year."

He said Dr Mokgethi told him that his government had taught its people to pay for their ambulance services and "the government has enough ambulances to serve the people".

"He told me to demand money before transporting any person. My assistants only think of saving the people's lives and not to ask if they have money to pay for the ambulance service."

Mr Mkansi said his business was now running at a loss because he had to buy first aid kits for the ambulances. He also fears stopping the service "because the people need it and they can easily kill me or destroy my ambulances. The lives of my family can also be endangered".

He said he receives scores of day and night calls from doctors and policemen in the area to take patients to hospital.

"Most calls come at weekends and every trip I take to hospital is reported to the nearest police station before I go to hospital where the authorities sign the claim forms on arrival with the patient."

Bop govt says . . .

Mr M K Matsaunyane, public relations officer for the Department of Health, confirmed the meeting between Mr Mkansi and Dr Mokgethi. He said that Mr Mkasi did submit his claim forms for services rendered.

"The problem is that there is no contract between Mr Mkansi and our department. According to Dr Mokgethi, the ambulance service operator was advised to apply for a permit because there is no way he could be paid without a permit to operate in Bop."

He also said after rendering service, the policeman or doctor who called him as well as the hospital authorities should certify that he did render such a service.

"He can only render services in the absence of government ambulances and he was also advised to ask for cash in cases which are not emergencies," added Mr Matunyane.

'R1m back pay for hospital workers'

THE Pretoria Supreme Court has ordered the reinstatement of about 350 former employees of Natalspruit Hospital with 13 months' back pay, estimated at more than R1m.

A lawyer representing the workers said Mr Justice Coetzee had found the workforce had been unfairly dismissed without a hearing.

The employees reinstated were among about 600 workers dismissed by the hospital authorities after taking part in a work stoppage in August last year.

The court order followed an application filed by the National Education, Health and Allied Workers Union (Nehawu), contesting the validity of the dismissals. The test case was filed on behalf of three Nehawu members formerly employed by the hospital.

The Nehawu lawyer said the judge had found the part-time employees were entitled to a disciplinary hearing before dismissal. This ruling was based on the fact that they contributed to the state pension fund. The court granted costs against Transvaal Provincial Hospital, which administers Natalspruit Hospital. Leave to appeal was granted.

Nehawu members returned to work on Monday this week after a 13-month battle for reinstatement. — Sapa.

Ambulance team in a 'crisis state'

By Shirley Woodgate,
Municipal Reporter

Johannesburg's ambulance service is in a state of crisis, struggling to avoid up to two-hour delays and the build-up of serious backlogs while vehicles are being forced to transport non-emergency patients from hospital to home and on transfers.

Director Mr Frikkie Kotze's report said his department had unsuccessfully appealed for years to the Transvaal Department of Hospital Services for the expansion of the ambulance division.

This state of affairs was highlighted in a report from city's Fire and Emergency Services Department reacting to complaints by the South Western management committee about the length of time in responding to calls in the Lenasia, Eldorado Park and Kliptown areas.

Not only were the latest complaints valid for those areas but "this unacceptable state of affairs" prevailed in all areas controlled by the city's fire and emergency services, the report said.

"It happens that ambulances en route to a less serious case have to be diverted to a more serious one such as a bomb blast," the report said.

During the last financial year ambulances travelled more than 2 million km in response to about 132 000 calls, an average distance of 5 729 km a day to answer about 361 calls.

This was accomplished with a staff of 34 available for any given eight-hour shift.

The report advised that without reasonable help the city council had three alternatives:

- Cut back the service, dealing only with extreme emergencies and leaving transportation of medical patients to the provincial hospitals.
- Hand over the entire service to the provincial authorities.
- Take the necessary steps to upgrade the service.

(97) Star 14/11/88

Privatisation boosted in ambulance crisis

By Shirley Woodgate,
Municipal Reporter

The obvious solution to the crisis in Johannesburg's ambulance department is a vigorous programme of privatisation, according to Mr Klaas de Vries, director of the longest running private professional ambulance service in southern Africa.

His comments follow a report by the city's Fire and Emergency Department that delays and backlogs are commonplace, the ambulance service is understaffed and overworked and an investigation has been launched into minimum requirements to keep the essential service running.

The crisis exists despite repeated appeals for help from the Transvaal Department of Hospital Services, which took over control of Johannesburg's ambulance operation in 1981.

Mr de Vries said there was no doubt a privatised service would be more cost effective and productive. And it would relieve the Government of millions in subsidies.

"The user pay system would in the long term remove the burden from the general taxpayer to the individual. But under the present system not only does the Government pay an 80 percent subsidy to the ambulance department but the patient also recovers that amount from his medical aid in what amounts to a misuse of public money.

RICH

"In addition, private patients who can afford the costs are using subsidised ambulances."

He added that with more than 400 medical aid schemes in the country, few patients would be unable to claim. The proposed system would not exclude blacks of whom about 85 percent were covered by medical aid.

"We would like to see the provincial authorities retaining its emergency service, for instance bomb and accident rescue work, with patient transport left entirely to private firms," he said.

'20 pc surcharge will push up cost of health care'

Star 24/11/87

97

299

The 20 percent import surcharge on medical supplies will result in shortages of vital medical equipment and in the cancellation of operations, Dr Marius Barnard, the Progressive Federal Party's spokesman on health, has warned.

Dr Barnard has been lobbying on behalf of surgical equipment suppliers who fear that the import surcharge, which came into effect in August, will put many of them out of business.

Mr Len Swanson, a director of Rand Medical Supplies, told The Star some equipment had doubled in price since the introduction of the surcharge.

By Toni Younghusband, Medical Reporter

"That is without taking into consideration the falling rand," he said.

Mr Swanson said a major concern was that some suppliers could no longer afford to buy necessary equipment and if there was a national disaster, South Africa would be in trouble.

"Because of the high costs, suppliers are letting their stocks run down. If that equipment is needed urgently, we are going to be in a lot of trouble," he said.

Mr Swanson pointed out that medical supplies were necessities, not luxuries.

"You can do without a television set or a camera but you cannot do without medical equipment," he said.

South Africa did not have the infrastructure to manufacture its own medical and surgical supplies, he said.

"The surcharge will push up the cost of health care and, in addition, will affect the whole medical profession. Necessary equipment will become extremely difficult to get hold of and, if the equipment can be bought, there will be long delays," said Dr Barnard.

Some importers who paid R15 million for their equipment before the surcharge was introduced would have to pay a further R3 million by the time the equipment arrived.

"Some of that equipment, which was ordered before the surcharge, is out at sea on its way to South Africa and when it arrives it'll cost more," Dr Barnard pointed out.

He said while suppliers could effectively pass on the 20 percent surcharge to their purchasers, many of them preferred to hold the equipment in bond until they were paid.

"Again, we are confronted with a shortage," he said.

Dr Barnard said he had worked in communist countries where there were often shortages of medical equipment.

"You are forced to use inferior equipment or cannot operate at all because there is nothing to use. South Africa is heading that way," he said.

Taking the hocus pocus out of psychic phenomena is her ambition

No devil's work for mystic Katharine Lee

Star 8/12/88

(97)



Modern mystic and clairvoyant Mrs Katharine Lee left nursing for her own brand of alternative medicine. Picture: Ruphin Coudyzer

She's been told that she does the devil's work, but there are no horns on the head of Johannesburg medical clairvoyant, psychic and medium Mrs Katharine Lee.

Mrs Lee, who has been described as a modern mystic, gives lectures on such esoteric subjects as auric energy fields, Kirlian photography (that's high-voltage photography which measures the subtle energy released from the human body), meditation and healing

She spoke last month at the first meeting of the Transvaal region of the South African Healing Foundation.

Mrs Lee says she wants to take the hocus pocus out of psychic phenomena, and describes her work these days as building bridges between medicine, science and psychics.

After training as a nurse, Mrs Lee left the profession because she felt orthodox medicine was limited, and after a stint in public relations turned to the study of alternative forms of healing.

By Marika Sboros, StarStyle Editor

She says that in recent years the movement towards holistic medicine and healing has gained prominence and is showing signs of becoming a universal trend.

It is encouraging, she says, that a growing number of physicians now recognises the importance of such variables as attitude and nutrition in healing.

"A shift is taking place which emphasises healing the whole person rather than just treating disease," Mrs Lee says.

The holistic medical movement acknowledges the human desire for integration of physical, emotional and mental healtlh, and unity of body, mind and spirit.

She stresses that alternative medicine should not replace conventional medical practice, and looks forward to the day which brings all agents of healing together.

Mrs Lee was raised in a staunchly religious home where anything to do with psychic phenomena was considered the devil's work. At 16 she says she began to see auras, those mysterious halos of light that are apparently present around people and which are said to have been scientifically validated.

Mrs Lee claims to be able to read auras and to determine from them much about a person's mental and physical state, the past, the present and the future. She stresses that she does not diagnose, but works as a medical clairvoyant, referring patients to the medical profession for further investigation.

She is presently working on the formation of a complementary medicine, training and conference centre which will also act as a resource and information centre for the public and professionals.

Mrs Lee has been invited to speak at the Institute for Complementary Medicine in London early next year.



Electronics engineer Mr Fred Wright demonstrates how the "Shusha" device he invented calms crying babies. It electronically simulates noises heard in the womb such as pounding heartbeat and blood rushing through veins. A bachelor, Mr Wright is chief electronics engineer in the medical physics department of Sunderland General Hospital, Tyne and Wear in England. His invention can be ordered by mail. — AP.

Dobsonville ambulance service to be restored soon

By DAN DHLAMINI

DOBSONVILLE residents cannot afford to fall ill over the Christmas and New Year period – because it's almost impossible to get an ambulance.

The only two ambulances in the township are worn out and unreliable and, even if they weren't, those in need might still not be able to get them as the ambulance section still does not have a direct telephone line once the council switchboard closes.

Reacting to reports on this state of affairs, the mayor, Steve Nkatlo, this week assured residents he would ensure the two ambulances were replaced soon.

He had received many complaints, he said.

"The only time I have been threatened with violence in my four years as mayor has been over the ambulance service he told *City Press*.

"I will also make certain that a direct telephone line to the ambulance department is put in soon.

"I know that residents have problems when the council exchange closes at 3.30pm," said Nkatlo.

The council knew the ambulances were dangerous because they could break down while taking seriously ill patients to hospital.

Some residents said they had complained to the mayor, but to no avail.

They thought a direct line and new ambulances would help, but doubted if anything would be done before Christmas and New Year – the time ambulances were needed most.

Traditional healers backed

(97)

Star 27/12/88

The battle for the inclusion of traditional healers into South Africa's health system is gaining momentum with support coming from an unlikely quarter, the independent union movement. Labour Reporter MIKE SILUMA reports.

Traditional healers, for a long time scorned and ridiculed by Western culture, this year gained support from organised labour in their fight for inclusion into South Africa's health-care system.

An increasing number of workers are demanding the right to consult practitioners of traditional medicine under the same conditions as they would a university-trained medical doctor.

Herbalists

In the retail sector, for instance, the Commercial, Catering and Allied Workers' Union (Ccawusa) has reached agreement with six major employers, recognising, in some form, workers' rights to see traditional healers.

According to Ccawusa spokesman Mr Jeremy Daphne, the definition of a traditional healer included people providing most health care outside the formal, Western medical system, including faith healers, *sangomas*, herbalists and *inyangas*.

Companies with which some agreement had been reached included CNA, Gallo, Fairways Ltd, Jazz Supermarkets, Metro and Smart Centre. Some managements had agreed to grant workers ordinary or sick leave to see traditional healers.

Workers taking sick leave will, in most cases, have to provide documentary proof of having visited a healer.

None of the agreements, however, would enable healers to claim payment from medical aid schemes.

At Clicks, Mr Daphne said, management had insisted on traditional healers being recognised by the SA Medical and Dental Council (SAMDC) before being included in the company's medical care system.

Still, Mr Daphne predicts that attention will increasingly focus on the issue in the future.

"We see these agreements as the beginning of a process to make a broad range of health care facilities available to workers. Depending on the problem being experienced, many workers prefer to consult practitioners other than those performing traditional Western medicine.

Union demand

"Formal recognition of traditional doctors is an important part of working towards all the needs of workers being respected. It is a step towards counter-acting the tendency of companies to impose traditional Western standards on their staff," explained Mr Daphne.

The union is expected to table the demand during wage talks with Pick 'n Pay next month.

Interests

The secretary-general of the National Council of Trade Unions (Nactu), Mr Piroshaw Camay, said his organisation's feeling was that where there was a need for time off to see a traditional doctor, sick leave or compassionate leave should be utilised.

The matter was often taken up on an individual basis, although Nactu had had discussions with some medical aid societies about the matter.

A spokesman for the SAMDC said it was not up to the council to recognise traditional healers. Although prohibited from working with people other than SAMDC-recognised doctors and nurses, there was nothing stopping individual medical practitioners from "getting information" from a traditional healer if that was in a patient's interests.

Witwatersrand University psychology professor Len Holdstock said the struggle for the acceptance of traditional healers by the medical authorities reflected a broader conflict wherein Western culture had "set itself up as the criterion by which things are measured".

Western and traditional medicine had something to learn from each other, and, South Africa being an African country, had to exist side by side. Most Africans, Professor Holdstock said, still believed in indigenous healing.

The Director-General of the Department of National Health and Population Development, Dr C F Slabber, said the department had "always acknowledged the role of the traditional healer, particularly in the preventive and promotive spheres".

However, the department also recognised such healers' "limited potential in the curative field, resulting from a disregard in traditional medicine systems of the disciplinary code imposed on ... healing by scientific method and research".

Held talks

He said the recognition of traditional healers in lawful practice lay with individual medical aid schemes and the acceptance of medical certificates for purposes of granting sick leave was at the discretion of employers.

The deparment had, in fact, held talks with the Traditional Healers' Association some months ago.

According to industrial relations consultant, Mr Theo Heffer, union demands so far had been for sick leave where workers could produce proof of a visit to a traditional doctor. The demands did not include the use of medical aid facilities.

"I have perceived an increasing willingness by managers to see (visits to traditional healers) as legitimate. But the issue has not yet become a very high priority item among union demands," said Mr Heffer.

Another consultant, Mr Pat Stone, said the recognition of indigenous healers had become "an increasing feature of (union) demands", tabled in between 20 and 25 percent of negotiations. He anticipated that the trend would continue in 1989.

Mr Stone said that the issue was raised for two reasons — to foster recognition of black healers and to increase compassionate leave for members.

> "To date, most employers are tending to have a jaundiced view. They are concerned about the possible abuse of the system rather than that they do not want to recognise such healers."

HEALTH & DISEASE — OTHER MEDICS

1988 – 1990



QUALIFIED SANGOMA: Mr Peter van Zyl of Welkom.

(97)

Inyangas wage war of words

Star 21/5/88

PAT DEVEREAUX

A war of words has erupted between white witchdoctors and is threatening to turn into an ugly slanging match.

Reacting angrily to last week's article on Krugersdorp's white inyanga, Mr Peter van Zyl of Welkom said Mr Gert Pretorius could not claim to be South Africa's only authentic white witchdoctor. "I have been a qualified sangoma since 1986 and have many articles and pictures to prove it. I have often featured in overseas and local media."

Mr van Zyl said there were several white people claiming to have inyanga or sangoma powers living in the northern Free State, but "one is only a genuine sangoma if one goes through the full traditional ritual".

Describing his initiation into the mysteries of becoming a sangoma, Mr van Zyl said he had to slaughter three goats and an ox.

"As part of the ritual I washed in and drank the goat's blood," he added.

He claimed to be fully accepted by black traditional herbalists and healers and said he attended their meetings.

Recently the Traditional Healers Council, which claims a membership of 179 000, took over a 16-storey central Johannesburg office-block.

Training 'yes' for homeopaths

Own Correspondent

DURBAN — The Government has agreed that chiropractors and homeopaths can now be trained in South Africa and that Natal Technikon can pioneer this field.

A six-year Master's diploma in both disciplines will be offered from next year. The programmes have been approved by the Department of National Education in association with the SA Associated Health Services Professions Board.

The technikon estimates that it will cost R2 million to implement the courses.

A spokesman for the technikon said: "When one considers the benefits involved in being able to offer alternative medicine to thousands of sufferers, it is money well spent."

Durban City Council's management committee last week, however, declined a request for financial assistance.

A spokesman said the committee believed that education was a State and not a municipal affair. The city gave grants to universities for specific projects, but not grants of this type. The city also granted scholorships, awarded on merit, and bursaries, the spokesman said.

The technikon says R1,5 million will be needed for staff and R500 000 for equipment.

The white witchdoctor

Sowetan 3/5/88 (97)

ON the fringes of Krugersdorp, a white witchdoctor has created his own haven of herbs and a consultation service for the victims of sorcery.

Ngaka Chaka, as the owner of New Era Herbalist is known, claims to have ancestral powers in his eyes that he uses to see through the troubles of his clients.

By SIZA KOOMA

He was trained in the art of witchcraft by a qualified witchdoctor in rural KwaZulu in 1986.

"I had always wanted to become a doctor. But I did not have the money to go to medical school. Being a witchdoctor was the closest I could get to the profession," Ngaka Chaka said.

"It took me a long time to decide to go for training. When two of my marriages broke down and I started having a lot of problems in my life, I went to a witchdoctor.

"He told me that somebody had cast a spell on me and the only way I could free myself from the suffering was to become a witchdoctor.

"I took this very seriously and asked him to recommend a person who could give me proper training in the art.

"I found a witchdoctor in KwaZulu and he taught me how to use herbs to cure people who were bewitched.

"I stayed with him in his kraal for a year. When I came back last year I set up my own workplace."

Ngaka Chaka says he was not satisfied with the knowledge he got in KwaZulu.

He wanted to study further and become a sangoma, whom he says is much stronger than a witchdoctor.

Rituals

At the beginning of this year he met Mrs Louisa Tiro who is now training him to become a sangoma and also helps with clients.

"I have learnt a lot from Louisa. I perform most of the rituals that are done for the ancestors.

"Even if I do not have any communication with my ancestors, I feel much stronger in my job now than when I was an ordinary witchdoctor," Ngaka Chaka said.

Ngaka Chaka and Mrs Tiro work as a team. When clients come for advice, Mrs Tiro throws the bones and tells them where their problems lie.

They then go to Ngaka Chaka to verify what she says.

Ngaka Chaka then looks into their eyes (he cannot throw bones) and searches for the problem.

Advice

If both their statements correlate, and in most cases they do, he gives them medication and advice on how to overcome their problems.

"I get a lot of satisfaction from this job. I love it. I like to see all the happy faces of my clients when they leave my store with their problems solved.

"That is what I am here for — to cure their illnesses and help them overcome their troubles".

He says that most white people hate him for offering his services to blacks.

"They call me a *kaffir boetie,* but I know they are just jealous. They envy me. It does not worry me much because my customers love and respect me.

"I am proud of what I am doing, and I believe it is a God-given gift. I am a church-goer and a Sunday school teacher."

Ngaka Chaka lives in Krugersdorp and has been married to his present wife, Maria, for six years. She is the receptionist at the store.



NGAKA Chaka, the Krugersdorp witchdoctor.

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R76m needed for ambulance services — minister

CAPE TOWN — A government inquiry estimated that it would cost R76,6 million to put the ambulance services in South Africa on a sound footing, the Minister of National Health and Development, Dr Willie van Niekerk, said yesterday.

But the plan was not implemented because no funds were available.

Dr Van Niekerk, who was replying a question from Mr Mike Ellis (PFP, Durban North), said that on May 30, 1986, he had instructed the subcommittee on ambulance services to prepare an estimate of the cost of putting ambulance services in South Africa on a sound footing.

It estimated that R37,6m non-recurring expenditure and R38,95m annual expenditure was required in the 1987/8 financial year.

In the Transvaal, non-recurring expenditure of R16,8m and annual expenditure of R19,4m was required, while in the Cape R14,4m non recurring expenditure and R6,6m annual expenditure was budgetted.

In the Orange free State, non-recurring expenditure of R2,1m and annual expenditure of R2,2m was estimated, while in Natal non-recurring expenditure of R4,3m and annual expenditure of R10,7m was budgetted. — DDC

Gert broke a bad spell by turning into Ngaka

Star 14/5/97

97

PAT DEVEREAUX

Witchdoctor Ngaka Chaka has caused a stir in sleepy Krugersdorp — not because he is practising strange rituals and sorcery, but because he is white.

Former policeman Mr Gert Pretorius claims to be the only "qualified" white "inyanga" in South Africa, and a few months ago opened his doors to a continuous stream of troubled hearts and minds.

"I decided to become a witchdoctor after consulting one myself. Two of my marriages had broken down and I had plenty of problems," he explains.

"The inyanga advised me to become a witchdoctor, as this was the only way to free myself from the spell of suffering."

Gert took this seriously, went on to study curative herbalism, and says he learnt how to cure the bewitched.

After training under a respected witchdoctor in rural kwaZulu in 1986, he was given the name Ngaka Chaka.

"Sceptics dismiss curses and spiritual powers. They think it's a lot of mumbo-jumbo. But I know witchdoctors have been called in when medical doctors have failed.

"I was once summoned to the local prison to help a prisoner who believed he had been cursed and was going to die.

"Almost half my clients are white people with marriage, love or health troubles. We heal the body and the mind."

Since the opening of his Krugersdorp herbal business, he has decided to become a fully fledged "sangoma" with the help of sangoma Mrs Louisa Tiro.

A second sangoma, Mrs Anna Makwalemele, has joined the team and the two throw bones for clients seeking advice.



WHICH IS WITCH?: Also known as Gert Pretorius, this man claims to be South Africa's only white witchdoctor. With him are sangomas Mrs Louisa Tiro (right) and Mrs Anna Makwalemele.
● Picture: John Hogg.

The clients then go on to Ngaka Chaka (Gert) who looks into their eyes and diagnoses their problem.

"That way we make doubly sure where the problem lies," says the green-eyed doctor.

Gert believes he has a God-given gift which allows him to see a problem just by looking deeply into someone's eyes.

"I am a very religious man and am a deacon at the church," he added.

He says he has been labelled a "kaffirboetie" because he associates with black people and understands traditional healing.

eration of Southern Africa states.

D16 20757 97

New ambulance depot

QUEENSTOWN — The R300 000 regional service ambulance depot was opened here yesterday by the MEC for Hospital Services in the Cape, Mr Andre van Wyk.

The amalgamation of ambulance services in the Stormberg region, which incorporated Queenstown, Cathcart, Tarkastad, Molteno and Sterkstroom, became effective in July last year under the control of the Stormberg Divisional Council.

"The region is served by 21 crew members, 17 of whom are stationed in Queenstown, and 17 ambulances and rescue vehicles, of which 13 are also based here. — DDR

Ruling on medical co-operation challenged

Star 9/3/78

97

Pretoria Correspondent

The ruling which prevents a medical practitioner from rendering services to, or co-operating with, a registered chiropractor or homeopath, was challenged in the Pretoria Supreme Court yesterday.

The application was brought by Dr Mario Milani, chairman of the South African Associated Health Service Professions Board, against the South African Medical and Dental Council and the Minister of National Health and Population Development.

APPROVED

In it, Dr Milani said the ruling should be declared null and void.

The ruling was made by the council and approved by the Minister on December 3 1976.

The board claimed the ruling frustrated its practice and was not in the public interest. A chiropractor or homeopath would not be able to fulfill his task competently if he could not obtain information from a doctor who had previously treated a patient.

In court papers, the board said it was duty-bound by statute to assist in the promotion of the health of the population and to set standards for the training of practitioners, but the effect of the rule inhibited it from attaining these objectives.

"The rule is not restricted to simply collaborating or participating with a chiropractor or homeopath in the treatment of a patient, it prohibits a medical practitioner from even telling a homeopath, whom a patient has consulted, what treatment has been administered in the past or providing any medical history," Dr Milani said.

The council, opposing the application, argued it was not in the public interest for medical practitioners to co-operate with chiropractors or homeopaths because they were not as qualified as medical practitioners.

Mr Justice Eloff, the Deputy Judge President of the Transvaal, will pass judgment today.

Doctors can't assist natural healers, court rules

Pretoria Correspondent

Medical practitioners may not assist or co-operate with chiropractors or homeopaths, the Pretoria Supreme Court has ruled.

Mr Justice Eloff, the Deputy Judge President of the Transvaal, dismissed with costs an application to have a SA Dental Council's ruling against medical practitioners providing services to, or co-operating with, a registered chiropractor or homeopath declared invalid.

The application was brought by Dr Mario Milani, chairman of the South African Associated Health Service Professions Board, against the council and the Minister of National Health and Population Development.

Dr Milani, a chiropractor, said in court papers the ruling made by the council should be declared null and void.

TREATMENT

The rules were made by the SAMDC and approved by the Minister on December 3 1976.

The board claimed that the ruling frustrated their practice and was not in the public interest because a chiropractor or homeopath treating a patient would not be able to fulfil his task competently if he could not obtain information from a doctor who had previously treated the patient.

It said it was duty bound by statute to assist in the promotion of the health of the population and to set standards for the training of practitioners, but the effect of the rule inhibited it in attaining these objectives.

The Medical Council argued that it was not in the public interest or the interests of chiropractors or homeopaths were not as qualified as medical practitioners.

Mr Justice Eloff granted the board leave to appeal.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

R K Khan Hospital: employees

1. Mr K CHETTY asked the Minister of National Health and Population Development:

(1) (a) How many (i) doctors, (ii) nurses, (iii) administrative officials, (iv) cleaners and (v) other specified classes of employees were attached to the R K Khan Hospital in Chatsworth as at the latest specified date for which information is available and (b) how many vacancies were there in each of these categories as at that date;

(2) (a) what is the daily average number of persons attended to in the out-patient department of this hospital and (b) in respect of what specified period is this information furnished?

D28E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Latest specified date: 28 February 1989

(1) (a) (i) 72 Doctors
(ii) 671 Nurses
(iii) 121 Administrative officials
(iv) 280 Cleaners
(v) Other specified groups:
23 Professional
21 Paramedical
18 Technical
80 General
11 Interns

(b) Vacancies as at 28 February 1989
(i) Nil
(ii) 2
(iii) 3
(iv) 1
(v) 1 Professional

(2) (a) 1 572

(b) The specific period: April 1988 to December 1988.

Own Affairs:

Matriculation examiniations

1. Mr M RAJAB asked the Minister of Education and Culture:

How many pupils at departmental schools (a)(i) wrote and (ii) passed the 1988 matriculation examinations and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates in these examinations (aa) in respect of each province and (bb) in total?

D24E

The MINISTER OF EDUCATION AND CULTURE:

(1) (a)
(i) 13 221
(ii) 12 577

(b)

(aa)	*Natal*	*Transvaal*	*Cape*	*(bb) Total*
(i)	220	23	0	243
(ii)	633	114	9	756
(iii)	1 361	229	19	1 609
(iv)	2 737	417	55	3 209
(v)	4 347	519	86	4 952

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language

General Affairs:

Contraventions of emergency regulations: SAP action

1. Mr F J LE ROUX asked the Minister of Law and Order:

Whether, with reference to particulars furnished to the South African Police for the purpose of the Minister's reply, he is considering taking action against persons and/or organizations contravening the provisions of the emergency regulations?

*The MINISTER OF LAW AND ORDER: Mr Chairman, the answer is yes, as far as steps fall within the sphere of responsibility of the SA Police.

The SA Police has a statutory responsibility to maintain law and order, and this task is punctiliously performed. The final decision about whether someone should be prosecuted or not does not rest with the SA Police, however, but with the public prosecutor or the Attorney-General. The task performed by the Police therefore ends with the completion of their investigation.

The implementation of security and media emergency regulations also rests with the Police. Every contravention of these regulations which is observed by the SA Police, or brought to their attention, is therefore investigated immediately, with the relevant dossier being submitted to the Attorney-General for his decision at the conclusion of the investigation.

It would appear as if the case at issue here, ie the propagation of a consumer boycott in Carletonville, constitutes a contravention of the regulations. That is why it is being investigated, together with a number of other charges arising from the consumer boycott. *Inter alia* five charges of intimidation, one of public violence, one of robbery and one of deliberate damage to property are also being investigated. A number of suspects have been taken into custody and have already appeared in court.

The SA Police do not prescribe to anyone what he should purchase, who should purchase what or where it should be purchased, but they are nevertheless not prepared to allow the maintenance of public order to be endangered by conduct of this nature. I said recently that the SA Police are impartial in carrying out their activities. When a crime is committed, it is investigated in all fairness, regardless of race, sex or the political ties of those involved.

I want to reiterate and re-emphasise this view today. People who contravene these regulations must therefore be aware that dossiers will be opened and cases against them investigated. Where the interests of the community as a whole or those of individuals must be protected, this will be done honestly and impartially.

*Mr F J LE ROUX: Mr Chairman, does the hon the Minister really wish this House to believe that when this document in connection with the investigation into the boycott came to his attention, it was the first time he became aware of it Or had he perhaps previously taken note of the fact that something of this nature was happening? Did he not perhaps, at the beginning of November and in December, already know of activities of this nature in Boksburg, Carletonville and several other places in South Africa? [Interjections.]

I now want to make a few statements. Does the hon the Minister agree that the threat to the country, its people and their freedom today is greater in many spheres than ever before? Secondly, that the onslaught is no longer characterised merely by cross-border terrorist activities, but also, amongst other things, by sanctions and boycotts?

*Mr J P I BLANCHÉ: And CP policy too!

*Mr F J LE ROUX: Thirdly, does the hon the Minister acknowledge the fact that a boycott is a boycott is a boycott, whether incitement to do so originates in Port Elizabeth, East London, Carletonville, Boksburg or wherever? [Interjections.] Fourthly, does the hon the Minister acknowledge that the ultimate aim of these forces promoting the boycotts is a Black socialist one-party government? [Interjections.]

SW 29/3/87

Crisis of delay in help for victims

By Jaap Boekkoo 97

Two important discussions between municipalities and the Transvaal Provincial Administration are to be held soon to try to solve the ambulance crisis, which has been the cause of heart-attack sufferers dying at home and road accident victims bleeding to death long before help arrives.

But until the Johannesburg ambulance service's new problem — a central provincial computerised



Ambulance delays occur daily.

control centre — is remedied, it could be a case of "Dial 999 for the never-never" when a patient needs to get to hospital in a hurry.

The head of the multi-million-rand control centre, Transvaal's Chief Director of Community Health, Dr C Lourens, said last week that problems existed because the centre was still "in the test stage".

However, he said, the service, designed to save R14 million a year through centralisation, was improving daily.

Recently, victims of a collision in Corriemoor lay bleeding and shocked in their vehicle for 75 minutes after a call for an ambulance had gone out.

One of the victims, a pregnant woman, had gone into labour as a result of the accident and her unborn baby was saved by counter-labour treatment when a hospital helicopter arrived.

A spokesman for the ambulance service, who asked not to be named, said serious delays were still occurring daily.

Officers slate fire brigade

By SYBRAND MOSTERT

OFFICERS in the Cape Town fire brigade have criticized the City Council's claim that all is well within the brigade — and say instead that the unit is in a "serious state of decline".

"The public, ratepayers and insurance companies of this city have a right to know the truth," says a statement handed to the Cape Times by a group of officers.

The statement, drawn up by the group with the support of "virtually every officer in the corps", according to a spokesman, also appeals to the council to "act before the brigade is unable to cope with an emergency situation" and "lives are lost".

Included in the statement is a report giving details of problems in the unit, and a demand for "an immediate investigation by an independent observer who is not bound by the Council's obvious policy of evasion".

Officers say there is an exodus of experienced staff because of poor salaries, that fire stations are undermanned, that equipment is inadequate, that fire tenders remain unrepaired for long periods and that untrained staff are being used.

The crisis in the brigade was highlighted by the Cape Times last week when a former station officer made the same claims.

On Thursday Mr John Muir, chairman of the utilities and works committee, told the council during a meeting that the claims made in the report last week were "exaggerated", "overstated" and "inaccurate".

Mr Muir said the city was "well served and adequately protected" by the fire service.

But the statement from the officers says "the Cape Town fire brigade is in a serious state of decline and is rapidly approaching the condition where it will not be able to serve this city to any degree of efficiency".

"The council is responsible for maintaining an efficient fire service, and this statement is a call for Council to meet that responsibility more realistically."

According to the report, there is a "mass exodus" of staff, which is "a unique situation".

In the past five months 33 people had resigned, "and at this moment, more than another 15 applications from men in this service are waiting in the offices of the Regional Services Council for posts to become vacant".

More would resign — they were only waiting for places in the other brigades, a spokesman for the group said. The cause was the low salaries that Cape Town paid, in most categories 60% less than neighbouring units.

"The state and age of most of the fire tenders (fire engines) are also a matter of grave concern. During the first few weeks of February, at least ten tenders stood idle and in various states of disrepair.

"As more tenders broke down during the same period, and no replacements were available, the running strength of the brigade was seriously depleted," the report states, adding that at least three fire stations were with one tender only during that period.

"These two aspects of the fire brigade crisis (appliances and staff) are the two most obvious and easily verifiable. There are a great number of more problems which would require a very lengthy report."

The officers called for "an immediate investigation by an independent observer who is not bound by the Council's policy of evasion, nor liable to shrug of facts as 'misleading'.

"Also, of immediate concern is the upgrading of the appalling salary structure to stem the exodus of experienced staff."

The officers said that by publishing the statement they hoped for public support, as they "are fairly certain that the Council is not about to make any major improvement willingly".

'No crisis', says City Council's Muir

THE chairman of the utilities and works committee in the Cape Town City Council, Mr John Muir, yesterday denied that there was a "crisis" in the fire services.

Responding to a statement criticising shortcomings in the city's fire brigade, he said: "Each alleged shortcoming has been investigated.

"The council's salary structure is reviewed annually and Cape Town's compares favourably to the larger cities," he said. He also disputed that neighbouring councils paid their fire brigade staff much higher salaries.

He said that there were only nine posts vacant and that staff would be increased next year.

Five new fire engines would also be bought next year.

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Five new fire engines would also be bought next year.

R2¾-m urged for Cape Town fire service

AK6u3
3/4/89
97

By ANTHONY DOMAN
Municipal Reporter

CAPE Town City Council's utilities and works committee has been urged to authorise R2,75-million for five replacement fire engines amid claims that the city's firefighting service badly needs more manpower and equipment.

City engineer Mr Des Riley has recommended replacing these fire engines without delay. A final commitment on funds was usually made "months away", he said in a report to the utilities and works committee.

Last week utilities chairman Mr John Muir denied crisis reports sparked off by "an aggrieved former officer". But fire chief Mr Joop Hamel has agreed that the service is understaffed and could be better equipped.

At the weekend fire officers issued another statement attacking the service.

Five heavy-duty tenders need to be replaced. The newest, a 1973 model, is already beyond the normal 15-year lifespan of a firefighting unit. The oldest has been in service for 18 years.

Apart from old age, other reasons for replacing these tenders are obsolescence and lack of spares.

Recent complaints based on "the complaints of an aggrieved former officer" created a distorted view of the service, Mr Muir said last week.

Allegations of a staff shortage were correct but this had not led to a "crisis". A recent investigation showed a need to increase the staff from 377 to 426 (the latest council figures show 15 vacancies).

Mr Muir conceded that costs were astronomical and spares hard to get.

Because of this fire engines were being replaced less frequently "than would be the ideal".

Parts had to be "pirated" for the older machines. Some parts had to be made or repaired locally.

However, at all times enough machines were operational to safeguard the city.

Ambulance service budget jumps to R12m

Cape Times 3/4/89

Medical Reporter

CAPE TOWN'S emergency services chief, Dr Alan MacMahon, yesterday welcomed the announcement of an R8,7-million increase in the provincial ambulance services budget.

The increase takes the budget up to R12 million compared with last year's R3,3 million, and will give a substantial boost to Peninsula hospitals which face a crisis as overworked medical personnel strain to meet the increased demand for trauma and out-patient services.

A "delighted" Dr MacMahon said the budget leap "will avert a vehicle crisis" by replacing 140 "tired" vehicles in the 670-strong fleet.

Many of the old ambulances were spending too much time undergoing repairs and needed replacing, he said.

"We have been running a pretty good service for the money we had, but are delighted with the fair share we have been given this year."

However, Dr MacMahon added that the new budget would not be enough to create new and much-needed posts.

"That problem will have to wait for another year — the staff are working a lot of overtime, but it is not a crisis yet," he said.

Meanwhile, a question mark hangs over whether Peninsula hospitals are going to be able to cope with the growing demand for trauma and out-patient services.

According to Dr MacMahon, motor vehicle accidents and assault cases are increasing "substantially" as the population increases in the region.

"Peninsula hospitals are under enormous strain with their trauma load increasing all the time."

Cape Town's major hospitals — Tygerberg and Groote Schuur which both run 24-hour trauma units — were operating at capacity.

Hospital spokesmen confirmed that the tremendous pressure on doctors, nurses and other medical staff had necessitated a strict worst-cases-first approach resulting in long waits for other patients.

Cape Times 5/4/89 (97)

MP calls for end to ambulance apartheid in city

Political Staff

THE Cape Town City Council speaks against apartheid but applies apartheid in practice, particularly in regard to the ambulance services, the Labour Party MP for Bonteheuwel, Mr Patrick McKenzie, said yesterday.

He said black ambulance drivers are not allowed to drive in Sea Point or Fish Hoek and a highly qualified man, a Mr Pillay, had been passed over for a man with a Std 8 qualification and a nine-week ambulance course behind him because of his colour.

Mr McKenzie, who was speaking during the extended public committee on Cape provincial affairs, said: "Our community has had enough."

He urged the Administrator of the Cape, Mr Gene Louw, to stop channelling funds for the ambulance service through the council and to provide the funds through the Western Cape Regional Services Council instead.

He said that the provision of ambulance services is being determined purely on the basis of colour.

He had seen with his own eyes that an ambulance took three minutes to arrive on the scene of an accident in Sea Point but it took a minimum of 20 minutes in Bonteheuwel.

"The service is so firmly based on apartheid that black drivers are not allowed to drive in Sea Point or Fish Hoek," he said.

"There is a perception that the Cape Town City Council discriminates against people of colour in staffing the ambulance section.

"I challenge the council to prove that these perceptions are wrong."

Ambulance racism 'ridiculous'

Municipal Reporter

ALLEGATIONS of racism in the way the city's ambulance service was run were ridiculous, the chairman of the City Council's amenities and health committee, Mr Louis Kreiner, said yesterday.

He was responding to MP for Bonteheuwel Mr Patrick McKenzie's claim earlier this week during a debate on the provincial budget that coloured ambulance drivers were not allowed to drive into certain white suburbs.

Mr Kreiner said that the city ran the ambulance service, while the provincial administration paid the bills.

Mr McKenzie also mentioned a case in which he said a well-qualified coloured ambulanceman was passed over for promotion in favour of a white man.

"The Automobile Association did a report on ambulance services in which it rated ours as the best in the country," Mr Kreiner said.

Gran 'left to die'

A BLACK grandmother died in the Free State after she had been left in a car wreck by the crew of a "white" ambulance who had left the scene with only the white victims of a head-on car smash, police confirmed yesterday.

Nursing sister Irene Mzizi of Orlando West died after she and her family had been left trapped in the car wreck at Winberg earlier this month.

According to a police spokesman, police summoned medical assistance to the scene of the accident.

The first ambulance to arrive was a "white" ambulance, whose crew removed the white accident victims from the scene.

After some time — which police could not immediately specify yesterday — a "black ambulance arrived, but the driver discovered he was unable to free the occupants of the car, and summoned the fire brigade, who arrived later to free them with the "jaws of life".

Police on the scene said they did not want to try to pull the victims from the car because they feared they might compound their injuries.

They dismissed as untrue reports that a helicopter had fetched the white accident victims from the scene.

A spokesman for the Free State Provincial Administration said from Bloemfontein the matter was being investigated. — Sapa.

Lives depend daily on the men behind the machines

CAPE TIMES 15/4/89 p. 97

By MONICA GRAAFF

THE MEN tucked away in a small control room at one corner of the Peninsula's ambulance depot may not be the action men who rush out to save hundreds of lives every day, but they are the nerve wire of the entire operation.

Four telephonists and two radio operators, taking an average of one call every four minutes, direct ambulances to an average of 500 emergencies every day of the week and 700 on Saturdays and Sundays.

This they achieve in under 20 minutes for 71% of their emergencies and in under 40 minutes for the remainder.

The control room was the first stop on a press tour of the large ambulance depot in Ndabeni Road, Maitland, yesterday and the only one that could not belie the fact that ambulance men are on call 24 hours of every day.

Because most of the 80-odd ambulances — which last year carried 162 000 patients over four million kilometres — are stationed at points all around the Peninsula, the rest of the depot has a sleepy, though none-the-less organised atmosphere.

Dotted around a huge courtyard, vaguely reminiscent of racehorse stables, were rows of specialised rescue vehicles under canopies, an automatic car wash, a couple of ball-and-claw victorian baths soaking bloodied blankets, an empty recreation area boasting a 100-year-old snooker table, and, in a far corner, a few busy clerks manning a medical stores depot.

Most reassuring to any visitor is the variety of Metro service vehicles in addition to the most used jaws-of-life-bearing four-wheel drive: There is one filled with ropes and things belonging to the Mountain Club of SA for cliff-hanger calamities, another hooked up to a rubber-duckie speed boat for any above or below water disasters, yet another equipped to deal with Koeberg radiation leakages.

Also lined up neatly and ready to go are other emergency vehicles like a radio-communications car, a crane, buses to transport walking patients from large-scale accidents, and the generator that ran Laingsburg Hospital for two weeks after the legendary floods in '81.



AMBULANCE ACTION . . . Senior ambulanceman Mr Johan Barnard gets advice from station officer Mr A Carelse (right) while assistant station officer Mr Martin Williams looks on in the control room. Pictures: ANNE LAING



JAWS OF LIFE . . . Paramedic Mr Aboubaker Ahmed demonstrates Metro's machine that can lift, stretch or pull a 15-ton load to free a trapped person while assistant station officer Mr Anton Duimelaar brandishes cutters that can remove a car's roof in 20 seconds.

Star 18/4/89 97 2

OFS: We do not run racist ambulances

The Free State Provincial Administration says that it does not run separate "white" and "black" ambulances and that its ambulances are for all races.

It was reacting yesterday to claims that a black woman, who had been trapped in a car wreck near Winburg, died slowly on April 5 after being ignored by a helicopter crew who had promptly airlifted to hospital the white victims of a collision in which she had been involved.

A Johannesburg newspaper reported at the weekend that a black ambulance arrived only five hours later, by which time nursing sister Mrs Irene Mzizi, of Orlando West, had died.

Her husband Paul, son Pecc and two grandchildren reportedly "pleaded in vain with the white helicopter crew not to leave them behind, especially as Mrs Mzizi was 'very badly injured'. Their pleas fell on deaf ears and the family was left unattended until five hours later."

According to the Province, an ambulance from Winburg and the district surgeon arrived at the scene of the smash at 5.15 am, 15 minutes after they received the call. The accident occurred 11 km from Winburg.

"The black woman caught in one of the wrecks had already died. The black man and children were not badly injured. The two whites however were badly hurt and had to receive urgent treatment. The ambulance and doctor therefore took them to the hospital at Winburg.

"A second ambulance was already on its way to the scene of the accident by that time."

After the doctor and the whites had been left at the hospital, their ambulance returned to the accident scene where its attendant freed Mr Mzizi and his deceased wife from the wreck. The injured blacks were taken to Winburg where they were admitted about 90 minutes after the accident. — Sapa.

Bara has open day for scholars

THE Baragwanath Hospital occupational therapy department will have an open day event for scholars from several high schools in Soweto.

The event starts at 8,30am and runs to 3,30pm. The aim of the get-together is a career guidance programme.



Reinstating the principles of the Red Cross — SARCS staff protest against the dismissal of assistant director, Bongani Khumalo, from the Red Cross

Picture: STEVE HILTON-BARBER, Afrapix

Workers picket 'racist' Red Cross (97)

WMail 12-18/5/87.

By MUSA ZONDI

SOUTH AFRICAN Red Cross Society workers staged pickets outside their Johannesburg offices on Monday — International Red Cross Day. The protests continued for two more days.

Black staffers are angry about "the intransigence of management" in addressing problems affecting the organisation. They say the SARCS is dominated by "old apartheid structures" and betrays Red Cross principles by not involving itself in South Africa's political problems.

They also point to an unfair, and racial, distribution of resources.

Workers this week expressed their anger by picketing the offices in the city centre.

The assistant director for the region, Bongani Khumalo, was dismissed two weeks ago. Neil Ross, director of the Southern Transvaal region of SARCS, has not given any reason for the dismissal.

At a meeting last Friday, black employees decided to down tools, demanding Khumalo's reinstatement. They also asked for a meeting with the management and arranged to see members of the International Red Cross Committee based in Pretoria.

According to black staffers, outrage over the dismissal of Khumalo was "just a breaking point to the tensions which have been building up".

One of the problems mentioned by SARCS members was the lack of equipment for black staffers. There are no ambulances stationed in the townships to take sick people to the hospital, they claim. And the only Red Cross centre in Soweto is a small rondavel office in Orlando West known as "Shanty Clinic".

The Voluntary Aid Corps does not have people equipped to train others in first aid, staff members said.

When the *Weekly Mail* visited the Johannesburg Red Cross offices, there were a number of ambulances in the garage. Black staffers say they were not trained to drive ambulances.

Ross refuted this: "There is no question of people not manning ambulances because of what they look like." People had to be trained for specific jobs but "we have had problems ... training is being revamped to get the SARCS up to date".

The organisation has also been accused of betraying its principle of impartiality. They said people who were shot and injured during the June 16 upheaval and following unrest periods had not been provided with necessary aid facilities like wheelchairs.

They charged that the Red Cross involved itself with old age homes for whites but there was no effort to help pensioners who have to queue overnight to collect their pension.

And adult black staffers complained about being called "boys" or "girls".

In a letter read on Wednesday by Albert Botha on behalf of 39 staffers in the Southern Transvaal region, black staff members indicated they could not participate in a meeting with Ross because he had failed to invite Khumalo.

They passed a vote of no confidence on Ross and called on staff, branch secretaries and the general Red Cross membership "to join us in our endeavour to bring about a Red Cross Society that would be beyond reproach."

Ross denied the meeting was called to address problems plaguing the organisation. "The meeting was called to bring staff together and talk about the direction of the organisation.

"No-one has come with a set of grievances. Though we realise it is a potentially serious situation, we are more concerned about helping in emergency situations," he said.

Dominique Dufour, head of the ICRC delegation in South Africa, said: "When a group of black staff members come and talk to the ICRC, it means there is an obvious, genuine, massive dissatisfaction."

97

CITY PRESS, June 4, 1989

One ambulance for Tembisa's 350 000 folks

CP Correspondent

TEMBISA'S four old ambulances are being repaired, leaving the township's 350 000 inhabitants in a crucial health predicament.

The hardest hit by the breakdown of the service are pregnant women and many end up giving birth at home.

The neglected community pumps over R1,5 million into the council's coffers every month for essential services but the ill-equipped vehicles are not even fitted with emergency lights or sirens. They only carry one stretcher and do not have oxygen units, first aid kits, drips or heaters.

The 38 staff members who double as ambulancemen and firefighters at the Endulwini station have not been trained to serve as ambulance attendants.

"When a woman gives birth en route to the hospital we are unable to help. Our aim is to pay for the courses ourselves as the council does not want to train us," an ambulance attendant said.

"Right now we have only one ambulance and fire engine working. One ambulance cannot cope with the 140 cases we receive daily, the majority of which are maternity cases," said another.

Town Clerk PL Harmse admitted the ambulance service in the township was inadequate. He said discussions aimed at procuring new vehicles were in progress between the council and the Transvaal Provincial Administration.

The head of the council's ambulance, fire and police departments, Frans du Toit, confirmed the breakdown of vehicles and the services.

"We have written to the TPA in Pretoria about the problems. In fact, the TPA should be running the ambulance service as it is their responsibility but, until now, nothing has been done," he said.

of the Roland Garros Stadium?

Ambulance chaos threat

(97)

Star 17/6/84.

PAT DEVEREAUX

CHAOS is expected from any attempt to bring ambulance services in 14 municipalities on the Witwatersrand under the control of a centralised computer system.

Fierce battles to retain control of ambulance services are being fought by Sandton, Alberton, Bedfordview and Randburg against the Transvaal Provincial Administration.

The municipalities fear that centralisation will end ambulance service efficiency for ratepayers contributing to the services in their areas.

"To see the superbly efficient Sandton ambulance team taken from the control of our chief fire officer and despatched over a wide area of the Transvaal is not acceptable," said Mr Peter Gardiner, chairman of the Sandton Town Council's management committee.

"We are not alone in believing this. Other municipalities are opposing the Transvaal Provincial Administration's prehistoric urge to centralise ambulance services on the Witwatersrand despite the inefficiencies and demoralising effect this kind of system always leads to," he said.

He added that with CADS — Computer-Aided Despatch System — Sandton residents could face long delays if Sandton ambulances were called out to serve the greater Witwatersrand area in an emergency situation.

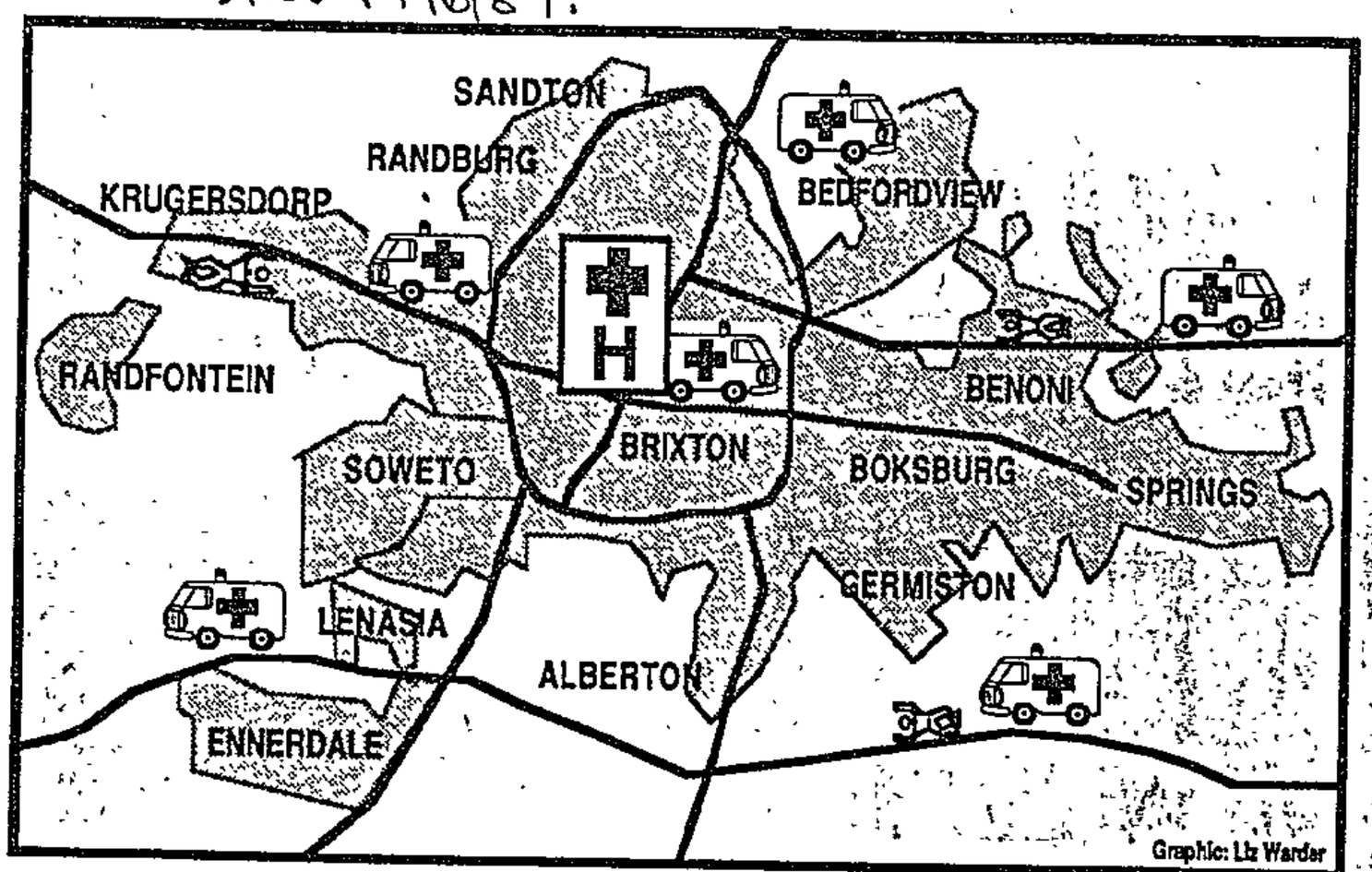
Randburg's fire chief, Mr N van Dyk, said: "Our services are run by the TPA but the council acts as an agent. The TPA funds subsidies for training of staff but the service is run by the council's fire department.

"We have not yet been told when we are to be included in this system but it seems Johannesburg will certainly gain by this plan whereas we won't.

"I don't know why the TPA wants to centralise. Ambulance services in most major cities operate efficiently in a decentralised way.

"Randburg handles calls within minutes. Our longest response time is 15 minutes. But in Johannesburg callers can wait up to four hours for an ambulance."

Bedfordview's Acting Town Clerk, Mr L Hattingh, agreed and said they had vowed to fight centralisation.



YOU DIE WAITING: This is one of the concerns arising from a computerised centralised control system for ambulances on the whole of the Witwatersrand (as shown in the diagram above).

The TPA began its three-phase centralisation programme four months ago. It has already invested R9 million in a computerised control centre operating from Johannesburg Hospital and believes the new system will save time, personnel and money.

Alberton's fire chief, Mr A Davey, said the plan was initiated to cut costs and make ambulance services more effective, but would have the opposite effect. "We went to meetings with an open mind but they steamrollered ahead and did not consult fire departments on costs. They took no notice of our views," said Mr Davey.

Johannesburg Hospital's Dr Reg Broekman said "The original plan was to link all ambulance services on the Witwatersrand to the Central Computerised Ambulance Despatch System.

"Through this system the caller dials 999 which goes through to CADS. Ambulance services which have linked up so far are Brixton, Jabulani, Lenasia and Ennerdale. The ambulances remain with the local authorities but CADS dispatches them to the callers," said Dr Broekman.

He said ambulances will not take longer to arrive as they are still based in the same area. "The only difference is that CADS will take down the caller's details — in the past ambulance attendants did this," he said.

However, Mr Gardiner argued: "The problem is that Sandton does not want its efficient ambulance service being swallowed up in the Johannesburg pool where they will be on call to all emergency areas."

Giving figures for Johannesburg and Sandton, he said ambulances with highly trained ambulance staff were picking up non-trauma cases.

"It is incredible how many ambulances are picking up pensioners to go and collect their tablets from hospital. Between 1987 to 1988 there were 131 797 calls for the Johannesburg area. Only 9 percent of those were trauma calls. In Sandton they had in total 4 833 calls of which the non-trauma rate was 60 percent," said Mr Gardiner.

● The TPA said that similar computerised systems overseas had greatly reduced costs, and improved productivity and response times. Their spokesman said most municipalties had indicated support.

Laboratories to 'reveal all' to public

97 Medical Reporter

Members of the public who may be intrigued by what goes on behind closed laboratory doors are invited to visit the South African Institute for Medical Research next month where "all will be revealed". JHN 177189

The institute, which celebrates its 75 th anniversary this year, is holding an "Open Week" during which the public will be able to learn more about laboratory technology and medicine.

Visitors can wander through a comprehensive exhibition of various aspects of research including a display of live mosquitoes and scorpions, an exhibit of sexually transmitted diseases and a giant-size model of an Aids virus.

You could also find out what blood group you belong to or take a closer look at paternity testing.

The "Open Week" will be held at the institute, corner of Hospital and De Korte Streets, Hillbrow, from August 12 to 19 (excluding Sunday 13). Gates will open at 9 am and close at 5 pm. Entry is free.

For further information contact Kathryn Roux at (011) 725 0511 x 2269.

Delay in response to calls for help blamed on Cads

PAT DEVEREAUX

THE city's controversial centralised ambulance despatch system is being blamed by angry residents for delays in the response to emergency calls.

But this has been disputed by Johannesburg Hospital's Dr Reg Broekman, who believes the shortage of ambulances is the reason for the delays.

In the past fortnight a stream of complaints has been reported. A Malvern woman, Mrs Carol Becker, was forced to turn mid-wife at a local dry cleaners after Mrs Sylvia Mabuela went into labour and the ambulance took 90 minutes to respond to a call.

According to Bez Valley accident witnesses they had to call Bedfordview's ambulance service after Johanesburg ambulance services failed to respond to their call to attend to six-year-old accident victim, Carli Smit, who lay in agony on the road for almost an hour. The child died a few days later.

In a coma

A nurse, Sister Joyce Thomas, had to wait 4½ hours for an ambulance while her sister-in-law, Mrs Mabel Thomas, lay in a coma before dying of liver failure.

Another case related to a 1½-hour delay in responding to a 19-year-old Malvern woman's miscarriage.

Dr Broekman this week disputed that the new multi-million rand Computer Aided Despatch System (Cads) was the reason Johannesburg's ambulance services had been plagued with problems since February — when the Transvaal Provincial Administration launched the scheme to streamline ambulance services on the Witwatersrand.

"The Johannesburg City Council has complained to the TPA for a number of years about long delays. It is not a new problem. The fact that the TPA introduced a new control centre did however, introduce a new factor — that of staff

● TO PAGE 2.

Cads is blamed

● FROM PAGE 1.

training, said Dr Broekman.

"I believe the main problem is a shortage of ambulances. I am aware of complaints about delays and I think the priority of the type of vehicles needed should be looked at," he said.

Reviewing the situation this week, he said the Cads had handled 164 calls from Wednesday midnight to Thursday midday. There were eight other, third priority — not extremely urgent — calls.

"But availability of vehicles causes delays. There is not enough flexiblity. At present our vehicles are handling three times the number of calls each day compared to the vehicles in areas such as Sandton and Randburg," he added.

Fire departments running the ambulance services in Alberton, Sandton and Bedfordview have indicated that they would ask not to be incorporated into the scheme planned by the TPA.

Randburg Fire Chief, Mr N van Dyk, said if the scheme was implemented he would ask his council to keep some ambulances under his department's control for his area.

Fire department

"One control system can never handle calls for the whole of the Witwatersrand. Nobody else is geared to handle ambulance calls as efficiently as the fire department. Within one minute of a call our ambulances are on their way and it takes 25 minutes to reach the furtherest point in our area," said Mr van Dyk.

Bedfordview's Fire Chief, Mr D Dewil, said: "The system works in other countries but does not work here. The problem I believe is with training. Those at the control centre are being trained on the job. We run a very efficient service here and would never refuse a Johannesburg call."

Alberton and Sandton fire departments have also voiced unhappiness at the possibility of being incorporated into the TPA's central control system.

They believe that any attempt to bring ambulance services in 14 municipalities on the Witwatersrand under a centralised computer system would cause chaos.

Health workers should demand safeguards for detainees

By MOKGADI PELA

HEALTH workers have an important role to play in demanding safeguards for the wellbeing of detainees and an end to detention without trial, says the message contained in a book called *Critical Health*.

The 78-page book exposes the bad health effects of detentions and hunger strikes.

The situation is explained in various articles.

One such article outlines the medical and ethical aspects of detention and hunger strikes.

The author, Professor John Kalk of the Wits Medical School, kicks off by saying the major health impact of detention without trial is psychological as well as psychiatric.

Thus long-term political prisoners are regularly brought for psychiatric services in Johannesburg.

He said experience in working with such patients has led to the development of the concept of "chronic traumatic stress disorder syndrome."

The stress results from the interruption of normal life which includes food, work, study, exercise, leisure and sleep environments.

Common symptoms are depression with insomnia (inability to sleep) and nightmares.

Other complaints include pains, eye problems, pimples, headaches and abdominal pains.

Kalk said detention affected the family and the community and therefore "is an injury to all".

In the light of all these stresses, he said the detainees' motivation for fasting becomes clear and understandable.

When a detainee is on hunger strike he experiences a rapid weight loss of about 3 to 4kg.

Thereafter weight loss is much slower with a steady loss of about 300g a day.

Energy during these days is supplied from the breakdown of the body's fat stores, Kalk said.

Deaths

"It normally takes about four weeks to use up these stores in the average well-nourished individual," the author said.

Another article in the book gives a brief profile of detention in South Africa.

Since 1963 approximately 65 people have died in detention with Black Consciousness leader, Steve Biko's death on September 12 1977 being the most highly popularised case.

The article further says there is considerable evidence, given under oath in court proceedings, that torture, both physical and psychological, has taken place as part of "the coercive treatment of security detainees."

The article gives the Supreme Court application by Dr Wendy Orr to prevent security policy in the Eastern Cape from assaulting detainees as an example.

Forster and Sandler in a study of torture in SA reported that 83 percent of former detainees claimed to have been subjected to physical torture.

Namda, at its 1987 conference reported that 72 percent of 303 detainees who consulted health workers after their release, alleged that they had been physically assaulted.

Blacks appeared to be more commonly abused than whites, the article pointed out.

Vivid

A vivid account of the torment experienced by a detainee is given in a note submitted as evidence in the Supreme Court matter of Ebrahim versus the Minister of Law and Order.

In the note Ebrahim described his detention at John Vorster Square thus: "... my interrogators promised to put me under heavy mental strain. W/O Deetlef said if I survived it I would not be a human being."

The article says doctors working in prisons and the military are the ones most likely to find themselves in a conflict over medical principles and ethics.

These doctors may in the course of their duties be called upon to: perform medical examinations of suspects before being subjected to interrogation; attend torture sessions in order to intervene when the victim's life is in danger; treat the physical effects of torture and attend superficially to a seriously injured victim, so that the interrogation can be continued and develop medical and psychological methods which assist those responsible for interrogation and torture.

Coronation Hospital specialist, Dr Yusuf Veriava, concludes the article by saying "there is an urgent need for the medical profession to discuss the dilemmas raised by detention without trial."

Ambulancemen beaten by whites

By MZIKAYISE EDOM

ABOUT 100 employees of the Brixton Ambulance Department in Johannesburg have been refusing to work night duty since Monday after two of their colleagues were allegedly assaulted by whites while going to work.

Those injured are Mr E Ngakane and Mr N Komeni.

They were allegedly assaulted by whites near Mayfair station while going to work.

The alleged beatings took place on different days.

The workers are employed as ambulance drivers and paramedics by the Johannesburg City Council.

A spokesman for the council yesterday said they were investigating the allegations.

The workers claim that since 1987 the council provided transport to take them to work and back home, but this was stopped a month ago. No reasons were given.

A committee representing the workers met the council this week and another meeting will be held next week.

A committee spokesman said the council has promised to look into their grievances.

Nothing fishy . . . Mr David Deminey of Alberton holds a model of the 31,82 kg barbel he caught at Bloemhof Dam model was made to prove his catch was not merely another "fisherman's tale".

Jo'burg blasts: police pursue possible links

Star 28/7/89

By Craig Kotze, Crime Reporter

Police are investigating whether two of three terror blasts on the Reef last night are linked to the Mass Democratic Movement's alleged campaign of militant mass action, a spokesman said today.

Witwatersrand police spokesman Lieutenant-Colonel Frans Malherbe said police had expected "attacks of this nature".

He made the statement after suspected mini-limpet mines exploded at the J G Strijdom Hospital in Johannesburg and at a public toilet in Joubert Park.

No one was injured in the Johannesburg blasts and damage was very slight.

In a third explosion, in Soweto, a suspected ANC member apparently blew himself up while trying to plant a mine at the Midway station, police said.

Colonel Malherbe said: "We have reason to believe the MDM strategy is linked to the two Johannesburg explosions and we will investigate this possibility.

"The police expected attacks of this nature and we will take the necessary measures to curtail these senseless attacks".

The J G Strijdom blast went off at 8.40 pm in a parking area on the north side of the hospital. A mini-limpet mine was apparently placed under a tree.

The Joubert Park blast occurred at 11.30 pm on the corner of Wolmarans and Klein streets.

Soweto police are still trying to establish the identity of the man killed in last night's 9 pm Midway blast.

He is the third person to blow himself up this week. At the weekend, two suspected ANC members were blown up by a limpet mine in Cape Town.

Ambulance men protest

Star 28/7/89

Staff Reporter

97

About 100 employees of the Brixton Ambulance Department have refused to work night duty since Monday after two of their colleagues were allegedly assaulted while going to work.

Mr E Ngakane and Mr N Kumeni said they were beaten, on different days, near Mayfair station in Johannesburg.

The workers are ambulance drivers and paramedics employed by the Johannesburg City Council.

A city council spokesman said yesterday the allegations were being investigated.

The workers say that since 1987 the council had provided transport to take them home and to work, but this was stopped a month ago. No reasons were given.

A workers' committee is to meet the council next week.

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COLOUR BARRED: Mrs Mabbie Khumalo and her son Daniel. ● Photograph: Herbert Mabuza.

Wait for ambulance highlights plight

WHEN Mrs Mabbie Khumalo (28) went into labour in her Hillbrow flat she had to call an ambulance from Baragwanath Hospital in Soweto.

The ambulance took more than 90 minutes to arrive and, by the time it got her to hospital, the baby had been born.

Mrs Khumalo is one of thousands of blacks living or working in Johannesburg who, because of their colour, may not be treated at the white Johannesburg Hospital.

"If I am sick I can go to the Hillbrow Hospital but they do not have any maternity care or anything for the children," Mrs Khumalo says.

TONI YOUNGHUSBAND

When her year-old son George falls ill, she must walk 5 km to catch a taxi to Baragwanath.

"If my baby gets sick during the night, I must call an ambulance from Baragwanath."

During her pregnancy she had to travel to Baragwanath once a week for check-ups.

Mrs Khumalo hopes the Mass Democratic Movement's campaign against hospital segregation will mean her children can be treated at the hospital nearest their home — the "white" Johannesburg Hospital.

Call for cops to be disciplined

Dr STUART Saunders has demanded that the Minister of Law and Order, Mr Adriaan Vlok, apologise to medical workers arrested during the protest march in Cape Town on Saturday and that the police officers responsible for the action be disciplined.

As vice chancellor of UCT and chairman of the board of SHAWCO Medical and Dental Association, he demanded that Vlok make his position clear.

"I expect him to apologise to the doctors, nursing sisters, medical students and other health workers who were so summarily arrested and to insist on the disciplining the police officers concerned.

"Failure to do so will indicate clearly to what depth South African society has sunk. I am outraged by these dreadful acts."

Stopping medical workers from giving first aid and life-saving attention to injured people during the protest march on Saturday was a direct contravention of the Geneva Convention and the Tokyo Declaration of which South Africa is a signatory, doctors and nurses said.

More than 21 doctors, nursing sisters, medical students and other health workers wearing Red Cross badges appeared in court after they were arrested, beaten, teargassed, sprayed with purple dye, had first aid kits searched and ordered to move their mobile units and clinics.

Saunders said SHAWCO's mobile medical clinics, manned by doctors, nursing sisters and other health workers who had volunteered to help, were stationed in the city to give emergency medical aid to anyone who became ill or was injured.

"Medical students, clearly distinguishable by large crosses on their chests, were also on foot carrying emergency medical packs to give emergency care. Many of them were arrested by the police.

"International conventions protect medical volunteers who give their services to help the sick and injured, and all civilised societies respect them.

"The organised medical profession needs to make its attitude plain as a matter of urgency. Internationally acceptable norms must be maintained in the interest of civilised standards."

He said two commissioned police officers entered a mobile clinic parked in Burg Street after the demonstration was over and demanded identification from the doctors and nurses which they supplied.

"The doctor was in custody for 10 hours. He and his colleagues had no food and water for seven hours, and then only when they had access to lawyers. The identity of the commissioned police officers is known." - Sapa.

Meadowlands, Dienkloof, Kagiso,

Still no ambulances in Vosloorus

Sowetan 7/11/89

(97)

RESIDENTS of Vosloorus on the East Rand have been without ambulances for the past two years.

There are about 20000 families in the township.

The Vosloorus Town Council, which controls all health facilities in the township, uses municipal police vans and a council mini-bus to transport patients to Natalspruit hospital in Katlehong.

The vehicles do not have first aid equipment.

By MZIKAYISE EDOM

Patients are charged R25 a single trip to the hospital.

A well-equipped ambulance costs about R75000.

Vosloorus is not the only township on the East Rand without ambulances.

A few months ago a woman gave birth in a toilet at the offices of the Daveyton town council after the only ambulance in the area had broken down. The council is expecting delivery of two ambulances from the Transvaal Provincial Administration before the end of this month.

At the moment patients are being transported in council vehicles.

The chairman of the Vosloorus council's management committee, Mr Sydwell Mofokeng, yesterday confirmed that since their two ambulances broke down two years ago they have been using council vehicles as ambulances.

He said: "We need at least five new ambulances to cope with the demand in Vosloorus but we do not have the funds to buy them. We have approached the TPA for help but they have told us they do not have money this year. They said we should try them again next year."

A number of residents the *Sowetan* spoke to in Vosloorus claim that it is a hassle to get a council ambulance to transport a patient to hospital. They said they had to resort to taxis for help.

They would prefer contacting the hospital directly for an ambulance.

Arrested medics were inside mobile clinic

By Toni Younghusband,
Medical Reporter

Medical personnel arrested in Cape Town at the weekend during a protest march through the city were treating injured protesters inside a mobile clinic when police took action, the acting Dean of the University of Cape Town said yesterday.

Professor J P van Niekerk said at least four doctors and volunteer medical workers were bundled into police vans.

They had been treating patients at one of two mobile clinics set up in the city to assist injured protesters. They were held briefly and released on their own recognisances.

It seems the mobile clinic was also sprayed with the purple dye used by police to identify protesters.

Medical authorities round the country have condemned the police action strongly, and UCT principal Dr Stuart Saunders has called for an apology from Minister of Law and Order Mr Adriaan Vlok.

Professor R E Kirsch, professor of medicine at UCT, said the right to receive and administer first-aid was recognised in the declarations of Helsinki and of Tokyo, to which South Africa purported to subscribe.

"In civilised societies, such action would demand the resignation of the responsible Minister. One might well ask why nothing of the sort will happen in our country."

The Medical Association of South Africa said in a statement that all international ethical conventions stressed the autonomy of medical personnel, whatever the situation needing their attention.

Professor van Niekerk said the health personnel arrested were members of the Students' Health and Welfare Centres Organisation (Shawco), a registered welfare organisation which provided medical assistance to the underprivileged.

NO TROUBLE

Mobile clinics manned by Shawco personnel, including qualified doctors, provide medical services in the townships.

He said international agreements demanded that members of medical and auxiliary professions must be given the protection needed to carry out their professional activities.

A Shawco spokesman said the organisation preferred not to make a statement as it was a registered welfare body and did not want trouble.

A spokesman for the National Medical and Dental Association (Namda) said: "These people had no arms and no stones and were inside the clinic providing services to people who had been injured. They could hardly be labelled a threat".

SOWETAN Tuesday September 19 1989

Teargas used at congress

ABOUT 500 people who attended a health rally called by the South African Health Workers Congress at the Ipelegeng Community Centre in Jabavu, Soweto, were teargassed by the SA Police as they left the centre on Sunday evening, a Sahwco spokesman said yesterday.

"The SAP teargassed and shot rubber bullets into the crowd without warning," he said in a statement.

The SA Police public relations division in Pretoria confirmed that an "unrest incident" had occurred in Jabavu, but said the crowd had thrown stones at a police vehicle.

"The police then dispersed the crowd with teargas, but no rubber bullets were fired," Maj R Crewe of the SAP told Sapa

A political correspondent from the Japanese Consulate, Mr Ysushee Naito attended the rally. He said he had not seen any police at the rally and must have left before the teargassing incident.

Organisations represented at the rally included the Soweto Youth Congress, Soweto Student Congress, Soweto Civic Association and Cosatu.

"The focus of the rally was on unfair increases in hospital and clinic tariffs," said Mr Peter Moleko of Sahwco.

"It has become clear that one has to be wealthy to be healthy. Health services have become a commodity that can be bought and sold because of the high tariffs in hospitals and clinics - which have been raised without community consent."

Resolutions approved at the rally included

1. Free health for all;

2. Privatisation of clinics and hospitals;

3. Pensioners, unemployed, crippled or disabled people should have been considered by the Government before the tariffs were increased; and

4. Hospital and clinic workers should join Sahwco as part of the progressive health organisation.

Hospital dispute delayed

1500 Johannesburg hospital workers will have to wait until November 7 to find out whether an interdict restricting them from industrial action is to be made permanent, or will be set aside as they are requesting. Sowetan 20/9/87

6 ambulancemen quit

Sowetan 26/9/89 (97)

SIX white ambulance workers have resigned from the Ambulance and Emergency Medical Services because they did not want to share facilities at the Newcastle Hospital with their black colleagues.

The head of the Ambulance and Emergency Medical Services for Natal, Dr John Keenan, said yesterday that the six men, who worked with blacks in the same vehicles, had refused to share the crew room, toilets, crockery and cutlery with their black, Indian and coloured colleagues.

He said he told the men that it was not the policy of the service to practise racism as it provided a multi-racial service.

Ailing woman spent 2 painful hours waiting for ambulance

By Jacqueline Myburgh

A 39-year-old woman was in agony for almost two hours as she waited for an ambulance.

Miss Florence Mphuti from Soweto was laying out and cutting patterns on Monday when she fell to the floor and clutched her stomach in pain, her employer Mr John Gold en of Abiti Clothing on the corner of Marshall and Berea Streets said.

An ambulance was called just before noon, but arrived only at 1.25 pm after her employers had taken Miss Mphuti to the Hillbrow hospital in their own car.

She was transferred to Baragwanath hospital and treated for a kidney ailment.

Mr Mike Turner, assistant divisional officer at the Johannesburg ambulance department, denied the ambulance had taken an hour-and-a-half to arrive. He said the call came in at 11.55 am and an ambulance was dispatched 20 minutes later.

Naked driver hits a bridge

SURPRISED ambulancemen had to pull out an extra blanket at an accident on Durban's North Coast Road this week when they found the dazed driver of the crashed car was naked behind the wheel.

It is alleged he raped a woman shortly before the accident.

A group of black men found him raping the woman and assaulted him.

When he fled in his car, a Putco bus gave chase.

The 25-year-old white man had earlier picked up a black woman after she asked for a lift at a party.

The man agreed to give her a lift and stopped at a sugar plantation.

There he apparently raped her and tried to drive his car over her.

A group of black men arrived on the scene and attacked him.

Police said the man could not explain how he had lost all his clothes.

His car was badly damaged when it hit a bridge near the Red Hill Railway station.

The man behind the wheel had facial injuries, apparently sustained in the accident.

Astonished passers-by told reporters about the accident, which police confirmed.

The police were on the scene, but a spokesman said details were not yet available. – Sapa

Health workers seek aid

THE SA Health Workers Congress yesterday appealed to more health workers to join emergency health teams to cope with the soaring number of casualties at rallies.

Appealing to more health workers, especially doctors and nurses, to join emergency health teams, Sahwco general secretary Dr R Bismilla said Sahwco treated about 190 people during the three rallies held since the weekend to welcome Mr Nelson Mandela from prison.

Ten people were treated during a rally at the Jabulani Amphitheatre on Sunday, 80 at Orlando Stadium on Monday, and 100 at FNB Stadium on Tuesday, where one person subsequently died, he said. - Sapa.

Mind over apartheid

Black psychologists have a big task ahead

HEALTH NEWS



By MOKGADI PELA

BLACK psychologists have an enormous task reversing the damage caused by Verwoerdian ideologues who have used psychology to bolster apartheid, says Dr Saths Cooper.

Cooper, who is a clinical psychologist and lecturer at the University of Western Cape, said Dr Hendrik Verwoerd, a trained psychologist himself, was a key social engineer and an architect of South African society.

In keeping with the teachings of Verwoerd many researchers and institutions still justify apartheid laws by advising policy makers in the country, Cooper said.

He said the time has come for black psychologists to play a role to ensure that apartheid apologists are blocked in their attempts to practice and maintain the status quo.

"Today when everybody is talking of reform and pseudo-freedom, the works of thinkers like Steve Biko and Frantz Fanon need to be looked at and actualised," he said.

Biko and Fanon stressed the importance of psychological liberation as a tool for transforming the perception of a society.

Cooper said one of the most neglected aspects of black people's search for freedom and empowerment has been the area of psychological oppression. He said oppression has a tendency to create problems for both the oppressed and the oppressor.

Black psychologists should investigate the dehumanisation caused by apartheid and play a role in restoring self-esteem in black people.

"At the rendezvous of victory you cannot have half human beings. You need full human beings to dictate the pace of events in the struggle," he said.

Black Americans are still worse off than they were before their non-violent struggle, Cooper said.

It is a pity, said Cooper, that South Africa has 27 000 psychologists of whom fewer than 500 are blacks. He called on blacks to fight hard to change the system to eradicate the imbalances.



Health workers slam racism

Post 25/4/90.

(97)

MORE than 1 500 Hillbrow Hospital workers staged a peaceful demonstration in front of their administration offices at mid-day on Wednesday to protest against "racism".

The two-hour demonstration was marked by the singing of political songs and toyi-toying around the hospital premises, while a delegation of workers were in discussion with management.

They are asking management to open the Fitzpatrick residence and Ursula Mansions to all races.

They further alleged that management practises job reservation.

Strike to go on

THE strike by non-medical workers in the Western Cape, which has now spread to 14 state hospitals, a nursing college and six day hospitals, will not end until union officials hold talks with the government.

A Health Workers' Union official said yesterday that the general assistants' strike, now in its eighth day, would continue until demands to speak directly to the Ministers concerned are met.

Health strikers claim victory

By GAYE DAVIS
Cape Town

STATE-RUN health services in the Western Cape edged back from the brink of collapse this week as striking hospital workers agreed to return to work after a settlement was reached between their union and government representatives.

"It's a big victory for us," Health Workers' Union Acting General Secretary Hassan Mahomed said of the outcome of the 16-day strike, which ended on Tuesday after three days of talks.

Workers returned to work yesterday without a firm answer on wage increases, a central issue for the estimated 6 000 workers who struck: minimum starting salaries are R260 a month and average monthly wages between R300 and R400.

They will be informed no later than April 16 on wage increases.

Negotiators said that despite the recent budget allocation to improve wages of lowest-paid workers they were not yet able to indicate the size of increases.

The decision to return to work was a strategic one, taken in the face of the possibility of hospital services collapsing and potential loss of community support, Mahomed said.

The union's formal recognition will await the outcome of discussions between government, the Congress of South African Trade Unions and the National Council of Trade Unions, which could result in new legislation.



ON THE MARCH: Crossroads residents marched to the rent offices in Nyanga this week to demand the disbanding of the local town council

South 15/3 - 21/3/90

Striking workers slam PSL

97

STRIKING hospital workers have hit out at the Public Servants' League (PSL) which, they say, is trying to undermine their strike.

The Health Workers' Union (HWU) this week claimed that the PSL was urging strikers to return to work, intimidating workers into joining the PSL and slandering the HWU.

The HWU also claimed that PSL members were scabbing during the strike which has severely affected provincial hospital services in the Western Cape.

The PSL denied the allegations.

PSL secretary, Mr Bernard Wentzel, said the PSL supported the demands of the strikers but had not been consulted by HWU before the strike began.

Wentzel said the PSL did not have a mandate for strike action and had pointed out to PSL members who had joined the strike that they were taking part in a HWU action.

Meanwhile, other public sector unions are discussing possible support action for the strike which began last week.

Representatives from a wide range of organisations active in the public sector met last weekend to discuss the strike which was triggered off by the announcement that public servants would get a 10 percent wage increase.

Health Workers' Union general secretary, Mr Hassan Mahamed, said 5 500 workers had downed tools at 14 state hospitals, a nursing college, a central laundry depot and six day hospitals in the Cape.

The strikers and the sangomas

WMail 23/3-29/3/90

STRIKES and labour disputes frequently involve the use of traditional healers or witchdoctors.

And although recent examples show that union organisation can be strengthened when workers seek supernatural support, there have been occasions when this leads to extreme violence.

During the bitter railway strike in 1987, for example, union members called in a *sangoma* (witchdoctor) from Swaziland to administer medicine that would make them invulnerable to police bullets.

Striking workers, fortified by black dots of *muti* placed on their foreheads by the *sangoma*, brazenly fought back when confronted by police outside Cosatu House in Johannesburg.

Four workers were killed and another four died later that day in battles with police outside the offices of the South African Railway and Harbour Workers' Union (Sarhwu) in Germiston.

In another case, union members at shaft 6 of the Western Holdings Gold Mine travelled to the Transkei to fetch a *sangoma* to protect them from retrenchments that were taking place at the time.

After consulting the *sangoma*, workers confronted management at the mine and a vicious battle ensued. Six miners, a mine engineer and a security official died.

During the subsequent trial, which led to 15 workers being convicted of murder on the basis of the controversial "common purpose" principle, police said they had arrested the *sangoma* and 250 people with "*muti* marks" on their bodies.

In another bizarre twist to the case, the *sangoma* and one of the accused died in mysterious circumstances while being held in prison.

The use of traditional practices during labour disputes does not always have destructive consequences.

Shop stewards at a large metal factory near Johannesburg used routinely to consult an *inyanga* (traditional healer) for "cleansing medicine" that would fortify them during wage negotiations with management.

On other occasions, lawyers and expert witnesses in court cases involving labour issues have been asked by their clients to use potions that will give them the power to deal effectively with cross-examination from the prosecutor.

There are positive benefits in the use of tradition and the supernatural, says Lloyd Vogelman, director of the Project for the Study of Violence at Wits University. It reduces insecurity and boosts self-confidence.

"Often in situations where people feel helpless they resort to supernatural means of handling the situation. This is usually deeply rooted in their history and socialisation."

Eddie Koch

Muti cuts both ways in Natal's civil war

w Mail 23/3 - 29/3/90

THE civil war in Natal is being fought as much in the shadowy shops of *inyangas* (herbalists) and the forecourts of *sangomas* (diviners) as on the blood-soaked township fields.

Both sides make extensive use of herbalists, and urban dwellers request *muti* as frequently as rural people. Clients include professionals anxious to maintain their fortunes, and both black and white people.

It is the "warriors" in Natal's civil war, however, who have turned herbalism into big — but risky — business. No fighter goes into battle without *muti*.

In some areas — both Inkatha and United Democratic Front dominated — a community will be "taxed" to pay for the *muti* given to local "soldiers". In one case it was R10 a household, in another each adult man was charged R30 and each woman R20.

The exact contents of the medicine are not readily revealed, but it often contains tree bark and the fat of an animal or bird whose characteristics the client wishes to share.

For example, a python is believed to be invisible to its prey in the forest, appearing to be just flowers or bushes. Only when it is too late will it be seen in its true form. If fighters wish to take on these properties, they will be advised to use python fat *muti*.

Sometimes the *muti* is in the form of a liquid which is sprinkled with a dry grass broom over the warriors as they run past into battle.

Often it is given to individual fighters by an *inyanga* in the form of *muti* folded into a cloth band worn on one or both arms. Sometimes it is rubbed into cuts made on the body with a razor blade.

The aim is the same — to protect the warriors, to make them strong against the enemy.

Stories are told about some *inyangas* who, paid enough, produce very strong *muti* which will deflect bullets.

Some leaders, especially on the Inkatha side, are credited with particular magical powers as a result of good *inyangas*.

A story doing the rounds concerns one such leader who landed in hospital shortly after one of his sons was killed. It is said two comrades decided to visit him disguised as Inkatha members, pretending to pay their condolences over his son's death.

They were ushered into his presence, and immediately the man turned into a tree. The two conferred outside and decided to prey on his known greed.

They went back to the tree and offered him money as a sign of their sympathy. Seeing it, he quickly returned to human form to take it, and the comrades were able to shoot him, although not fatally.

These kind of claims — often made by their opponents — are very useful in building up the image of these leaders, and they do not discourage the telling of them.

Apart from giving leaders protection from weapons, *muti* is also believed to protect them from arrest and conviction.

When prominent members of the community, widely believed by the other side to be guilty of serious crimes, are acquitted in court, it is often put down to superior *muti*, which was able to influence the judge.

Weapons too — sticks, assegais, sjamboks and guns — are treated by *inyangas* to ensure they will transfer the power of the warrior to the enemy. All of this costs a lot of money, but it is considered an essential part of the armoury of a warrior.

But although some *inyangas* may be doing a brisk business, it is a high risk job. Several have become casualties of the fighting, killed because of their skills or because they were suspected of going too far and using "witchcraft" — often involving human parts — in favour of the other side.

Castration of dead or dying warriors has taken place a number of times, and it is whispered that *inyangas* can make a powerful *muti* with genitals, particularly if they are removed before a man dies.

This kind of *muti*, however, is still the exception, and most of the warriors are content with sprinkling or wearing less fearful medicine into battle.

Commenting on the prevalence of beliefs such as those involving *muti*, Natal University social anthropologist Mary de Haas said it was not limited to black people, and lay just under the surface in other communities too.

These practices surface most strongly in a community at a time of great upheaval and conflict, and it was thus not surprising to find it widespread in Natal during the current conflict and violence.

Carmel Rickard

Break for workers

WORKERS at Transvaal provincial hospitals will from Sunday have their work week cut from 44 to 40 hours, Mr F van Niekerk, chairman of the Transvaal Executive Committee of the Hospital Personnel Association of SA said in a statement yesterday.

He said the decision followed a meeting with the Minister for Administration and Co-ordination, Mr WJ de Villiers. - Sapa.

HEALTH DISPUTE F/M 30/3/90 (97)

Delay dither

One of the worst strikes in government health services ended last week. Why was there such a delay in resolving it, in view of the hardship to patients and staff and the damage to hospitals and, not least, the hardship

F/M 30/3/90 (97)

endured by the strikers themselves?

The strike started on March 5. Only on March 16 did talks begin between the Cape Provincial Administration (CPA), the Commission for Administration (CFA) and the striking Health Workers' Union.

The union is not aligned to either of the major trade union groupings, Cosatu and Nactu, nor is it officially recognised — though it has been organising Cape health workers since 1985. Initially, it refused to present grievances to retired Chief Magistrate Charles van Zyl, appointed by the CPA. Workers were holding out for talks between the union, Health Minister Rina Venter and Public Administration Minister Wim de Villiers. They were weary of dealing with representatives, saying problems had been brought, in vain, to the attention of the provincial authorities since 1987.

The Dean of Medicine at UCT, Prof J P van Niekerk, points out that normal procedures do not allow for direct bargaining with the minister. He says there was a lack of coordination in bargaining between the union and the Public Servants' League (PSL), the recognised health staff association.

However, the union's acting general secretary, Hassan Mohammed, counters that there was very little direct contact with the PSL and that no joint planning for the strike took place. The PSL was also "ambiguous" towards the strike, with some of its members joining in and others engaged in "scab" labour. He says the union raised a central set of demands and indicated whom it wanted to meet from the outset. However, no response was received until March 15.

The union's demands included: a "living wage" of R1 500 a month (current minimum starting wage is R260, average R350); six months' paid maternity leave; a 40-hour week; union recognition; and permanent status for workers classified as temporary. Compromise has now been reached on all issues except the size of the wage rise.

The DP's health spokesman, Mike Ellis, attributes the delay in talks to the minister's reluctance to meet striking workers from an unrecognised union. Minister Venter apparently felt that since the strike was about employment conditions, it should have been handled by colleague Wim de Villiers. However, Ellis maintains that as the strike was a health matter, involving patient care, the health minister should have involved herself.

The terms of agreement between the union and the CPA and CFA do not specify the size of wage increases for lowest paid workers. All that is said is that public servants are to get a 10% general increase from April 1; "general assistants" will receive a "salary improvement over and above the 10%" — precisely how much will be known by April 16. Ellis hopes that when salary increases are announced, they will be "substantial" in order to avert another crisis.

Van Niekerk, however, warns that "all hospitals in the Cape are on tight budgets and cost-cutting measures are likely to hit unskilled workers first. In so far as workers have won better conditions as a result of the strike, it must be remembered that hospitals may well respond by gradually trimming their staff."

All the parties are at least agreed on the need to improve communication, chiefly by regular meetings at both hospital and provincial level. ■



Minister Venter . . . thrust into the labour arena

Hospital workers mobilise community support

A MEETING to mobilise community support for hospital workers will take place at the Hanover Park Civic Centre on Friday at 2pm.

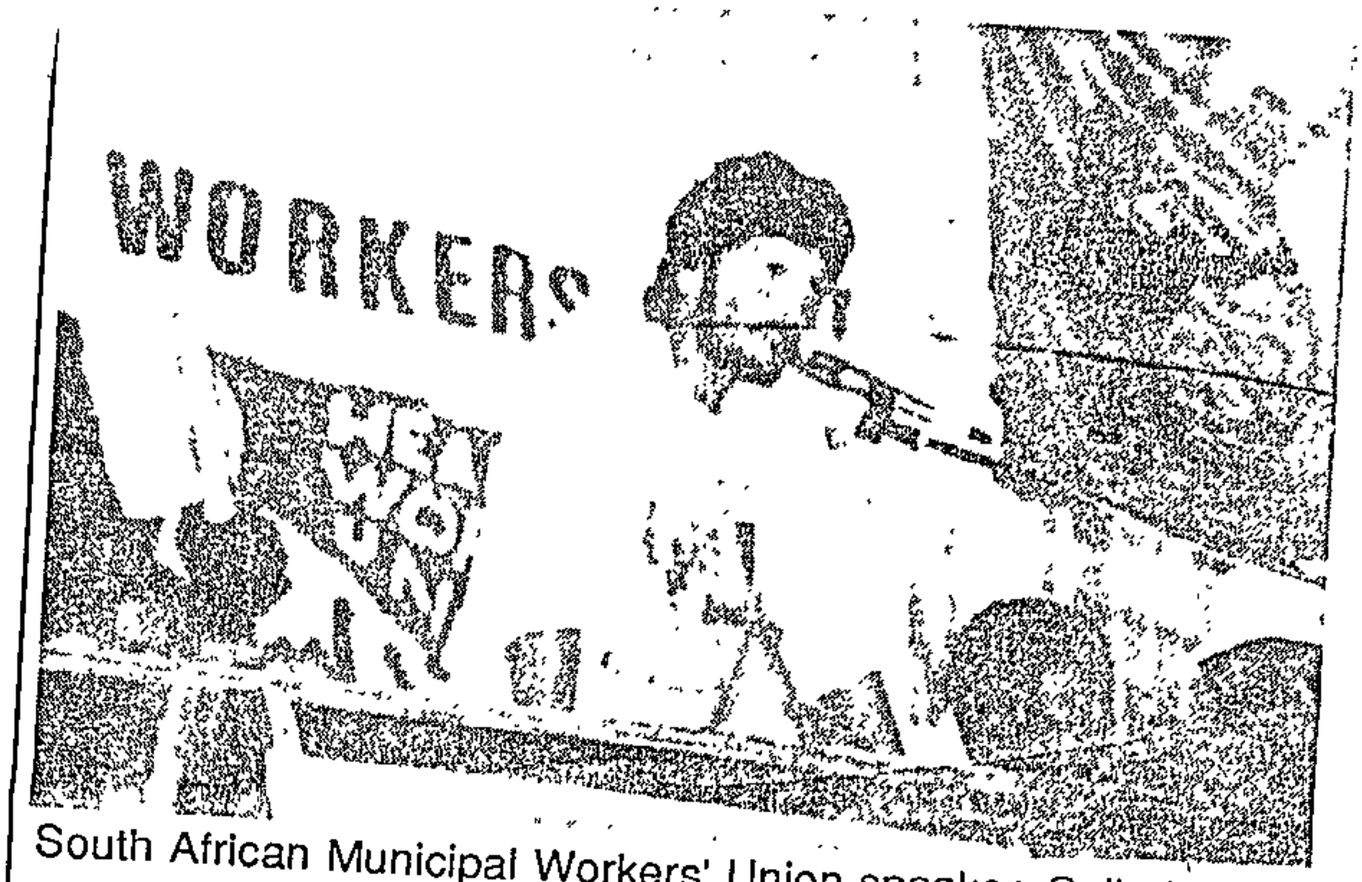
A strike by more than 4 500 workers which crippled several Cape Provincial Administration (CPA) hospitals was suspended last month.

The CPA will announce wage proposals later this month. The workers might decide on further action if they are unhappy with the CPA offer.

Speakers at the meeting will include representatives from Cosatu and the South African Municipal Workers' Union, and a worker representative.

They will discuss the background to the hospital strike, Cosatu's campaigns for a living wage, the Workers' Charter, the Labour Relations Act and privatisation.

The meeting is being organised by the Health Workers' Support Committee.



South African Municipal Workers' Union speaker, Salie Manie, calls for a campaign against privatisation

Hospital workers make new threat

South 11/4 — 18/4/90

HOSPITAL workers will take further strike action if the Cape Provincial Administration does not meet their demands for a living wage.

This was the message given to more than 800 people who attended a Health Workers support meeting in the Hanover Park Civic hall last Friday.

Health Workers' Union speaker, Mr Eddie Ntlokwana, called on workers to build unity across ideological lines.

"Unity is the tool to fight the bosses," he said.

South African Municipal Workers' Union speaker, Mr Salie Manie, said it was a "matter of extreme urgency" to build an anti-privatisation campaign in the Western Cape.

Describing privatisation as a "monster" which would result in costly services and increased unemployment, Manie said public sector unions and other unions affected by privatisation should draw up a programme of action which should include educating the public about the costs of privatisation.

A surprise speaker at the rally was the acting general secretary of Nactu, Mr Cunningham Ngcukane, who said Nactu fully supported the health workers' demands.

Cosatu speaker, Mr Johnny Maleni, called on all workers to throw their weight behind Cosatu's living wage, LRA and Workers' Charter campaigns.

Move to resolve hospital crisis

THE Transvaal Provincial Administration (TPA) has agreed to appoint a mediator to resolve the strike by workers, including doctors and nurses, at the Garankuwa Hospital amid fears that patients were dying and the condition of others deteriorating due to lack of care.

Workers continued the eight-day-long strike yesterday and one doctor, who refused to be named, said corpses were not being removed in wards and patients were not bathed and did not receive proper food.

"It's a chaotic situation. The floors are dirty and the wards are stinking," the doctor said.

Mr F E S Ferreira, Transvaal MEC for health, said a mediator would be appointed to resolve the matter following discussions he held on Tuesday with senior TPA officials, Professor Leon Taljaard, rector of Medunsa, the medical advisory committee of the Garankuwa Hospital and Dr Hennie van Wyk, executive of the health services' branch of the TPA.

In a statement released yesterday, Ferreira said: "I deeply regret any inconvenience caused to patients or staff as a result of the current situation at the hospital. I urgently request all interested parties not to put the lives of patients in jeopardy through their actions nor to disrupt patient care in general."

Three special-care patients detained

w/Mail 12/4 - 19/4/90

By VUSI GUNENE In Garankuwa

THREE patients in an intensive care unit were among those detained after a clash between striking workers and police at Garankuwa Hospital, near Pretoria, this week.

It is alleged by eyewitnesses that patients were among those teargassed and beaten and some were even detained when police, after a three-minute warning, opened fire on a crowd of workers on Monday.

Patients among those teargassed after a clash between hospital strikers and police

The South African Police Public Relations Division in Pretoria yesterday denied using teargas at the hospital. "Only rubber bullets, batons and police dogs were used to disperse the crowd."

The SAP spokesman also denied that ICU patients were among those bitten by police dogs or baton-charged. However the spokesman did not respond to questions about the detentions.

Three ICU patients were still in detention yesterday, as were eight nurses and more than 20 other hospital workers. The hospital itself was deserted; many patients had been transferred to Kalafong and HF Verwoerd hospitals.

Only a handful of patients were still at Garankuwa Hospital, waiting for relatives to collect them. Some said they had been hastily discharged even though that they had not completely recovered.

The corridors leading to the wards were badly littered. Linen and patients' clothing lay outside the doors of the wards in black refuse bags. No doctors, nurses or other medical staff were on duty.

The hospital came to a standstill yesterday when personnel gathered at "Freedom Square" at the Medical University of Southern Africa (Medunsa).

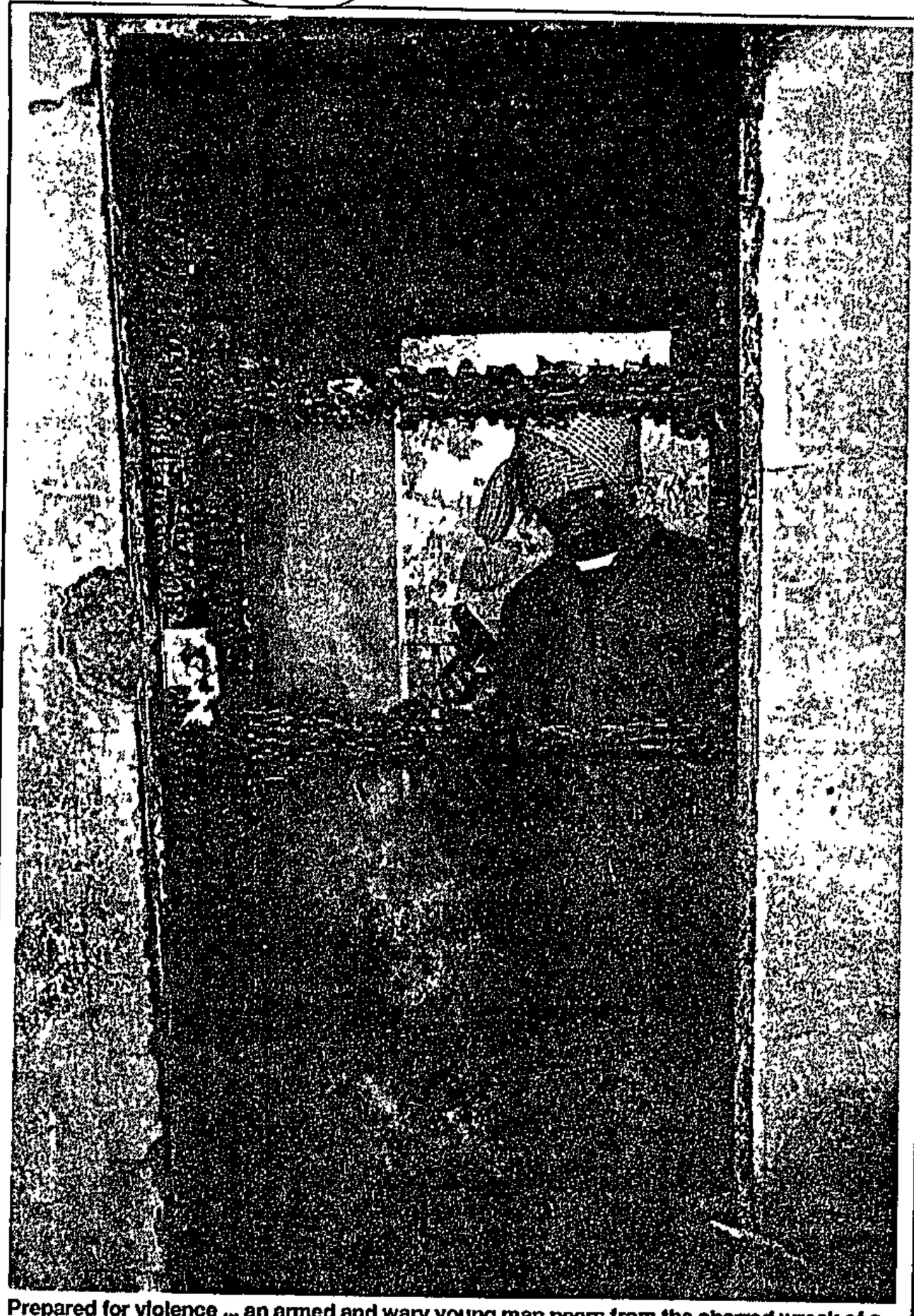
Medical students doing their practicals in the hospital joined striking hospital personnel when the Workers' Committee, representing the National Education and Health Workers Union (Nehawu), met with management to discuss the dispute that had led to the strike.

The strike began last Wednesday when workers demanded the dismissal of two administrators alleged to have made racist remarks.

Peter Dladla, a Workers' Committee member who was shot on the left arm with a rubber bullet, described Monday's incident. "At about 9am on Monday, the superintendent, Dr L van Heerden, brought a court interdict against the Workers' Committee, stating workers should vacate the premises of the hospital by 11am.

"At about 12.30 a senior police arrived at 'Helicopter Square', where workers had been meeting since their strike began, and told us to disperse or resume duties.

●To PAGE 2



Prepared for violence ... an armed and wary young man peers from the charred wreck of a house in Mpumalanga township in Natal. For more on the ongoing Natal civil war, see pages 4 and 5 Mail 12/4-19/4/90 (276) Picture: JUSTIN SHOLK, Afrapix

Sowl

Health workers to meet CPA over 'package'

97

By CHIARA CARTER

THE Health Workers' Union (HWU) has requested an urgent meeting with the Commission of Administration over the wage package for public servants announced last week.

A mass meeting of HWU members at Community House on Monday expressed "extreme dissatisfaction" at the increases.

The meeting decided to give the authorities time to respond to the request for a meeting before taking further action.

HWU general secretary Hassan Mahomed said the workers had rejected the increases as inadequate because the wage levels of general assistants prevented workers from making ends meet.

HWU is demanding a minimum wage of R1 500.

The Commission for Administration has refused to make the increases public, but the new minimum wage is believed to be about R500 a month.

Mahomed said workers felt the night shift allowance was "hopelessly inadequate".

He said workers were dissatisfied that certain categories of staff such as housekeepers, pharmacy assistants and clerical workers had been excluded from the package.

Workers also viewed the preconditions attached to the long service increase as "unacceptable".

The preconditions include 20 years' unbroken service and merit evaluation.

A strike by about 4 500 HWU members crippled most Peninsula hospitals for more than two weeks last month.

When strikers returned to work, they warned they might resume the strike if the April increases did not meet their expectations.

The Public Servants' League has also expressed dissatisfaction with the package announced last week.

Hospitals: strikes/stayaways

237. Miss M SMUTS asked the Minister of National Health and Population Development:

(1) Whether there have been any strikes or stayaways at Cape provincial hospitals in 1990; is so, (a) when and (b) in what way were services disrupted;

(2) (a) what was the lowest paid grade of employee involved in these strikes or stayaways and (b) what (i) is the salary and (ii) are the working hours of these employees;

(3) (a) what is the longest period served by a temporary staff member at such hospitals and (b) for what benefits were these workers ineligible as a result of their temporary status;

(4) what action has been taken by the Government to end these strikes or stayaways?

B607E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes,

(a) 5 to 21 March 1990,

(b) services were scaled down and in certain cases only emergency services functioned;

(2) (a) General Assistant I,

(b) (i) are remunerated according to the salary scale R2 685 × 228 – 3 369 × 312 – 4 617 × 399 – 5 415 per annum plus R540 per annum area allowance,

(ii) 44 hours per week;

(3) (a) 45 years,

(b) none. Section 7 of the Public Service Act, 1984 (Act III of 1984) determines the various classifications of persons in the public service. For each division or group a specific set of conditions of service are prescribed. Some of the conditions of service that may differ between groups are leave provisions, pensions and requirements for the termination of services. These aspects are dealt with by the Minister for Administration and Economic Co-ordination. The temporary staff concerned were eligible for all benefits due to them in terms of their conditions of appointment, the Public Service Act, 1984 and the regulations framed in terms thereof as well as the Act on the Temporary Employees Pension Fund, 1979 (Act 75 of 1979);

(4) all channels of communication were used to resolve the problem, namely:

— Channels of communication were kept open between Management of the hospitals concerned and representatives of the striking workers.

— A retired magistrate Mr Charles van Zyl was appointed by the Cape Provincial Administration to hear the grievances of the striking workers who were invited to approach him freely in this regard.

— The Administrator of the Cape Provincial Administration, by means of the Press invited striking workers to approach him personally in respect of their grievances.

— The Administrator send personal letters to officials of the Health Workers Union inviting them to approach him in respect of their grievances.

— Discussions were held between representatives of the hospital workers and senior officials of the Cape Provincial Administration at which grievances were heard in full and replied to in order to reach agreements which were reasonable and fair to both parties.

Medical waste

247. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) What system is currently used by hospitals falling under the control of the provincial administrations to dispose of medical waste;

(2) whether consideration is being given to changing this system; if not, why not; if so, what are the relevant details?

B637E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Depending on the hazardousness of the specific type of medical waste, these wastes are disposed of by incineration, through a solid waste removal service or into the sewer system after disinfection thereof if necessary;

(2) no, the existing system is sufficient however, a watchful eye is still kept on potential hazardous practises.

Own Affairs:

Private schools: subsidies

68. Mr A E DE WET asked the Minister of Education and Culture:

(1) Whether any private schools in (a) the Transvaal, (b) Natal, (c) the Cape Province and (d) the Orange Free State (i) applied for and (ii) were granted a subsidy for private schools in 1989 in terms of the Private Schools Act (House of Assembly), No 104 of 1986; if so, which schools in each case;

(2) whether any registered private schools did not apply for this subsidy in 1989; if so, which schools?

B615E

The MINISTER OF EDUCATION AND CULTURE:

(1)(a), (b), (c), and (d)(i) Yes,

TRANSVAAL

Assumption Convent (Germiston)
Assumption Convent (Pretoria)
Auckland Park Preparatory School
Bellavista School
Beth Jacob Girls' High School
Boys' Town School
Brescia House Ursuline Convent
Broadlands School
Capital Tutorial
Carmel Primary School
Carmel High School
Christian Brothers' College (Boksburg)
Christian Brothers' College (Pretoria)
Christian Brothers' College (Springs)
Christian Community College
Convent of our Lady of Mercy Dominican School
Convent of the Holy Family Crossroads
Damelin College High School
De La Salle Holy Cross College
Deutsche Schule (Johannesburg)
Deutsche Schule (Pretoria)
Dominican Convent
Eden College (Johannesburg)
Eden Christian School (Warmbad)
Flamboyant School
Gereformeerde Laerskool "Dirk Postma"
Gereformeerde Laerskool "Johannes Calvyn"
Glenoaks School
Grantley Private School
Hillel School
Holy Rosary Convent
Iona Convent
Japari School
King David Primary School
King David School (Linksfield)
King David (Victory Park)
Kingsmead College
Kroondal Deutsche Schule
La Salle College
Loreto Convent (Skinner Street)
Loreto Covent (Queenswood)
Marist Brothers' College (Marian College)
Maryvale College
Mc Auley House School
Menora Primary School Glenhazel
Michael Mount Waldorf School
Modern Methods Business College
Our Lady of Mercy School
Paterson Park School
Presda Laer
Pretoria Chinese School
Pretoria Preparatory School
Pridwin Preparatory School
Redhill School
Roedean School (S.A.)
Sacred Heart College
Saheti School
Sancta Maria Junior Convent
Sedaven High School
Sedaven Primary School
Selly Park Convent
Sha-Arei Torah Primary School
St Andrew's School
St Benedict's School
St Catherine's Dominican Convent
St Catherine's School (Florida)
St Columba's Primary School
St Conrad's
St David's Marist Brothers College

Turning to police action at Robertson on April 11, Vlok said the police investigation had just been completed. A case dossier had been submitted to the attorney-general-

hall, were trampled by those trying to escape the tear gas inside, he said.

The LP welcomed the announcement that police action was being investitaged.

Hospital worker earns R270

BARRY STREEK

CAPE TOWN — The lowest paid workers involved in last month's strike in Cape Peninsula hospitals earned less than R224 a month and an area allowance of R46 a month, National Health Minister Dr Rina Venter said yesterday.

She also said the longest period served by a temporary staff member at these hospitals was "45 years".

Venter, who was replying to a question tabled in the House of Assembly by Dene Smuts (DP Groote Schuur), said the strike took place between March 5 and March 21.

Services were scaled down and in certain cases only emergency services functioned.

The lowest paid grade of employees involved in these strikes or stayaways started at R2 685 a year and went to a maximum of R5 415 a year (R451 a month) with a R540 a year area allowance.

The temporary workers were not ineligible for any benefits as a result of their temporary status — they were eligible for all benefits due to them in terms of their conditions of appointment, the Public Service Act, regulations issued in terms of this law, and the law on the Temporary Employees Pension Fund.

Venter added that all channels of communication were used to solve the problems and end the strike.

SS DAY, Friday, April 27 1990

Hospital go-slow continues

A THREE-DAY go-slow at three major Johannesburg hospitals continued yesterday with the National Education Health and Allied Workers Union (Nehawu) claiming over 3 000 workers had joined the rotest for a basic minimum wage of R1 100 a month.

Hospital sources said there were no more than 1 000 non-medical workers involved.

Nehawu members at Johannesburg General, Hillbrow and Baragwanath were demanding an average wage increase of 100%, and as much as 500% for the lowest paid staff.

Union spokesman Neal Thobegane said the Transvaal Provincial Administration (TPA) had offered a minimum of 10%.

MATTHEW CURTIN

Hospital Services spokesman Jan Loubser confirmed there had been peaceful placard demonstrations. Executive director Hennie van Wyk was engaged in negotiations with Nehawu and the TPA could not comment on the progress of talks.

Johannesburg acting chief superintendant Dr Tom Frankish said the peaceful demonstration of had not affected hospital services. But a Baragwanath hospital spokesman and Hillbrow acting chief superintendant Jack Norman-Smithsaid the go-slow was having an effect.

● See Page 9

Hospital strikers return to work today

THE 10-day strike by non-medical workers at Transvaal hospitals ends today after the signing of an agreement by the Transvaal Provincial Administration (TPA) and National Education, Health and Allied Workers' Union (Nehawu) yesterday afternoon at D F Malan Airport, Cape Town.

Although no wage increase has been agreed to, striking workers will return to their jobs today and tomorrow. No disciplinary action will be taken against them.

Nehawu secretary-general Sisa Njikilana said: "The workers are definitely going back to work today."

Summarising the terms of the agreement, Cosatu general secretary Jay Naidoo said the agreement was a victory for Nehawu in that the TPA had agreed in principle to freedom of association and to its employees belonging to any trade union or recognised staff association of their choice.

Negotiations would commence within seven days of the agreement to resolve issues such as the implementation of a 40-hour week, maternity leave, privatisation and contracting out of work, pension and provident funds, wages and trade union facilities, he said.

WILSON ZWANE and TANIA LEVY

According to the agreement the TPA has undertaken, in principle, to grant Nehawu facilities such as stop orders, access to TPA health-care premises by accredited Nehawu officials and permission to Nehawu officials to represent its members at disciplinary hearings.

However, this undertaking is subject to the establishment of practical details of such concessions by a working committee, which will consist of representatives from the TPA and Nehawu.

Budget

The TPA has also agreed to grant permanent worker status to workers who had been employed for more than three months.

In a statement yesterday Transvaal Administrator Danie Hough said no further wage increases would be granted in the current financial year in view of the substantial wage improvement for general assistants granted within parameters of the Budget and announced on April 11.

With effect from April 1, wage increases included raising the minimum wage payable to general assistants from R223,50 to R460 a month, excluding allowances.

Workers went on strike demanding — among other things — a R400 across-the-board increase and a minimum monthly wage of R1 100.

However, Hough said agreement was reached on several other issues, including the establishment of mutually acceptable communication to discuss matters such as salaries, safety and training.

Agreement was reached on maternity leave.

A 40-hour week would apply, as had been the practice at TPA since April 1, Hough said.

It was agreed consultation would take place between Nehawu and the TPA in cases where a reasonable chance of privatisation existed.

Hough said without creating any precedent, days not worked during the strike would be taken as leave without pay.

Alternatively, strikers could use full days they did not work as vacation leave. The concession regarding leave would lapse at 7.30am on Sunday, March 13.

Strike: Bara set to close

Sowetan 2/5/90

BARAGWANATH Hospital may be closed within days if the strike by about 1 200 non-medical staff continues, the hospital's chief superintendent, Dr Chris van den Heever, warned yesterday.

By PHANGISILE MTSHALI

The executive director of Health Services in the Transvaal, Dr Hennie van Wyk, and Mr Fanie Ferreira, MEC in charge of health services, will visit the hospital today.

Said Van den Heever: "The situation is very serious, particularly because medical and nursing staff are intimidated by strikers."

Patients

"Yesterday we turned away patients from as far as Zambia, discharged about 150 patients before time and attended only emergency cases.

"Today we may close down the smaller of Soweto's 11 clinics and its only a matter of days before we close the hospital.

"Availability of medicine, clean linen and food will determine when we will close.

Van den Heever was commenting on a "go slow" that started three weeks ago and developed into a full-blown strike yesterday.

The striking staff includes porters, clerks, laundry, kitchen

● To page 2



A laundry worker at Baragwanath Hospital, Mr Henry Kleinhans, holds some of the dirty and blood-stained linen that has been piling up at the hospital as a result of the strike by non-medical staff. Some new born babies and their mothers lay naked on their beds because there was no clean linen in the maternity section.

Bara may close due to strike

WILSON ZWANE

THE giant Baragwanath Hospital and some of its 11 Soweto clinics could be forced to close because of deteriorating services, caused by a strike by the hospital's non-medical staff.

Chief medical superintendent Chris van den Heever said yesterday: "There are fears that the hospital may close down if the nursing staff can be intimidated out of the wards."

The hospital's general, non-medical staff started a series of industrial actions about three weeks ago in an attempt to have wage and working conditions grievances attended to.

According to National Education, Health and Allied Workers' Union (Nehawu) organiser Neal Thobejane what had been a go-slow strike became a full strike on Monday due to unhappiness over the size of general assistants' salary increases.

About 1 500 general assistants — non-medical staff such as drivers, porters, medication packers, kitchen and laundry workers — were not working yesterday.

Salaries for grade one general assistants have been increased from R2 685 to R5 016 a year; grade two general assistants' salaries from R3 141 to R5 814, and grade three salaries from R3 681 to R6 612.

Health services director-general Hennie van Wyk and MEC for hospitals Fanie Ferreira are due to visit Baragwanath today to evaluate the situation.

Van den Heever said the hospital had, by yesterday, discharged more than 100 patients prematurely and were only dealing with emergency cases.

"We won't be able to run the hospital for long under the present circumstances," Van den Heever said.

Soweto community health services superintendent Dr George Louw said some of the clinics would also have to close down.

Yesterday the nursing staff was helping with kitchen and laundry duties.

According to chief pharmacist Henry Booyzen volunteers from Soweto had begun packing the medication.

"Medication production dropped by 60% and we'll have to work extended hours to catch up," Booyzen said.

Thobejane warned yesterday that if "no positive response" was received from government in a week or two, Nehawu would not be able to "restrain" the workers.

□ Sapa reports from Cape Town that Groote Schuur Hospital fund-raiser Pixi Gillow said yesterday that donations of R223 000 had poured in since Friday, when a public appeal for funds for the hospital's ailing cardiac unit was launched.

Of that amount, R100 000 was donated by Pick 'n Pay Stores, which has launched an appeal for R1m. A second R100 000 was donated by a company which wishes to remain anonymous at present, and R23 000 had been donated by the public.

She added she had a "critical list" of units within the hospital which urgently needed more than R4m.

● See Page 3

Bara strike forces patients to leave

BARAGWANATH Hospital stood almost empty yesterday after hundreds of patients were prematurely discharged due to a strike by 2 750 non-medical workers.

In spite of assurances by Transvaal Provincial Administration officials that the hospital will not close, hundreds of patients turned away when they were greeted by a notice at the entrance of the hospital saying patients should go to other hospitals as Baragwanath was closed.

Mr Danie Hough, Ad-

By PHANGISILE MTSHALI

ministrator of the Transvaal, said the TPA had the situation under control.

Resources

It was able to utilise resources from other branches, he said.

Meanwhile, emergency cases only are being treated at the Hillbrow Hospital in Johannesburg, which has been affected by protest action by non-medical staff since last week.

Superintendent, Dr Norman Smith, said the staff were only working until 11am each day before beginning their protest action.

He said the biggest problems facing the hospital were food, linen and general hygiene.

Strikers representatives belonging to the National Education and Health Workers Union (Nehawu), led by Mr Meshack Maila, met TPA officials led by Mr S E L Feirreira, MEC in charge

● To page 2

Bara almost empty

From Page 1

of Health Services, for about three hours at Baragwanath Hospital yesterday and agreed to continue talking to each other in a bid end the strike.

The strike may end today after Nehawu officials have reported back to their members.

A spokesman said Nehawu would try to persuade members to return to work.

Dirty linen continued to pile up along corridors at the hospital and the usually overcrowded wards were empty.

A doctor expressed fears that unhygienic conditions may result in a spread of infection.

Patients, the hardest-hit victims in the dispute, seemed resigned to their fate.

"There is nothing we can do if the workers want to fight for their rights," a patient said.

"We only hope that the doctors will treat us as soon as they can and discharge us. We have no where else to go."

Nehawu national organiser, Mr Mondo Mdlywa said it was unfortunate that patients were caught in a cross-fire.

● Picture on page 8.



Striking workers from Baragwanath Hospital dance through the streets of Soweto

Picture: JUSTIN SHOLK, Afrafix

W1 Med 4/5/-10/5/90 (97)

Patients walk the streets in pyjamas

By THANDEKA GQUBULE

PATIENTS discharged from Baragwanath Hospital this week roamed Soweto in their hospital pyjamas because striking non-medical staff had locked the clothing storage room.

Nurses and doctors had to break into the kitchen and cook their own food as the kitchen staff had bolted the doors and hidden the pots.

Medical staff also had to cook for the patients who, at the beginning of the strike, went without a meal.

Baragwanath, one of the biggest hospitals in the southern hemisphere, was this week virtually brought to a standstill by the strike which has lasted four days so far.

The strike has affected Baragwanath's 11 clinics in Soweto. Pharmacy staff have also refused to work.

The hospital, which caters for about 1,5-million Soweto residents, normally accommodates 3 000 patients.

But at 2pm yesterday there were only 1 935 patients. In three days the hopital had discharged more than 1 000 patients.

Yesterday, despite help from various volunteer groups, the situation continued to deteriorate.

Workers said thousands of rands worth of linen would have to be discarded because it had begun to rot.

There was a long queue of relatives and undertakers outside the mortuary. The hospital's public relations department refused journalists permission to inspect the morgues but said the situation was under control.

Hospital officials said there had been no deaths due to the strike. However, they were concerned that the unwashed linen could lead to the spread of infections.

The most unusual sight at Baragwanath was that of the bare benches in the casualty ward.

Doctors usually describe working in the overcrowded ward as a nightmare. However, this week the hospital was only dealing with emergency cases.

Earlier this week, Soweto residents hoping to be treated at the hospital were greeted by a placard stating: "All patients to be referred to other hospitals. Hospital closed."

But most of Baragwanath's neighbouring hospitals have also been affected by the strike.

The notice was later removed.

Health crisis as hospital strikes sweep the country

Weekly Mail Reporters

SOUTH AFRICA'S health service was plunged into a crisis yesterday as the strike by Baragwanath Hospital workers spread to at least 14 hospitals.

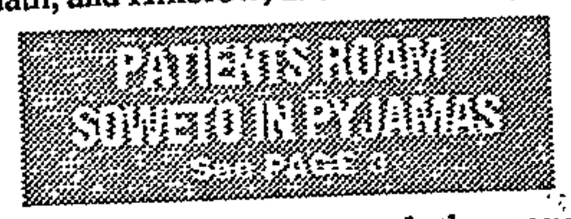
It is understood that African National Congress Deputy President Nelson Mandela yesterday helped to arrange an emergency meeting today between Health Minister Rina Venter and union officials representing the thousands of workers demanding higher pay and union recognition.

Earlier both Mandela and State President FW de Klerk discussed the Baragwanath crisis during a recess in the watershed talks between the government and the ANC in Cape Town.

Both agreed that the situation at the hospital was "detrimental to the interests of the public and that it is imperative that medical services to the public should as soon as possible return to normal", a statement from the president's office said.

It added that Mandela would "interest himself" in improving the situation at Baragwanath.

The strikes have hit hardest at the three main Johannesburg hospitals, Johannesburg, Baragwanath, and Hillbrow, and have now spread to



11 other institutions around the country, among them Coronationville, HF Verwoerd in Pretoria, Natalspruit in Katlehong, the Durban Nursing Clinic, Boksburg/Benoni Hospital, as well as hospitals in Witbank and Middelburg.

In Middelburg it was reported that clashes took place yesterday between striking workers and police.

Industrial action has also been reported at Paardekraal, Leratong and Sterkspruit hospitals. In many hospitals only emergency operations are being performed. Doctors report that patients may die if the strikes continue.

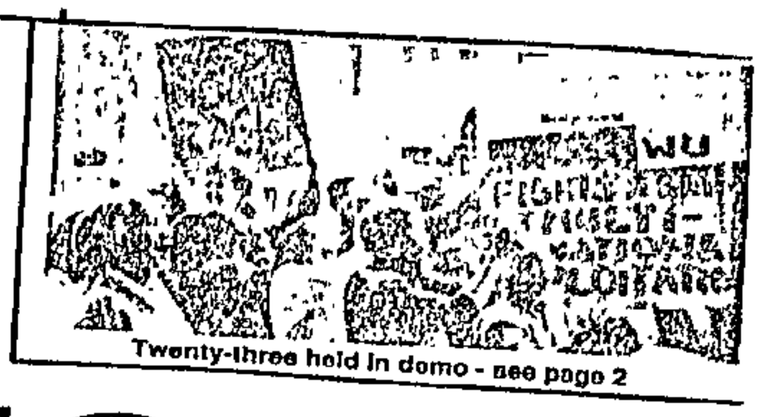
Today's emergency meeting in Cape Town will be attended by Venter, representatives of the National Education and Health Workers Union (Nehawu), and the Congress of South African Trade Unions (Cosatu).

Industrial action by health workers began as small pickets during tea breaks and lunch hours at various hospitals all over the country. When this proved futile, workers embarked on "go slows" to get the attention of the authorities. As a last resort, workers went on a full-blown strike at Baragwanath early this week.

Volunteers from medical organisations, rotary groups and ex-hospital staff have moved in to alleviate the health services crisis.

Hospital strike grows

Sowetan 4/5/90



Twenty-three held in demo - see page 2

THE week-long Baragwanath Hospital strike yesterday spread to several other Transvaal hospitals.

About 8 000 workers are now on strike despite yesterday's high-level talks in Cape Town to address their grievances.

The strike, called by the National Education Health and Allied Workers Union members has spread to Hillbrow, Johannesburg General, HF Verwoerd and Natalspruit hospitals.

By MOKGADI PELA and PHANGI MTSHALI

Natalspruit nurses are reported to have joined the strike.

According to a statement by the SA Nursing Council, the nurses' action is "endangering" patients' lives.

Striking non-medical workers at Baragwanath Hospital resolved to continue their action over the weekend even though their union met Minister of National Health and Population Development Dr Rina Venter and Minister of Administration and Privatisation Dr Wim de Villiers late yesterday.

ANC deputy president Mr Nelson Mandela also attended the meeting.

Mandela is reported to have held urgent discussions with President FW de Klerk over the strike.

Lunchtime stoppages were reported at Krugersdorp's Paardekraal, Leratong, Sterkspruit hospitals and Boksburg-Benoni hospital.

Solidarity action at Witbank and Middelburg in the eastern Transvaal was also taking place, Nehawu spokesman Monde Nditswana said.

However, a Transvaal Provincial Administration spokesman said he did not know of the solidarity action

Crisis

TPA assistant director liaison Mr Jan Loubser confirmed that the crisis at the five hospitals now involved about 8 000 workers.

"No lives are endangered although we are treating only emergency cases in all affected hospitals," he said.

"Volunteers and TPA workers from other departments have been called in for essential services."

Representatives from



Distraught relatives of Mrs Celiwe Ngobese, who was admitted to Baragwanath with a stroke and heart problems, take her home after failing to get hospital transport. Ngobese, from Dundee, Natal, had been in the hospital since March. Pic LEN KUMALO

Hospital strike

From Page 1

the National Medical and Dental Association, South African Health Congress and other organisations have volunteered to provide emergency services.

In the past two days no operations had been done at all and only emergency operations had been done in the past 10 days.

* All operations at the Natalspruit Hospital have been cancelled. Only one matron remained in theatre and patients who had come for diabetic and high blood pressure check-ups were turned away.

A Nehawu delegation last night held talks with the Minister of Administration, Dr Wim de Villiers, at his office in Cape Town.

Sowetan 4/5/90

Meanwhile, State President FW de Klerk and ANC deputy President Nelson Mandela said in a joint statement yesterday it was imperative that medical services at the hospital returned to normal as soon as possible.

Continued chaos at strike-hit hospitals

By MARK STANSFIELD

CHAOS prevailed at several hospitals countrywide this weekend as the general workers' strike continued.

Meanwhile, talks between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union aimed at ending the strike were adjourned late yesterday with only the issue of wage demands outstanding, Nehawu national organiser Monde Mditshwa said.

The union is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

"We have reached agreement on the rest," Mr Mditshwa said, referring to Nehawu's demands for TPA recognition, an end to temporary status for all workers and an end to racial discrimination within health institutions, among others.

"The strike will continue until the wage demand is finalised."

Hospital spokesmen predicted the tally of deaths due to the weekend's usual assaults and accidents would be higher than normal as crippled casualty wards try to cope with reduced staff.

The Administrator of the Transvaal, Mr Danie Hough, urgently appealed to organisations and the public to offer their voluntary services to hospitals affected by the strike.

These include Baragwanath, Johannesburg, Hillbrow, Nelspruit, HF Verwoerd, 10 unnamed provincial hospitals in the Cape and several in the Free State and Ciskei.

Yesterday afternoon, nurses at several hospitals in the Transvaal, the Free State, Ciskei and Cape joined the general hospital workers' strike, aggravating the situation, said Dr Hennie van Wyk, the Transvaal's executive director of hospitals.

Negotiators from Nehawu and the Government were still on the negotiating table late yesterday.

Threatened

The Government's chief negotiator, Professor Wynand Pienaar, said late yesterday the talks about wage demands would continue. He declined to reveal any details.

Several hospital matrons who donned aprons at Baragwanath Hospital this week so patients could be fed reported they had been threatened with death by strikers.

Spokesmen for Baragwanath, Nelspruit and Hillbrow hospitals expressed similar experiences.

Thousands of patients — reckoned not to be in need of urgent medical attention — have been turned away from hospital doors in the past week as loyal staff battle to serve those considered "in dire need" of medical attention.

Fears have been expressed that South Africa's health services could collapse as the strike continues.

● See: Scent of Sickness, Page 13.

The SCENT of SICKNESS

BARA BECOMES A DISEASE TIME-BOMB AS LAUNDRY AND TRASH PILE UP

THE southern hemisphere's biggest hospital, the 4 000-bed Baragwanath in Soweto, is sitting on a disease time-bomb.

A stinking, festering 40-ton mountain of week-old soiled laundry is the cause of concern. The pile, containing blood and puss-stained blankets, sheets and clothing, is being monitored daily.

The smell in the laundry section was overpowering at the end of this week.

Fears have been expressed that the pile has become the breeding ground for infectious diseases.

The Baragwanath laundry is usually manned by about 240 people. Those 240 have joined the general workers' strike for higher wages and better working conditions.

Last week, Baragwanath was a hospital under siege, and conditions worsened as the strike went into its second week.

Another cause for concern is the garbage steadily piling up at strategic points — some close to hospital wards. Flies have found these dumps a perfect breeding ground.

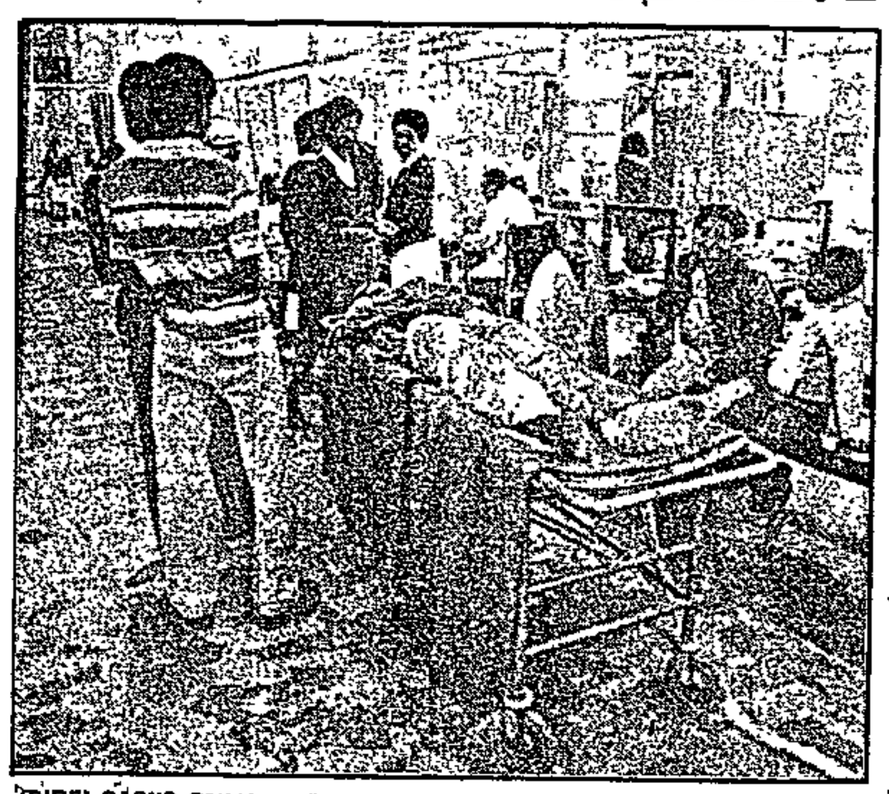
The crippled hospital is on its knees, struggling to treat the sick and the lame. Thousands of ill patients are being turned away. Those too sick to vacate their beds remain. Those able to be discharged — some mothers recuperating from Ceasarean births were tossed out after five days — are asked to leave the premises.

In the casualty section — usually one of the busiest — doctors have been instructed to treat only "dire" cases.

On Thursday, a blood-spattered, grey-haired man, obviously the victim of an assault, sat for hours trying to get attention for his wounds. Nobody helped him because there were more urgent cases to attend to.



SMELL OF DANGER . . . a 40-ton pile of stinking, festering laundry



'DIRE' CASES ONLY . . . Baragwanath's short-handed casualty section



A WELCOME MEAL . . . last week, patients went without food for 24 hours

Special report by MARK STANSFIELD

TROUBLE

Non-striking workers said Baragwanath was suffering from a deadly fever which, if not cured, could spread — wreaking havoc and death among patients.

The malaise is called Strike Fever, and if the Government gives in to the general workers' demands for an increase of up to R1 100 a month, other health-care workers — who earn slightly more after several years of study — could go on strike.

A Baragwanath intern with five years university education said. "I earn R1 300 a month and work 18-hour shifts.

"If the general workers get R1 100 for their 40-hour week, there's going to be trouble . . . the interns and sisters have been discussing the problem among themselves.

"We have sympathy with those workers who earn about R240 a month. Nobody can live on such a paltry sum. It's disgusting, and they have a right to demand a living wage.

"But to ask for such an unrealistic sum — in comparison to what others who are more qualified are earning — is ridiculous.

"If they get what they demand we will have to do something about demanding a salary comparable to our skills and education," he warned.

Last week's general hospital workers' strike at Baragwanath and several other hospitals on the Reef almost forced their closure.

A strike by more qualified personnel would almost certainly ring a death knell for hospital services, interns warned.

Ultimately, it will be the patients who suffer.

During a general strike at Cape Town's Groote Schuur hospital some time ago, several patients died because there was nobody to attend to them.

The cure for any strike, said the Baragwanath strikers, was a compromise between workers and management.

However, non-striking members of the health services warned that the Government would have to tread carefully to satisfy everybody.

They warned that other members of the health profession could also go on strike for higher wages and better conditions if the demands of the general hospital workers were met in full.

After the Groote Schuur strike, the work stoppage at Baragwanath is a sign that health workers have smelt blood and will continue to strike until health care in this country has been crippled, a nursing sister warned.

LOYALTY

"People are angry about their working conditions and wages. It is only loyalty and dedication which has kept other health professionals at their posts," she said.

Dedication to their professions has not only kept nursing staff and other health care professionals at their posts — it kept them working flat-out last week at other more strenuous and unfamiliar jobs in an effort to keep the hospital running.

There were 15 ward matrons slaving over hefty kitchen pots last week so that patients could be fed — their wards left in the hands of more junior staff.

The doors to the kitchen were bolted because several strikers had threatened them with death for breaking the strike.

Hospitals row nears crunch

TALKS between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union resume this morning. These must now settle the most burning aspect of the dispute - wage demands by the non-medical staff.

The two delegations will meet this morning in Pretoria when the TPA will respond officially to Nehawu's wage demands.

Meanwhile, the strike by thousands of non-medical staff continues to cripple Transvaal hospitals, among them Baragwanath hospital.

"The only outstanding issue is our wage proposal," Nehawu national organiser Mr Monde Mditshwa said. Sowetan 7/5/90

It was not clear last night if this morning's meeting would focus on wage demands by non-medical staff at all hospitals, or if Baragwanath was a test case.

● To page 2

Bara crisis

From Page 1

The union is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

"We have reached agreement on the rest," Mditshwa said, referring to Nehawu's demands for TPA recognition, an end to temporary status for all workers, and an end to racial discrimination within health institutions, among others.

"It now depends on the TPA response (to the wage demand). Everything hinges on it," Mditshwa said.

He declined to reveal details of what had been agreed so far. - Sapa.

Sowetan 7/5/90

Nightmare at Bara

Stench, hunger still haunt victims of hospital strike

By SIZAKELE KOOMA
Women's Page Editor

PATIENTS at Baragwanath Hospital this weekend recalled the nightmare conditions they enduring during the strike by non-medical workers. They told of the stench of filthy wards, sleeping on dirty linen and of hunger and irregular meals.

About 2 850 workers went on strike on May Day, demanding a living wage and recognition of their union, among others.

About 1 000 patients were discharged, most of them prematurely, only a day after the strike began. An occasional grim-faced patient, shuffling barefoot out of the gates in a hospital gown, was still seen leaving the hospital grounds a few days after.

The discharged patients left in hospital gowns because their clothes were locked up in the unattended locker rooms.



Celiwe Ngobese

Heart

Celiwe Ngobese, who had been admitted to Baragwanath with a stroke and heart problem, was taken away by her daughter Zodwa after she had lost hope of ever getting the hospital transport she had been promised

Ngobese looked haggard and in pain as Zodwa and a friend carried her across the bridge to where the taxis were She had been transferred to the hospital from Nquthu, Dundee, last month.

Mabel Ndlovu of Alexandra, with her one-year-old daughter on her back, negotiated the steep incline of the winding Baragwanath bridge at a painstaking pace. She was still recuperating from a thyroid operation when she was prematurely discharged.

Hoarse

"I am not healed. But there is no point staying in hospital with a one-year-old infant and no regular meals, in an unhygienic place," Ndlovu said in a hoarse voice.

Her daughter, the Alexandra woman said, survived on tea and she often went without meals.

Ndlovu and Ngobese were some of the fortunate patients who survived the nightmarish conditions at the hospital. There are others who are desperately ill and have no alternative but to endure the misery.

Queen Beu of Emdeni, Soweto, is one of them She has been in hospital for three weeks. Nurses, she said, believe she has asthma but they have not been able to help.

"I have short breath and feel very weak. I cannot do anything on my own, which means there is no hope for a person like me here. I have to wash myself and take medication without any assistance. I don't , because I cannot I have told mystef that I will survive on God's mercy," Beu said.

Samson Kubheka, who is in the surgical admission ward, was admitted to Baragwanath two weeks ago with a sceptic hand. He had suffered burns and had thought the hand would heal on its own. His negligence will cost him his index finger, which is slowly rotting.

Kubheka cannot have the urgent operation he needs because he was told, he said, that the hospital's theatre was not in use.

Fears

"I have been told to wait until next week. I am only hoping that the operation will not be postponed again when the day comes. I have fears that my whole hand might rot in the process and it will be amputated. Nurses have trained us how to wash our sores. I clean my hand every day to keep it from festering ," he said.

A doctor at the hospital said operations were being postponed because there were not enough staff to assist in the theatre. He said in the gynaecology department, where he worked, medical staff had become resigned to unhygienic ways of conducting their work.

"There are patients who sleep with their newborn babies in soiled linen. We are using blankets instead of sheets because dirt does not show as obviously as it does on a white sheet. We depend on Savlon to sterilise utensils," the doctor said

He said mothers of newborn infants in his department were discharged a few hours after delivery even when their condition was not satisfactory.

"I have got two patients who have been bleeding since they were admitted. They cannot be given proper treatment because we do not have all the equipment required. I have thought of negotiating with doctors in private practice to assist."

The crisis spread to 11 other hospitals in the Transvaal on Thursday. At Hillbrow Hospital and Natalspruit Hospital nurses joined the strikers and brought services to a virtual standstill.



Mabel Ndlovu . . . "No point in keeping an infant in an unhygienic place with no regular meals."

Monday, May 7 1990

Hospitals forced to restrict cases

TRANSVAAL's six strike-hit hospitals were forced to deal with only priority cases yesterday as volunteer workers filled in for striking general assistants.

The hospitals involved are Johannesburg, Hillbrow, Baragwanath, Natalspruit, Middleburg and H F Verwoerd.

Talks between the Transvaal Provincial Administration and the National Education Health and Allied Workers Union (Nehawu) to resolve the week-long strike resume today at TPA headquarters in Pretoria.

After Saturday's meeting between the TPA and Nehawu, the union's national organiser Monder Mditshwa said he was confident the dispute would be resolved today as the only outstanding issue was the union's wage proposal.

Nehawu is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

Mditshwa said both sides had reached agreement by the end of Saturday's meeting on all the other issues, but refused to divulge the details of the agreement. The TPA would not comment yesterday on the content of the talks.

Apart from the wage increase, Nehawu demands were for formal TPA recognition, an end to temporary status for all workers, and an end to racial discrimination within health institutions.

Hospital workers are excluded from the Labour Relations Act, and are covered by the Public Administration Act in which there is no provision for trade unions.

But TPA Health Services executive director Dr Hennie van Wyk said he could not foresee an early solution to the strike. He was in contact with Health Services MEC Fanie Ferreira, Health Services Minister Rina Venter and State President F W de Klerk.

MATTHEW CURTIN

Baragwanath Hospital received a boost to staff attempts to maintain services when Transnet stepped in and took over responsibility for washing linen on Saturday.

Staff had also been able to cope with the usual heavy incidence of casualties on Saturday night.

Natalspruit hospital, where nurses have joined the strike called by Nehawu, remained the worst hit over the weekend. A spokesman said despite the help of some volunteers, the situation was critical.

TPA spokesman Piet Wilken made an urgent appeal on Saturday for volunteers to assist the East Rand hospital. On Saturday Natalspruit only had two nursing sisters, five ward matrons, and five student nurses caring for 500 patients.

But in Johannesburg, hospital spokesmen said staff and volunteers were coping with emergency cases.

The Hillbrow Hospital was clean once more after angry strikers had emptied rubbish bins in protest at "scab" labour used on Friday night to clean up the hospitals. Strikers tidied up the litter later out of respect for the patients.

A Johannesburg Hospital spokesman said the response from the public for volunteers had been overwhelming. The hospital would need volunteers during the week.

Strike crisis

Sowetan 8/5/90

Worse

More join Bara staff protest

THE hospital crisis that has crippled six Reef hospitals yesterday spread further when nurses and non-medical staff at Tembisa Hospital downed tools.

The theatre, emergency section and kitchen were closed at noon when workers took to the streets, a Transvaal Provincial Administration spokesman said.

"Tembisa Hospital has virtually closed down because we do not even have volunteers," she said.

Workers joined the strike while discussions between their union, the National Education Health and Allied Workers' Union, and TPA officials were being held in Pretoria.

By THEMBA MOLEFE

Nehawu will hold a meeting at the University of Witwatersrand's Flower Hall this morning to report back on the latest developments.

Meanwhile, the outcome of the meeting between Nehawu and the TPA could not be established at the time of going to press yesterday as discussions were still continuing.

Strikes continued at Johannesburg General, HF Verwoerd, Baragwanath, Hillbrow, Natalspruit, Middelburg and Willem Cruywagen hospitals while a go-slow was reported at Boksburg-Benoni Hospital.

A large force of the nursing staff

From Page 1

Hospitals crisis

was reported to be still on strike at Natalspruit and Hillbrow hospitals.

Strike action was called off at Tshepong Hospital in Klerksdorp after hospital officials negotiated with workers.

The Administrator of Transvaal, Mr Danie Hough, made an urgent appeal to organisations and the public to offer voluntary service to the affected hospitals.

"Help is urgently required for kitchen services, the laundries, general ward services, clerical duties and the prepackaging of tablets and medicines," he said.

Nurses are also needed, especially at Natalspruit and Tembisa hospitals, a statement from the TPA said.

Interested organisations should telephone (012) 201- 4117 or (012) 201-4133.

See page 6

Strike spreads to more hospitals

MATTHEW CURTIN

TRANSVAAL's hospital crisis deepened yesterday as the strike by more than 8 000 general assistants spread to Tshepong (Klerskdorp) and Tembisa hospitals.

Talks between the Transvaal Provincial Administration (TPA) and the National Education Health and Allied Workers Union (Nehawu), aimed at resolving the dispute, continued into the night yesterday.

While the negotiations were being conducted at TPA headquaters in Pretoria, hospitals in Johanneburg, Baragwanath, Hillbrow, Natalspruit, Middleburg and H F Verwoerd hospitals were offering emergency services only.

The TPA announced there were no staff working at Tembisa. Operating theatres, kitchens and casualty had been closed.

The situation at Baragwanath had improved, but conditions at the other strike-hit hospitals were the same yesterday, according to hospital spokesmen.

Transnet had assisted in clearing most of the backlog of dirty laundry at Baragwanath. Volunteers and nurses had kept the kitchens running.

At Johannesburg Hospital yesterday, many volunteers had ensured laundry and cooking facilities were maintained. Medical staff were only performing emergence surgery and casualty work.

Only 600 patients remained in the wards, but a spokesmen said more volunteers were needed. Volunteers could phone Johannesburg 488-4123 for details.

Nehawu is demanding a minimum wage of R1 100 and an additional guaranteed across-the-board R400 increase.

Docs join strike

Sowetan 9/5/90

By PHANGISILE MTSHALI

TWO Hillbrow Hospital doctors have joined the strike by thousands of Transvaal hospital workers.

About 4 000 National Education Health and Allied Workers Union members, who attended a report-back meeting yesterday, were told that Dr Aslam Dasoo and Dr Norman Dubazana were among the Hillbrow medical staff now on

To Page 2

Doctors join the strike

Caxton 9/5/90

From Page 1

strike

The meeting was held at the University of Witwatersrand, where workers' representatives from 11 different hospitals decided that they had admitted workers and volunteers.

"We must deal with the question of scab labour," a spokesman from the Hillbrow Hospital said "But we will do so in a disciplined manner We do not have to force people to join the struggle"

Spokesmen from the strike-hit hospitals said they had assembled "skeleton staff" to care for patients while the strike was on

Hospitals affected by the strike are Baragwanath, Natalspruit, Hillbrow, Tembisa, Johannesburg (General), Far East Rand Baragwanath, Witbank Community Middelburg, Tshepong and HF Verwoed.

Reef hospital workers may end strike action

WILSON ZWANE

STRIKING Reef hospital workers agreed yesterday to return to work if talks between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) yielded positive results, union official Neal Thobejane said.

"The workers agreed to return to work on Thursday this week if a positive response is received from the government," he said.

The administration had agreed to negotiate wage and union recognition issues with the union within seven days of the workers' returning to work.

"That is, of course, part of tonight's talks between the TPA and Nehawu," Thobejane said.

At least 5 000 striking hospital workers met yesterday at Wits Soccer stadium yesterday where they took the decision.

The workers, among them nurses and doctors who had joined the strike, were from Baragwanath, Hillbrow, Johannesburg, Thembisa, H F Verwoerd, Boksburg/Benoni, Middelburg, Willem Cruywagen, Tshepong, Natalspruit and Far East Rand hospitals.

The Boksburg/Benoni non-medical workers and the Thembisa and Tshepong general-assistants began strike action this week.

Siphiwe Mabaso of Nehawu said the union understood the nature of the industry.

"We are committed to health services but we had no other alternative but to embark on the industrial action to force the authorities to negotiate," he said.

The union sought the normalisation of the situation.

"We urge the Transvaal Provincial Administration to address the causes of the strike, not the results of it," he said. Bidvest 11/5/90

The workers are demanding a living wage of R1 100 and an across-the-board increase of R400, permanent instead of temporary worker status, an end to privatisation of health services, and end to own and general affairs and recognition of the union.

SACC urges end to strike deadlock

From MONO BADELA

JOHANNESBURG. — More than 8 000 striking hospital workers could be back at work by the weekend — if exhaustive talks between hospitals and trade union leaders lead to an agreement.

Until then, patients will continue to be caught in the middle of a bitter dispute between health workers fighting for better wages and job security and hospital authorities administering a health system on the brink of collapse.

The Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) were unable to reach an agreement at their marathon talks on Wednesday.

Optimistic

However, they were still optimistic that a settlement could be thrashed out before the weekend.

A TPA spokesperson said an agreement could cover the wide spectrum of workers' demands and would include the sensitive issue of privatisation.

Meanwhile, the South African Council of Churches expressed its "grave concern" over the hospital crisis which, it said, threatened the health and lives of many people.

The SACC said the strike should not be handled as an ordinary industrial dispute because of the threat to lives. Extra-ordinary measures should be used to to resolve the dispute as a "matter of urgency".

SACC general secretary, Dr Frank Chikane, has conveyed his concern to Minister of National Health and Population Development, Dr Rina Venter, and Minister of Administration and Privatisation, Dr Wim de Villiers, urging them to be guided by the "principles of safeguarding human life".

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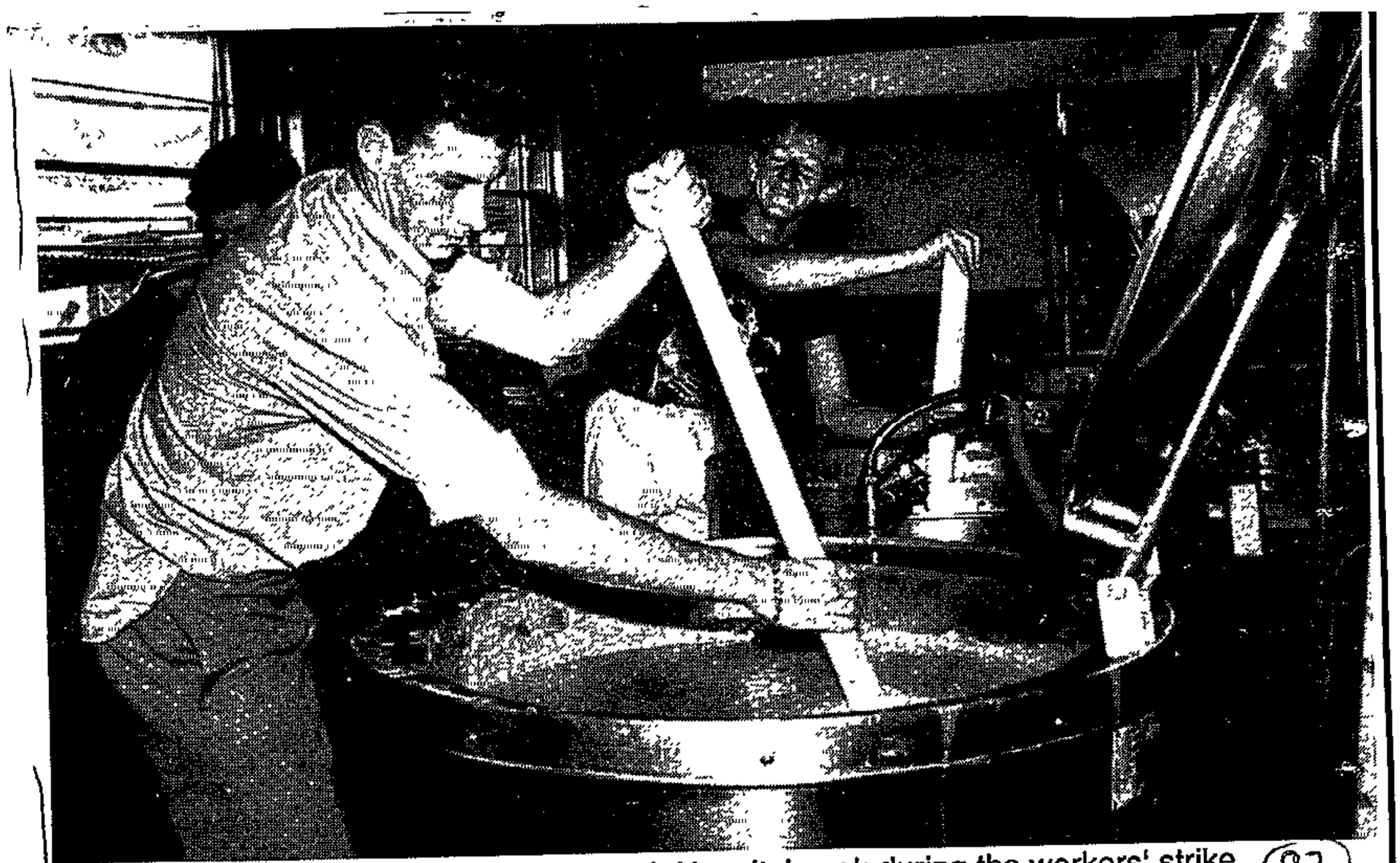
Dreams come true

Maimed exile's emotional homecoming

● See page 7



Workers at Baragwanath Hospital march to protest against low wages and to demand the recognition of NEHAWU



Scan White security staff at Baragwanath Hospital cook during the workers' strike (97)
10/5-16/5/90

Striking docs could face court action

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses.

They are also subject to rules of the South African Medical and Dental Council and the South African Nursing Council respectively.

Doctors also take the Hippocratic Oath and nurses a Pledge of Service on qualification. Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals in the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and the Attorney-General could decide on whether to prosecute.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year or both. Upon conviction the name of the offending doctor is removed from the register of the SAMDC.

The chairman of the federal council of the Medical Association of South Africa, Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as the well-being of patients should under all circumstances be their foremost consideration.

Nurses flout the law

Speaking for the National Medical and Dental Association, Dr Max Price said they would not accept a strike which compromised patient care.

Nurses could also face criminal and disciplinary action.

The registrar of the SANC, Mr Frank Germishuizen, said while nurses took a pledge of service, it was not legally binding. At the same time, the Nursing Act of 1978 made strike action by nurses a criminal offence.

Hospital strike still on but settlement nears

WILSON ZWANE

THE hospital strike will continue for another day today as the parties — the Transvaal Provincial Administration (TPA) and National Education, Health and Allied Workers Union (Nehawu) — prepare to sign a final agreement.

The nine-day old strike by hospital workers has seriously affected essential health services at Baragwanath, Johannesburg, Hillbrow, Middelburg, Thembisa, H F Verwoerd, Willem Cruywagen, Tshepong, Natalspruit, Boksburg/Benoni and Far East Rand hospitals.

TPA spokesman Piet Wilken said: "The indications are that the agreement will be signed today by the TPA and Nehawu."

Nehawu official Neal Thobejane has also said strikers might return to work tomorrow.

The union had finally received the response it sought from the TPA after a series of talks.

The regional workers' co-ordinating committee had found the agreement confusing and amendments were being made, he said.

Once necessary amendments had been made, the agreement would be returned to the TPA, which was expected to endorse it, he said.

South

On the one side are the workers — many of who are underpaid and lack job security. On the other are the hospital authorities, administering a health system which is teetering precariously close to collapse. Caught in between are the hapless patients.

MONO BADELA and CHIARA CARTER look at the issues surrounding the hospital strike that threatened to close some of the country's busiest hospitals:

South 1/5 - 16/5/90

Strike action spreads to E Cape

From PATRICK GOODENOUGH

PORT ELIZABETH. — Hospital strike action spread to the Eastern Cape this week as 90 percent of the general assistants and several nursing staff at the region's biggest hospital, Livingstone Hospital, stopped work to demand higher wages.

Superintendent Dr Graham White said on Wednesday that ambulances were bringing in only emergency cases, and that the casualty department was now operating with only 25 percent of its normal nursing staff.

Unwashed laundry was piling up and "outside help" might have to be called in, he said.

White attributed the strike to a "misunderstanding" about an increased tax deduction which coincided with a recent 10 percent payrise — effectively cancelling out the wage increases.

However, workers said the wages, even after the recent increases, were too low. They are demanding a minimum monthly wage of R1 000 for lowest-paid staff. In April, their wages were raised from R265,75 to R535.

Workers are also demanding that officials recognise the National Health, Education and Allied Workers' Union (Nehawu) as the sole workers' representative body.

They want clarification on the position of "temporary workers", some of whom are reported to have been employed as such for 20 years.

Talks between the administration and workers' representatives are continuing.

In the crossfire

HUNDREDS OF PATIENTS THE HARDEST HIT IN THE BITTER DISPUTE

AFTER 21 years as an employee at Baragwanath Hospital, Ms Nancy Masondo takes home a paltry R500 a month.

Masondo says she last received a salary five years ago.

With six children and three grandchildren to support, she finds it increasingly difficult to make ends meet. The family exists largely on soup bones; meat is a rare Sunday treat.

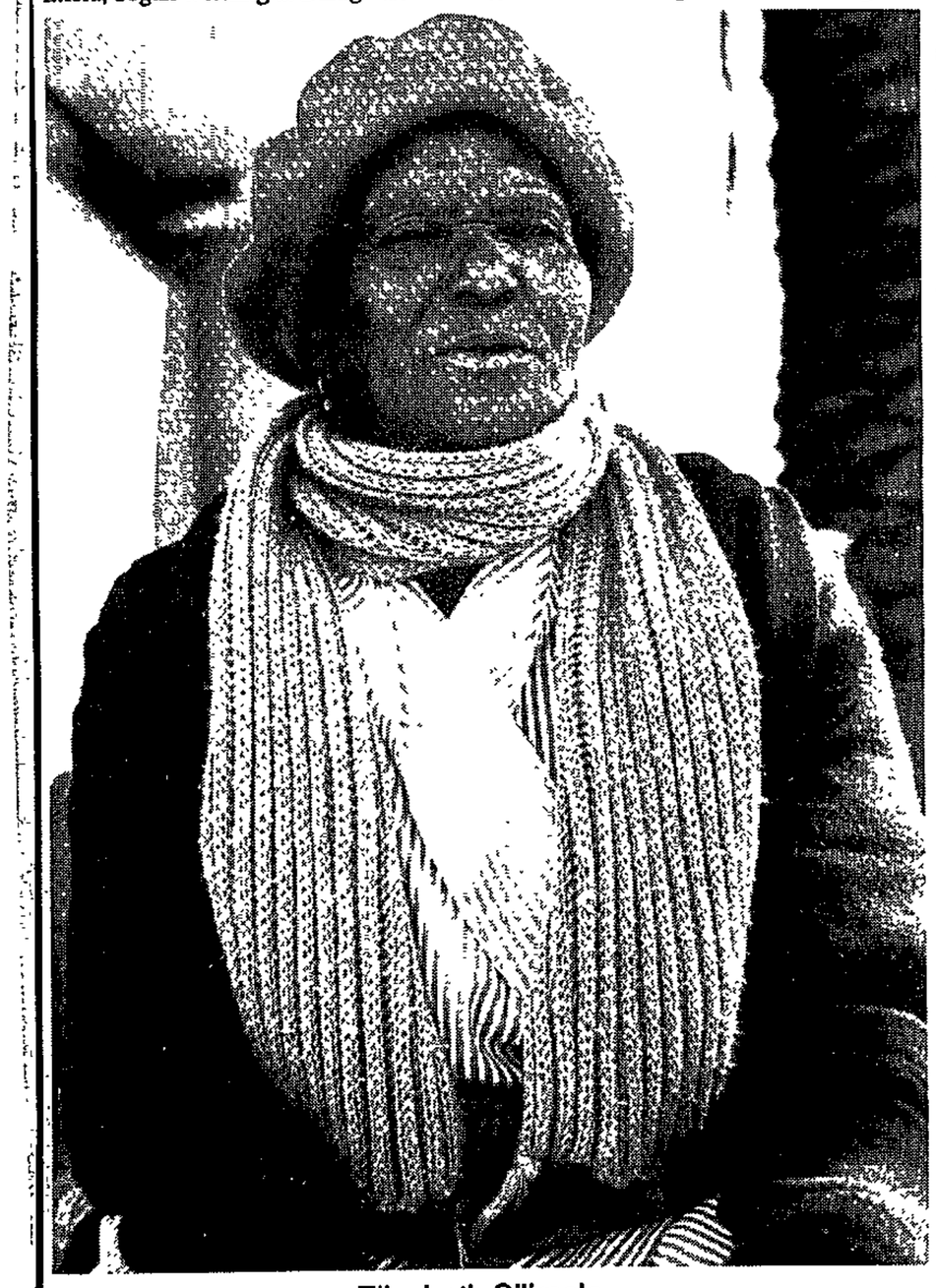
Just travelling to and from work costs R4 a day for taxi fare.

"I would be telling a story if I said I had money in the bank. I live from hand to mouth," Masondo said.

Masondo's friend, Mrs Elizabeth Silimela, began working at Baragwanath in 1975. She takes home a bare R400 at the end of the month.

Silimela has five children and two grandchildren. Like Masondo, she works in the hospital laundry section.

She says she is forced to borrow money to survive a fortnight after receiving her salary.



Elizabeth Silimela

Both women sit quietly under a tree discussing the strike while the younger strikers toyi-toyi through the hospital.

The women express sympathy for the plight of the patients, but say their own situation is as desperate.

"We believe in our union. We are very sorry for the suffering patients. But we are being killed too.

"What we get in the form of pay is nothing but a slow poison," said Masondo.

The situation of Masondo and Silimela is typical of that in which most workers employed by the Transvaal Provincial Authority (TPA) find themselves.

Oppressed

There is consensus that general assistants have been oppressed and exploited for years.

Now they have hit back — causing a crisis that crippled at least six Reef hospitals. At the hospital in Tembisa, the theatre, emergency section and kitchen were forced to close after workers went on strike.

Initially a go-slow, the strike which developed over the past week affected Johannesburg General Hospital, HF.Verwoerd, Baragwanath, Hillbrow, Natalspruit, Middelburg and Willem Cruywagen hospitals.

Staff embarked on a go-slow at Boksburg-Benoni Hospital.

Almost all the strikers who brought the TPA's health institutions to a standstill are members of the National Education, Health and Allied Workers' Union (NEHAWU).

They include nurses who are also chronically underpaid and overworked.

Strikers interviewed, told SOUTH that black workers at hospitals had been shamefully underpaid and treated with contempt for many years. They said they were aware of their moral obligation to the patients but their plight was "another side of the coin".

The strikers demanded:

- a living wage of at least R1 100, with an additional R400 across-the-board increase for all,
- recognition of Nehawu,
- immediate integrated health care for all,
- the abolition of general and own affairs hospitals, and
- an end to privatisation, especially in health care.

They view union recognition as the most important demand.

"As soon as we get this," one of the workers said confidently, "we will return to work."

Nehawu national organiser, Mr Monde Mditshwa, said the union had consistently urged the health authorities to negotiate with the union, but the TPA had refused.

Mditshwa said that, earlier this year, workers in the Witwatersrand region had presented a memorandum listing workers' demands to the TPA.

Instead of a response to the union, the Director-General sent a letter to hospital superintendents, rejecting these demands.

Nehawu wrote again to the Minister of Administration and Coordination and the Department of Health and Welfare, requesting a meeting to discuss the demands. Again the union did not receive a response.

Mditshwa said workers were faced with no alternative but to engage in industrial action aimed at forcing the authorities to the negotiating table.

Mditshwa said: "We are fully committed towards servicing the health needs of our community and developing a unitary, non-racial and effective health system for all our people.

"The responsibility for the present situation rests directly with the TPA. All we are demanding is recognition of our basic rights.

"Every day we have to deal with dismissals, victimisation, racist employment practices and being regarded as temporary workers."

Three progressive health organisations have come out in support of the strikers and offered to assist with emergency relief work.



Nancy Masondo

The National Medical and Dental Association (Namda), the South African Health Workers' Congress (Sahwco) and the South African Social Workers' Association (Sabswa) called on the TPA to respond urgently to the just demands of the workers so that hospitals could return speedily to providing essential health services to the community.

Mrs Annette Clear, a public relations officer employed by the hospital, said employees who had previously earned R2 685 a year now received R5 016 annually.

Grade Two workers who, before April, received R3 141 annually now were earned R5 814. Grade Three workers received R6 612, a year. They previously earned R3 681 annually.

SOUTH was taken around the strike-hit Baragwanath hospital by public relations officer, Mrs Hester Vorster.

About 2 000 patients were discharged after the strike began but a further 1 000 are still lying helpless in the hospital.

In Ward 1A, a surgical ward, the 15 "emergency case" patients said the situation was "really bad".

Meals

"We are not receiving our meals on time," said Mr Patrick Nkosi, the victim of a shooting incident.

At midday on Friday, the patients had their first meal in almost 24 hours after voluntary nurses forced open a locked kitchen.

Vorster explained that the food was being prepared by staff nurses on a volunteer basis.

In the kitchen, three white security guards were helping cook food.

Nurses and white administrative staff were dishing it out.

The wards appeared dirty with blood-stained linen lying on the floor.

Some wards were virtually empty.

Hardest-hit by the strike were the laundry, out-patients and casualty sections and the kitchen.

Hospital strike ends with rights for union

By THANDEKA GQUBULE

THOUSANDS of black health workers last night ended their 10-day strike at a dozen hospitals on the Reef after the authorities agreed to wide-ranging union rights and an end to discriminatory labour practices in the public sector.

The National Education Health and Allied Workers' Union (Nehawu) clinched the agreement, the first-ever between a black union and the government's health services, after a week of intense bargaining.

The Transvaal Provincial Administration granted *de facto* recognition to the union and agreed to bargain with it over wages in future. The workers did not, however, win any immediate wage increases.

African National Congress Deputy President Nelson Mandela made a 30-minute telephone call to Constitutional Affairs Minister Gerrit Viljoen on the eve of his trip through Africa, union sources told the *Weekly Mail*. This helped to break the logjam in the dispute that left most townships on the Reef without effective health services for a week.

"Today's agreement is not only a victory for health workers, but also for the public making use of health services," said Nehawu general secretary Sisa Njikelana at a press conference in Johannesburg last night.

"It is also a victory for the entire labour movement in that it is another step in the battle to win basic worker rights from the state in the public sector."

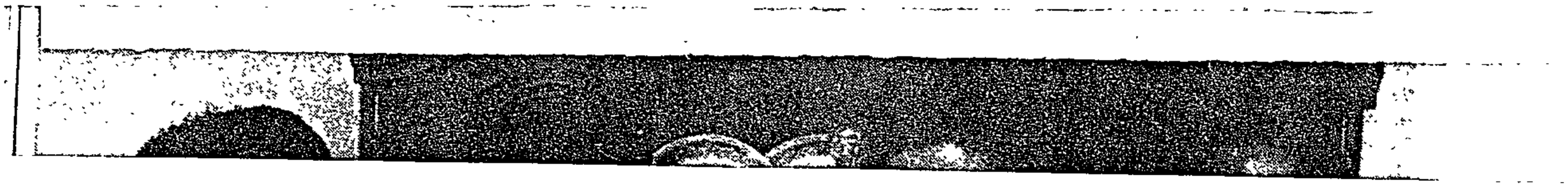
The TPA said it would put an end to the practice of employing workers as casual labour and from the date of signing all employees were defined as permanent workers.

The strike was sparked by complaints that workers received wages as low as R250 a month and that employees who had been in service for as long as 30 years were retained as casual workers.

Other terms of last night's agreement include the right of women workers to keep their posts if they fall pregnant and the right to arbitration in cases where a labour dispute cannot be resolved by the union and the TPA.

The agreement says that "the parties agree to establish acceptable channels of negotiation between them" and to

●To PAGE 2





a Press conference yesterday to announce the decision reached between the National Educa- Health Workers' Union and the Transvaal Provincial Administration are the union's president Bheki Mkhize, Mr Sisa Njikelana (general secretary), Mr Jay Naidoo (general secretary of Cosatu) and Dr Aslam Dasoo.

Bara strike ends

THE hospital strike that crippled 16 Transvaal hospitals has ended.

An agreement to end the strike, which started at Baragwanath Hospital on May 1, was signed yesterday by National Education Health and Allied Workers' Union national organiser Mr Monde Mditshwa and Transvaal Provincial Administration director general Mr Andre Cornelius in Cape Town.

The union has undertaken that

By PHANGISILE MTSHALI

about 11 000 striking non-medical workers will return to work by today.

Returning workers would not be disciplined. They will be allowed to use their leave as credit for the days they did not work, or "the days they did not work shall be dealt with on the basis of leave without pay".

They should apply for the leave concession by 7.30am tomorrow.

In a de facto recognition of the union, the TPA agreed to set up joint working committees as channels of communication between the two parties.

"The agreement is a major victory for all hospital workers," Nehawu general secretary Mr Sisa Njikelana said.

"It is an important step forward in that it guarantees basic trade union rights. If the TPA had agreed to negotiate from the beginning, we would not have ended up in this crisis."

Negotiations to resolve the is-

Continued on page 2

Bara strike over

From Page 1

sues will start within seven days.

The hospital crisis followed a dispute between Nehawu and the TPA.

Nehawu demanded a "living wage" of R1 100, a R400 across-the-board increase, recognition of Nehawu, six months' maternity leave, an end to the privatisation of health services and a single, desegregated health system.

The TPA said the workers will not be given a wage increase this financial year.

"It has to be stressed that talks between the TPA and Nehawu have been positive throughout and occurred in a good spirit, a TPA statement said.

The agreement, which binds only the 16 hospitals, includes:

* The appointment of an impartial arbitrator to deal with issues arising from the agreements;

* Steps to be taken by the TPA to have the name of the pension funds in which employees are referred to "temporary" changed. This will only be used in respect of people employed for less than three months;

The affected hospitals are: Baragwanath, Hillbrow, Johannesburg, Natalspruit, Willem Cruywagen, Boksburg-Benoni, HF Verwoerd, Lynville, Tshepong in Klerksdorp, Pietersburg, JG Strijdom, Rietfontein, Tembisa, Middleburg, Sebokeng and the Far East Rand.

Sowetan 11/5/90

Striking could lead to action against medics and nurses

By SOWETAN CORRESPONDENT

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses. Respectively they are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic Oath and nurses a Pledge of Service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC. He said the offence carried a maximum fine of R1 000 or a jail sentence of one year or both.

Upon conviction, the name of the offending medic is removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regards it as unethical for doctors to strike as patients' well-being should under all circumstances be their foremost consideration.

Jeopardise

Mandell said every possible other venue should be explored to resolve problems, and should a dead end be reached, whatever action followed should never jeopardise patients.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean the names of convicted doctors will no longer be summarily erased from registration if he has been found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said Namda does not have a policy on strike action.

"We support Nehawu (National Education, Health and Allied Workers' Union) and various forms of industrial action, which does not neccessarily mean a total strike," he said.

Health unions defend strike as necessary for equality

By THANDEKA GQUBULE

THE strike by health workers at hospitals round the country has drawn heavy criticism, with accusations that the strikers are putting human lives at risk.

Strikes in the Transvaal, however, ended last night.

This week, in an interview with the *Weekly Mail*, Monde Mditshwa, a founder of the two-year-old National Education and Health Workers Union (Nehawu), vehemently defended the right of health workers to strike.

It cannot be compared to industrial strikes, he said.

The union has created "skeleton structures" to keep emergency services going as a service to the patients and the community. They did this with fraternal organisations of social workers, doctors and other medical workers.

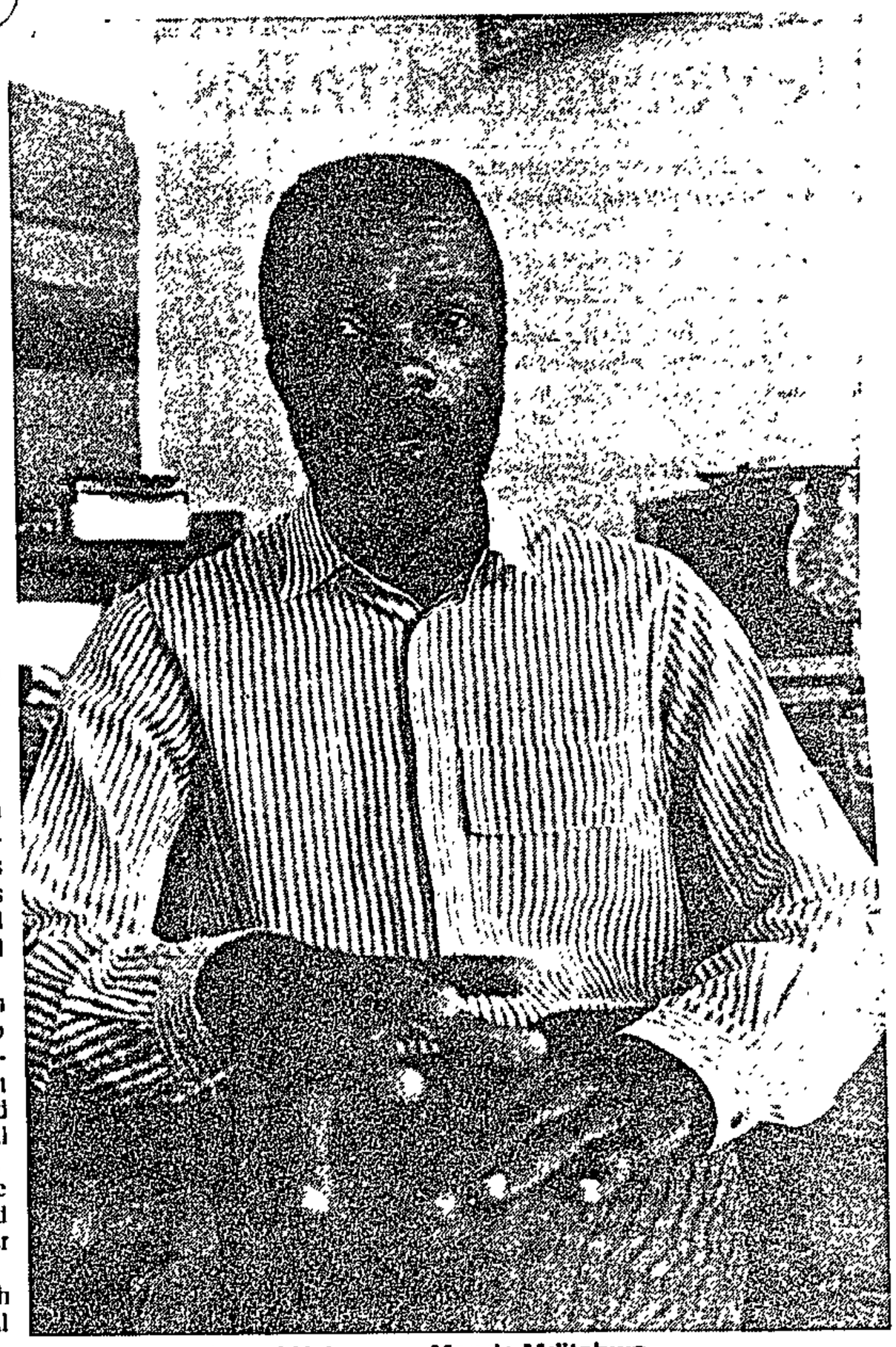
"The primary dispute is between our union and the employers. No doubt the patients are caught in between. We are sensitive to the fact that the health sector is different and that it is not books or coal or capital that is at stake here, but human lives.

"But our members should not be mistreated and racially discriminated against — then held at ransom over their right to strike.

"It is the responsiblity of the health administration to cater to the material needs of its employees," he said

Black patients have given support to the strike and could be seen *toyi-toying* with striking workers.

"The issue of health in South Africa cannot be separated from the apartheid society in which we live. Our members are not only exploited as workers but as members of the black community.



Founder member of Nehawu ... Monde Mditshwa

"We subscribe to the ethics laid down by the International Labour Organisation. I believe workers have the right to join unions of their own choice. They have the right to mediation and other basic human rights.

"But in South Africa workers in the public sector are being held hostage. They do not have the right to strike."

Negotiations with the Transvaal Provincial Administration, the result of the strikes, have established some procedures and achieved the recognition of the union. The TPA has also agreed to desegregate the health system.

Hospital strike ends with rights for union

THOUSANDS of black health workers last night ended their 10-day strike at a dozen hospitals on the Reef after the authorities agreed to wide-ranging union rights and an end to discriminatory labour practices in the public sector.

The National Education Health and Allied Workers' Union (Nehawu) clinched the agreement, the first-ever between a black union and the government's health services, after a week of intense bargaining.

The Transvaal Provincial Administration granted *de facto* recognition to the union and agreed to bargain with it over wages in future. The workers did not, however, win any immediate wage increases.

By THANDEKA GQUBULE

African National Congress Deputy President Nelson Mandela made a 30-minute telephone call to Constitutional Affairs Minister Gerrit Viljoen on the eve of his trip through Africa, union sources told the *Weekly Mail*. This helped to break the logjam in the dispute that left most townships on the Reef without effective health services for a week.

"Today's agreement is not only a victory for health workers, but also for the public making use of health services," said Nehawu general secretary Sisa Njikelana at a press conference in Johannesburg last night.

"It is also a victory for the entire labour movement in that it is another step in the battle to win basic worker rights from the state in the public sector."

The TPA said it would put an end to the practice of employing workers as casual labour and from the date of signing all employees were defined as permanent workers.

The strike was sparked by complaints that workers received wages as low as R250 a month and that employees who had been in service for as long as 30 years were retained as casual workers.

Other terms of last night's agreement include the right of women workers to keep their posts if they fall pregnant and the right to arbitration in cases where a labour dispute cannot be resolved by the union and the TPA.

The agreement says that "the parties agree to establish acceptable channels of negotiation between them" and to

●To PAGE 2

Hospital strikers win rights for union

●From PAGE 1

"negotiate within these channels salary, safety, security, job creation and training for 1990 and ensuing years".

The wide-ranging agereement will force the government to revise collective bargaining proceedures in the public sector, said Njikelana.

The Public Service Act of 1984 does not provide for the recognition of a unions or negotiation over conditions of employment. Nehawu is of the view that these are essential to prevent further protracted and damaging disputes in the health sector.

The TPA also agreed to eliminate any descrimination that still exists in payment of wages and other conditions of employment. Workers will not be required to work more than 40 hours a week.

Nehawu won the right to be consulted in cases where it was possible that hospitals would be privatised. This is a crucial victory for public sector unions, which have been campaigning against privatisation for the past two years.

The administrator of the Transvaal, Danie Hough, welcomed the agreement and said the TPA was committed to "an open door approach where good employer/employee relations are concerned". He added the department would strive to render efficient health services to the community.

Although the agreement ended a wave of strikes in the Transvaal, the Eastern Cape's busiest hospital was left striken by industrial action this week.

Patrick Goodenough reports from Port Elizabeth that nine out of every 10 workers at the city's Livingstone Hospital downed tools on Tuesday to back demands for higher wages.

On the strike's second day, medical superintendent Dr Graham White said the situation had become critical.

Ambulances were bringing in only emergency cases and the casualty department was forced to operate with a 70 percent reduction in staff.

Workers are demanding increases and a minimum wage of R535 per month and recognition for Nehawu. Talks between the union and the Cape Provincial Administration are continuing.

All have right to strike - doc

THE National Medical and Dental Association believes that all workers should have the right to strike to back up their demands against their employers.

Namda spokesman Dr Max Price made this point after strikes at several hospitals last week at which some doctors and nurses took part.

He issued a statement yesterday saying his organisation supported the strike by doctors and nurses but that such action should not have a detrimental effect on patients' health.

He said: "There are many forms of industrial action besides a full-blown strike. For example, tea- and lunchtime stoppages, work to rule, protest and pickets, and go-slows."

He explained that certain activities, such as emergency care at hospitals, could be excluded from the industrial action, so that only medical care which can be delayed without affecting patients' health (should be part of the industrial action).

All of these, if properly co-ordinated by a strong trade union which has ready access to members, can be done in a way which does not affect the health of patients, although they may certainly cause great inconvenience.

"Namda, therefore, supports the strengthening of the National Education Health and Allied Workers Union. We were impressed by the way Nehawu gradually escalated the level of the industrial action, and we blame the Transvaal Provincial Administration for not responding timeously - thus forcing Nehawu to take workers out on strike.

"If the TPA had taken Nehawu seriously at an earlier stage, the strike and consequent disruption of hospital services could have been avoided.

"The de facto recognition of Nehawu will, we believe, enable future industrial relations in the health sector to be conducted more constructively.

This will ultimately have a major positive impact on the health of all patients in the future.

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Products, the Atomic Energy Corporation and local food irradiators as well as the South African Consumers Union. Recently objections were expressed by a few individuals who did not want to eat irradiated food, whether it was safe and wholesome, as declared by the World Health Organisation, or not.

(b) (i) refer to (2) (a),

(ii) although no scientific reasons exist for doing so, the Department of National Health and Population Development decided that since it is the democratic right of the consumer to be able to choose whether he/she wants to eat irradiated food or not, the labelling of such foodstuffs be made compulsory.

To this effect all first generation products have to be labelled, as from 1 January 1990, with the internationally recognised Radura emblem and one of the following words: "Radurised"/"Irradiated" or "Geradurseerd"/"Bestraald".

Draft Labelling and Advertising Regulations which are in the process of being drawn up, will make full labelling of all irradiated products, including ingredients of composits or manufactured food products, mandatory.

None of the other processing methods such as boiling, cooking, roasting, frying, grilling, retorting, pasteurisation or cooking by microwave, have been subjected to the same scrutiny as was the case with food irradiation.

Mr Lennox Sebe: current residence

*3. Mr L FUCHS asked the Minister of Foreign Affairs:

With reference to paragraph (1) (b) of his reply to Question No 24 of 17 April 1990, (a) who owns the house in which Mr Lennox Sebe is currently residing, (b) what rental is being paid for the house by Mr Sebe and (c) where is it situated?

B986E

The DEPUTY MINISTER OF FOREIGN AFFAIRS:

(a) The Department of Public Works and Land Affairs.

(b) Mr Sebe is temporarily accommodated in Pretoria as a guest of the South African Government in an attempt to promote peace and quiet in Ciskei which is also in the interest of South Africa. Mr Sebe is consequently not expected to pay rent. He, however, pays for his own upkeep.

(c) Waterkloof Heights.

Simons Town dockyard: vessels repaired/refurbished

*4. Mr R V CARLISLE asked the Minister of Defence:

(1) Whether any vessels other than those of the South African Navy were repaired or in any way refurbished at the Simon's Town dockyard in 1989; if so, (a) which vessels and (b) at what cost;

(2) whether Treasury approval was obtained in advance in each case; if not, why not?

B989E

†The DEPUTY MINISTER OF DEFENCE:

(1) Yes.

(a) A British vessel and a yacht belonging to the General Botha Merchant Navy Academy.

(b) R13 203,94.

(2) No. The British vessel called at Cape Town harbour for emergency docking but the dock was occupied. The ship was routed to Simon's Town where it was repaired without obtaining Treasury approval in advance, due to the time factor. The cost was recovered and receipts were issued. The yacht was loaned by the SA Navy under contract conditions, including maintenance and repair. Treasury approval was not required in this case.

Hillbrow Hospital: strike action/staff dissent

*5. Mr L FUCHS asked the Minister of National Health and Population Development:

(1) Whether there has been any strike action or staff dissent at Hillbrow Hospital since January 1990; if so, (a) when, (b) what (i)

is the extent of and (ii) are the reasons given for such action or dissent and (c) what steps were taken and/or are being taken to rectify the situation;

(2) whether patients were affected by this action or dissent; if so, in what manner?

B990E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes,

(a) 19 to 27 April 1990 and from 30 April 1990,

(b) (i) during the period 19 to 27 April 1990, the general assistants and clerks only worked until 11:00, whereafter they assembled on the grounds. From 30 April 1990 all general assistants, clerks and approximately 30 nurses striked. The strikers were aggressive and intimidated the personnel who wanted to proceed with their work. The strikers assembled on the grounds and disrupted the hospital activities,

(ii) reasons advanced for the incidents are —

dissatisfaction with salaries and conditions of service,

alleged discriminatory practices at the hospital,

temporary status of general assistants,

segregated health services,

privatisation,

local accommodation arrangements at the hospital,

dissatisfaction with recognised staff association, and

the demand for the recognition of the National Education Health and Allied Workers Union (Nehawu) as union,

(c) discussions between the hospital management and the workers' committee were conducted to defuse the situation.

Representatives of the Transvaal Provincial Administration negotiated with the workers' committees.

Discussions between Nehawu and the TPA were held to resolve the problems at this hospital, as well as other hospitals and an agreement was reached with the union in terms of which the strikers would resume duties not later than 12 May 1990. Formal channels for communication between Nehawu and the TPA are to be established;

(2) yes, admissions were limited to emergency cases, out-patient services were discontinued, cleaning and food services were obstructed and surgery had to be postponed

†Dr W J SNYMAN: Mr Chairman, arising out of the reply of the hon the Minister I should like to know in respect of the nurses who were involved in the strike, whether any disciplinary steps were taken against them in their professional capacity; and if so, what steps. In the second instance I should like to know whether the hon the Minister's announcement arose out of the strikers' demand for non-segregation.

†The MINISTER: Mr Chairman, in the case of disciplinary steps against the nurses, this is a matter for the Nursing Council. The Nursing Council issued a press statement on this and it is thus within their authority to decide what steps they will take.

As far as the second question is concerned, I can say that the request made by Nehawu in this case had nothing to do with the announcement I made in Parliament last Wednesday.

Mr H H SCHWARZ: Mr Chairman, arising from the hon the Minister's reply, would she please tell us whether and to what extent payment was made during the period that the people did not work either wholly or partially?

The MINISTER: Mr Chairman, I do not have that information available. If the hon member will table his question I shall get the information for him.

***Servamus et Servimus:* copies printed**

*6. Mr P G SOAL asked the Minister of Law and Order:

(a) How many copies of the planner *Servamus et Servimus/Ons beskerm en ons dien/We protect and we serve* were printed, (b) to what

ter's Department for the purpose of his reply, were tried in the Uitenhage magistrate's court on or about 27 April 1990 for the illegal receipt, sale, transporting and export of approximately 370 cycads from the Cape Province; if so, (a) (i) with what result and (ii) what penalties were imposed, (b) what was the estimated value of the cycads and (c) what are the names of the persons concerned:

(2) whether an order concerning the disposal of the cycads was made by the court; if so, what order; if not, why not?

B1078E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT (for the Minister of Justice):

(1) Yes.

(a) (i) All four accused were found guilty of contravention of section 62(1) read with sections 85(1) and 86 of Ordinance 19 of 1974 (Cape Province).

(ii) and (c) The sentences imposed by the court are as follows:

J Albert — a fine of R500,00
K Albert — a fine of R300,00
M Kilian — a fine of R300,00
E J Bouwer — a fine of R800,00

(b) The estimated value is approximately R600 000.

(2) No. The cycads were not placed before court as exhibits. The South African Police may, however, in terms of section 31 of the Criminal Procedure Act, 1977 (Act 51 of 1977) make an order concerning the disposal thereof.

Mr R J LORIMER: Mr Chairman, arising from the hon the Minister's reply, perhaps he will be able to exert some pressure on the hon the Minister of Law and Order to ensure that that procedure set out in the Police Act is followed . . .

The CHAIRMAN OF THE HOUSE: Order! What is the hon member's question?

Mr R J LORIMER: My question is whether he will ensure that this is done. [Interjections.] On an estimated value of R600 000, or in excess of R1 million, the punishment does not appear to fit the crime. [Interjections.]

The MINISTER: Mr Chairman, the hon member is welcome to approach my colleague directly, but anyhow, I shall give him this Hansard.

Mr R J LORIMER: I hope he is listening.

*9. Adv C H Pienaar — Trade and Industry and Tourism.† [Question standing over.]

*10. Adv C H Pienaar — Planning and Provincial Affairs.† [Question standing over.]

Hospital staff: instruction in African languages

*11. Mr K M ANDREW asked the Minister of National Health and Population Development:

Whether instruction in African languages is made available to hospital staff to enable them to communicate better with patients; if not, why not; if so, (a) on what basis, (b) at what percentage of hospitals and (c) who (i) provides and (ii) pays for such instruction?

B1121E

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

NATAL PROVINCIAL ADMINISTRATION

No, the majority of nursing staff dealing with black patients are able to converse in the patient's home language. Other workers are generally fluent in the Zulu language and in cases where a doctor is unable to speak the language, use is made of interpreters. In general, personnel in the Natal Provincial Administration are encouraged to become more proficient in the Zulu language.

CAPE PROVINCIAL ADMINISTRATION

yes.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

yes.

TRANSVAAL PROVINCIAL ADMINISTRATION

no, patients who speak one of the African languages as home language are often treated by someone who can communicate in that language. These personnel are available to act as interpreters.

(a) CAPE PROVINCIAL ADMINISTRATION

regular classes are offered in Xhosa.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

a Sotho course consisting of twenty one-hour sessions per annum is made available during which a prescribed curriculum prepared by an expert is followed. Basic communication is covered, which makes modes of greeting, instructions and conversation on basic level possible. The norm applied when nominating persons for the course, is that they have to be in daily contact with Sotho subordinates and public.

(b) CAPE PROVINCIAL ADMINISTRATION

solely at the Groote Schuur Hospital.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

the course is offered only at the four academic hospitals in Bloemfontein

(c) CAPE PROVINCIAL ADMINISTRATION

(i) a black qualified teacher,

(ii) the Hospital Board of the Groote Schuur Hospital

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

(i) an official of the Sotho Department, University of the Orange Free State,

(ii) the Provincial Administration of the Orange Free State.

Mr K M ANDREW: Mr Chairman, arising from the hon the Minister's reply, in respect of the Cape Province would she not see it as desirable to have far more hospitals than Cape Town's Groote Schuur Hospital funded by voluntary donations — that being the only hospital that provides opportunity for instruction in African languages? Should that practice not be extended to some of the other major hospitals in the province?

The MINISTER: Mr Chairman, the need for these courses has not been brought to my attention, but I will look into the matter.

Opening of schools

*12. Mr K M ANDREW asked the Minister of Education:

Whether it is his intention to ask parents whether they wish to have schools run by his Department opened to children of all races, if not, why not; if so, when?

B1122E

The DEPUTY MINISTER OF EDUCATION:

No. To date no requests have been received from parents or members of the public concerning the opening of schools, except the general demand by some groups that education must be "non-racial". The Department of Education and Training is in any case faced with the practical problem of already being unable to accommodate all black pupils in its schools satisfactorily.

Mr K M ANDREW: Mr Chairman, arising from the hon the Deputy Minister's reply I want to ask him, surely by implication, when he meets with NECC and many other Black teachers and so on and they call for a non-racial education system in all schools for all children, he could hardly have a more direct request that their schools, amongst other things, be opened to all?

The DEPUTY MINISTER: Mr Chairman, that is exactly what I said. I said in my reply that we had received general demands from some groups that education be non-racial.

The CHAIRMAN OF THE HOUSE: Order! I am not going to allow argumentative questions. If the hon member has a question to elicit information he may put the question, but I am not going to allow arguments to be put in the form of questions.

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's original reply may I ask him, in the light of the fact that all other education departments will be open to some extent to children of all races, whether he will not take the initiative to see to it that the Department of Education and Training also does so as from next year?

The DEPUTY MINISTER: Mr Chairman, I am not able to accommodate all the clients of this Department right now. I think it would be absolutely senseless to consider opening the Black schools.

Mutimen warned

97

THE Madupe Herbalists of South Africa, an association for witchdoctors and herbalists, has warned prospective members not to fall for conmen who are selling membership certificates. Sowetan 5/6/90

"We have been made aware that a number of people are selling our certificates to newly graduated herbalists and witchdoctors," the association's organiser, Mr Samuel Mogotsi, said yesterday.

Legal assistance

"Only our Johannesburg office issues membership certificates and anyone found peddling them on the streets must be reported to the police.

"We are a registered association and our members have privileges including a travelling document which allows them to search for muti and legal assistance if they are arrested or sued," he said.

However, they did not assist in cases involving cutting off parts from human bodies.

Doctor held after protest

PORT ELIZABETH.— A doctor suspected by police of being the "leader" of a worker protest at Livingstone Hospital, Dr Reno Morar, has been arrested and charged with public violence.

He was released pending a further appearance on June 14.

Patients at the hospital received an unwelcome dose of teargas during the protest when police dispersed a crowd of some 300 toyi-toying health workers demonstrating against the Labour Relations Amendment Act.

The chairperson of the workers' committee, Elijah Magazi, said demonstrating workers moved from the grounds to open ground across the road from the hospital. South 7/6/-13/6/90

Police arrived and gave them three minutes to disperse.

While Dr Morar was explaining the situation to the workers, five policemen had grabbed him, Magazi claimed.

When workers tried to "pull him back", the police had fired teargas. He denied police allegations that the crowd stoned the police and damaged vehicles. Another worker, who said he had been standing close to Dr Morar, also said he had seen no stone-throwing.

A police spokesperson said the protesters had ignored a warning to disperse. As police approached a man they believed to be the leader, stones were thrown. The police then fired teargas.

The crowd had regrouped and tried to free the man. A private vehicle and two police vehicles were damaged in the subsequent stoning, police alleged.

The superintendent, Dr Graham White, confirmed that some patients in maternity had been affected by teargas.

He denied calling in the police, saying he had been informed about the protest beforehand, and was not concerned as the workers' action did not affect patient care. He had become concerned when the protest moved from the hospital grounds, he said.

Meanwhile pamphlets urging nurses not to succumb to pressure to "lower the status of the nurse to the level of a worker", have appeared at Livingstone and other Eastern Cape hospitals.

Produced by the South African Nursing Association, the pamphlets say Sana represents nurses and meets their needs.

No other organisation was recognised as representative of nurses. Other bodies considered "a nurse to be just another health worker, thus stripping nurses of their professional status".

Sana executive director, Suzanne du Preez, said the association regularly compiled and distributed pamphlets.

Patient care at Livingstone was recently jeopardised when general assistants and a number of nurses stopped work for three days to demand higher wages.

- Pen

These statistics exclude taxpayers falling under the final deduction system (ie those earning less than R8 000 per annum in the 1987 and 1988 tax years) and the standard income tax on employees (married woman earning less than R20 000 per annum or other taxpayers earning less than R12 000 per annum, for the 1989 tax year).

INCOME GROUP	NUMBER		
	1987	1988	1989
Loss	215	172	34
0 — 5 000	265	239	245
5 001 — 10 000	496	390	142
10 001 — 15 000	664	558	366
15 001 — 20 000	630	579	475
20 001 — 25 000	587	541	555
25 001 — 30 000	457	455	422
30 001 — 35 000	329	384	282
35 001 — 40 000	246	300	245
40 001 — 45 000	149	198	176
45 001 — 50 000	84	142	126
50 001 — 60 000	101	154	118
60 001 — 70 000	48	59	57
70 001 — 80 000	33	43	35
80 001 — 90 000	16	30	18
90 001 — 100 000	16	16	4
100 001 — 150 000	33	41	18
150 001 — 200 000	17	15	1
200 001 — 250 000	6	4	3
Over 250 000	2	6	2
Total	4 394	4 326	3 324

Taxpayers

436. Mr H H SCHWARZ asked the Minister of Finance:

(a) What was the (i) number of individual taxpayers in each income category and (ii) tax assessed in each income category expressed as a percentage of total tax assessed in the 1988-89 tax year and (b) what percentage of each group of taxpayers is Black?

B1022E

The MINISTER OF FINANCE:

During this session, as in past sessions, several questions have been asked concerning the number of taxpayers or tax assessed in various income categories, split up on the basis of the different race groups. Up to and including the 1984 tax year, when all taxpayers were required to submit returns for assessment, the replies furnished to questions of this nature, which were prepared from an analysis of assessments raised, provided an accurate indication of the relative contribution made by each race group.

Since the introduction of the final deduction system in the 1985 tax year, and more particularly since the introduction of the SITE system in the 1989 tax year, an ever increasing number of taxpayers do not submit returns. The stage has been reached where an analysis of assessments issued presents a misleading picture of the relative contribution made by the different race groups. For example, in the reply furnished below, which is based on assessments issued to date in respect of the 1989 tax year, Blacks are seen to comprise approximately 20% of the number of taxpayers earning R10 000 or less. However, on the basis of statistical returns furnished by employers, Blacks would appear to comprise in excess of 65% of the taxpayers in this income group.

Thus, while answers to this and similar questions have been furnished in the form requested, and represent the most accurate information available, it must be stressed that they do not fairly represent the relative contribution to total direct tax made by each race group.

Income category	Number of individual taxpayers in each category	Tax assessed in each income category expressed as a percentage of total tax assessed in the 1988-89 tax year	Percentage of Black taxpayers in each income category
R		%	%
Loss	16 896	0,00	0,54
0 – 5 000	262 684	0,05	22,39
5 001 – 10 000	120 108	0,19	14,11
10 001 – 15 000	315 887	2,03	26,10
15 001 – 20 000	309 474	4,67	21,43
20 001 – 25 000	223 521	6,26	11,95
25 001 – 30 000	185 484	7,91	5,81
30 001 – 35 000	149 979	8,91	2,96
35 001 – 40 000	118 788	9,17	1,86
40 001 – 45 000	87 777	8,41	1,08
45 001 – 50 000	65 974	7,58	1,00
50 001 – 60 000	82 642	11,77	0,73
60 001 – 70 000	42 997	7,84	0,52
70 001 – 80 000	23 981	5,33	0,44
80 001 – 90 000	14 078	3,70	0,36
90 001 – 100 000	8 587	2,61	0,24
100 001 – 150 000	16 006	6,44	0,18
150 001 – 200 000	4 345	2,66	0,14
200 001 – 250 000	1 534	1,25	0,32
250 001 +	2 076	3,22	0,29
	2 052 818	100,00	

Note: These statistics represent 71,81% of the income tax register.

Hillbrow hospital workers: representations

444. Mr L FUCHS asked the Minister of National Health and Population Development:

(1) Whether any representations on behalf of workers at the Hillbrow Hospital have been made to any Government Department or the Transvaal Provincial Administration; if so, (a) (i) by whom, (ii) to which Department and (iii) when were such representations made and (b) what was the (i) purport of and (ii) response to each such representation; Hansard 17/6/90

(2) whether she, any Department or the provincial authorities concerned have been approached by any members of the medical staff of the Hillbrow Hospital; if so, (a) what are the names or status of these persons and (b) (i) when, and (ii) for what reasons, in each case?

B1035E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes,

(a) (i) the Chairman of the Hillbrow Hospital Administration Advisory Committee,

(ii) the Chief Medical/Dental Superintendent of the Hillbrow Hospital (Transvaal Provincial Administration),

(iii) various dates from November 1989 to 18 April 1990,

(b) (i) the representations were in respect of:

* Salaries and conditions of service,
* accommodation at Ursula Mansions,
* accommodation at the nurses' residence of the Johannesburg Hospital,

* permanent appointment of General Assistants,
* night duty allowance to administrative staff, porters and general assistants,
* travelling allowance to administrative staff, and
* the recognition of the National Education Health and Allied Workers Union as union,

(ii) * salaries of General Assistants have been adjusted with effect from 1 April 1990 due to representations by various departments/administrations,
* the Chairman of the Hillbrow Hospital Administration Advisory Committee was notified in writing that Ursula Mansions is not situated on the premises of the Hillbrow Hospital, the Hillbrow residential area had not been declared a free settlement area and the request to be accommodated in Ursula Mansions cannot be acceded to,
* approval had been granted for certain staff at Hillbrow Hospital to be accommodated in the Nursing Residence of the Johannesburg Hospital,
* the representations regarding permanent appointment, night duty allowance and travelling allowance have been submitted to the Office of the Commission for Administration,
* discussions between the Hospital Management, staff of the Director General's office and the workers took place and communication channels between the Labour Union NEHAWU and the Transvaal Provincial Administration had been established;

(2) no,

(a), (b) (i) and (ii) fall away.

CPA hospital posts

453. Mr A E DE WET asked the Minister of National Health and Population Development:

(1) How many posts had been established as at 31 December 1989 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at each hospital falling under the control of the Cape Provincial Administration;

(2) whether any posts at these hospitals were frozen as at 31 December 1989; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1989 and (b) how many applications were (i) granted and (ii) refused in each case?

B1046E

Hansard 19/6/90

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)	(a)	(b)	(c)	(d)	(e)
Adelaide Clinic	3	—	—	—	2
Aliwal Hospital	62	2	5	2	56
Andries Vosloo Hospital	92	1	6	1	103
Avalon Treatment Centre	17	2	1	—	26
Barkly West Hospital	26	—	1	—	21
Bedford Hospital	46	—	—	—	34
Bill Pickard Hospital	28	1	1	1	32
B J Kempen Memorial	30	—	1	—	31
Brewelskloof Hospital	179	3	6	1	133
Brooklyn Chest Hospital	128	2	5	1	169
Burgersdorp Hospital	27	—	1	1	36
Caledon Hospital	64	1	—	1	70
Cathcart Hospital	69	1	2	1	39

(1)	(a)	(b)	(c)	(d)	(e)
Ceres Hospital	50	1	2	1	41
Citrusdal Hospital	24	—	1	1	27
Cloete Joubert Hospital	34	1	1	1	41
Colesberg Hospital	39	—	1	1	35
Connie Voster Hospital	37	1	1	1	46
Conradie Hospital	743	51	60	7	586
Cradock Hospital	119	1	8	2	134
Day Hospitals: Karl Bremer	72	7	20	4	116
Delft Animal Centre	—	—	—	—	67
Dora Nginza Hospital	405	9	28	5	328
Dr Van Niekerk Hospital	49	1	7	2	42
Eben Dönges Hospital	230	6	26	3	257
Elizabeth Donkin Hospital	137	1	5	1	124
Empilweni Hospital	118	1	4	1	105
Frere Hospital	1 275	61	126	11	1 033
Frere Hospital (Hospital for Infectious Diseases)	74	—	126	11	67
Fort Beaufort Hospital	100	2	—	1	90
Fort England Hospital	194	1	4	1	369
Fritz Visser Hospital	35	—	3	1	35
Family Planning: Northern Cape	196	—	2	—	136
Family Planning: Eastern Cape	352	—	2	—	252
Family Planning: Western Cape	298	—	2	—	317
Frontier Hospital	265	3	10	4	249
Grey Hospital	183	5	19	3	176
G F Jooste Hospital	85	4	3	1	75
Gordonia Hospital	140	3	13	2	132
Groote Schuur Hospital	3 126	353	831	76	4 841
Hermanus Hospital	30	—	2	1	24
Hester Malan Hospital	28	—	—	1	31
Hottentots Holland Hospital	105	1	16	1	77
Humansdorp Hospital	49	—	2	1	51
Joubertina Day Hospital	5	—	1	—	3
Khayelitsha Day Hospital	29	2	5	—	32
Kimberley Hospital	757	22	74	9	731
Knysna Hospital	113	4	18	1	118
Komani Hospital	474	3	10	2	383
Cross Roads 1 Day Hospital	10	—	2	—	8
Cross Roads 2 Day Hospital	11	—	3	—	17
Kuruman Hospital	42	—	3	1	39
Kwa Nabuhle Day Hospital	28	—	1	—	10
Kwazakhele Day Hospital	33	—	2	—	25
Laboratory for Tissue Immunology	3	—	5	2	90
Ladismith Hospital	29	1	1	1	23
LAPA Munnik Hospital	25	1	1	—	20
Livingstone Hospital	1 450	48	172	11	956
Midlands Hospital	106	2	—	2	96
Montagu Hospital	37	2	2	1	33
Mosselbaai Hospital	88	2	15	1	80
Motherwell Community Health Centre	63	—	3	—	50
Mowbray Maternity Hospital	266	1	—	—	141
Nanagal Paterson Clinic	3	—	—	—	2
Nolungile Dayhospital	19	—	3	—	10

SOWETAN Thursd

DEPT ARCHIVES

Garankuwa hospital management probed

Reaction to workers' grievances queried

Sowetan 21/6/90 97

LEGAL representatives for the strikers involved in a eight-day labour dispute at Garankuwa hospital in April yesterday questioned the way hospital management reacted to workers' grievances.

A document submitted by Mr G Josman and Mr L Nowosenetz to the Commission of Inquiry investigating the causes and consequences of the strike said it was important to ascertain whether management had acted impartially and rationally.

The two men are appearing on behalf of the National Education, Health and Allied Workers Union (Nehawu).

The document questioned the involvement of Mr A J Boshoff - then deputy director administration at the hospital - in much of the investigations into workers' grievances.

Boshoff's conduct and that of another hospital official, Mr H Swanepoel, was a major cause for complaints among the workers.

They were described in a list of workers grievances handed to management prior to the strike as "racists" who victimised their subordinates.

The list demanded the two officials be removed from their duties from the hospital.

Neahwu's legal representatives have questioned whether the head of management at the hospital Dr L van Heerden "showed an inability or a reluctance to assert his authority in relation to Boshoff."

They have also queried why initial inquiries by the Transvaal Provincial Administration's (TPA) head office regarding the grievances were directed to Boshoff. This, they claimed, cast doubt on the impartiality of the management's handling of the strike.

The commission has previosuly heard evidence that the TPA's refusal to dismiss the two officials sparked a full-scale strike.

Proceeding

Hospital strike over dismissal

ABOUT 300 members of the National Education, Health and Allied Workers Union yesterday downed tools at the J G Strijdom Hospital in Johannesburg in solidarity with a colleague who was allegedly dismissed unfairly, union officials claimed. Sowetan 29/6/90

Nehawu's Johannesburg organiser Mr Neil Thobojane said that gardener Mr Johannes Mafuna had earlier been called in by the hospital secretary and ordered off the premises without representation from union shop stewards.

He said strikers gathered at the hospital compound and refused to return until the matter had been resolved.

Hospital superintendent Dr C Pretorius was unavailable for immediate comment. Sapa. (152) (97)

Union up in arms over private hospital fees

Sowetan 4/7/90

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

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

By DON SEOKANE

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

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

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

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

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

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

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

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

75 mine hospital staff to lose jobs

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

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

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

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

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

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

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

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

Spokesmen for the union were not immediately available for comment.

The hospital employs about 750 people. - Sapa.



MUNTU MYEZA

Myeza dies

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

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

Wave of worker action engulfs the Eastern Cape

By PATRICK GOODENOUGH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

'Racism' leads to protest by 300 hospital workers

By GLENDA DANIELS

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

Three reasons were given for the strike: W1Mar 2017 – 22171190

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

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

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

Blood row: director to quit

THE director of the Highveld Blood Transfusion Services is to vacate his post following a row with the Black Health and Allied Workers Union of South Africa.

This came after he had issued a directive restricting the use of "high risk" blood from black and coloured donors, aimed at preventing Aids spreading through blood transfusion.

About 120 union members engaged in a protest work stoppage after Dr SP Field issued the directive that the HBTS "avoid" using blood considered to be high risk for contracting viral disease -

SOWETAN CORRESPONDENT

that of blacks and coloureds - and increase its supply of low risk blood - that of whites and Indians.

According to acting director of the South African Institute for Medical Research, Professor Hendrik Koornhof, the directive had been interpreted by employees as a racist decision.

Field had apologised to the staff and donors for any offence his directive might have caused and it was withdrawn the next day, Koornhof said.

Hospital workers go on strike

ABOUT 300 members of the National Education, Health and Allied Workers' Union (Nehawu) went on strike at J G Strijdom Hospital in Johannesburg yesterday, said Nehawu organiser Vuyani Mabaxa.

The striking general workers have accused a senior employee in charge of the hospital's kitchen of having an allegedly racist attitude.

The senior employee had allegedly threatened to replace African health workers with coloureds, because the African workers "like strikes", Mabaxa said. He said the union would take up the matter with hospital authorities today.

The strikers have also complained about working conditions at the hospital.

A hospital spokesman said yesterday the strike was not official. She said further comment should be obtained from a TPA official; who was unavailable for comment. — Sapa.

(2) Reël 1 van die reëls word hierby gewysig deur die byvoeging van die volgende kwalifikasies onder die opskrifte soos aangedui:

IN DIE KATEGORIE DIAGNOSE

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
HONG KONG	
Hong Kong Diagnostic Radiographers' Association:	
Diploma in Diagnostic Radiography .	Dip Diag Rad Hong Kong Assoc
NAMIBIË	
Universiteit van Namibië:	
Diploma in Radiografie (Diagnose) ..	Dip in Rad (Diag) Namibië
ZAMBIË	
Examinations Council, Zambia:	
Diploma in Radiography	Dip in Rad Zambië

(27 Julie 1990)

RAADSKENNISGEWING 48 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING

VERKIESING VAN LEDE VAN DIE BEROEPS RAAD VIR MEDIESE WETENSKAP

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad kennis gegee dat 'n verkiesing gehou staan te word van drie mediese wetenskaplikes, twee biokinetici, twee kliniese biochemici en twee geneeskundige fisici as lede van die Beroepsraad vir Mediese Wetenskap om te dien gedurende die tydperk wat op die 30ste dag van November 1995 verstryk.

Nominasies van verkiesbare mediese wetenskaplikes, biokinetici, kliniese biochemici en geneeskundige fisici word ingewag. Elke sodanige geregistreerde persoon—

(a) wat nie met sy skuldeisers 'n akkoord aangegaan het nie, of wie se boedel nie gesekwestreer is nie.

(b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie,

is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genomineer word, maar elkeen wat by die verkiesing stemgeregtig is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie. Elke nominasievorm moet die voorname en die van van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde mediese wetenskaplikes waar 'n mediese wetenskaplike genomineer word of twee geregistreerde geneeskundige fisici waar 'n geneeskundige fisikus genomineer word, of twee geregistreerde biokinetici waar 'n biokinetikus genomineer word of twee kliniese biochemici waar 'n kliniese biochemikus genomineer word.

Die genomineerde persoon moet ook die vorm onderteken ter bekragtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genomineerde persoon nie in staat is om die nominasievorm te teken, kan hy die kiesbeampte per brief of telegram meedeel dat hy tot sy nominasie instem.

(2) Rule 1 of the rules is hereby amended by the addition of the following qualifications under the headings as indicated:

IN THE CATEGORY DIAGNOSIS

Examining authority and qualification	*Abbreviation for registration*
HONG KONG	
Hong Kong Diagnostic Radiographers' Association:	
Diploma in Diagnostic Radiography .	Dip Diag Rad Hong Kong Assoc
NAMIBIA	
University of Namibia:	
Diploma in Radiography (Diagnostic)	Dip in Rad (Diag) Namibia
ZAMBIA	
Examinations Council, Zambia:	
Diploma in Radiography	Dip in Rad Zambia

(27 July 1990)

BOARD NOTICE 48 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR MEDICAL SCIENCE

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council that an election of three medical scientists, two biokineticians, two clinical biochemists and two medical physicists as members of the Professional Board for Medical Science to serve during the period ending the 30th day of November 1995 is about to be held.

Nominations of eligible medical scientists, biokineticians, clinical biochemists and medical physicists are awaited. Every person so registered—

(a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated,

(b) who is not disqualified under the Act from practising his profession,

is eligible for nomination.

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered medical physicists where medical physicists are nominated or two registered clinical biochemists where clinical biochemists are nominated or two registered medical scientists where medical scientists are nominated or two registered biokineticians where biokineticians are nominated.

The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

(A) Magnum Airlines Bpk., Pk. Jan Smutslughawe, 1627. (B) Magnum Airlines Bpk. (C) Nie-vasgesteldelugvervoerdienslisensie N877. Onder "Naam van lisensiehouer" en "Naam waaronder die lugdiens geëksploiteer gaan word" skrap huidige en voeg by: "Link Airways Bpk.".

(A) Metavia Airlines (Edms.) Bpk., Posbus 1032, Nelspruit, 1200. (B) Metavia Airlines. (C) Vasgesteldelugvervoerdienslisensie S209. Onder "Uitgangsbasis(se)" voeg by: "Jan Smutslughawe". Onder "Roete(s) en frekwensies wat bedien gaan word" en "Tariefskaal" voeg by:

"Roete en frekwensie	*Tarief (R)* *Enkelstuur*	*Dubbelstuur*
Nelspruit—Jan Smuts—Nelspruit	180–200	360–400
Sewe tot 24 vlugte per week	Kinders onder 12 jaar: Korting van 50% Kinders onder 2 jaar: Korting van 90%	

Vrag R2,50 per kg met minimum van R20 per besending. Oorgewigbagasie R2,50 per kg indien 20 kg gratis vergunning oorskry word.".

(A) Pretoria Aviation Centre, Posbus 137, Bon Accord, 0009. (B) Pretoria Aviation Centre. (C) Vliegopleidingslisensie F143. Onder "Lugvaartuie wat gebruik gaan word" skrap: "Cessna 150F ZS-EGP, Piper PA-18-140 ZS-FOR, Cessna 172 ZS-FFE, Grumman American Aviation AA-1A ZS-IGH, Piper PA-28R200 ZS-JOR" en voeg by: "Cessna 210 ZS-LTT, Cessna 172RG ZS-MRB, Piper PA-28-151 ZS-MEB, Piper PA-34-200T ZS-MHO, Cessna 182 RG ZS-MUT, Cessna 172B ZS-COO, Piper PA-28R-200 ZS-LVH".

(27 Julie 1990)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 47 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN RADIOGRAFISTE.—WYSIGING

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die reëls in die Bylae uitgevaardig.

BYLAE

(1) Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae die reëls afgekondig by Goewermentskennisgewing No. R. 2593 van 25 November 1983, soos gewysig deur Goewermentskennisgewing No. R. 2134 van 18 September 1984, Raadskennisgewing 834 van 30 November 1984 en Raadskennisgewing 71 van 27 November 1987.

(A) Magnum Airlines Ltd, P.O. Jan Smuts Airport, 1627. (B) Magnum Airlines Ltd. (C) Non-scheduled Air Transport Services Licence N877. Under "Name of Licence holder" and "Name under which the air service is operated" delete existing and add: "Link Airways Ltd".

(A) Metavia Airlines (Pty) Ltd, P.O. Box 1032, Nelspruit, 1200. (B) Metavia Airlines. (C) Scheduled Air Transpot Service Licence S209. Under "Base(s)" add: "Jan Smuts Airport". Under "Route(s) and frequencies to be served" and "Tariff of charges" add:

"Route and Freqencies	*Tariff (R)* *Single*	*Return*
Nelspruit—Jan Smuts—Nelspruit	180–200	360–400
Seven to 24 flights per week	Children under 12 years less 50% Children under 2 years less 90%	

Freight R2,50 per kg with minimum of R20 per consignment. Excess baggage R2,50 per kg over 20 kg. free allowance.".

(A) Pretoria Aviation Centre, P.O. Box 137, Bon Accord, 0009. (B) Pretoria Aviation Centre. (C) Flying Training Air Service Licence F143. Under "Aircraft to be used" delete: "Cessna 150F ZS-EGP, Piper PA-18-140 ZS-FOR, Cessna 172 ZS-FFE, Grumman American Aviation AA-1A ZS-IGH, Piper PA-28R200 ZS-JOR" and add: "Cessna 210 ZS-LTT, Cessna 172RG ZS-MRB, Piper PA-28-151 ZS-MEB, Piper PA-34-200T ZS-MHO, Cessna 182 RG ZS-MUT, Cessna 172B ZS-COO, Piper PA-28R-200 ZS-LVH".

(27 July 1990)

BOARD NOTICES

BOARD NOTICE 47 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF RADIOGRAPHERS.—AMENDMENT

In terms of section 32 (1) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto.

SCHEDULE

(1) In this Schedule unless the contents otherwise indicates the expression "the rules" means the rules published under Government Notice No. R. 2593 of 25 November 1983, as amended by Government Notice No. R. 2134 of 18 September 1984, Board Notice 834 of 30 November 1984 and Board Notice 71 of 27 November 1987.

Kalafong Hospital workers go on strike over wages dispute

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

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

There were unconfirmed reports that some patients at the casualty department who came from outside Atteridgeville and were not seriously ill were sent home yesterday. Sowetan 15/8/90

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

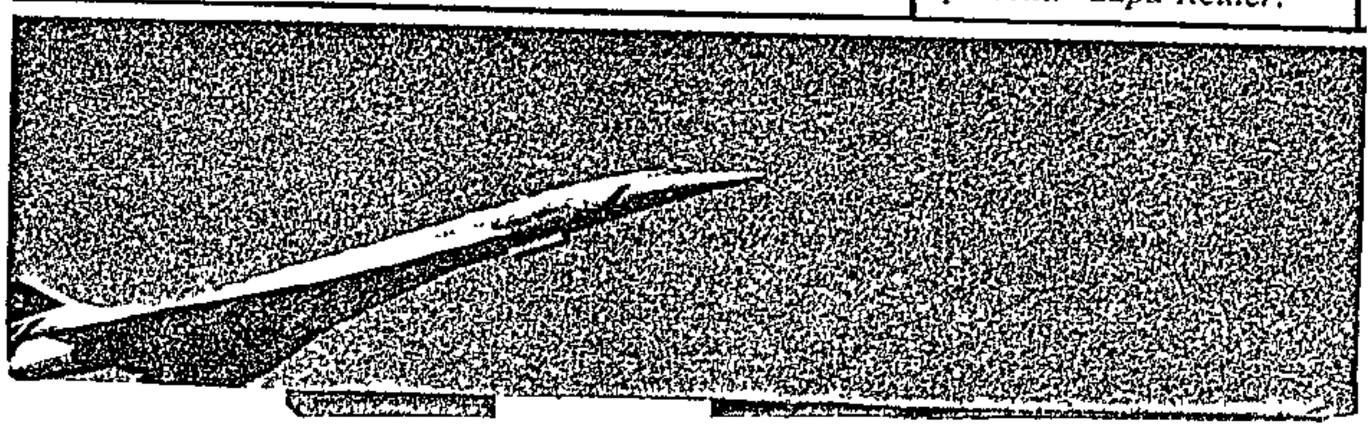
The hospital's management team were yesterday locked in discussions with employee representatives to resolve the strike.

World inflation rate goes up

Sowetan 15/8/90

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

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



Hospital probe hears of strikers' demands

Sowetan 21/8/90.

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

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

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

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

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

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

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

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

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

Hospital strikes' 'chain reaction' for Nehawu

By DREW FORREST

A WATERSHED agreement between the National Education, Health and Allied Workers' Union and the Free State provincial authorities was part of a "chain reaction" triggered by the recent Transvaal hospital strikes, the union said this week.

Nehawu general secretary Sisa Njikelana revealed that since May, membership had mushroomed from 30 000 to 50 000 and that approaches had been made to the Natal and Cape provincial administrations, as well as numerous homelands.

"We are being flooded with requests from workers everywhere. As well as hospitals, there's been rapid growth in state departments such as Manpower and Development Aid," he said.

The state sector has become a key focus of union activity. In the first half of this year, state employees accounted for more than 40 percent of man-days lost through strikes.

Njikelana said the deal with the Free State provincial administration (PAO), signed last Friday, was similar to that reached in the Transvaal after the hospital strikes. It provides for a Nehawu-PAO committee which will establish communications channels in hospitals and other departments where Nehawu is representative.

The committee will investigate union facilities such as workplace access for officials, stop-orders and representation at disciplinary hearings.

Giving details of headway made elsewhere, Njikelana said formal recognition talks would start this week, with QwaQwa, following a 32-day wage strike by 10 000 public servants which the union helped settle.

An agreement at the University of the Transkei was imminent and major inroads had been made into the homeland's health department. Approaches had also been made to the governments of kaNgwane, Lebowa and Gazankulu.

Njikelana said Nehawu's role in settling recent strikes at kwaZulu's Edendale and Prince Mshiyeni hospitals was a "major breakthrough".

Despite kwaZulu's restrictive labour laws and Nehawu's links with Cosatu, the settlement provided for Nehawu involvement in joint committees at the hospitals, he said.

B10 4 26/9/90

97

Police to probe use of ambulance in unrest

TANIA LEVY

THE police have promised the Johannesburg City Council that they will investigate allegations that policemen used a vehicle purporting to be an ambulance during an unrest incident in Soweto.

Management committee chairman Ian Davidson said last night he had been given the undertaking by a Col Stapelberg at Protea Police Station.

He said Johannesburg had to ensure its ambulance vehicles and personnel were uncompromised and seen to be neutral.

The incident, in which a white mini-bus with a red light was allegedly used to escort policemen to an unrest scene on September 12, compromised the credibility of the ambulance service, said DP councillor Sias Reyneke.

The SAP had placed council employees and property in danger, he said.

The incident amounted to moving into combat under the Red Cross flag and would not enhance the image of the police who, he appreciated, had a thankless role.

Hospital workers win court battle

Sowetan 1/10/90

97

AN appeal by the Administrator of the Transvaal and three others against a decision that set aside the dismissal of cleaners at Natalspruit Hospital, has been dismissed, with costs, by the Appeal Court in Bloemfontein.

Mrs Evelyn Zenzile, Mrs Maria Pale and Mrs Ethelina Mngomazulu, all of Katlehong, were dismissed for a work stoppage at the hospital on August 18 and 19, 1987 after a worker had been dismissed.

On September 2, 1988 in the Witwatersrand Local Supreme Court Mr Justice J H Coetzee declared the applicant cleaners remained in the employee of the TPA.

He ordered the authorities to recognise the terms of the cleaners' employment.

The Administrator, Provincial Secretary of Transvaal, Director of Hospital Services and the Superintendent of the Natalspruit Hospital were ordered to pay the costs of the application.

On Thursday Mr Justice Hoexter was unable to accept the argument that the contractual relationship between the Administration and the cleaners was simply one of master and servant, governed exclusively by the common law of contract; and that the respondents' participation in the work-stoppage was an unlawful repudiation of their contractual obligation to work, or a fundamental breach of that obligation, which entitled their employer to summarily dismiss them.

The judge said what was involved here was not mere employment under a contract of service between two private individuals, but with a form of employment which invested the employee with a particular status which the law would protect.

Mr Justice Hoexter said the element of public service injected by statute necessarily entailed that the respondents were entitled to the benefit of the application of the principles of natural justice before they could be summarily dismissed for misconduct.

Despite the humble posts occupied by the women in the public service hierarchy it was significant, said the judge, that neither the Public Service Act nor the Public Service Staff Code distinguished between "permanent" and "temporary" employees.

In the present case the Administration was entitled to dismiss only if the employee was guilty of misconduct or unsatisfactory service.

The judge found that Mr Justice Coetzee was right to hold that the failure of the Administrator and officials to apply the "audi alteram partem" (hear the other party) principle, constituted a procedural impropriety that vitiated the decision to summarily dismiss the women for alleged misconduct. - Sapa.

Race rumpus at hospital leads to work stoppage

By RUSSEL MOLEFE

THE alleged refusal by the Pietersburg hospital authorities to take disciplinary measures against a white employee who allegedly assaulted a black worker led to a work stoppage by more than 500 workers at the institution.

Workers told *Sowetan* reporters when they visited the hospital that a Mrs Snyder allegedly assaulted Grace Mpai because she failed to give way to Synder when they met in a corridor.

The workers claimed Synder and Mpai first clashed while in a queue for their salary cheques on Wednesday afternoon.

They alleged that it was the third time that Synder had assaulted a black employee since the beginning of this year and that management had failed to take disciplinary action against her.

However, the hospital superintendent, Dr E du Plessis, said he had no knowledge of any other incident involving Synder.

He denied that the authorities had refused to take action against Synder, but said they would convene a disciplinary hearing within 14 days regarding the latest incident.

Agreed

Du Plessis said workers had agreed to resume their duties after he had held a meeting with their representatives.

He said the hospital's day-to-day operation had been badly affected.

During the interview with *Sowetan*, a group of white workers gathered outside his office demanding a meeting with him over "exhaustive duties they were performing following the stoppage".

He added that workers in other hospitals in the area had also downed tools in sympathy with workers at his institution but this could not be confirmed.

Workers were still undecided at the weekend whether they would go back to work today as they were still engaged in a heated debate on the matter.

"(1) (a) An employer shall pay an apprentice monthly in accordance with the apprentice's year of recognised service, at not less than the rates specified below:

Year of recognised service	*Rate per month*
	R
First year	830
Second year	957
Third year	1 100
Fourth year	1 264
Fifth year	1 453
Sixth year	1 670
Seventh year	1 921".

E. VAN DER M. LOUW,
Minister of Manpower.

"(1) (a) 'n Werkgewer moet 'n vakleerling maandeliks besoldig ooreenkomstig die vakleerling se jaar van erkende diens teen minstens die skale hieronder uiteengesit:

Jaar van erkende diens	*Skaal per maand*
	R
Eerste jaar	830
Tweede jaar	957
Derde jaar	1 100
Vierde jaar	1 264
Vyfde jaar	1 453
Sesde jaar	1 670
Sewende jaar	1 921".

E. VAN DER M. LOUW,
Minister van Mannekrag.

DEPARTMENT OF NATIONAL HEALTH POPULATION DEVELOPMENT

No. R. 2376 **12 October 1990**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY RADIOGRAPHERS OF ADDITIONAL QUALIFICATIONS.—AMENDMENT

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

SCHEDULE

1. In this Schedule the expression "the Regulations" means the regulations published by Government Notice No. R. 1105 of 30 May 1984, as amended by Government Notice No. R. 105 of 16 January 1987.

2. The Regulations are hereby amended by—

(a) the insertion under the heading "(A) IN THE CATEGORY DIAGNOSIS" of the following examining authorities and qualifications with the corresponding abbreviations for registration:

Examining authority and qualification	*Abbreviation for registration*
"HONG KONG	
Hong Kong Diagnostic Radiographers' Association—	
Diploma in Diagnostic Radiography	Dip Diag Rad Hong Kong Assoc
NAMIBIA	
University of Namibia—	
Diploma in Radiography (Diagnosis)	Dip in Rad (Diag) Namibia
ZAMBIA	
Examinations Council, Zambia—	
Diploma in Radiography	Dip in Rad Zambia";

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

No. R. 2376 **12 Oktober 1990**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR RADIOGRAFISTE VAN ADDISIONELE KWALIFIKASIES.—WYSIGING

Die Minister van Nasionele Gesondheid en Bevolkingsontwikkeling het kragtens artikel 61 (1) (o) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasics in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1105 van 30 Mei 1984 soos gewysig by Goewermentskennisgewing No. R. 105 van 16 Januarie 1987.

2. Die Regulasies word hierby gewysig deur—

(a) onder die opskrif "A. IN DIE KATEGORIE DIAGNOSE" die volgende eksaminerende liggame en kwalifikasies met die ooreenstemmende afkortings vir registrasie in te voeg:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
"HONG KONG	
Hong Kong Diagnostic Radiographers' Association—	
Diploma in Diagnostic Radiography	Dip Diag Rad Hong Kong Assoc
NAMIBIË	
Universiteit van Namibië—	
Diploma in Radiografie (Diagnose)	Dip in Rad (Diag) Namibie
ZAMBIË	
Examinations Council, Zambia—	
Diploma in Radiography	Dip in Rad Zambia";

(b) the insertion under the heading "D. OTHER ADDITIONAL QUALIFICATIONS" under "Republic of South Africa" of the following examining authorities and qualifications with the corresponding abbreviations for registration:

Examining authority and qualification	*Abbreviation for registration*
University of South Africa—	
"Diploma in Tertiary Education (3) ..	DTE (Unisa)
University of the Witwatersrand—	
Higher Diploma for Educators of Adults.....	HD Educ Adults (Witwatersrand)
Master in Scientiae (Medical) in Radiography	MSc (Med) Rad (Witwatersrand)
University of the Orange Free State—	
Bachelor's Degree in Radiography (Honours) Diagnostic Radiography.....	B Rad (Hons) Diag Rad (Orange Free State)
Diploma in Tertiary Education	DTE (Orange Free State)
Master in Radiography	M Rad (Orange Free State)".

No. R. 2379 **12 October 1990**

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

REGULATION.—PRESERVATIVES AND ANTIOXIDANTS—AMENDMENT

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

SCHEDULE

1. In this Schedule "the Regulation" shall mean the regulation published under Government Notice No. R. 965 of 3 June 1977, as amended by Government Notices Nos. R. 2355 of 5 November 1982, R. 255 of 7 February 1986 and R. 1884 of 4 September 1987.

2. Annexure A to the Regulation is hereby amended by the insertion in alphabetical order of the following item in column I, with the corresponding particulars in columns II and III:

I Foodstuffs	II Preservative	III Quantity permitted mg/kg or mg/ℓ
All foodstuffs where applicable	Lysozyme.....	600

3. Annexure B to the Regulation is hereby amended by the insertion in alphabetical order of the following subitem in column I, with the corresponding particulars in columns II and III, under the item "Marine food":

I Foodstuff	II Antioxidant	III Maximum level mg/kg or mg/ℓ
Maasbanker canned in tomato-based sauces	Sodium metabisulphite	30 in the final product, expressed as SO_2, singly or in combination with other sulphites.

(b) onder die opskrif "D. ANDER ADDISIONELE KWALIFIKASIES" onder "Republiek van Suid-Afrika" die volgende eksaminerende liggame en kwalifikasies met die ooreenstemmende afkortings vir registrasie in te voeg:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Universiteit van Suid-Afrika—	
"Diploma in Tersiêre Onderwys (3) ..	DTE (Unisa)
Universiteit van die Witwatersrand—	
Hoër Diploma vir Volwassene-onderrig.....	HD Volwassene-onderrig (Witwatersrand)
Magister in Natuurwetenskappe (Medies) in Radiografie	MSc (Med) Rad (Witwatersrand)
Universiteit van die Oranje-Vrystaat—	
Baccalaureus in Radiografie (Honores) Diagnostiese Radiografie	B Rad (Hons) Diag Rad (Oranje-Vrystaat)
Diploma in Tersiêre Onderwys	DTO (Oranje-Vrystaat)
Magister in Radiografie.....	M Rad (Oranje-Vrystaat)".

No. R. 2379 **12 Oktober 1990**

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

REGULASIE.—BEDERFWERENDE MIDDELS EN ANTI-OKSIDEERMIDDELS—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 15 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die regulasies vervat in die Bylae hiervan uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasie" die regulasie afgekondig by Goewermentskennisgewing No. R. 965 van 3 Junie 1977, soos gewysig by Goewermentskennisgewings Nos. R. 2355 van 5 November 1982, R. 225 van 7 Februarie 1986 en R. 1884 van 4 September 1987.

2. Aanhangsel A van die Regulasie word hierby gewysig deur die volgende item in kolom I, met die ooreenstemmende besonderhede in kolomme II en III, in alfabetiese volgorde in te voeg:

I Voedingsmiddel	II Bederfwerende middel	III Hoeveelheid geoorloof mg/kg of mg/ℓ
Alle voedingsmiddels waar toepaslik	Lisosiem	600

3. Aanhangsel B van die Regulasie word hierby gewysig deur die volgende subitem in kolom I, met die ooreenstemmende besonderhede in kolomme II en III, in alfabetiese volgorde onder die item "Seevoedsel" in te voeg:

I Voedingsmiddel	II Anti-oksideermiddel	III Maksimum vlak mg/kg of mg/ℓ
Masbanker ingemaak in souse met 'n tamatiebasis	Natriummetabisulfiet	30 in die eindproduk, uitgedruk as SO_2, afsonderlik of in kombinasie met ander sulfiete.

BOARD NOTICE

(97)

BOARD NOTICE 70 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF SPEECH THERAPISTS, SPEECH THERAPISTS AND AUDIOLOGISTS AND AUDIOLOGISTS.—AMENDMENT

In terms of section 32 (1) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules in the Schedule hereto.

SCHEDULE

1. In this Schedule, unless the contents otherwise indicates the expression 'the Rules' means the rules published under Government Notice No. R. 1865 of 16 September 1977, as amended.

2. Rule 1 of the rules is hereby amended by the addition under the registration category 'Speech Therapist' of the following qualifications:

(a) Under the subheading 'Australia':

Examining authority and qualification	*Abbreviation for registration*
Lincoln Institute of Health Sciences—	
Bachelor of Applied Science (Speech Pathology)	B Appl Sc (Speech Pathology) Lincoln Institute

(b) Under the subheading 'United States of America':

Examining autority and qualification	*Abbreviation for registration*
American Speech-Language-Hearing Association—	
Certificate of Clinical Competence in Speech-Language Pathology	CCC Sp-L ASHLA

RAADSKENNISGEWING

RAADSKENNISGEWING 70 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN SPRAAKTERAPEUTE, SPRAAKTERAPEUTE EN OUDIOLOË EN OUDIOLOË.—WYSIGING

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die Reëls in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. Tensy uit die samehang anders blyk beteken die uitdrukking 'die Reëls' in hierdie Bylae, die reëls afgekondig by Goewermentskennisgewing No. R. 1865 van 16 September 1977, soos gewysig.

2. Reël 1 van die reëls word hierby gewysig deur die byvoeging onder die registrasie kategorie 'Spraakterapeut' van die volgende kwalifikasies:

(a) Onder die subopskrif 'Australië':

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Lincoln Institute of Health Sciences—	
Bachelor of Applied Science (Speech Pathology)	B Appl Sc (Speech Pathology) Lincoln Institute

(b) Onder die subopskrif 'Verenigde State van Amerika':

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
American Speech-Language-Hearing Association—	
Sertifikaat van Kliniese Bevoegdheid in Spraak-Taal-Patologie	CCC Sp-L ASHLA

PHYTOPHYLACTICA

This publication deals with plant pathology, mycology, microbiology, entomology, nematology, and other zoological plant pests. Four parts of the journal are published annually.

Contributions of scientific merit on agricultural research are invited for publication in this journal. Directions for the preparation of such contributions are obtainable from the Director, Agricultural Information, Private Bag X144, Pretoria, to whom all communications in connection with the journal should be addressed.

The journal is obtainable from the above-mentioned address at R10 plus GST per copy or R40 per annum, post free (Other countries R12,50 per copy or R50 per annum).

PHYTOPHYLACTICA

Hierdie publikasie bevat artikels oor plantpatologie, mikologie, mikrobiologie, entomologie, nematologie en ander dierkundige plantplae. Vier dele van die tydskrif word per jaar gepubliseer.

Verdienstelike landboukundige bydraes van oorspronklike wetenskaplike navorsing word vir plasing in hierdie tydskrif verwelkom. Voorskrifte vir die opstel van sulke bydraes is verkrygbaar van die Direkteur, Landbou-inligting, Privaatsak X144, Pretoria, aan wie ook alle navrae in verband met die tydskrif gerig moet word.

Die tydskrif is verkrygbaar van bogenoemde adres teen R10 plus AVB per eksemplaar of R40 per jaar, posvry (Buitelands R12,50 per eksemplaar of R50 per jaar).

Four sue clinic for R100 000

97

Sowetan 1/11/90

FOUR shop stewards of the National Union of Public Service Workers are demanding R100 000 in damages from a white-owned Pretoria private clinic after charges of intimidation against them by the company were withdrawn in court.

They are Mrs Margaret Ranoto, Mrs Johana Mashifane, Mrs Elizabeth Mathebula and Mr Jacob Mocha, who were employed by Jakaranda Hospital.

By MONK NKOMO

The workers claim in letters of demand that a Mr de Beer wrongfully and unlawfully caused their arrest and detention during a strike on or about June 22 this year.

They were released on bail on June 26 and later had charges of intimidation against them withdrawn in the Pretoria Magistrate's Court, according to their attorney, Mr Cyril Morolo.

Morolo said he had also filed an application in the Industrial Court challenging the dismissal of 156 employees at Jakaranda Hospital and the Nedpark private clinic.

All the dismissed workers are members of the NUPSW.

Morolo said they were seeking an order for the unconditional reinstatement of the workers, including the four shop stewards, on the grounds their dismissal constituted an unfair labour practice.

Dr G de Beer, superintendent of Jakaranda Hospital, yesterday confirmed having received the letters and the notice and said both applications would be defended by the hospital.



Sandton Clinic management yesterday handed out copies of a Supreme Court order to dismissed workers gathered outside the clinic. The order restricts picketing and prohibits the obstruction of any clinic operation.

Picture: LINDEN BIRNS

B Day 2/11/90

Sacked workers arrested outside Sandton Clinic

LINDEN BIRNS

SIX dismissed Sandton Clinic workers were arrested yesterday after gathering with other dismissed colleagues outside the clinic to receive copies of court orders from clinic management representatives.

The Supreme Court order confined picketing workers to pavements opposite the clinic and prohibited them from obstructing clinic operations.

The workers were fired after taking industrial action. Clinic spokesman Sonja Velleman said they had refused to accept the court order when it was issued by the Witwatersrand Supreme Court on Saturday.

National Education, Health and Allied Workers' Union (Nehawu) educational secretary Neil Thobejane said yesterday the arrests were the result of a trap set up by the clinic's management in collaboration with the SAP.

Velleman said that if people had been arrested, "it's on the grounds of intimidation".

Nehawu organiser Sam Pholotho dismissed a police claim that some of the sacked staff had abducted and tortured clinic staff in a Johannesburg building, challenging police to name the place and time at which the alleged torture took place.

On Wednesday SAP Witwatersrand liason officer Capt Eugene Opperman said in a statement that "some supporters, if not members of Nehawu" had kidnapped, intimidated and assaulted clinic employees.

NOTICE 918 OF 1990

NOTICE OF APPLICATION FOR APPROVAL FOR THE ERECTION OF A NEW ABATTOIR IN TERMS OF SECTION 12 (1) OF THE ABATTOIR INDUSTRY ACT, 1976 (ACT No. 54 OF 1976)

It is hereby made known in terms of section 12 (1) of the Abattoir Industry Act, 1976 (Act No. 54 of 1976), that Mr J. H. van Loggerenberg, P.O. Box 145, Petrusburg, 9932, has in terms of section 11 of the said Act applied to the Minister of Agriculture for approval for the erection of a new abattoir Diepfontein 546, Petrusburg.

If the application is granted, the abattoir will be used for the slaughter of 225 sheep/goats per day for supplying meat to the residents of Petrusburg and vicinity.

Any person intending to submit representations or objections in regard to the above-mentioned application shall forward such representations or objections to the Chairman, Abattoir Commission, Private Bag X250, Pretoria, 0001, within a period of 30 days from the date of publication of this notice and in the manner set out in the regulations published under the said Act.

Attention is invited to the provisions of regulation 11 (6) of the said regulations which require any person who submits objections to an application to the Minister to serve on the applicant concerned a copy of the document in which his objections are set out.

Note: The regulations require that objections be affirmed under oath and submitted in triplicate.

(2 November 1990)

BOARD NOTICES

BOARD NOTICE 72 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

It is hereby notified in terms of regulation 15 (5) of Act No. 56 of 1974 and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as members of the Professional Board for Speech Therapy and Audiology for the five year period 1 March 1991 to 28 February 1996:

Aron, Myrtle Lily.
Crossley, Susan Lorraine.
Erster, Ilana.
Hugo, Susanna Rene.
Jordaan, Heila Letitia.
Masiloane, Maggie.
Norman, Marcelle Carol.
Penn, Myrtle Anne Claire.
Roberts, Estelle.
Schneider, Marguerite.
Shapiro, Glenda.
Uys, Isabella Catharina.
Wahlhaus, Margaret.

KENNISGEWING 918 VAN 1990

KENNISGEWING VAN AANSOEK OM GOEDKEURING VIR DIE OPRIGTING VAN 'N NUWE ABATTOIR KRAGTENS ARTIKEL 12 (1) VAN DIE WET OP DIE ABATTOIRBEDRYF, 1976 (WET No. 54 VAN 1976)

Kennis geskied hiermee kragtens artikel 12 (1) van die Wet op die Abattoirbedryf, 1976 (Wet No. 54 van 1976), dat mnr. J. H. van Loggerenberg, Posbus 145, Petrusburg, 9932, kragtens artikel 11 van genoemde Wet by die Minister van Landbou aansoek gedoen het om goedkeuring vir die oprigting van 'n nuwe abattoir te Diepfontein 546, Petrusburg.

Indien die aansoek toegestaan word, sal die abattoir gebruik word vir die slag van 225 skape/bokke per dag vir die voorsiening van vleis aan die inwoners van Petrusburg en omgewing.

Iemand wat vertoë of besware in verband met bogenoemde aansoek wil rig, moet sodanige vertoë of besware aan die Voorsitter, Abattoirkommissie, Privaatsak X250, Pretoria, 0001, rig binne 'n tydperk van 30 dae vanaf datum van publikasie van hierdie kennisgewing en op die wyse uiteengesit in die regulasies kragtens genoemde Wet uitgevaardig.

Aandag word gevestig op die bepalings van regulasie 11 (6) van die genoemde regulasies wat vereis dat iemand wat vertoë of besware teen 'n aansoek aan die Minister voorlê, terselfdertyd 'n afskrif van die stuk waarin sy besware uiteengesit is op die betrokke applikant moet bestel.

L.W.: Die regulasies vereis dat besware onder eed bevestig en in drievoud voorgelê moet word.

(2 November 1990)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 72 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Ingevolge artikel 15 (5) van Wet No. 56 van 1974 en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lede van die Beroepsraad vir Spraakterapie en Oudiologie vir die vyfjaartydperk 1 Maart 1991 tot 28 Februarie 1996:

Aron, Myrtle Lily.
Crossley, Susan Lorraine.
Erster, Ilana.
Hugo, Susanna Rene.
Jordaan, Heila Letitia.
Masiloane, Maggie.
Norman, Marcelle Carol.
Penn, Myrtle Anne Claire.
Roberts, Estelle.
Schneider, Marguerite.
Shapiro, Glenda.
Uys, Isabella Catharina.
Wahlhaus, Margaret.

(97)

As the number of persons validly nominated exceed the number of persons to be elected, I have appointed 3 December 1990 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure of the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
SAMDC Building
553 Vermeulen Street
Arcadia
Pretoria
0083

(2 November 1990)

Aangesien die getal genomineerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 3 Desember 1990, om 12:00 vasgestel as die dag en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasie beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregtig is.

N. M. PRINSLOO,
Kiesbeampte.

Posbus 205
SAGTR-gebou
Vermeulenstraat 553
Arcadia
Pretoria
0083.

(2 November 1990)

BOARD NOTICE 73 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR ORAL HYGIENE

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five oral hygienists as members of the professional Board for Oral Hygiene to serve during the period ending the 31st day of March 1996 is about to be held.

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

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

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered oral hygienists. The nominee must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the nominee is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 3 December 1990 at 12:00.

RAADSKENNISGEWING 73 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR MONDHIGIËNE

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van vyf Mondhigiëniste as lede van die Beroepsraad vir Mondhigiëne om te dien gedurende die tydperk wat op die 31ste dag van Maart 1996 verstryk.

Nominasies van verkiesbare Mondhigiëniste word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeisers 'n akkoord aangegaan het nie, of wie se boedel nie gesekwestreer is nie (b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genomineer word maar elkeen wat by die verkiesing stemgeregtig is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasievorm moet die voorname en die van van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde mondhigiëniste. Die genomineerde persoon moet ook die vorm onderteken ter bekragtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genomineerde persoon nie in staat is om die nominasievorm te teken nie, kan hy die kiesbeampte per brief of telegram meedeel dat hy tot sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 3 Desember 1990 om 12:00 by onderstaande adres bereik.

A deposit of R30 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,

Returning Officer.

P.O. Box 205
Pretoria
0001

or

553 Vermeulen Street
Arcadia
Pretoria
0083

(2 November 1990)

BOARD NOTICE 74 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR DIETETICS

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of five dietitians as members of the Professional Board for Dietetics to serve during the period ending the 31st day of March 1996 is about to be held.

Nominations of eligible dietitians are awaited. Every person so registered—

(a) who has not entered into composition with the creditors of his estate, or whose estate has not been sequestrated;

(b) who is not disqualified under the Act from practising his profession;

is eligible for nomination.

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

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

The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the addres given below not later than 3 December 1990 at 12:00.

'n Deposito van R30 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie bepalings nie nagekom is nie of wat nie teen voormelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,

Kiesbeampte

Posbus 205
Pretoria
0001

of

Vermeulenstraat 553
Arcadia
Pretoria
0083

(2 November 1990)

RAADSKENNISGEWING 74 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR DIEETKUNDE

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad kennis gegee dat 'n verkiesing gehou staan te word van vyf dieetkundiges as lede van die Beroepsraad vir Dieetkunde om te dien gedurende die tydperk wat op die 31ste dag van Maart 1996 verstryk.

Nominasies van verkiesbare dieetkundiges word ingewag. Elke sodanige geregistreerde persoon—

(a) wat nie met sy skuldeisers 'n akkoord aangegaan het nie, of wie se boedel nie gesekwestreer is nie,

(b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie,

is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genomineer word, maar elkeen wat by die verkiesing stemgeregtig is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasievorm moet die voorname en die van van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde dieetkundiges.

Die genomineerde persoon moet ook die vorm onderteken ter bekragtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genomineerde persoon nie in staat is om die nominasievorm te teken nie, kan hy die kiesbeampte per brief of telegram meedeel dat hy tot sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 3 Desember 1990 om 12:00 by die onderstaande adres bereik.

A deposit of R30 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the addres given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
Pretoria
0001

or

553 Vermeulen Street
Arcadia
Pretoria
0083

(2 November 1990)

'n Deposito van R30 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie bepalings nie nagekom is nie of wat nie teen voorvermelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. PRINSLOO,
Kiesbeampte.

Posbus 205
Pretoria
0001

of

Vermeulenstraat 553
Arcadia
Pretoria
0083

(2 November 1990)

BOARD NOTICE 75 OF 1990

ADDITIONAL HOUSING SUBSIDY

I, Jakobus Stephanus Kitshoff, acting secretary to the Board on Remuneration and Service Benefits of Town Clerks, duly authorised thereto by the said board in terms of section 2 (2) of the Remuneration of Town Clerks Act, 1984 (Act No. 115 of 1984), hereby announce for general information that the undermentioned additional housing subsidy has been approved by the said board for the period 1 October 1990 to 31 December 1990 for town clerks of all grades of local authorities:

"In addition to paragraph 6.2 of Circular 2/85 from the then Department of Constitutional Development and Planning, and over and above the maximum subsidies in terms of Part I of Annexure A to the Government Service Personnel Code D.XX (the housing subsidy table) a town clerk may, for the period 1 October 1990 to 31 December 1990 and on a monthly basis, be paid a supplementary housing subsidy in accordance with the following table, on condition that such town clerk is in receipt of a housing subsidy for which the outstanding bond amount exceeds R50 000:

Monthly amount deducted by the authority through debit order and paid over to the bondholder as "compulsory capital and interest redemption"	Monthly supplementary housing subsidy
R 1 to R 811	Nil
R 812 to R 900	R40
R 901 to R 950	R45
R 951 to R1 000	R50
R1 001 to R1 050	R55
R1 051 to R1 100	R60
R1 101 to R1 150	R65
R1 151 to R1 200	R70
R1 201 to R1 250	R75
R1 251 and higher	R80

J. S. KITSHOFF,
Acting Secretary.

(2 November 1990)

RAADSKENNISGEWING 75 VAN 1990

ADDISIONELE BEHUISINGSUBSIDIE

Ek, Jakobus Stephanus Kitshoff, waarnemende sekretaris van die Raad op Besoldiging en Diensvoordele van Stadsklerke, handelende kragtens magtiging deur die Raad aan my verleen ingevolge artikel 2 (2) van die Wet op die Besoldiging van Stadsklerke, 1984 (Wet No. 115 van 1984), kondig hiermee vir algemene kennisname aan die ondergemelde addisionele behuisingsubsidie vir stadsklerke van die verskillende grade plaaslike owerhede vir die tydperk 1 Oktober 1990 tot 31 Desember 1990 deur die gemelde raad goedgekeur is:

"In Aanvulling tot paragraaf 6.2 van Rondskrywe 2/85 vanaf die destydse Departement van Staatkundige Ontwikkeling en Beplanning, en bo en behalwe die maksimum subsidies ingevolge Deel I van Bylae A van Staatsdienspersoneelkode D.XX (die behuisingsubsidietabel) mag vir die tydperk 1 Oktober 1990 tot 31 Desember 1990, maandeliks 'n aanvullende behuisingsubsidie ooreenkomstig die onderstaande tabel aan 'n stadsklerk betaal word mits hy reeds 'n ontvanger van 'n behuisingsubsidie is en sy uitstaande verbandskuld R50 000 oorskry:

Maandelikse bedrag wat deur die owerheid per aftrekorder as "verpligte kapitaal-/rentedelging" gevorder en aan die verbandhouer oorbetaal word	Maandelikse aanvullende behuisingsubsidie
R 1 tot R 811	Geen
R 812 tot R 900	R40
R 901 tot R 950	R45
R 951 tot R1 000	R50
R1 001 tot R1 050	R55
R1 051 tot R1 100	R60
R1 101 tot R1 150	R65
R1 151 tot R1 200	R70
R1 201 tot R1 250	R75
R1 251 en meer	R80

J. S. KITSHOFF,
Waarnemende Sekretaris.

(2 November 1990)

Crisis at 9 strike-hit hospitals

Sowetan 8/11/90

97

By MATHATHA TSEDU

THE dismissal of five nurses from a hospital in Lebowa last Friday has precipitated a health crisis in the area with nine hospitals at a virtual standstill.

Patients, some of them still unable to walk, are being discharged from several hospitals as services came to a halt. A skeleton staff of senior nurses and doctors is manning emergency and intensive care cases, hospital sources said.

A spokesman for the Lebowa government, Mr N Bambo, said yesterday the Department of Health had confirmed that at least nine hospitals were affected.

These included major referral centres such as Groot Hoek Hospital. Bambo said a decision on patients had been left to individual superintendents to handle according to available manpower.

"Patients no longer in dire need of hospital care are being sent home while serious cases are either being retained or transferred to other centres", Bambo said.

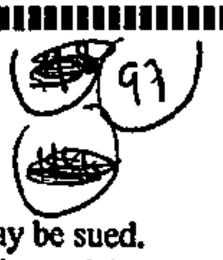
Trouble started at Maandags Hoek Hospital, at Driekop, on Saturday after five nurses were fired for allegedly organising meetings of workers.

Almost the entire staff downed tools and demanded the immediate dismissal of the superintendent, a Dr de Jager, who they accused of alleged right wing leanings and racism.

Other hospitals joined in solidarity on Monday and the strike has spread, Bambo said.

Lebowa Chief Minister Nelson Ramodike was quoted on the radio as saying the dismissed would be reinstated but confirmation of this was unavailable yesterday.

Strike-hit hospitals discharge 500 patients



Sowetan 9/11/90

By MATHATHA TSEDU

MORE than 500 patients were this week discharged prematurely from Siloam and Tshilidzini hospitals in Venda following work-stoppages by nursing staff and other workers.

At Siloam Hospital less than 200 critically ill patients, including children, have been put into one ward as the almost total sit-in by labourers, nurses, clerks and paramedics entered its fourth day yesterday.

Soldiers and policemen and other volunteers have been called in to assist with cooking, cleaning, laundry and feeding, acting superintendent Dr GM Maritz said yesterday.

Other patients were transferred to Donald Fraser Hospital, about 70km away, he said.

The workers at Siloam are demanding that the appointment of two Dutch immigrant doctors last week be rescinded and the posts advertised.

They also accuse the hospital authorities of racism. Maritz denied this and said the two doctors would not be dismissed because there was a shortage of doctors.

The Director-General of the Department of Health, Dr JP McCutcheon, has called on relatives of patients at the hospital to either fetch them or volunteer to assist with feeding. The work stoppage affects only nurses.

McCutcheon has warned the strikers that their action is illegal, that they will not be paid and that should patients die because of lack of proper care, the organisers of the strike may be sued.

He also warned nurses that their participation in the sit-in was "an offence in terms of nursing legislation".

The two hospitals join a list of other northern Transvaal medical centres currently affected by industrial action.

More than 12 hospitals in Lebowa have been discharging patients since Saturday following strikes over wages, allegations of racism and dismissals of union activists.

voltage, the voltage deviation shall not exceed the limits of plus 6 per cent and minus 10 per cent of the standard voltage, and in the case of an existing distribution system, or of a distribution system designed prior to the date of coming into operation of this regulation, with a nominal system voltage higher than the standard voltage, the voltage deviation shall not exceed the limits of plus 10 per cent and minus 6 per cent of the standard voltage.

(b) In the absence of any agreement to the contrary in the case of a distribution system with a nominal system voltage of 500 volts or higher, the supply voltage shall not deviate from the declared or agreed voltage by more than 5 per cent for any period longer than 10 consecutive minutes.

(3) The frequency of an alternating current supply shall be 50 Hertz and the deviation from this frequency shall not exceed plus or minus 2,5 per cent of 50 Hertz.

(4) The board may on application permit other deviations from the stipulated supply voltage and frequency.".

4. Regulation 11 of the Regulations is hereby amended by the substitution for subregulation (2) of the following subregulation:

"(2) The rates at which and the conditions of sale under which electricity is thus resold, shall not be less favourable to the purchaser than those that would have been payable and applicable had the purchaser been supplied directly with electricity by the undertaker who is supplying the seller with electricity and every seller shall, at the request of any such purchaser furnish him with such information as may be necessary to enable him to determine whether the electricity accounts received by him are correct.".

die spanningsafwyking nie die perke van plus 6 persent en minus 10 persent van die standaardspanning mag oorskry nie, en in die geval van 'n bestaande verspreidingstelsel of 'n verspreidingstelsel wat ontwerp is voor die datum van die inwerkingtreding van hierdie regulasie, met 'n nominale stelselspanning hoër as die standaardspanning, die spanningsafwyking nie die perke van plus 10 persent en minus 6 persent van die standaard spanning mag oorskry nie.

(b) By gebrek aan 'n andersluidende ooreenkoms in die geval van 'n verspreidingstelsel met 'n nominale stelselspanning van 500 volt en hoër, mag die leweringspanning met nie meer as 5 persent van die verklaarde of ooreengekome spanning afwyk vir enige periode langer as 10 agtereenvolgende minute nie.

(3) Die frekwensie van 'n wisselstroomtoevoer moet 50 Hertz wees en die afwyking vanaf hierdie frekwensie mag nie meer as plus of minus 2,5 persent van 50 Hertz wees nie.

(4) Die Raad kan op aansoek ander afwykings van die bedoelde leweringspanning en frekwensie toelaat.".

4. Regulasie 11 van die Regulasies word hierby gewysig deur subregulasie (2) deur die volgende subregulasie te vervang:

"(2) Die tariewe en verkoopvoorwaardes waarteen elektrisiteit aldus herverkoop word, mag nie minder gunstig vir die koper wees nie as dié wat betaalbaar en van toepassing sou gewees het indien die koper regstreeks van elektrisiteit voorsien was deur die ondernemer wat die verkoper van elektrisiteit voorsien, en elke verkoper moet op versoek van enige sodanige koper die inligting voorsien wat nodig is om hom in staat te stel om te bepaal of die elektrisiteitsrekeninge deur hom ontvang, korrek is.".

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2667 **16 November 1990**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY MEDICAL TECHNOLOGISTS OF ADDITIONAL QUALIFICATIONS.—AMENDMENT

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

SCHEDULE

1. In this Schedule "the Regulations" shall mean the regulations published under Government Notice No. R. 2305 of 3 December 1976.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

No. R. 2667 **16 November 1990**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR GENEESKUNIDGE TEGNOLOË VAN ADDISIONELE KWALIFIKASIES.—WYSIGING

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

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 2305 van 3 Desember 1976.

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

University or examining authority and qualification	*Abbreviation for registration*
"Department of National Education—	
National Higher Diploma in Medical Technology	NHD Med Tech (SA)".

No. R. 2676 **16 November 1990**

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE SCOPE OF PRACTICE OF PERSONS WHO ARE REGISTERED OR ENROLLED UNDER THE NURSING ACT 1978.—AMENDMENT

The Minister of National Health and Population Development has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 2598 of 30 November 1984, as amended by Government Notice No. R. 1469 of 10 July 1987.

Amendment of the Regulations

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

"CHAPTER 4.—THE SCOPE OF PRACTICE OF ENROLLED MIDWIVES"

4. The scope of practice of an enrolled midwife shall entail the following acts or procedures which apply to the practice of midwifery:

(a) The identification of a health need and the promotion of the health of the mother and child by means of examination and advice during, and supervision over and handling of, normal pregnancy, uncomplicated labour and normal puerperium;

(b) the promotion or maintenance of hygiene and physical comfort and the reassurance of the mother and child;

(c) the promotion of exercise, rest and sleep;

(d) the control, promotion and maintenance of the following in the mother and child:

(i) Respiratory functions;

(ii) intake and output functions;

(iii) blood pressure, temperature, pulse rate and foetal heart;

(e) the promotion, maintenance and improvement of the nutritional status of the mother and child;

2. Die Regulasies word hierby gewysig deur die volgende kwalifikasie by te voeg:

Universiteit of eksaminerende liggaam en kwalifikasie	*Afkoring van registrasie*
"Departement van Nasionale Opvoeding—	
Nasionale Hoër Diploma in Geneeskundige Tegnologie	NHD Geneesk Teg (SA)".

No. R. 2676 **16 November 1990**

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE BESTEK VAN PRAKTYK VAN PERSONE WAT KRAGTENS DIE WET OP VERPLEGING, 1978, GEREGISTREER OF INGESKRYF IS.—WYSIGING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) (q) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 2598 van 30 November 1984, soos gewysig by Goewermentskennisgewing R. 1469 van 10 Julie 1987.

Wysiging van die Regulasies

2. Die Regulasies word hierby gewysig deur die volgende regulasie by te voeg:

"HOOFSTUK 4.—DIE BESTEK VAN PRAKTYK VAN INGESKREWE VROEDVROUE"

4. Die bestek van praktyk van 'n ingeskrewe vroedvrou behels die volgende handelinge of prosedures van toepassing op die praktyk van verloskundige verpleegkunde:

(a) Die identifisering van 'n gesondheidsbehoefte en die bevordering van die gesondheid van die moeder en kind deur ondersoek en adviesgewing tydens, en toesig oor en die hantering van, normale swangerskap, ongekompliseerde baring en norale puerperium;

(b) die bevordering of instandhouding van higiëne en fisiese gemak en die gerusstelling van die moeder en kind;

(c) die bevordering van oefening, rus en slaap;

(d) die kontrolering, bevordering en instandhouding van die volgende by die moeder en kind:

(i) Respiratoriese funksies;

(ii) inname- en uitskeidingsfunksies;

(iii) bloeddruk, temperatuur, polsslag en fetale hart;

(e) die bevordering, instandhouding en verbetering van die voedingstatus van die moeder en kind;

Ambulance crew attacked answering emergency in Lavender Hill

Men flagged down

By JOHN VILJOEN, Weekend Argus Reporter

A GANG of thugs brandishing guns and knives threatened the crew of a Cape Town ambulance when it answered an emergency call in Lavender Hill last night.

A still-shaken Mr Deon Hanekom, 31, of Plumstead, said they were lucky to escape. It was not the first time ambulancemen had to take their lives into their hands when chasing calls on the gang-infested Cape Flats, he added.

Mr Hanekom, of the Cape Ambulance Service's Retreat satellite station, gave a dramatic account of how his team was forced to flee after being set upon.

The ambulance crew had gone to pick up a casualty in Lotus River, near Grassy Park, and were then diverted to Dulker Avenue, Lavender Hill, to answer another call.

'Lots of gangsters, one with tattoos'

There Mr Hanekom, his driver and an accompanying fireman found "a whole lot of gangsters", one with cut hand.

Mr Hanekom and the fireman put the injured man in the back of the ambulance. But before the crew could drive off another gangster "with a whole lot of tattoos over his face" climbed in.

The gangsters then jostled the patient, stole his cigarettes and tried to steal his shoes, Mr Hanekom said.

"I got out and as I did so I heard someone shout: 'Shoot the three of them!'

"My partner pulled away — he didn't realise that I was out of the ambulance. I shouted to him, but he didn't hear me.

"When he realised I wasn't in the vehicle he reversed and I jumped in," Mr Hanekom said.

Gangster flung out the back

He shouted to the driver: "Move it!" As they sped away the injured gangster was flung out of the back of the ambulance.

"If we had tried to stop them we could have been killed," Mr Hanekom said.

"This is not the first time there has been an incident with gangs in Retreat and Lavender Hill. We have complained about it and our so-called officers always say they are looking into it.

"They are always waiting for something drastic to happen before they do anything. One day one of the ambulancemen will be injured or even killed."

■ Police have thanked the public for helping in the arrest of two knifemen who robbed a man in Salt River and stabbed a traffic officer.

Mr Shaheem Kalam, 24, was delivering goods to a shop in Boundary Road, Salt River, yesterday afternoon when two men approached, threatened him with knives and stole R168 from his van.

Mr Kalam asked traffic officer Anthony Jacobs, 28, for help and he chased the suspects. Officer Jacobs caught up with them in Pope Street, Salt River.

One of the men knifed the traffic officer three times. Officer Jacobs fired twice, hitting one man in the shoulder.

The assailants were arrested and the money recovered.

"We must point out that the general public played a role in the arrest of these people," said police spokesman Captain Danie Deysel.

■ Police are hunting for two men who grabbed a R10 672 payroll from Mrs Susannah Walters, 36, an employee of Fences and Guards in Blackheath, after stabbing her with a screwdriver as she walked from a bank to her office at noon yesterday.

Gangsters threaten ambulance crew

CAPE TIMES 19/11/98 p 97

A CAPE TOWN ambulanceman who was threatened by armed gangsters in Lotus River at the weekend has called for officials to step up security.

Mr Deon Hanekom, 31, of Plumstead, said he and two companions answered a casualty call in Duiker Avenue.

A man with an injured hand was placed in the back of the ambulance but before the crew could drive off another "thug" with his face covered with tattoos climbed into the vehicle.

The driver thought Mr Hanekom was in the van and pulled off, leaving him stranded on the street with 20 gangsters.

"I heard them shout 'shoot the three of them'," he said.

The driver then reversed and Mr Hanekom climbed in as the tattooed gangster fell on to his head on the tarmac.

CAPE Times 20/11/90 97

Ambulance security 'sit in'

By PETER DENNEHY

SCORES of ambulancemen refused to go out on the road for two hours early yesterday morning until they were assured that their concerns about their safety would be addressed.

The latest incident to spark off their concern was one in which ambulanceman Mr Deon Hanekom, 31, of Plumstead, was threatened by armed gangsters in Lavender Hill after an injured member of another gang had been picked up.

The chief officer of the ambulance service, Mr Rod Douglas, said a fruitful meeting had been held with his men.

"They were asked to put forward their views and concerns, and they responded very well," he said. "They have the full sympathy of management."

"I have taken their concerns up at the highest level in the past few months, but the situation seems to have got worse."

A mobile treatment unit which had been attacked twice in rapid succession was closed down last week.

"I gave the men an undertaking that I would meet policy-makers, review the situation and report back to them on Thursday," said Mr Douglas.

He said it would be a sad day if ambulancemen had to be armed. He was concerned for the safety of his men, but he believed another solution could be found.

A problem with carrying firearms was that one could become a target of those who wished to get firearms.

Another suggested solution was to withdraw from certain dangerous areas, but this was not acceptable, he said.

"The last thing I want is that we should stop providing a service to all areas. The patient must come first, although, of course, I must bear the safety of my men in mind. I think we can accommodate both requirements."

Among their demands, ambulancemen want to be equipped with two-way radios and want management toexplain to gangs and community organisations that ambulancemen are there merely to save lives.

Help us to help you ambulance chief

MC&U 12/11/90 97

By SHARKEY ISAACS
Staff Reporter

CAPE TOWN ambulance chief Rod Douglas has appealed to community leaders to support his staff on mercy missions to save lives in high crime areas.

His call follows incidents last weekend when the lives of ambulancemen were threatened in the Retreat/Lotus River districts and also the recent closure of the mobile Metro emergency service unit at Guguletu for similar reasons.

Addressing ambulancemen in a report back meeting on their requests for better protection today, he asked his staff to consider various safety proposals.

Increased crews

They included portable two-way radios and increasing crews in ambulances and medical rescue service vehicles from two to three at weekends.

Areas of concern highlighted in discussions were:

- The safety of ambulance personnel;
- The necessity to continue services to thousands of patients; and
- The need to render life saving services to all victims of violence.

He emphasised the need to find solutions.

"No-go areas", routine police escorts and pick-up zones were not options.

Important role

The ambulancemen threatened a work stoppage if the city council failed to respond their demands on improved safety. Mr Douglas took up their request with Cape Provincial Administration and Cape Town City Council officials. He also accompanied staff into Lotus River and Lavender Hill areas and approached various people, including gangsters, to explain the important role ambulancemen played in saving lives.

"I am very concerned with the safety of my dedicated staff. I am very proud of my staff and would like to pay tribute to them for risking their lives in somewhat dangerous circumstances."

'Shock' cattle prods for ambulance crews?

Municipal Reporter

AMBULANCE CREWS working in dangerous areas may soon be provided with cattle prods or "shock sticks" to stun assailants.

This is one of several suggestions in a memorandum which Mr Rod Douglas, chief officer of the ambulance service, circulated among his staff yesterday.

Mr Douglas, who is opposed to issuing firearms to his men, said each application of the "shock sticks" should be documented to avoid misuse.

● A single emergency number for amublance services throughout the province was brought into operation on Thursday.

The number 10177 may be dialled without a code, "at the cost of one local call irrespective of where the call is made", the director of emergency medical services, Dr A MacMahon, said.

Now death stalks the men of mercy

ST Times 25/11/90 (235) (97)

AMBULANCEMEN are demanding protection when they answer calls in strife-torn townships after a series of attacks.

By JANICE HILLIER

In Cape Town, ambulancemen say their lives are endangered every time they enter certain areas.

The danger was highlighted when an ambulance crew was attacked in a Cape Town suburb recently.

But it is a problem that faces ambulancemen in most South African cities.

In the Cape incident, three ambulancemen fled a gang attack in Lavender Hill after knife and gun-wielding gangsters threatened to shoot them while they were helping a patient into an ambulance.

According to Deon Hanekom, 31, of Plumstead, he and colleagues Abdulwab Kader and Richard Erasmus were forced to abandon their patient in the road.

He said that while he was helping the man in the ambulance a youth climbed into the back of the vehicle.

"He started assaulting the patient and accused him of being a member of an opposition gang and then tried to steal his shoes," said Mr Hanekom.

"I got out of the van to try to warn the driver when I heard someone shout: 'Shoot the three of them!'

"I shouted to the driver: 'Move it!', but as we sped off the patient was thrown from the ambulance."

Appeal

The incident was the "final straw" for Cape ambulancemen and they decided to stage a sit-in to call for protection on dangerous emergency calls.

"It seems as if someone will have to die before anything is done to protect us," said Mr Hanekom.

In the wake of their protest, Cape Town ambulance chief Rod Douglas appealed to community leaders to support his staff on their mercy missions.

Port Elizabeth ambulance chief Bill Rheeder said members of his staff had had some "rough times" and many felt increasingly insecure.

"We are keeping an eye on the situation and if we believe there is any danger to our staff we withdraw from an area immediately."

Johannesburg's deputy director of fire and emergency services, Danie Joubert, confirmed that emergency and ambulance crews had been attacked.

He said use was being made of an armoured ambulance, called the Mfezi and supplied by the Transvaal provincial administration.

"The vehicle can take up to eight patients at a time and is used to shuttle patients under police escort to a safe area, where they can be treated."

Mr Joubert said he was opposed to ambulancemen being armed.

"We do not want to encourage or be associated with aggressive action," he said.

Ethics

As they increasingly face life-threatening situations, ambulancemen have demanded to be equipped with two-way radios so they can call for help, the establishment of safe pick-up points, the availability of police escorts and a campaign to encourage popular support for their services.

Said Mr Douglas: "We are concerned with the safety of crews, but we are also concerned about supplying a service, especially to those thousands of patients requiring ambulances for asthma, diabetic and heart attacks, and for sick children and women about to give birth."

Police escorts and pick-up zones weren't feasible, he said.

"The service must continue as normally as possible — this is the ethic that governs the ambulance service, as it does any health service."

Durban ambulance chief Dr John Keenan said his staff had also come under threat.

"The isolated problems which we have had from time to time have not been due to political unrest but thuggery.

"If an area is too dangerous to go into, we arrange with the security forces to have the patient taken to the nearest safe point, where we can render treatment."



DEFYING DANGER . . . Rod Douglas with weapons seized by ambulancemen on emergency calls Picture: TERRY SHEAN

Patients at strike-torn hospitals sent home

OVER 500 patients have been prematurely discharged from Siloam and Tshilidzini hospitals in Venda this week after a strike by nurses and general workers.

By MATHATHA TSEDU

At Siloam Hospital, Nzhelele, less than 200 critical patients, including children have been grouped into one ward as the almost total sit-in by labourers, nurses, clerks and paramedics entered its fourth day yesterday.

Soldiers, policemen and other volunteers have been called in to assist with cooking, cleaning, laundry and feeding patients, acting superintendent, Dr GM Maritz said.

Other patients were transferred to Donald Fraser Hospital about 70km away. An ambulance carrying critically ill patients from the hospital - driven by soldiers - collided with a defence force vehicle at Sibasa on Wednesday. None of the patients was seriously injured.

The patients, who were on their way to Tshilidzini, were re-routed to Donald Fraser after the accident when news of the strike by nurses at Tshilidzini was received.

Siloam workers are demanding that the appointment of two Dutch immigrant doctors last week be rescinded and the posts advertised. They also accuse the hospital authorities of racism. Maritz denied the latter accusation and said the two doctors would not be dismissed because there is a shortage of doctors. At Tshilidzini, nurses allege that allowance amounts, a thorny issue for which they went on strike earlier last month, were incorrectly calculated and paid out at the end of October.

The Director General of the Department of Health, Dr JP McCutcheon, has called on relatives of patients at the hospital to either fetch them or volunteer to assist with feeding.

McCutcheon has warned the strikers that their action is illegal, that they will not be paid, and that should patients die because of lack of proper care, the organisers of the strike may be sued.

More than 12 hospitals in Lebowa have been discharging patients since Saturday following strikes over wages, allegations of racism and dismissals of union activists.

WIN A 5 STAR WEEKEND See bottom

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Patients die as hospital services lack

Sowetan 28/11/90

97

AN unknown number of patients, mostly old people suffering from heart disease, have died because of lack of treatment at Venda's strike-hit Siloam Hospital.

By RUSSEL MOLEFE and MOSES MAMAILA

Venda's director-general for health, Dr JP McCutcheon, said he was aware of "some deaths" at the hospital following the four-week-old strike.

He said, however, he had no official details of the death toll.

McCutcheon described the situation "as very serious" but denied the services at the hospital had been on the brink of collapse during the strike.

He said some of the workers had returned to work.

The industrial action, which brought the hospital to a virtual halt, ended with management firing two workers for organising the stoppage.

Strike

The hospital's superintendent Dr E Helms, said yesterday the strike ended last Friday. All the people had resumed work except for two - a clerk and a technician - who were suspended.

The strike was sparked by the appointment of two Dutch doctors, Dr RR Zeilstra and Dr MJ Versteeg. Workers alleged their appointment was irregular.

SCHEDULE

RULES FOR THE REGISTRATION OF DENTAL THERAPISTS

The council may register as a dental therapist any applicant who has obtained after examination any of the following qualifications:

Examining authority

Medical University of Southern Africa.

Qualification and abbreviation for registration

Diploma in Dental Therapy: Dip Dent Ther Medunsa.

Bachelor in Dental Therapy: B Dent Ther Medunsa.

Examining authority

University of Durban-Westville.

Qualification and abbreviation for registration:

Bachelor in Dental Therapy: B Dent Ther Durban-Westville.

Examining authority

University of Western Cape.

Qualification and abbreviation for registration

Diploma in Dental Therapy: Dip Dent Ther Western Cape.

(30 November 1990)

BOARD NOTICE 81 OF 1990

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The South African Medical and Dental Council hereby in terms of section 32 (1) (c), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), makes the rules contained in the Schedule hereto.

SCHEDULE

RULES FOR THE REGISTRATION OF AMBULANCE EMERGENCY TECHNOLOGISTS

1. In this Schedule "the Rules" shall mean the rules published under Board Notice 42 of 1987.

2. The Rules are hereby amended by—

(a) the substitution of the word "three" in subrule (3) with the word "four";

(b) the addition of the following paragraph:

(4) Notwithstanding anything to the contrary contained in these rules, it shall be lawful for the council to register as an ambulance emergency technologist any person who has not fully complied with these rules, if the council, after due inquiry, is satisfied that such person is competent to practise as an ambulance emergency technologist.

(30 November 1990)

BYLAE

REËLS BETREFFENDE DIE REGISTRASIE VAN TANDTERAPEUTE

Die raad kan 'n applikant wat na eksaminering enige van die volgende kwalifikasies behaal het, as 'n tandterapeut registreer:

Eksaminerende liggaam

Mediese Universiteit van Suider Afrika.

Kwalifikasie en afkorting vir registrasie

Diploma in Tandterapie: Dip Dent Ther Medunsa.

Baccalaureus in Tandterapie: B Dent Ther Medunsa.

Eksaminerende liggaam

Universiteit van Durban-Westville.

Kwalifikasie en afkorting vir registrasie:

Baccalaureus in Tandterapie: B Dent Ther Durban-Westville.

Eksaminerende liggaam

Universiteit van Wes-Kaapland.

Kwalifikasie en afkorting vir registrasie

Diploma in Tandterapie: Dip Dent Ther Wes-Kaap.

(30 November 1990)

RAADSKENNISGEWING 81 VAN 1990

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby kragtens artikel 32 (1) (c), gelees met artikel 61 (4), van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die reëls vervat in die Bylae hiervan uit.

BYLAE

REËLS BETREFFENDE DIE REGISTRASIE VAN AMBULANSNOODSORGTEGNOLOË

1. In hierdie Bylae beteken "die Reëls" die reëls afgekondig by Raadskennisgewing 42 van 1987.

2. Die reëls word hierby gewysig deur—

(a) die vervanging van die woord "drie" in subreël (3) met die woord "vier";

(b) die byvoeging van die volgende paragraaf:

(4) Ondanks andersluidende bepalings in hierdie reëls, is die raad geregtig om enige persoon wat nie ten volle aan die vereistes van hierdie reëls voldoen het nie, as ambulansnoodsorgtegnoloog te registreer, indien die raad na behoorlike ondersoek daarvan oortuig is dat sodanige persoon bevoeg is om as ambulansnoodsorgtegnoloog te praktiseer.

(30 November 1990)

700 workers on strike at Reef hospital

Sowetan 13/12/90

ESSENTIAL services were paralysed yesterday when about 700 black staff at Boksburg-Benoni Hospital went on strike.

The workers downed tools because of alleged discrimination against them by hospital authorities.

Those on strike are general workers normally classified as labourers, porters, drivers, assistant nurses and clerks.

The workers have vowed they will resume work only after Minister of Health and Population Registration Dr Rina Venter had addressed them.

The strike follows a

By IKE MOTSAPI and GRACE RAPHOLO

week-long defiance campaign by workers who invaded the whites-only dining hall.

The superintendent of the hospital, Dr L Kaplan, said essential services had been disrupted as a result of the strike.

He said patients had to wait in long queues to be attended to. Wards were not cleaned and a skeleton staff had to help with issuing out cards to patients.

A spokesman for the strikers said the action was justified because management did not want to accede to earlier demands made in April.

One of the demands was that all staff should use a common dining hall. "This was refused," he said.

The workers also claimed that:

* Discrimination based on race was practiced at the hospital;

* Job rotation was not implemented as promised. Black workers were not allowed to work at the white section;

* Certain wards were not in use in the white section while wards in the black section were overcrowded;

* There were still toilets reserved for white employees only.

Kaplan denied the allegations.

Strike probe is postponed

Star 13/12/90

The Cillie Commission of Inquiry into the causes of this year's strike at Ga-Rankuwa Hospital has adjourned to January 1991.

The adjournment was announced shortly after yesterday's evidence in camera by a nursing sister from the Ga-Rankuwa Hospital.

The commission is currently sitting at the Medical University of Southern Africa.

J W Olivier, TPA's director of Administration's branch of health services, is expected to give evidence when the commission resumes.

Evidence on the alleged death of a number of babies at the hospital during the two-week long strike by the entire black staff, is expected to start on January 24. (96) (97)

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 308 of 26 February 1982, as amended by Government Notices Nos. R. 1808 of 27 August 1982, R. 196 of 4 February 1983, R. 284 of 15 February 1985, R. 854 of 9 May 1986, R. 668 of 3 April 1987 and R. 2440 of 2 December 1988.

2. Regulation 11 of the Regulations is hereby amended by the substitution for the expression "R500" of the expression "R600".

3. Regulation 12 (1) of the Regulations is hereby amended by the substitution for the expression "R350" of the expression "R365".

Commencement

4. These regulations shall come into operation on 1 January 1991.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 308 van 26 Februarie 1982, soos gewysig by Goewermentskennisgewings Nos. R. 1808 van 27 Augustus 1982, R. 196 van 4 Februarie 1983, R. 284 van 15 Februarie 1985, R. 854 van 9 Mei 1986, R. 668 van 3 April 1987 en R. 2440 van 2 Desember 1988.

2. Regulasie 11 van die Regulasies word hierby gewysig deur die uitdrukking "R500" deur die uitdrukking "R600" te vervang.

3. Regulasie 12 (1) van die Regulasies word hierby gewysig deur die uitdrukking "R350" deur die uitdrukking "R365" te vervang.

Inwerkingtreding

4. Hierdie regulasies tree op 1 Januarie 1991 in werking.

R. No. 2916 **14 December 1990**

(97)

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

PAYMENT OF ANNUAL FEES BY PSHYCHOLOGISTS AND MEMBERS OF SUPPLEMENTARY HEALTH SERVICE PROFESSIONS

In terms of section 63 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and the authority granted by the Minister of National and Population Development in Government Notice No. R. 2283 of 3 December 1976, the South African Medical and Dental Council hereby prescribes the following fees that shall be payable to the Council.

For the year 1991 and every year thereafter—

(1) every psychologist shall pay an amount of R60 to the Council. This amount shall be due and payable on the first day of January in every year;

(2) every person who is registered in respect of a supplementary health service profession for which a register has been established and is kept in terms of section 32 of the Act and for which a Professional Board has been established in terms of section 15 (2) of the Act, shall pay an amount of R60 to the Council, which amount shall be due and payable on the first day of January in every year.

No. R. 2916 **14 Desember 1990**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

BETALING VAN JAARLIKSE GELDE DEUR SIELKUNDIGES EN LEDE VAN AANVULLENDE GESONDHEISDIENSBEROEPE

Kragtens artikel 63 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en magtiging deur die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling verleen by Goewermentskennisgewing No. R. 2283 van 3 Desember 1976, skryf die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad hierby die volgende gelde voor wat jaarliks aan die Raad betaalbaar is.

Vir die jaar 1991 en elke jaar daarna—

(1) moet elke sielkundige 'n bedrag van R60 aan die Raad betaal. Hierdie bedrag is elke jaar op die eerste dag van Januarie verskuldig en betaalbaar;

(2) moet elke persoon wat geregistreer is ten opsigte van 'n aanvullende gesondheidsdiensberoep waarvoor daar kragtens artikel 32 van die Wet 'n register aangelê is en gehou word, en waarvoor daar reeds 'n Beroepsraad kragtens artikel 15 (2) van die Wet ingestel is, 'n bedrag van R60 aan die Raad betaal, welke bedrag elke jaar op die eerste dag van Januarie verskuldig en betaalbaar is.



Keep South Africa clean!
Hou Suid-Afrika skoon!

Ambulance plan called blackmail

Star 14/12/90

By Louise Burgers
Municipal Reporter

The Transvaal Provincial Administration's plan to separate fire and ambulance services could endanger the lives of patients and result in an increase in unqualified personnel being used, local authorities have warned.

The TPA has been accused of blackmailing local councils in demanding that either they split their emergency services as proposed by April 1 next year or hand ambulance services back to the TPA.

Stephen Barber, Benoni fire chief and spokesman for an action committee appointed by fire and ambulance chiefs, said 90 percent of municipalities in the Transvaal were against the TPA's plan.

"Since the 1972 Health Act, ambulance and fire services have been operated as an integrated unit by local authorities as agencies for the TPA."

Two years ago, the TPA commissioned a financial study to examine the cost-effectiveness of centralising its ambulance services.

Investigations by a firm of auditors were limited to the PWV and based on statistics and information given to it by the TPA.

No local authorities were consulted until the study was finalised. A saving of R14 million was envisaged if the services were split and the ambulance service centralised.

"We contend that the service is going to cost more and will be inferior," Mr Barber said.

Johannesburg management committee member Paul Asherson said it was "shattering" that the proposals had never been discussed with the city council.

Mr Barber said the study was based on figures given to the auditors by the TPA which included a structure which had up to 45 percent untrained personnel with a Std 8 certificate and a driver's licence, compared to standards which required all ambulance staff to have a minimum qualification.

Talks began between the TPA and the Transvaal Municipal Association (TMA) last year.

TMA director Jan van Zyl said it had accepted some TPA proposals, but had reservations about splitting services, and was concerned about the economics and quality of a centralised ambulance service.

Mr van Zyl said the TPA proposals had very dramatic implications for local authorities.

MEC for health services Fanie Ferreira said: "The existing agreements between the TPA and local authorities will lapse on March 31 next year and the current negotiations with the TMA are held for the purpose of creating an acceptable model for a new agreement."

Traditional health care appeal

(97)

TANIA LEVY

THE provision of health care by traditional healers has not been sufficiently investigated in SA and should be explored, says Wits University post-graduate researcher R P Dauskardt.

Writing in the Development Bank of SA's quarterly journal, Dauskardt said traditional medical systems remained an active and important source of health care provision in developing countries.

An extensive agenda confronted local researchers concerned with development, health and the role of traditional medicine.

Policies

B Idem 17/12/90

Government policies and supportive legislation were needed to promote the linking of traditional medicine to national health coverage. The lack of established contact between traditional medical practitioners and health planners, as well as the "cultural distance" and prestige of competition between trained medical personnel and African healers, were obstacles to integrated health care.

Policies on traditional medicine varied among regions in SA, said Dauskardt.

In Natal, traditional medicine was legalised through the Natal Code of Native Law, which provided for the licensing of traditional medical practitioners or "native medicine men".

While prevented from using the title "doctor" or practising with patent medicines, Natal's traditional healers could not be prosecuted under the laws controlling Western medicine.

Since 1981 the licensing and control of traditional healers and midwives in Natal had been covered by the KwaZulu Act.

Elsewhere in SA traditional medicine was not covered by legislation. Traditional medical practitioners could be prosecuted for infringing laws pertaining to Western medicine.

However, the relative scarcity of such prosecutions, in spite of widespread distribution of traditional healers, suggested the government tacitly accepted the existence of traditional medicine. Despite this recognition there had not been significant attempts by government to promote improved contact with the Western medical system.

In several African countries, including Zimbabwe, Swaziland, Kenya and Ghana, programmes to integrate traditional and Western medicine had been initiated either by government or independent organisations.

Zimbabwe formally recognised traditional healers in 1981 with an act which required the registration of all healers and allowed for the creation of a national Traditional Medical Practitioners' Council to promote, supervise and financially assist the traditional medical system. Zimbabwe's National Health Minister appointed seven of the council's members. This served to retain government interest politically and in terms of national health planning.

Workers cock a snoot at hospital's 'stale' chicken

South 18/12/90 – 17/1/91 (97)

By SHADLEY NASH

WHAT do you do when your Christmas lunch of roast chicken was cooked and frozen in October and your Christmas hamper consists of last year's leftover potato crisps and a packet of sweets?

About 200 general assistants at the Livingstone Hospital in Port Elizabeth last week answered by boycotting their annual Christmas lunch.

Hospital staff set tables and prepared food for the workers, expecting a big turnout, but the only people who showed up were eight laundry workers who were duly thanked for their year's work by the hospital superintendent, Dr Graham White.

The other workers claimed the main course had been cooked two months previously.

They spent their lunch hour outside the canteen toyi-toying and singing freedom songs.

They displayed placards saying "Go and feed your pigs", (a reference to the sale of waste to pig farmers), and "Stop privatisation, staff shortage and bad treatment of our patients".

However, Dr White denied the Christmas chicken had been cooked two months previously and — to prove the point — dished himself a large serving.

He said the "Christmas protest" was politically motivated, and workers had been intimidated into not attending the lunch.

The workers' committee denied this.

It seems highly unlikely that general assistants will receive another Christmas dinner. — *ELNEWS*

Hospital strike is settled

THE five-day strike at the Boksburg-Benoni Hospital has been resolved after intervention by officials of the Transvaal Provincial Hospital.

By IKE MOTSAPI

Everything is now in order and back to normal, according to a hospital spokesman.

The strike, which started nine days ago by 700 black general staff members because of alleged discrimination against them, is now officially over.

Those on strike were general workers who are normally classified as cleaners, drivers, clerks, porters and nursing assistants.

A spokesman for the workers, who are members of Nehawu, said a day-long meeting was held last Thursday between them, the hospital management and officials of the PTA to try and resolve the matter.

Although most of their demands were not met the staffers are happy that they will be addressed in future.

He said the concession reached was that the dining-halls should be opened to all the staff members.

He said the white staff members have elected, among other things, to use their wards for tea.

The disturbing factor is that the blacks were classified.

The black nursing staff were separated from the other fellow black workers.

E Rand hospital canteen strike resolved

The former whites-only dining hall at Boksburg-Benoni Hospital ceased to operate because white employees would rather have their meals in the wards than mix with their black counterparts, black workers' spokesman Reuben Nkosi claimed yesterday.

Black nursing staff had also refused to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants, he alleged.

This, Mr Nkosi confirmed, had subsequently led to two days of protest action last week which was resolved after deliberations between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday (December 10) after both the white and black dining halls were suddenly closed," said Mr Nkosi.

"We were told both canteens were closed because the white staff and black nursing personnel refused to share the facilities with the general workers."

He said black nurses denied they had refused to share the dining hall with other workers.

The estimated 700 protesting general workers then agreed to return to work on condition they were allowed dining hall facilities.

The entire black workforce was then allowed to make use of the black dining hall, with the white canteen remaining unused. White workers were by yesterday still reportedly having their meals in the wards.

Boksburg-Benoni Hospital superintendent Dr L Kaplan said the matter had been resolved amicably. — Sapa.

Star 20-12-90

Hospital race row worsens

Sowetan 20/12/90.

THE whites-only dining hall at Boksburg-Benoni Hospital has ceased operating because white employees would rather have their meals in the wards than mix with their black counterparts, it was claimed yesterday.

Spokesman for the hospital's black staff Mr Reuben Nkosi also alleged that black nursing staff are refusing to share the other dining hall with general workers, who comprise cleaners, drivers, clerks, porters and nursing assistants.

This had led to a protest last week, which was resolved after talks between black general workers, hospital authorities and black nursing personnel.

"We stopped working last Monday after both the white and black dining halls were suddenly closed," Nkosi said.

"When we confronted hospital management we were told both canteens were closed because the white staff and black nursing personnel were refusing to share the facilities with the general workers."

However, the black nursing staff had denied they had refused to share the dining hall with other workers.

About 700 protesting general workers agreed at a meeting with management to return to work on condition they were allowed dining hall facilities.

They were then allowed to use the black dining hall, with the white canteen remaining unused.

Nkosi said they would hold future meetings to discuss racial discrimination at the hospital.

The hospital's superintendent, Dr L Kaplan, said the matter had been resolved amicably and declined to comment further. - *Sapa*.

HEALTH & DISEASE — OTHER MEDICS

1991

LABOUR BRIEFS

NUM accuses colliery of racism in bus issue

■ The National Union of Mineworkers has accused TransNatal's Koornfontein Collieries, near Middelburg, of condoning racism by white workers at the mine's Blinkpan shaft.

This follows the laying of charges against five black miners for preventing buses carrying black and white miners bound for the workplace.

The NUM said that on December 12, a white Council of Mining Unions steward ordered white miners to alight from a multiracial mine bus. They returned after a 30-minute meeting.

Five NUM members were later charged with stopping the bus, sparking a strike over demands "for equal justice for all workers".

TransNatal said the various allegations were under investigation.

Grey Hospital strike ends

■ The strike by general assistants and some nurses at Grey Hospital in King William's Town ended this week, with workers agreeing to return to work on Tuesday.

A hospital spokesman said discussions had been held with the National Education, Health and Allied Workers' Union.

The strike followed lunch and tea-time demonstrations, beginning on December 27, over allegedly discriminatory practices.

Tradegro job loss dispute

■ The SA Commercial, Catering and Allied Workers' Union has declared a dispute with Tradegro subsidiaries Metro, Checkers and Frasers Greenstein and Rosen over retrenchments and store closures.

It said that since Sanlam had taken over Tradegro, workers "had lost their jobs in large numbers". Checkers had retrenched at several stores, and in October closed its Southhills Hyper, with the loss of more than 150 jobs.

Checkers MD Sergio Martinengo said about 80 Southhills staffers had been relocated elsewhere in the group.

Atok using outside labour

■ Atok platinum mine in Lebowa, brought to a standstill by a labour dispute in November, has resumed production with about 500 contract workers while 1 000 former employees remain jobless, Johannesburg Consolidated Investments spokesman Ann Dones confirmed this week.

JCI is the major shareholder of Lebowa Platinum Mines, which owns Atok.

Dones said the 500 workers had been brought in via the mining contract company, Shaft Sinkers.

She said there were no immediate plans to reinstate the 1 666 workers, all NUM members, who were fired in November following a number of alleged illegal work stoppages.

The NUM has reportedly expressed its disappointment at the move to bring in outside labour.

Merc criticises ANC for rally

■ Production at the Mercedes Benz plant in East London returned to normal on Wednesday after workers downed tools on Tuesday to attend an African National Congress anniversary rally in the region.

The company said the workers would not be paid for the time they were absent without permission and expressed its disappointment at Tuesday's action.

It said while the company recognised the right of every individual to support the political movement of his choice, it could not be expected to support any specific political movement.

Mercedes Benz has reportedly also criticised the ANC for holding a rally on a working day without prior consultation on the effect it would have on business operations in the region.

Reports from Weekly Mail staff, Sapa

LABOUR BRIEFS

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NOTICE 47 OF 1991

DEPARTMENT OF AGRICULTURE

AGRICULTURAL PRODUCE AGENCY SALES ACT, 1975 (ACT No. 12 OF 1975)

NOTICE OF CESSATION OF BUSINESS

It is hereby notified in terms of section 14 of the Agricultural Produce Agency Sales Act, 1975 (Act No. 12 of 1975) for general information that Bingo Fish Market (Pty) Ltd, who carried on business as a market agent at City Deep, has ceased business as such with effect from 1 July 1990.

H. S. HATTING,
Director-General: Agriculture.

(18 January 1991)

KENNISGEWING 47 VAN 1991

DEPARTEMENT VAN LANDBOU

WET OP AGENTSKAPSVERKOPING VAN LANDBOUPRODUKTE, 1975 (WET No. 12 VAN 1975)

KENNISGEWING VAN STAKING VAN BESIGHEID

Ingevolge artikel 14 van die Wet op Agentskapsverkoping van Landbouprodukte, 1975 (Wet No. 12 van 1975), word hierby vir algemene inligting bekendgemaak dat Bingo Vismarkagente (Edms.) Bpk. wat te City Deep as 'n markagent besigheid gedryf het, besigheid as sodanig met ingang van 1 Julie 1990 gestaak het.

H. S. HATTING,
Direkteur-generaal: Landbou.

(18 Januarie 1991)

NOTICE 48 OF 1991

ADMINISTRATION: HOUSE OF ASSEMBLY

DEPARTMENT OF AGRICULTURAL DEVELOPMENT

NOTICE OF MEETING OF CREDITORS IN TERMS OF SECTION 22 (1) OF THE AGRICULTURAL CREDIT ACT, 1966

A meeting of the undermentioned applicant and his creditors is hereby convened at the place and date mentioned hereunder for the purpose of enabling creditors to prove their claims against the applicant and of considering a proposal for a compromise by the Agricultural Credit Board.

J. H. RADEMEYER,
Director: Directorate Financial Assistance,
Department of Agricultural Development.

KENNISGEWING 48 VAN 1991

ADMINISTRASIE: VOLKSRAAD

DEPARTEMENT VAN LANDBOU-ONTWIKKELING

KENNISGEWING VAN VERGADERING VAN SKULDEISERS KRAGTENS ARTIKEL 22 (1) VAN DIE WET OP LANDBOUKREDIET, 1966

Hierby word 'n vergadering van ondergenoemde applikant en sy skuldeisers op die plek en datum hieronder genoem, belê, met die doel om skuldeisers in staat te stel om hul vorderings teen die applikant te bewys en 'n skikkingsvoorstel van die Landboukredietraad te oorweeg.

J. H. RADEMEYER,
Direkteur: Direktoraat Finansiële Bystand,
Departement van Landbou-ontwikkeling.

Application by Aansoek van	Place of meeting Plek van byeenkoms	Date and time Datum en tyd
Adriaan Mynhardt Sadie, of the farm/van die plaas Maybole, P.O. Box/Posbus 756, Dundee, 3000	Magistrate's Office/Kantoor van die Landdros Dundee	25 February/Februarie 1991, at/om 10:00.

(18 January 1991)/(18 Januarie 1991)

NOTICE 49 OF 1991

DEPARTMENT OF MANPOWER

LABOUR RELATIONS ACT, 1956 (97)

APPLICATION FOR REGISTRATION OF A TRADE UNION

I, David William James, Industrial Registrar do hereby, in terms of section 4 (2) of the Labour Relations Act, 1956, give notice that an application for registration as trade union has been received from the South African Emergency Services Union. Particulars of the application are reflected in the subjoined table.

Any registered trade union which objects to the application is invited to lodge its objection in writing with me, c/o the Department of Manpower, 123A Manpower Building, 215 Schoeman Street, Pretoria (postal address: Private Bag X117, Pretoria, 0001), within one month of the date of publication of this notice.

KENNISGEWING 49 VAN 1991

DEPARTEMENT VAN MANNEKRAG

WET OP ARBEIDSVERHOUDINGE, 1956

AANSOEK OM REGISTRASIE VAN 'N VAKVERENIGING

Ek, David William James, Nywerheidsregistrateur, maak ingevolge artikel 4 (2) van die Wet op Arbeidsverhoudinge, 1956, hierby bekend dat 'n aansoek om registrasie as 'n vakvereniging ontvang is van die South African Emergency Services Union. Besonderhede van die aansoek word in onderstaande tabel verstrek.

Enige geregistreerde vakvereniging wat teen die aansoek beswaar maak, word versoek om binne een maand na die datum van publikasie van hierdie kennisgewing sy beswaar skriftelik by my in te dien, p/a die Departement van Mannekrag, Mannekraggebou 123A, Schoemanstraat 215, Pretoria (posadres: Privaatsak X117, Pretoria, 0001).

NOTICE 47 OF 1991

DEPARTMENT OF AGRICULTURE

AGRICULTURAL PRODUCE AGENCY SALES ACT, 1975 (ACT No. 12 OF 1975)

NOTICE OF CESSATION OF BUSINESS

It is hereby notified in terms of section 14 of the Agricultural Produce Agency Sales Act, 1975 (Act No. 12 of 1975) for general information that Bingo Fish Market (Pty) Ltd, who carried on business as a market agent at City Deep, has ceased business as such with effect from 1 July 1990.

H. S. HATTING,
Director-General: Agriculture.

(18 January 1991)

KENNISGEWING 47 VAN 1991

DEPARTEMENT VAN LANDBOU

WET OP AGENTSKAPSVERKOPING VAN LANDBOUPRODUKTE, 1975 (WET No. 12 VAN 1975)

KENNISGEWING VAN STAKING VAN BESIGHEID

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H. S. HATTING,
Direkteur-generaal: Landbou.

(18 Januarie 1991)

NOTICE 48 OF 1991

ADMINISTRATION: HOUSE OF ASSEMBLY

DEPARTMENT OF AGRICULTURAL DEVELOPMENT

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J. H. RADEMEYER,
Director: Directorate Financial Assistance,
Department of Agricultural Development.

KENNISGEWING 48 VAN 1991

ADMINISTRASIE: VOLKSRAAD

DEPARTEMENT VAN LANDBOU-ONTWIKKELING

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J. H. RADEMEYER,
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TABLE

Name of trade union: South African Emergency Services Union.

Date on which application was lodged: 3 October 1990.

Interests and area in respect of which application is made: All full-time employees, firemen, firewomen, paramedics, ambulance staff, administrative staff and salaried labour in the employ of a fire and/or ambulance service or employed full-time specifically and solely for ambulance work and/for fire fighting in the Magisterial District of Benoni. For the purposes hereof—

(a) "fireman" means a person who protects lives and property, prevents fire and fire spread, effects rescues and extrications and any other special services deemed necessary in the interests of the public, or any person who trains staff to perform the above-mentioned tasks;

(b) "firewoman" means a person of the female gender who performs the same tasks as set out in (a);

(c) "paramedic" means any person who renders paramedical services to the public and who is registered with the South African Medical and Dental Council as a paramedic;

(d) "ambulance staff" means persons who by nature of their training have reached proficiency in the skills of ambulance work in order that they may serve the public;

(e) "administrative staff" means persons who are deemed necessary for all tasks pertaining to the efficient running of all fire / ambulance / rescue services;

(f) "salaried labour" means persons who are deemed necessary for the upkeep and maintenance of the working premises of all of the above-mentioned staff.

Postal address of applicant: P.O. Box 3166, Benoni, 1500.

Office address of applicant: Fire Station, corner of Harper and Liverpool Streets, Benoni, 1500.

Attention is drawn to the following requirements of section 4 of the Act:

(a) The representativeness of any trade union which objects to the application shall in terms of subsection (4) be determined on the facts as they existed at the date on which the application was lodged and, as far as membership is concerned, only members who were in good standing in terms of section 1 (2) of the Act as at the aforesaid date shall be taken into consideration.

(b) The procedure laid down in subsection (2) must be followed in connection with any objection lodged.

D. W. JAMES,
Industrial Registrar.
(18 January 1991)

TABEL

Naam van vakvereniging: South African Emergency Services Union.

Datum waarop aansoek ingedien is: 3 Oktober 1990.

Belange en gebied ten opsigte waarvan aansoek gedoen word: Alle voltydse werknemers, brandweermanne, brandweervroue, paramedici, ambulanspersoneel, administratiewe personeel en gesalarieerde werkers in diens van 'n brandweer- en/of ambulansdiens of voltyds in diens spesifiek en uitsluitlik vir ambulanswerk en/of brandbestryding, in die landdrosdistrik Benoni.

Vir die doeleindes hiervan beteken—

(a) "brandweerman" 'n persoon wat lewens en eiendom beskerm, brande en brandverspreiding voorkom, reddings- en uitreddingswerk doen en enige ander spesiale dienste verrig wat in die openbare belang nodig geag word, of 'n persoon wat personeel oplei om bovermelde take uit te voer;

(b) "brandweervrou" 'n persoon uit die vroulike geslag wat dieselfde take in (a) uiteengesit, verrig;

(c) "paramedikus" 'n persoon wat paramediese dienste aan die publiek lewer en wat by die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad as paramedikus geregistreer is;

(d) "ambulanspersoneel" persone wat uit die aard van hul opleiding bekwaamheid in die vaardighede van ambulanswerk verwerf het sodat hulle die publiek kan dien;

(e) "administratiewe personeel" persone wat nodig geag word vir alle take met betrekking tot die doeltreffende bedryf van alle brandweer/ambulans/reddingsdienste;

(f) "gesalarieerde werkers" persone wat nodig geag word vir die onderhoud en instandhouding van die werkspersele van al bovermelde personeel.

Posadres van applikant: Posbus 3166, Benoni, 1500.

Kantooradres van applikant: Brandweerstasie, hoek van Harper- en Liverpoolstraat, Benoni, 1500.

Die aandag word gevestig op onderstaande vereistes van artikel 4 van die Wet:

(a) Die mate waarin 'n beswaarmakende vakvereniging verteenwoordigend is, word ingevolge subartikel (4) bepaal volgens die feite soos hulle bestaan het op die datum waarop die aansoek ingedien is, en wat die lidmaatskap betref, word alleen lede wat ingevolge artikel 1 (2) van die Wet op voormelde datum volwaardige lede was, in aanmerking geneem.

(b) Die prosedure voorgeskryf by subartikel (2) moet gevolg word in verband met 'n beswaar wat ingedien word.

D. W. JAMES,
Nywerheidsregistrateur.
(18 Januarie 1991)



Dancing demonstration . . . Hillbrow Hospital workers toyl-toyl at a lunchtime protest calling for an end to disciplinary measures against nurses who took part in last year's strike. Picture: Ken Oosterbroek

Nurses use lunch break to protest

Star 6/2/91

97

By Brendan Templeton

Nurses and general workers at four Reef hospitals yesterday held demonstrations protesting at disciplinary action being taken against nurses who took part in strikes last year.

Some placard-wielding protesters warned that their lunchtime protests could be lengthened — from 9 am to 2 pm — if the authorities did not relent.

But the SA Nursing Council (SANC) yesterday reiterated its determination to go ahead with disciplinary steps.

Transvaal Provincial Administration liaison services director Piet Wilken said protesters had been allowed "to do anything they want during lunchtime". Services were not disrupted, he said.

Yesterday's protests at the Johannesburg, Hillbrow, Baragwanath and Tembisa hospitals were the start of a threatened nationwide campaign by the National Education, Health and Allied Workers Union (Nehawu), which claimed that hospital authorities had reneged on last year's strike agreement

A Nehawu spokesman distanced the union from the workers' warning that demonstrations would be lengthened, and said the union was at present taking pains to ensure that protests took place during their members' free time

At the end of last year's strike, hospital authorities and the union agreed there would be no disciplinary steps taken against nurses who went on strike.

But the SANC said it was not party to the agreement. Nurses from Princess Mshieni and Edenvale hospitals in Natal, Settlers Hospital in Grahamstown and Johannesburg Hospital were then charged with deserting their posts and endangering patients' lives.

Asked whether the SANC intended proceeding with disciplinary action, deputy registrar D J Harmse said: "At this stage, yes."

A Nehawu spokesman said today the protests would continue every lunchtime until the SANC gave in.

Public servants in 'breakthrough' talks

A RECENT meeting between public service health organisations, trade unions and the state's Commission for Administration (CFA) has raised hopes that the Public Services Act will be reformed.

The Act, which has prevented public servants the right to collective bargaining, came under focus after numerous strikes by public servants last year.

The week-long meeting between the CFA and 11 organisations, including the white Public Servants Association (PSA), the "coloured" Public Servants League (PSL), the South African Nursing Association (Sana), the National Education, Health and Allied Workers Union (Nehawu) and the Health Workers Union (HWU), took place in Pretoria last week.

It was the second meeting between the parties.

The CFA, with 600 000 public servants under it, agreed in principle that the law would have to change.

According to HWU general secretary, Mr Dale Forbes, the parties initially could not reach agreement on the question of arbitration if a deadlock was reached in proposed negotiations.

However, a compromise was reached with the suggestion that "experts" be brought in should deadlock occur.

Forbes described the meeting as a "major breakthrough".

"There has never been a situation before where the government has asked staff associations to negotiate legislation."

A working committee was formed from representatives of the 11 organisations and the CFA.

The committee will meet on February 18. Sowth 7/2-13/2/91

The CFA's chief director of labour relations, Mr Danie Du Toit, said he was confident the process would go well.

"We have more common ground than differences," Du Toit said from Pretoria this week.

Hospital anger mounts

LUNCH-TIME hospital protests escalated across the country this week as nurses and general workers voiced anger at disciplinary action which their colleagues face.

Pickets were held at the Johannesburg, Hillbrow, Tembisa, Natalspruit, Baragwanath, Westfort, Kalafong and Far East Rand hospitals on the Reef, at Settler's Hospital in Grahamstown, and Prince Emshieni and Edenvale hospitals in Natal. W|Mail 8/2-14/2/91

The SA Nursing Council (SANC) has called over 60 nurses before a disciplinary committee for their participation in last year's hospital strikes. This, says the National Education, Health and Allied Workers Union is contrary to the strike agreement, but the SANC has adopted a hardline stance and threatened to summons more nurses.

Wielding placards which read: "Black racist matrons, join us" and "Step down SANC, we want an interim council", protesters at Hillbrow Hospital rebuked the SANC for being "toothless".

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Bhawusa signs wage accord

Sowetan 11/2/91

THE Black Health and Allied Workers Union of South Africa (Bhawusa) scored a major victory in reaching a wage settlement and getting a meals subsidy from Warner Lambert.

This follows months of negotiations with the company.

Sowetan 11/2/91

The union's demand for wages was R200 across-the-board and a minimum of R1 200 a month for salaries including R28 subsidy for meals.

The parties agreed and settled for R180 across-the-board salary increases with a minimum of R1 013 a month as wages backdated to January 1 this year.

Both parties also agreed that meals should be subsidised by R28 a month.

Mr Sipho Ngwenya, the general secretary of Bhawusa, said the union scored another victory when a recognition and procedural agreement was signed yesterday with the Apostolic Faith Mission Old Age Home in Lyndhurst.

He said the agreement follows two month of hard talk and negotiations on behalf of the 100 union members employed by the company.

Groups cut links with TPA

By Brendan Templeton (97) Star 4/2/91.

Relations between authorities and health workers took a major step backwards yesterday when worker organisations severed negotiations with the Transvaal Provincial Administration (TPA).

The National Education, Health and Allied Workers' Union (Nehawu), the SA Health Workers' Congress, the SA Black Social Workers' Association and the Soweto Civic Association made the decision because disciplinary steps were taken against nurses who participated in last year's strikes.

Matters "could get out of hand" if disciplinary steps were not withdrawn, they warned.

Negotiations with the TPA have taken place on a regular basis to address pressing matters since last year's strikes.

Nehawu general secretary Sisa Njikelane accused health authorities of reneging on last year's post-strike agreement that nurses would not be disciplined.

The union also condemned the arrest of 200 nurses in Maritzburg yesterday where two of their colleagues were found guilty of misconduct for taking part in strikes.

The organisations stressed their firm commitment to quality health care and said any decision to undertake any form of protest action always followed attempts to resolve grievances through dialogue.

400 workers at Lesedi Clinic strike over pay

ABOUT 400 workers, including nurses, went on strike at Soweto's Lesedi Clinic early yesterday morning support of a demand for higher wages, a union leader said.

A spokesman for the clinic said the stoppage was illegal and accused the National Education, Health and Allied Workers' Union of negotiating in bad faith.

The strikers gathered outside the clinic about 6.45am, singing and dancing. Mr Alfred Motsà, a Nehawu spokesman, said the strike would go on until demands for a R950 minimum wage and reinstatement of several dismissed nurses had been met. Sowetan 15/12/91

Dispute

"Workers are not at their posts this morning," said Mr J Neshehe, manager of the clinic yesterday.

"We are still trying to find out what is happening." (97) (186) (86)

Neshehe said the clinic was not in dispute with the workers, saying negotiations which began in November were still in progress.

"I can't divulge contents of confidential negotiations with the union. If they (union) divulge, they're negotiating in bad faith. It's an illegal work stoppage," he said. - *Sapa*.

Natalspruit hospital crippled by strike

By BULI SIWANI

NATALSPRUIT Hospital on the East Rand has been crippled for nearly a week, after the entire black workforce went on strike on Tuesday.

The workers – including several nurses, clerks and cleaners – downed tools on Tuesday following an incident the day before when a worker was shot by security guards.

Hospital worker Dan Nyawo – who is also a spokesman for the National Education, Health and Allied Workers Union – said the latest action has its roots in a 1987 strike. CP new 17/2/91

After the strike was resolved workers were promised unconditional re-employment, he said.

"However, whenever we apply for housing loans and promotions, there is always victimisation of shop stewards and other workers who led the 1987 strike."

Nyawo said he tried to point out the seriousness of the situation to the authorities by staging a sit-in on Monday at the office of the hospital's secretary, H de Wet, but was locked in for six hours.

When security staff were called in to evict him, Isaac Mmotong was shot.

Workers started their strike the following day.

Hospital authorities were not available for comment.

Warning to health workers – patients' lives at risk

Staff Reporter 97 1990 Star 19/2/91

Striking health workers at Natalspruit Hospital were yesterday given an ultimatum to return to work by the Transvaal Provincial Administration (TPA), which warned that patients could die because of the strike.

A TPA spokesman said seriously ill patients had to be discharged early, and patients were not getting the medical care they needed.

The ultimatum was given to the interim shop stewards' committee and the National Education, Health and Allied Workers' Union (Nehawu) yesterday after five days of negotiations. The method of investigating workers' grievances is still being negotiated.

The TPA said Nehawu rejected three proposals including the appointment of a magistrate to hear grievances.

Negotiations on these issues would continue today, said the TPA. Nehawu could not be reached for comment last night or this morning.

Court action against 'poor man's optician'

South 14/2 – 20/2/91

By Chiara Carter (97)

A CAPE TOWN optical technician who has been providing eye tests and spectacles to the public at bargain-basement prices is facing Supreme Court action by the South African Medical and Dental Council (SAMDC).

The SAMDC and five other applicants have submitted affidavits claiming Mr Eugène Phillips, the proprietor of Industrial Vision Services in Wynberg, is not qualified to test eyes or provide spectacles directly to the public.

In a responding affidavit, Phillips claims he is a qualified optical technician and, while working for optometrists, has acquired detailed knowledge in the field of optics.

He claims that before he set up his own practice, he ran a practice for one of the applicants but his attempts to register as a dispenser were unsuccessful.

Previously, optical technicians could become dispensers if they had four years' experience and passed an examination set by the SA Optometrical Dispensers Association.

Optometrists are now required to complete a four-year technikon course — which Phillips has not passed.

Phillips set up his practice in 1989 with funding from the American multinational company, Warner-Lambert, on the basis that he would provide services for the lower income groups.

In his opposing affidavit, Phillips contends he is providing a much-needed service at affordable prices and has submitted letters from the Small Business Development Corporation and the Industrial Council to this effect.

He claims he is providing services at less than half the fees charged by optometrists.

He says he charges R25 for an eye test, as opposed to the normal tariff of R45 by optometrists and R100 to R120 by opthalmologists, does not charge school pupils and charges a minimal R5 for testing at factories.

He claims he supplies spectacles and lenses at prices ranging from R175 to R280, while optometrists charge about three times this amount.

Phillips claims that most of his clients come from outside the Wynberg area through factory testing or referral by members of community health organisations and that he is not taking business away from optometrists and technicians already established in the area.

He says he has received no complaints about his service and has referred patients with serious vision disorders to specialists.

Storm brews at hospital

A STORM is brewing at Gazankulu's Khensani Hospital in Giyani because the homeland's Department of Health has issued a circular telling health workers to speak only English when at work.

The circular was issued by director of heath services, Dr FR Maluleke.

All health workers were ordered to sign the circular.

Nurses believe the decision was taken to appease a foreign doctor who had complained that a doctor and some nurses who were telling jokes in Shangaan may have been doing so at his expense.

Dr Maluleke refused to comment.

C/PNews 24/2/91

Flora Clinic staff on strike over recognition

Star 26/4/91

West Rand Bureau

About 150 employees at the Flora Clinic in Roodepoort are on strike, apparently because the hospital administration refused to sign a recognition agreement with the National Health, Education and Allied Workers' Union which most of the non-nursing staff joined.

Those on strike include all kitchen and laundry workers, drivers, non-nursing theatre staff and ward cleaners.

"All we ask is that the recognition agreement is signed and that we earn a living wage," a spokesman for the group said.

Work would resume when the administration had spoken to their leader. "We do not want to fight."

Manager Benny Osrin refused to comment.

40 hospital strikers in court

Star 27/2/91

West Rand Bureau

More than 40 staff members on strike at the Flora Clinic in Roodepoort were arrested on Monday.

They were released on bail of R50 each after appearing in the Roodepoort Magistrate's Court yesterday in connection with charges of disturbing the peace.

One of the organisers of the strike, identified only as Francois, of the National Union of Public Service Workers, pointed out that the non-nursing hospital staff had joined his union, and not the National Education, Health and Allied Workers' Union (Nehawu), as some strikers had told The Star.

He said the management of the hospital had still not negotiated with the workers or union representatives concerning their grievances.

One grievance was over the signing of a recognition agreement that the staff had joined the union.

The second grievance concerned the "sudden deduction of R50 from an increase of R150 in wages which was given to the staff in April last year".

A hospital spokesman, asked for comment, said the hospital had told workers that they should go about the matter the correct way if they wanted recognition.

"A large number of the staff do not want to join the union, so we cannot sign any recognition agreements.

"Several of the strikers are not even sure which union they are supposed to belong to, or why they are actually striking," he said.

He had no knowledge of any disputes regarding deductions in take-home pay.

Does eyesight have to be a costly affair?

South 28/2 - 6/3/91 (97)

By Chiara Carter

EYESIGHT comes expensive in South Africa, with the average price of a pair of glasses running into hundreds of rands. But does good vision have to be so costly?

Mr Gregory McGilp, the owner of an independent optical laboratory in Cape Town, says not and his price tags prove his point.

A pair of glasses which would cost about R350 if ordered through an optician, costs R150 at McGilp's laboratory, Optilab.

The laboratory also has a collection of donated frames for those who cannot afford the normal price.

However Mr Colin Tonkil, a director of the South African Optometric Association (SAOA) says fees are fixed by the South African Medical and Dental Council and anyone who is overcharged can complain to the council.

Tonkil says McGilp is breaking the law by doing the work of a dispenser without the necessary qualifications.

McGilp, an optical technician for more than 28 years, is something of a rebel in the optics trade.

He is fiercely critical of his colleagues and the way the industry is run.

He accuses optometrists of "hiding behind a professional ethos" to prevent competitors entering their turf and lowering prices.

"The client has to consult an optometrist who tests his eyes. The prescription is then sent away to one of the big laboratories. When the glasses arrive, a big fuss is made of choosing a frame. All of this involves major markups in the price of spectacles which could just as easily be bought directly from a technician," McGilp says.

"I operate from the premise that nobody has the right to deny people sight just because they can't afford it."

While frames can be bought over the counter, the dispensing of lenses remains the domain of optical dispensers and optometrists.

Among the costs often added to the final bill are dispensing fees and a fee for helping to select frames.

McGilp says the cost of spectacles could be brought into the reach of everyone if the law was changed to allow technicians to dispense glasses.

Previously optical technicians could become dispensers if they had four years' experience and passed an internal examination.

The South African Medical and Dental Council and five others are presently taking court action against a Wynberg technician whom they claim has been performing the work of a dispenser.



COSTLY AFFAIR: Dispensing and fees for helping to select frames are all included in the client's final bill PIC: YUNUS MOHAMED

South 28/2 - 6/3/91 (97)

Tonkil says McGilp is talking "absolute nonsense" in wanting technicians to be allowed to dispense glasses.

"The SA Medical and Dental Council have deemed it necessary for doctors, dentists and optometrists to be registered. Optometry is a science where it is important to know what you are doing and to be accurate.

"If anyone can set themselves up as an optometrist or optical dispenser, the public would have no protection."

"No country would allow any Dick, Tom and Harry without any academic background to deal with serious things like eye disease," says Tonkil.

What happens if one can't afford the dispensing charge, a fee for helping select frames and the cost of an eye test and of the lenses?

All are agreed that the local hospitals are overburdened and have been forced to cut back on testing.

The SAOA recently started a clinic in the city for those who are short of cash.

Tonkil says the clinic was stampeded with clients and is now expanding its services to three days a week with additional staff.



THE Ciskei government this week lurched deeper into crisis as the strike by virtually all civil servants continued.

The dispute has brought the administration to a virtual halt, including government departments and the courts.

SPRINGBOK. — No new laws about land ownership should be made after the scrapping of the Land Acts until all South Africans could elect a democratic government, residents associations of 10 Namaqualand communities said in a joint statement this week.

and aws 6/3/91

WOMAN

Training is inadequate, says doctor

Sowetan 25/7/91.

By PEARL MAJOLA

MEDICAL training in South Africa does not prepare students to work under the poor conditions prevailing at rural and township health facilities, a leading doctor has said.

Eastern Transvaal obstetrician Dr Eddie Mhlanga, addressing the Lesedi Health Discussion Group conference at Vista University, said: "The environment for training and the facilities available (in medical school) are all not in the real world. In the training institutions, sophisticated machinery receives priority."

When doctors left those institutions and joined facilities lacking such equipment, they found themselves at a loss as to how to treat patients.

He said diseases doctors encountered as professionals bore little resemblance to those they were taught at medical school.

"Is it a wonder then that more than 50 percent of the graduates of Wits and Cape Town leave the country for Australia, Canada, America and Europe?" Mhlanga asked.

He said that those who left were replaced by doctors often recruited from Europe who were not familiar with the health problems facing people in South Africa.

Mhlanga also highlighted the plight of rural health workers and patients. The 266-bed hospital where he was based in the eastern Transvaal had not expanded since the 1970's, he said.

It was overcrowded and in a state of disrepair. More than 80 patients shared two toilets and two showers. Patients often shared beds.

More than 50 mothers died every year during or immediately after childbirth from postpartum bleeding, uncontrollable hypertension or infections.

Mhlanga said Aids was a threat to health workers. He noted that there was no policy holding employers responsible for the safety of health workers.

He also stressed that there should be co-operation between all health workers, including traditional healers and spiritualists.

He urged training institutions, when admitting students, to consider how well they would serve the needs of various communities.

He said currently "as long as one passes matric with good symbols in mathematics, physical science and English there is a place for him at medical school".

BOARD NOTICE 15 OF 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES RELATING TO THE REGISTRATION OF STUDENTS IN PODIATRY

The South African Medical and Dental Council has in terms of section 32 (1) (a) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), made the rules set out in the Schedule hereto.

SCHEDULE

DEFINITIONS

1. In this Schedule, unless the context otherwise indicates, "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and unless the context otherwise indicate any expression to which a meaning has been assigned in the Act shall bear that meaning—

"section" a section of the Act.

REGISTRATION OF STUDENTS IN PODIATRY

2. A student in podiatry at a training institution in the Republic, offering a qualification in podiatry which qualification is recognised by the council under the provisions of the Act, shall in accordance with the provisions of regulation 3 hereof submit to the registrar an application for registration as a student in podiatry on a form which can be obtained from the registrar for this purpose—

(1) in the case of a student commencing attendance at such training institution in the first year of study, within two months following such commencement; or

(2) in the case of students who have been exempted from the first year of study, within two months following his commencement of attendance in the second year of study; or

(3) in the case of students who on the date of publication of these regulations, have already commenced attendance within two months of the date of publication of these regulations.

3. An application for registration as a student in podiatry shall be accompanied by—

(1) a birth certificate; or, if the student is unable to furnish a birth certificate, a baptismal certificate or such other evidence with regard to his age and correct names as may be to the satisfaction of the registrar;

(2) a maticulation certificate of the Joint Matriculation Board or a certificate of exemption from the matriculation examination granted by that Board should registration as a student take place subsequent to 1 January 1986;

(3) a certificate indicating that a student commenced study for a qualification in podiatry at a training institution approved by the council, which certificate shall indicate the year of study in which the student is enrolled and the date on which he was enrolled;

RAADSKENNISGEWING 15 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN STUDENTE IN VOETKUNDE

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1) (a) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensteberoepe, 1974 (Wet No. 56 van 1974), die reëls in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

WOORDOMSKRYWINGS

1. In hierdie reëls beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waarvan 'n betekenis in die Wet toegeken is, daardie betekenis, en, tensy uit die samehang anders blyk, beteken—

"artikel" 'n artikel van die Wet.

REGISTRASIE VAN STUDENTE IN VOETKUNDE

2. 'n Student in voetkunde aan 'n opleidingsinrigting in die Republiek wat 'n kwalifikasie aanbied in voetkunde welke kwalifikasie deur die raad erken word kragtens die bepalings van die Wet, moet ooreenkomstig die bepalings van regulasie 3 by die registrateur aansoek doen om registrasie as student in voetkunde op 'n vorm wat vir hierdie doel van die registrateur verkry kan word—

(1) in die geval van 'n student wat by sodanige opleidingsinrigting vir 'n eerstejaarkursus ingeskryf is, binne twee maande nadat hy aldus ingeskryf is, of

(2) in die geval van 'n student wat vrygestel is van die eerstejaarkursus, binne twee maande na aanvang van bywoning in die tweede studiejaar; of;

(3) in die geval van 'n student wat op die datum van afkondiging van hierdie regulasies reeds aldus ingeskryf is, binne twee maande na die datum van die afkondiging van hierdie regulasies.

3. 'n Aansoek om registrasie as student in voetkunde moet vergesel gaan van—

(1) 'n geboortesertifikaat; of, indien die student nie 'n geboortesertifikaat kan voorlê nie, 'n doopseel of ander bewys in verband met sy ouderdom en korrekte name tot tevredenheid van die registrateur;

(2) 'n matrikulasiesertifikaat van die Gemeenskaplike Matrikulasieraad of 'n sertifikaat van vrystelling van die matrikulasie-eksamen uitgereik deur die Raad indien registrasie as student na 1 Januarie 1986 geskied;

(3) 'n sertifikaat wat aandui dat die student hom vir 'n kwalifikasie in voetkunde ingeskryf het aan 'n opleidingsinrigting deur die raad goedgekeur, welke sertifikaat moet aandui in watter studiejaar die student ingeskryf is en die datum waarop hy aldus ingeskryf is;

(97)

(4) a registration fee of R20:

Provided that every application by a student in podiatry who has been admitted to a diploma in South Africa in a temporary capacity not exceeding one academic year and not for diploma purposes, need be accompanied only by a certificate of having commenced study of subject or subjects in year or study for a qualification in podiatry, and proof that he is registered as a podiatry student by a registering authority recognised by the council for this purpose in a country or state other than the Republic of South Africa.

(4) A student in podiatry who resumes study after having interrupted such study for a period of at least one year, shall submit an application for re-registration within two months of resumption of study in podiatry; such application shall be accompanied by a certificate of having resumed study in podiatry, his original certificate of registration, and a fee of R1:

Provided that, in cases where a student interrupts his studies for a period of more than one year but annually states in writing his intention of continuing with his studies, the name of such student shall not be erased from the register of students in podiatry.

5. Every student who applies for registration in terms of regulation 4, and who is not able to submit his original certificate of registration, shall apply for a certified copy of his original certificate of registration for which a fee of 50c shall be payable.

6. An application for registration or re-registration together with the documents and fees mentioned in regulation 3 or 4, as the case may be, submitted after the date mentioned in regulation 2 or 4, respectively, shall be subject to an additional registration fee of 50c in respect of each month or portion of a month it is submitted after such date.

7. The registrar shall issue a registration certificate to a student who has been registered in terms of these regulations or whose name has been restored to the register of students.

8. The name of a student in podiatry shall be erased from the register as soon as he has been registered as a podiatrist or as soon as proof is given to the satisfaction of the registrar that such student had discontinued his studies in podiatry within the Republic.

(1 March 1991)

(4) registrasiegeld van R20:

Met dien verstande dat elke aansoek deur 'n student in voetkunde wat in Suid-Afrika nie vir diplomadoeleindes nie tot 'n opleidingsinrigting in 'n tydelike hoedanigheid toegelaat is vir 'n tydperk van hoogstens een akademiese jaar, vergesel hoef te gaan slegs van 'n sertifikaat wat aandui dat die student 'n aanvang gemaak het met studie van 'n vak of vakke in 'n studiejaar vir 'n kwalifikasie in voetkunde, asook bewys dat hy as student in voetkunde by 'n registrasieowerheid vir die doel deur die raad erken in 'n land of staat, uitgesonderd die Republiek van Suid-Afrika, geregistreer is.

4. 'n Student in voetkunde wat na 'n onderbreking van een jaar of langer studie in voetkunde hervat, moet binne twee maande na hervatting van sodanige studie 'n aansoek om herregistrasie indien, by welke aansoek ingesluit moet wees 'n sertifikaat wat aandui dat sodanige student sy studie in voetkunde hervat het, sy oorspronklike registrasiesertifikaat en 'n betaling van 'n bedrag van R1:

Met dien verstande dat, in gevalle waar 'n student sy studies vir langer as een jaar onderbreek maar jaarliks skriftelik sy voorneme verklaar om weer met sy studies voort te gaan, die naam van sodanige student nie van die register van studente van voetkunde geskrap word nie.

5. Sodanige student wat ingevolge regulasie 4 aansoek doen om registrasie en wat nie in staat is om sy oorspronklike registrasiesertifikaat voor te lê nie, moet aansoek doen om 'n gesertifiseerde afskrif van sy oorspronklike registrasiesertifikaat, waarvoor 'n bedrag van 50c betaalbaar is.

6. 'n Aansoek om registrasie of herregistrasie tesame met die dokument en gelde vermeld in regulasie 3 of 4 na gelang van die geval, wat ingedien word na die datums vermeld in onderskeidelik regulasie 2 of 4, is onderworpe aan 'n bykomende registrasiegeld van 50c ten opsigte van elke maand, of gedeelte van 'n maand, wat die aansoek na die betrokke datum ingedien word.

7. Die registrateur reik 'n registrasiesertifikaat uit aan 'n student wat kragtens hierdie regulasies geregistreer is, of wie se naam tot die register van studente herstel is.

8. Die naam van 'n student in voetkunde moet van die register geskrap word sodra hy as voetkundige geregistreer is, of sodra bewys tot tevredenheid van die registrateur voorgelê is dat hy sy studies in voetkunde in die Republiek gestaak het.

(1 Maart 1991)

BOARD NOTICES

(97)

BOARD NOTICE 14 OF 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF OPTOMETRY.—AMENDMENT

In terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules in the Schedule hereto.

SCHEDULE

1. In this Schedule, unless the contents otherwise indicates, the expression "the rules" means the rules published under Government Notice No. R. 2312 of 3 December 1976, as amended.

2. Rule 1 of the rules is hereby amended by the addition of the following qualifications under the heading "United States of America":

UNITED STATES OF AMERICA

Examining authority and qualification	*Abbreviation for registration*
University of Missouri	
Doctor of Optometry	O D Missouri
Southern College of Optometry	
Doctor of Optometry	O D Southern Coll of Optom

(1 March 1991)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 14 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN OPTOMETRISTE.—WYSIGING

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1), gelees met artikel 61 (4), van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die reëls, in die Bylae uitgevaardig.

BYLAE

1. Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae, die reëls afgekondig by Goewermentskennisgewing No. R. 2312 van 3 Desember 1976, soos gewysig.

2. Reël 1 van die reëls word hierby gewysig deur die byvoeging van die volgende kwalifikasies onder die opskrif "Verenigde State van Amerika":

VERENIGDE STATE VAN AMERIKA

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Universiteit van Missouri	
Dokter in Optometrie	O D Missoun
Southern College of Optometrie	
Dokter in Optometrie	O D Southern Coll of Optom

(1 Maart 1991)

REGISTRAR OF CO-OPERATIVES.
Office of the Registrar of Co-operatives
Kingsley Building
Church Street, 481
Private Bag X237
Pretoria
0001.
(8 March 1991)

NOTICE 210 OF 1991

CO-OPERATIVE REMOVED FROM REGISTER.—BENEDE ORANJE TUISNYWERHEID KOÖPERASIE BEPERK

Notice is hereby given that the name of the above-mentioned co-operative was removed from the register on 10 January 1991 in terms of section 44 (b) of the Co-operative Act, 1981.

REGISTRAR OF CO-OPERATIVES.
(8 March 1991)

NOTICE 213 OF 1991

97

LABOUR RELATIONS ACT, 1956

APPLICATION FOR VARIATION OF SCOPE OF REGISTRATION OF AN INDUSTRIAL COUNCIL

I, David William James, Industrial Registrar, do hereby, in terms of section 19 (2) as applied by section 29 (9) of the Labour Relations Act, 1956, give notice that an application for the variation of its scope of registration has been received from the Industrial Council for the Optical Industry. Particulars of the application are reflected in the subjoined table.

Any person who objects to the application is invited to lodge his objection in writing with me, c/o the Department of Manpower, Manpower Building, 215 Schoeman Street, Pretoria (postal address: Private Bag X117, Pretoria, 0001), within one month of the date of publication of this notice.

TABLE

Name of industrial council: Industrial Council for the Optical Industry.

Date on which application was lodged: 9 January 1991.

Interests and area in respect of which application is made: All persons employed in the Optical Industry in the Republic of South Africa.

For the purposes hereof "Optical Industry" means the industry in which employers and their employees and associated for the purpose of carrying on the manufacture and/or assembly and/or packing of one or all of the following commodities, including the performance of the administrative and clerical duties incidental thereto, in establishments which are registered or liable for registration as workshops or premises where any of the following categories of work are carried on, namely the manufacture and/or assembly and/or packing of—

(a) spectacle and sunglass frames of every description;

(b) ophthalmic lenses, contact lenses and sunglass lenses to prescription of otherwise;

REGISTRATEUR VAN KOÖPERASIES.
Kantoor van die Registrateur van Koöperasies
Kingsleygebou
Kerkstraat 481
Privaatsak X237
Pretoria
0001.
(8 Maart 1991)

KENNISGEWING 210 VAN 1991

KOÖPERASIE WAT VAN DIE REGISTER GESKRAP IS.—BENEDE ORANJE TUISNYWERHEID KOÖPERASIE BEPERK

Hiermee word bekendgemaak dat die naam van bogenoemde koöperasie op 10 Januarie 1991 ingevolge die bepalings van artikel 44 (b) van die Koöperasiewet, 1981, van die register geskrap is.

REGISTRATEUR VAN KOÖPERASIES.
(8 Maart 1991)

KENNISGEWING 213 VAN 1991

WET OP ARBEIDSVERHOUDINGE, 1956

AANSOEK OM VERANDERING VAN DIE REGISTRASIEBESTEK VAN 'N NYWERHEIDSRAAD

Ek, David William James, Nywerheidsregistrateur, maak ingevolge artikel 19 (2) soos toegepas by artikel 19 (9) van die Wet op Arbeidsverhoudinge, 1956, hierby bekend dat 'n aansoek om die verandering van sy registrasiebestek ontvang is van die Nywerheidsraad vir die Optiese Nywerheid. Besonderhede van die aansoek word in onderstaande tabel verstrek.

Enige persoon wat teen die aansoek beswaar maak, word versoek om binne een maand na die datum van publikasie van hierdie kennisgewing sy beswaar skriftelik by my in te dien, p/a die Departement van Mannekrag, Mannekraggebou, Schoemanstraat 215, Pretoria (posadres: Privaatsak X117, Pretoria, 0001).

TABEL

Naam van nywerheidsraad: Nywerheidsraad vir die Optiese Nywerheid.

Datum waarop aansoek ingedien is: 9 Januarie 1991.

Belange en gebied ten opsigte waarvan aansoek gedoen word: Alle persone in diens in die Optiese Nywerheid in die Republiek van Suid-Afrika.

Vir die doeleindes hiervan beteken "Optiese Nywerheid" die nywerheid waarin werkgewers en hul werknemers met mekaar geassosieer is vir die doel van die vervaardiging en/of montering en/of verpakking van een van of al ondergenoemde kommoditeite, met inbegrip van die uitvoering van die administratiewe en klerklike pligte daaraan verbonde, in bedryfsinligtings wat geregistreer is of onderworpe is aan registrasie as werkwinkels of persele waar enige van die volgende kategorieë werk verrig word, naamlik die vervaardiging en/of montering en/of verpakking van—

(a) bril- en sonbrilrame van enige aard;

(b) oftalmiese lense, kontaklense en sonbrillense volgens voorskrif of andersins;

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 435

8 March 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED PHYSIOTHERAPY ASSISTANTS MAY PRACTISE THEIR PROFESSION

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

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

(97)

No. R. 435

8 Maart 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE VOORWAARDES WAAROP GEREGISTREERDE FISIOTERAPIE-ASSISTENTE HULLE BEROEP MAG BEOEFEN

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (m) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae vervat, uitgevaardig.

SCHEDULE

1. In these regulations "the Council" means the South African Medical and Dental Council and "the Professional Board" means the Professional Board for Physiotherapy.

2. A registered physiotherapy assistant shall practise as a physiotherapy assistant—

(a) under the direction and supervision or in the employ of a registered physioterapist;

(b) with the approval of the Professional Board and the Council under the direction and supervision of a registered medical practitioner or a registered physiotherapist with limited registration.

3. A registered physiotherapy assistant shall not practise his profession as his own employer.

4. The employment of a physiotherapy assistant by an employer, with the exception of the State, a provincial of local authority of the Chamber of Mines of South Africa, shall be subject to the approval of the Professional Board and the Council, on written application directed to the Registrar of the Council by the employer.

No. R. 456 **8 March 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY MEDICAL SCIENTISTS OF ADDITIONAL QUALIFICATIONS

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

SCHEDULE

1. In this Schedule "the Act" shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

2. The following qualifications by medical scientists shall be registrable as additional qualifications in terms of section 35 of the Act:

Examining authority and qualification	*Abbreviation for registration*
University of the Orange Free State—	
Doctor of Philosophy in Medical Science	PhD
University of Stellenbosch—	
Doctor of Philosophy in Medical Science	PhD
Royal College of Pathologists, London—	
Member	MRC Path Lond
Fellow	FRC Path Lond

BYLAE

1. In hierdie regulasies beteken "die Raad" die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad en "die Beroepsraad" die Beroepsraad vir Fisioterapie.

2. 'n Geregistreerde fisioterapie-assistent moet die werk van 'n fisioterapie-assistent verrig—

(a) onder leiding en toesig of in diens van 'n geregistreerde fisioterapeut;

(b) met die goedkeuring van die Beroepsraad en die Raad onder leiding en toesig van 'n geregistreerde geneesheer of 'n geregistreerde fisioterapeut met beperkte registrasie.

3. 'n Geregistreerde fisioterapie-assistent mag nie as sy eie werkgewer sy beroep beoefen nie.

4. Die indiensneming van 'n fisioterapie-assistent deur 'n werkgewer, met die uitsondering van die Staat, 'n provinsiale of plaaslike owerheid, of die Kamer van Mynwese van Suid-Afrika, is onderhewig aan die goedkeuring van die Beroepsraad en die Raad, op skriftelike aansoek gerig deur die werkgewer aan die Registrateur van die Raad.

No. R. 456 **8 Maart 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR MEDIESE WETENSKAPLIKES VAN ADDISIONELE KWALIFIKASIES

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

BYLAE

1. In hierdie Bylae beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis.

2. Die volgende kwalifikasies kan deur mediese wetenskaplikes as addisionele kwalifikasies geregistreer word kragtens artikel 35 van die Wet:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Universiteit van die Oranje-Vrystaat—	
Doktor in Wysbegeerte in Mediese Wetenskap	PhD
Universiteit van Stellenbosch—	
Doktor in Wysbegeerte in Mediese Wetenskap	PhD
Royal College of Pathologists, London—	
Lid	MRC Path Lond
Fellow	FRC Path Lond

No. R. 457 **8 March 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

REGULATIONS RELATING TO THE REGISTRATION BY DIETITIANS OF ADDITIONAL QUALIFICATIONS.—AMENDMENT

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

SCHEDULE

1. In this Schedule the expression "the Regulations" means the regulations published by Government Notice R. 453 of 10 March 1978, as amended by Government Notices R. 988 of 23 May 1986 and R. 2040 of 7 October 1986.

2. The Regulations are hereby amended by—

(a) the substitution for the qualification "Master of Science in Nutrition ..... MSc (Nutrition) Stell" under the sub-heading "University of Stellenbosch" of the following expression:

"Master of Science ..... MSc Stell*
* Provided that the qualification is obtained in Nutrition"; and

(b) by the insertion of the following examining authorities and qualifications with the corresponding abbreviations for registration:

Examining authority and qualification	*Abbreviation for registration*
"Cornell University (USA)—	
Master of Science	Msc Cornell (USA)*
Doctor in Philosophy	PhD Cornell (USA)*
* Provided that the qualification is obtained in Dietetics.	
University of London (GB)—	
Doctor in Philosophy	PhD London (GB)*
* Provided that the qualification is obtained in Dietetics.	
Polytechnic of North London (GB)—	
Diploma in Dietetics	Dip (Dietetics) N London (GB)*
* Provided that practical training of 6 months has been completed at an approved hospital in the Republic of South Africa."	

No. R. 457 **8 Maart 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR DIEETKUNDIGES VAN ADDISIONELE KWALIFIKASIES.—WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 61 (1) (o) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), op aanbeveling an die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 453 van 10 Maart 1978, soos gewysig by Goewermentskennisgewings R. 988 van 23 Mei 1986 van R. 2040 van 7 Oktober 1986.

2. Die Regulasies word hierby gewysig deur—

(a) die kwalifikasie "Magister Scientiae in Voeding ..... MSc (Voeding) Stell" onder die subhoof "Universiteit van Stellenbosch" deur die volgende uitdrukking te vervang:

"Magister Scientiae ..... MSc Stell*
* Met dien verstande dat die kwalifikasie behaal is in Voeding"; en

(b) die volgende eksaminerende liggame en kwalifikasies met die ooreenstemmende afkortings vir registrasie in te voeg:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
"Cornell-universiteit (VSA)—	
Magister Scientiae	MSc Cornell (VSA)*
Doktor in Filosofie	PhD Cornell (VSA)*
* Met dien verstande dat die kwalifikasie bepaal is in Dieetkunde.	
Universiteit van Londen (GB)—	
Doktor in Filosofie	PhD Londen (GB)*
* Met dien verstande dat die kwalifikasie behaal is in Dieetkunde.	
Politegnikum van Noord-Londen (GB)—	
Diploma in Dieetkunde	Dip (Dieetkunde) N Londen (GB)*
* Met dien verstande dat praktiese opleiding van 6 maande by 'n goedgekeurde hospitaal in die Republiek van Suid-Afrika voltooi is."	

DEPARTMENT OF TRADE AND INDUSTRY

No. R. 432 **8 March 1991**

THE NATIONAL BUILDING REGULATIONS AND BUILDING STANDARDS ACT, 1977

COMMENCEMENT OF THE NATIONAL BUILDING REGULATIONS

I, Kent Diederich Skelton Durr, Minister of Trade and Industry and Tourism, acting under section 17 (3) (b) of the National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977), hereby fix 8 March 1991 as the date on which the National Building Regulations published under Government Notice No. R. 2378 of 12 October 1990, and altered by me with the concurrence of the council as set out in the Schedule hereto, shall come into operation.

K. D. S. DURR,
Minister of Trade and Industry and Tourism.

DEPARTEMENT VAN HANDEL EN NYWERHEID

No. R. 432 **8 Maart 1991**

DIE WET OP NASIONALE BOUREGULASIES EN BOUSTANDAARDE, 1977

INWERKINGTREDING VAN DIE NASIONALE BOUREGULASIES

Ek, Kent Diederich Skelton Durr, Minister van Handel en Nywerheid en Toerisme, handelende kragtens artikel 17 (3) (b) van die Wet op Nasionale Bouregulasies en Boustandaarde, 1977 (Wet No. 103 van 1977), bepaal hierby 8 Maart 1991 as die datum waarop die Nasionale Bouregulasies, gepubliseer by Goewermentskennisgewing No. R. 2378 van 12 Oktober 1990, en deur my met die instemming van die raad verander soos in die Bylae hierby uiteengesit, in werking tree.

K. D. S. DURR,
Minister van Handel en Nywerheid en Toerisme.

Mossgas project: cost estimate

*13. Mr R R HULLEY asked the Minister of Mineral and Energy Affairs and Public Enterprises: Hansard 19/3/91

(1) (a) What was the originally budgeted cost estimate for the Mossgas project and (b)(i) what is the latest estimate for the final total cost of the project and (ii) in respect of what date is this estimate furnished;

(2) whether he will make a statement on the viability of the project?

B499E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(1) (a) The budgeted fixed capital cost for the FA gas field development phase and the onshore facility was R6 895 million in escalated terms.

(b) (i) During October 1990 it was indicated to the press that the estimate for the fixed capital cost of the FA-development was R8,8 milliard at that stage and that the final cost would be reported at the completion in 1992.

(ii) July 1990.

(2) A full statement was issued on 13 February 1990 and until the date of commencement of production, when more information regarding capital and operating costs and future world oil prices would be available, there is nothing to add to that statement.

Private satellite dishes

*14. Mr R R HULLEY asked the Minister of Mineral and Energy Affairs and Public Enterprises:

(1) Whether any applications and/or representations have been received by the Post Office for the licensing of private satellite dishes; if so, how many;

(2) whether any permits for such dishes have been refused; if so, why;

(3) in respect of what date is this information furnished? B503E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(1) Yes, 29;

(2) no;

(3) 6 March 1991.

*15. Lt-Gen R H D Rogers — Defence. [Withdrawn.]

*16. Lt-Gen R H D Rogers — Defence. [Withdrawn.]

Radiographers: emigrations

*17. Mr B B GOODALL asked the Minister of Home Affairs: (97)

(a) How many radiographers emigrated from South Africa during the latest specified 2-year period for which figures are available and (b) to which countries did they emigrate?

Hansard 19/3/91 B516E

The MINISTER OF HOME AFFAIRS:

(a) 1989 1990
13 13

(b) Not available.

*18. Mr L F Stofberg — Finance.† [Question standing over.]

Ussalep: objects

*19. Mr L F STOFBERG asked the Minister of Foreign Affairs:† Hansard 19/3/91

(1) Whether he is conversant with the objects of Ussalep (the United States–South Africa Leadership Exchange Programme) in granting scholarships; if so, what are these objects;

(2) whether his Department has any statistics on the number of public servants with the rank of director and higher who have obtained university degrees in the United States of America with the aid of Ussalep; if so, what is the relevant figure?

B544E

The MINISTER OF FOREIGN AFFAIRS:

(1) The United States–South Africa leadership Exchange Programme (Ussalep) is a private organization and I cannot speak

on behalf of the organization. Ussalep does not, to my knowledge, grant scholarships. Hansard 19/3/91

(2) My Department does not handle such statistics.

Japan fishing vessels: restrictions

*20. Mr R J LORIMER asked the Minister of Environment Affairs: Hansard 19/3/91

(1) Whether fishing vessels registered in Japan will be permitted to fish in South African waters in 1991; if so, how many;

(2) whether any restrictions are imposed on such vessels in regard to the (a)(i) species and (ii) quantity of each species that may be caught and (b) method of capturing that may be employed; if not, why not;

(3) whether he will make a statement on the matter? B574E

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) Yes. Two trawlers and 90 tuna longliners.

(2) (a) (i) Yes.

(ii) Yes in respect of trawlers; no in respect of tuna.

(b) Yes.

(3) Yes. A formal Bilateral Fisheries Agreement between Japan and South Africa has been in existence for the last 10 years. A limited number of Japanese vessels are, subject to strict and specific conditions in accordance with the Agreement, permitted to catch certain fish species in South African waters. Permit conditions are strictly enforced. The quotas allocated to Japan have been substantially reduced year after year.

Before 1991 there were no restrictions on the number of tuna-vessels. The number of Japanese tuna-vessels permitted to fish in RSA waters, have been limited to 90 in 1991. Those vessels do not fish in RSA waters on a full-time basis and they do not compete directly with the local tuna industry. There are no resource reasons why further limitations should be introduced.

Japan has already been informed that its fishing in RSA waters stands to be phased out because South Africans can catch available resources themselves.

Tunny catches

*21. Mr R J LORIMER asked the Minister of Environment Affairs:

(1) What was the quantity of tunny caught by South African vessels in South African waters in 1989 and 1990, respectively;

(2) whether he will make a statement on tunny catches in South African waters by local and foreign vessels? B579E

The MINISTER OF ENVIRONMENT AFFAIRS: Hansard 19/3/91.

(1) 1989: 6 452 tons tuna
1990: 2 290 tons tuna

(2) Yes. The catch of tuna in South African waters was very poor in the last year compared to previous years. The exact reason for low catches is unknown, but was probably due to unfavourable environmental conditions in the sea. According to the International Commission for the Conservation of Atlantic Tunas, of which South Africa is a member country, those stocks of tuna which occur in South African waters are not overfished and there is consequently no reason to introduce catch limits. Tuna are highly-migratory species which occur seasonally in South African waters and the difference in catch success from one year to the next is not sufficient to determine catch limits.

Foreign vessels, specifically from Japan and the Republic of China, fish for tuna sporadically in South African waters under strict permit conditions. Japanese and Chinese vessels authorized to fish in RSA waters are now for the first time limited to a maximum of 90 and 30 vessels respectively.

Dukuduku Forest: Black squatters

*22. Mr J CHIOLÉ asked the Minister of Planning, Provincial Affairs and National Housing:† Hansard 19/3/91

(1) Whether there are any Black squatters living in the Dukuduku Forest near St Lucia; if so, (a) how many as at the latest specified date for which figures are available and (b) since when;

Radiographers: improvements

165. Mr B B GOODALL asked the Minister for Adminstration and Economic Co-ordination:

(1) Whether any improvements are envisaged in the salary and service conditions of radiographers; if not, why not; if so, (a) what improvements and (b) when;

(2) whether there is a salary structure for radiographers in the employ of the State or the provinces; if so, what is this structure; Hansard 26/3/91

(3) whether his Department has information on the salary structures for radiographers in the self-governing territories; if not, why not; if so, how do these salary structures compare with that for radiographers in State or provincial employ?

B442E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

(97) (1) The investigation programme for the coming (1991/92) financial year has not been finalised yet. It is, therefore, not possible to indicate what improvements, if any, will be effected in respect of radiographers and when it will occur;

(a) and (b) fall away;

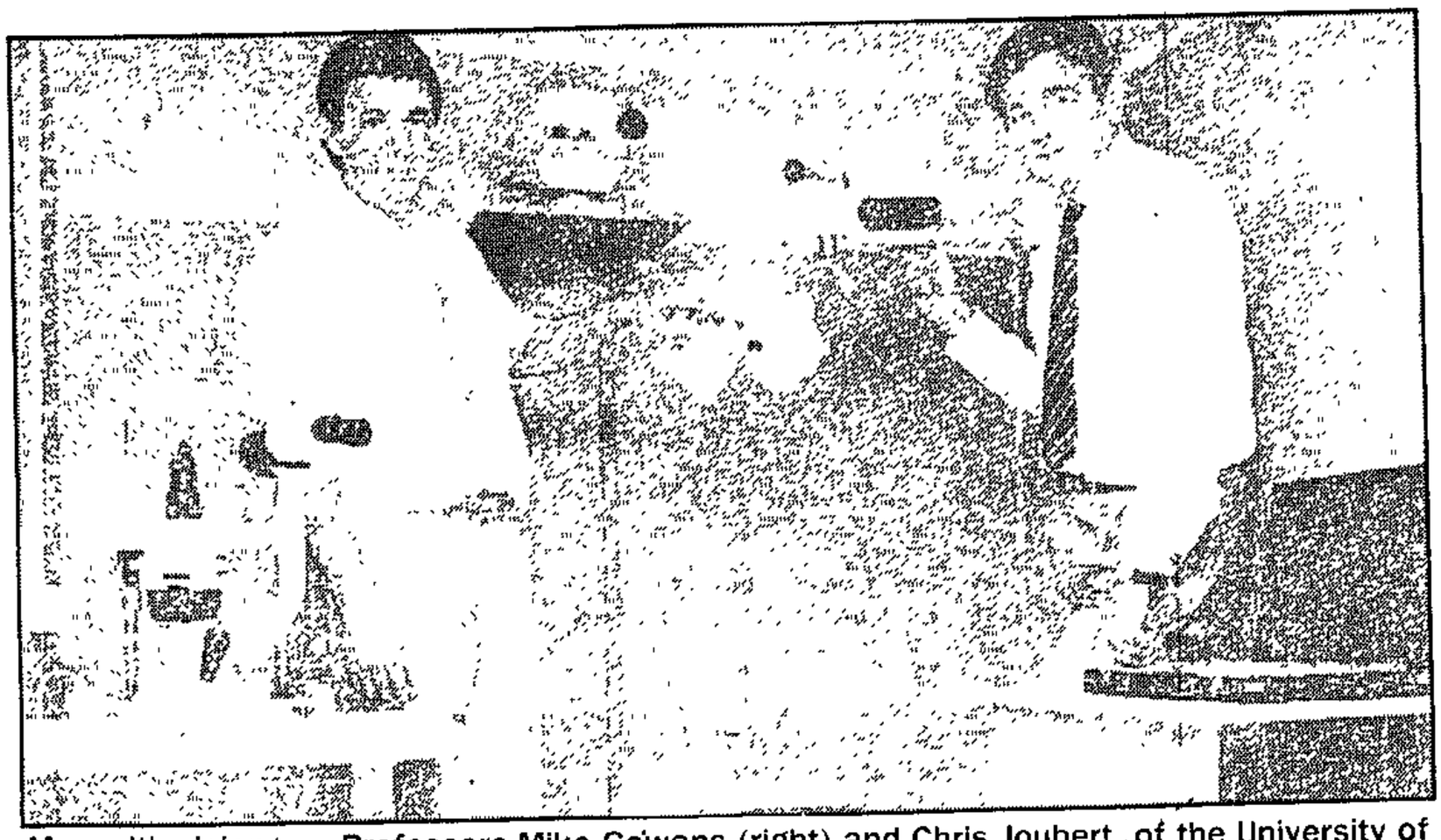
(2) yes, the salary structure is as follows:
Student Radiographer: R7 011—8 685 + 10% non-pensionable allowance

Radiographer/Senior Radiographer: R15 414—24 675/23 766—29 205 + 10% non-pensionable allowance

(97) Chief Radiographer: R29 205—34 629 + 10% non-pensionable allowance

Control Radiographer: R38 697—44 976 + 10% non-pensionable allowance

(3) yes, the salary structures correspond with those of radiographers in the Public Service of the RSA.



Men with vision . . . Professors Mike Gowans (right) and Chris Joubert, of the University of the North, inside the university's new 6 m-long mobile eye-testing clinic.

Star 25/3/91

Mobile eye clinic will benefit (97) villagers in N Tvl

People in remote parts of the northern Transvaal will soon have the privilege of free eye tests, thanks to the initiative of the optometry department of the University of the North and a generous sponsor

A mobile clinic, which is fitted with the most modern optometric equipment, supplied by Standard Vista was recently launched at the university.

The rector of the university, Professor N Manganyi, and Lebowa's Deputy Minister of Health, M T D Leboho, paid tribute to faculty head Professor Mike Gowans and his staff for initiating the project.

The clinic, a 6 m caravan, will also serve as a training unit.

The MINISTER OF HOME AFFAIRS:

(a)

	Whites	*Coloureds*	*Asians*	*Blacks*
1990	*2 053 000	1 245 500	351 500	7 477 250

(b)

1990				
Sept	**593 864	200 629	42 925	824 937
	***519 354	187 110	41 070	748 335

* Estimate as on 30 September 1990

** The public sector comprises:

Executive Institutions for General and Own Affairs
Civil Services of the Self-Governing Territories
Local Authorities
Parastatal Institutions
Universities and Technikons
Agricultural Marketing Boards
Public Corporations (Iscor excluded)

*** Public sector, excluding Transnet

Monitoring of media: amount

210. Mr P G SOAL asked the Minister of Home Affairs:

(a) What amount of the total amount allocated to his Department for the 1990-91 financial year has been set aside for the monitoring of the media and (b) how is this amount made up?

B558E

The MINISTER OF HOME AFFAIRS:

(a) None.

(b) Falls away.

Radiographers: buying back of contracts

216. Mr B B GOODALL asked the Minister of National Health:

(1) Whether radiographers in the employ of the Transvaal Provincial Administration are required to buy back their contracts for approximately R23 000 each if they wish to work in another province; if so, why;

(2) whether this requirement applies to radiographers in the employ of the other three provincial administrations; if not, (a) why not and (b) what is required in this regard in each of these provinces;

(3) whether radiographers in private practice are required to enter into contracts; if so, what are the relevant details?

B567E

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) no,

(a) radiographers are not required to enter into a contract and

(b) no requirements are laid down;

(3) no.

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Film producers: subsidies

8. MR M RAJAB asked the Minister of Home Affairs:

(a) What amount was paid by the State to film producers in subsidies in respect of the 1988-89, 1989-90 and 1990-91 financial years, respectively, (b)(i) to whom and (ii) for what films was it paid, and (c) what amount was paid in respect of each such film, in each of the above financial years?

D56E

The MINISTER OF HOME AFFAIRS:

(a)

1988/89	*1989/90*	*1990/91 (up to date 18 March 1991)*
R13 015 460-17	R25 705 627-15	R13 316 360-79

(b) and (c) The required information for the financial year 1990/91 (1 April 1990 till 18 March 1991) is contained in the attached schedule. Corresponding particulars for the financial years 1988/89 and 1989/90 are not readily available.

PRODUCER	NAME OF FILM	AMOUNT
Philo Pieterse Produksies	Brutal Glory	144 483,37
Demon Management Company	Out on Bail	47 958,00
River Film Management Company	River of Diamonds	28 984,97
I.F.S. CC (United Talents)	Space Mutiny	161 825,20
Time of the Beast Management Company	Time of the Beast	22 106,56
Taurus Films	Barrett	319 496,10
Sparkle Films	Divided Loyalties	477 364,91
Anchor Films	Prey for the Hunter	154 623,98
Kevron	Rhino	171 897,46
Estee's Films	Warriors from Hell	203 158,14
H & R	Spice	454 785,80
Chiefs Films	The Endangered	583 389,24
Bluebell Film Partnership	Voice in the Dark	330 334,37
Koukus	Oh Schucks It's Schuster	815 527,78
Nu Metro	You're Famous	270 455,12
Nu Metro	Crazy Camera	192 676,75
Mimosa Rolprentmaatskappy	Gods Must be Crazy 2	2 548 049,25
Dust Management Company	Crossing the Line	68 228,30
Brigadiers Rolprentmaatskappy	Agter Elke Man	1 368 168,01
Koukus	Oh Schucks It's Untag	2 233 644,10

Western Cape facilities for Aids patients

121. Miss M SMUTS asked the Minister of National Health.

Whether any facilities are available in provincial hospitals in the Western Cape for the (a) treatment, (b) counselling and (c) monitoring of Aids patients; if not; why not; if so, (i) what facilities, and (ii) at which hospitals, in each case? Hansard 26/3/91 - B337E

The MINISTER OF NATIONAL HEALTH:

(a) Yes,

(b) yes and

(c) yes,

(i) see (ii) below, and

(ii) all provincial hospitals have a responsibility to treat, to counsel and to monitor all patients, including AIDS patients. The AIDS Treatment and Information Centre (ATIC) in Cape Town furnishes information services to HIV infected persons and persons with AIDS. In this regard they act as a specialized AIDS Centre.

Radiographers: vacant posts

166. Mr B B GOODALL asked the Minister of National Health:

(1) (a) How many vacant radiographer posts are there in all provinces and disciplines in South Africa and (b) in respect of what date is this information furnished;

(2) (a) how many students qualified in radiography in each province at the end of 1989 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1990? Hansard 26/3/91 B443E

The MINISTER OF NATIONAL HEALTH:

(1)

	(a) and (b)	
Provincial Administration of Transvaal		
Radiodiagnostic	171	7 March 1991
Radiotherapy	22	7 March 1991
Provincial Administration of Natal		
Radiodiagnostic	7	28 February 1991
Radiotherapy and Oncology	12	28 February 1991
Provincial Administration of the Orange Free State		
Radiodiagnostic	14	7 March 1991
Oncotherapy	6	7 March 1991
Nuclear Medicine	8	7 March 1991
Provincial Administration of the Cape of Good Hope		
Radiodiagnostic	24	28 February 1991
Radiotherapy	15	28 February 1991;

(2)

	(a) and (b)	
Provincial Administration of Transvaal	35	22
Provincial Administration of Natal	32	16
Provincial Administration of the Orange Free State	9	6
Provincial Administration of the Cape of Good Hope	77	25

Academic hospitals: cost per bed

168. Mr M J ELLIS asked the Minister of National Health:

What is the daily cost per bed for each recognized academic hospital in South Africa? Hansard 26/3/91 B449E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Transvaal

Baragwanath	R187,20
Coronation	R208,10
Ga-Rankuwa	R193,79
H F Verwoerd	R384,09
Hillbrow	R293,65
J G Strijdom	R544,70
Johannesburg	R400,07
Kalafong	R187,28

Provincial Administration of Natal

King Edward VIII	R276,00
Wentworth	R365,00

Provincial Administration of the Orange Free State

Bloemfontein Academic Hospital complex	R363,44

Provincial Administration of the Cape of Good Hope

Groote Schuur	R353,98
Tygerberg	R271,84

Drug-awareness programmes

179. Mr L FUCHS asked the Minister of National Health: Hansard 26/3/91

(1) Whether, during the latest specified 2-year period for which information is available, she or her Department allocated any funds for drug-awareness programmes aimed at (a) schools and (b) the general public; if not, why not; if so, (i) how much money was allocated for this purpose and (ii) to which organizations was it given;

(2) how many drug-related deaths and suicides occurred in each province during (a) the latest specified period of 12 months for which information is available and (b) the corresponding period two years previously;

(3) whether she or her Department plans to launch any drug-awareness programmes in the near future; if not, why not; if so, (a) what programmes and (b) when? Hansard 26/3/91 B492E

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) No, preventive programmes which include drug-awareness programmes in schools and for the general public are instituted by own affairs administrations and other government departments. Funds are also allocated to welfare organisations by own affairs administrations;

(2) (a) and (b) suicide and self administered poisoning

	1988	*1986*
Solids and fluids	171	147
Gasses in home use	10	1
Other gasses and vapours	9	3
Total	190	151
Total suicides	1 813	1 604
Drug and medicament related deaths		
Alcohol dependence syndrome	255	136
Drug dependence syndrome	1	3;

(3) (a) and (b) prevention is the responsibility of the entire population and the impact of a single programme does not have a measurable influence. The reduction in the availability of drugs should accompany a diminishing in the demand for drugs. The National Plan to Combat and Prevent Alcohol and Drug Misuse intends to co-ordinate all the actions. Progress is being made and many institutions and organizations work in closer co-operation in this respect. Further implementation is being undertaken.

Economically active persons

201. Mr P H P GASTROW asked the Minister of Home Affairs: Hansard 26/3/91

(a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector? B522E

Genetics has prime role in health care

Star 26/3/91. (97)

Genetic services would form an integral part of the health care system in the new South Africa, geneticist Professor Trefor Jenkins of the South African Institute for Medical Research said yesterday.

He added that genetics would find its place in the health-care system.

"Specialist medical geneticists will not be available in large numbers for some years, but the average doctor can be trained in medical genetics to a level where they can counsel patients on specific disorders.

"The challenge to medical geneticists is to find ways of transferring this new technology to the practice of medicine away from the few academic hospitals, so that it may benefit the large numbers of people living in rural or poor urban areas."

Professor Jenkins was speaking at the 4th congress of the South African Society of Human Genetics.

Several international geneticists and local speakers delivered papers.

Dr D E Comings from the US said behavioural disorders affected one in five individuals and were genetically based. Over half of man's genes were present only in the brain and the major role of the brain was the regulation of behaviour.

The president of the SA Society of Human Genetics, Professor George Gericke, said that to date much attention had been given to environmental causes of disease and that it was possible that "this approach has now reached a plateau" and that improved knowledge on genetic level has now become a necessity. — Medical Reporter.

Barlan ☎ C T. (021) 51-2016/7/8 ☎ P E (041) 4-8585
☎ BLOEM. (051) 7-5445 ☎ E L (0431) 2-0285

ployee whilst still in employment, the employer shall pay to the employee or his estate an amount of termination pay in respect of his continuous period of service with the employer, as determined from the following table:

1 to 2 years service 1 week's wages

3 years service 3 week's wages

4 years service 4 week's wages

5 years service 5 week's wages

6 years service 6 week's wages

7 years service 7 week's wages

8 years service 8 week's wages

9 years service 9 week's wages

10 years service 10 week's wages

Provided further that the provisions of this clause shall not operate to reduce or nullify the provisions of clause 13 (1) or 13 (4) of the Agreement or any other amounts that may be due to the employee on termination of service".

Signed at Johannesburg, on behalf of the parties this 3rd day of January 1991.

S. I. JAFFE,
Chairman of Council.

A. MARGOLIS,
Member of the Council.

H. BROOKSTEIN,
Deputy Secretary of the Council.

No. R. 728 **5 April 1991**

LABOUR RELATIONS ACT, 1956

CHEMICAL INDUSTRY (CAPE).—RENEWAL OF TRAINING FUND AGREEMENT

I, Dennis van der Walt, Director: Labour Relations, duly authorised thereto by the Minister of Manpower, hereby, in terms of section 48 (4) (a) (ii) of the Labour Relations Act, 1956, declare the provisions of Government Notice No. R. 287 of 15 February 1985, to be effective from the date of publication of this notice and for the period ending 28 February 1996.

D. VAN DER WALT,
Director: Labour Relations.

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(97)

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 721 **5 April 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF CLINICAL TECHNOLOGY

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

ouderdom, permanente ongeskiktheid of dood van die werknemer terwyl in diens, sal die werkgewer aan die werknemer of sy boedel 'n bedrag betaal ten opsigte van diensbeëindigingsvoordele vir die tydperk van aaneenlopende diens by sodanige werkgewer wat soos volg bereken sal word:

1 tot 2 jaar diens 1 week se loon

3 jare diens 3 weke se loon

4 jare diens 4 weke se loon

5 jare diens 5 weke se loon

6 jare diens 6 weke se loon

7 jare diens 7 weke se loon

8 jare diens 8 weke se loon

9 jare diens 9 weke se loon

10 jare diens 10 weke se loon

Voorts met dien verstande dat niks in hierdie klousule die uitwerking mag hê dat klousule 13 (1) of (13) (4) van die Ooreenkoms of ander bedrae wat aan 'n werknemer by diensbeëindiging verskuldig is daardeur verminder word of ongeldig gemaak word nie".

Namens die partye op hede die 3de dag van Januarie 1991 te Johannesburg onderteken.

S. I. JAFFE,
Voorsitter van die Raad.

A. MARGOLIS,
Lid van die Raad.

H. BROOKSTEIN,
Afgevaardigde Sekretaris van die Raad.

No. R. 728 **5 April 1991**

WET OP ARBEIDSVERHOUDINGE, 1956

CHEMIKALIEËNYWERHEID (KAAP).—HERNUWING VAN OPLEIDINGSFONDSOOREENKOMS

Ek, Dennis van der Walt, Direkteur: Arbeidsverhoudinge, behoorlik daartoe gemagtig deur die Minister van Mannekrag, verklaar hierby, kragtens artikel 48 (4) (a) (ii) van die Wet op Arbeidsverhoudinge, 1956, dat die bepalings van Goewermentskennisgewing No. R. 287 van 15 Februarie 1985, van krag is vanaf die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 28 Februarie 1996 eindig.

D. VAN DER WALT,
Direkteur: Arbeidsverhoudinge.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

No. R. 721 **5 April 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP KLINIESE TEGNOLOGIE OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae uiteengesit, uitgevaardig.

SCHEDULE

1. In these regulations "the Act", shall mean the Medical Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning, unless the context otherwise indicates.

2. The following acts are hereby specified as acts that shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of clinical technology, which acts shall be performed as an auxilliary service to medicine:

(a) Clinical technology in general:

(i) The performance, in collaboration with a medical practitioner, of clinical investigative procedures with the aid of appropriate apparatus and techniques.

(ii) The performance of corrective and therapeutic procedures in collaboration with a medical practitioner.

(b) Cardiology: The performance of non-invasive special procedures and the provision of assistance to a medical practitioner in the handling of electronic apparatus used during invasive procedures for the purpose of obtaining data in order to support or confirm the diagnosis of or to identify a specific cardiac disease.

(c) Cardiovascular perfusion: The usage of extra-corporeal apparatus to support or take over the patients' circulatory and respiratory function temporarily.

(d) Critical care: The support of the medical practitioner in the handling of life-support equipment in critical care situations.

(e) Nephrology: The performance of extra-corporeal procedures in the field of nephrology, as well as apheresis with the appropriate apparatus.

(f) Neurophysiology: The performance of electrophysiological procedures, as well as tests on the brain, nervous system and muscular systems of the patient.

(g) Pulmonology: The performance of lung function examinations with the aid of electronic and computerised equipment in order to support and confirm the diagnosis of respiratory disease.

(h) Reproductivity biology: The evaluating and determining of the extent, nature and degree of infertility in couples with a view to a diagnosis by a medical practitioner, and the performance of procedures to attain a successful pregnancy.

BYLAE

1. In hierdie regulasies beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet toegeken is daardie betekenis, tensy uit die samehang anders blyk.

2. Die volgende handelinge word hierby bepaal as handelinge wat by die toepassing van die Wet geag word handelinge te wees wat by die beroep kliniese tegnologie tuishoort en as 'n aanvullende diens by geneeskunde verrig word:

(a) Kliniese tegnologie in die algemeen:

(i) Die uitvoer, in samewerking met 'n geneesheer, van kliniese ondersoekprosedures met behulp van toepaslike apparaat en tegnieke.

(ii) Die uitvoer van korrektiewe en terapeutiese prosedures in samewerking met 'n geneesheer.

(b) Kardiologie: Die uitvoer van nie-indringende spesiale prosedures en die assistering van 'n geneesheer met die hantering van elektroniese apparaat wat gebruik word gedurende indringende prosedures met die doel om data in te win ten einde 'n diagnose te ondersteun of te bevestig of 'n spesifieke hartsiekte te identifiseer.

(c) Kardiovaskulêre perfusie: Die gebruik van ekstrakorporeale apparaat om die pasiënte se bloedsomloop en respiratoriese funksie tydelik oor te neem of te ondersteun.

(d) Kritieke sorg: Die ondersteuning van die geneesheer by die hantering van lewensondersteunende toerusting in kritieke sorgsituasies.

(e) Nefrologie: Die uitvoer van ekstrakorporeale prosedures op die gebied van nefrologie asook die toepassing van aforese met behulp van die toepaslike apparaat.

(f) Nefrofisiologie: Die uitvoer van elektrofisiologiese prosedures, asook toetse op die brein, senuweestelsel en spiersisteem van die pasiënt.

(g) Pulmonologie: Die uitvoer van longfunksieondersoeke met behulp van elektroniese en gerekanariseerde toerusting ten einde die diagnose van respiratoriese siektes te ondersteun en te bevestig.

(h) Reproduktiewe biologie: Die evaluering en bepaling van die omvang, aard en graad van onvrugbaarheid by ouerpare met die oog op 'n diagnose deur 'n geneesheer en die uitvoer van prosedures om suksesvolle swangerskap te bewerkstellig.

TRANSVAAL PROVINCIAL ADMINISTRATION

No. R. 710 **5 April 1991**

REGULATIONS RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS.—AMENDMENT

The Administrator of the Province of the Transvaal has on behalf of the Minister of Health Services, Welfare and Housing: House of Assembly, under sections 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958) (Transvaal), in so far as the administration of the provisions of those sections was assigned by State President's Proclamation No. 42 of 1989 to that Minister, read in conjunction with the written authorisation of that Minister under section 15 (1B) of the Provincial Government Act, 1986 (Act No. 69 of 1986), made the regulations contained in the Schedule hereto, with effect from 1 April 1991.

TRANSVAAL PROVINSIALE ADMINISTRASIE

No. R. 710 **5 April 1991**

REGULASIES BETREFFENDE DIE INDELING VAN, EN GELDE BETAALBAAR DEUR, PASIËNTE BY PROVINSIALE HOSPITALE.—WYSIGING

Die Administrateur van die provinsie Transvaal het kragtens artikels 38 en 76 van die Ordonnansie op Hospitale, 1958 (Ordonnansie No. 14 van 1958) (Transvaal), vir sover die uitvoering van die bepalings van daardie artikels by Staatspresidentsproklamasie No. 42 van 1989 aan die Minister van Gesondheidsdienste, Welsyn en Behuising: Volksraad opgedra is, saamgelees met die skriftelike magtiging van daardie Minister kragtens artikel 15 (1B) van die Wet op Provinsiale Regering, 1986 (Wet No. 69 van 1986), die regulasies in die Bylae namens daardie Minister uitgevaardig.

Government raised any additional revenue from individuals owing to the effects of fiscal drag on personal incomes; if so, what total amount in each such year? B617E

†The MINISTER OF FINANCE:

1989/90 financial year: Yes. R1 423,0 million.

1990/91 financial year: No. The revised tax rates which were fixed in respect of this year, in fact resulted in a decrease of R586,0 million in State revenue.

Old Colonial Building, Pmb: disposal

*17. Mr R F HASWELL asked the Minister of Public Works and Land Affairs:

Whether the old Colonial Building, which fronts on Church Street in Pietermaritzburg, will be disposed of on the open market; if not, (a) why not and (b) in what manner will it be disposed of; if so, what are the relevant details? B653E

†The DEPUTY MINISTER OF LAND AFFAIRS:

The disposal of the Old Colonial Building will be considered after the adaptation of the accommodation in the adjacent State buildings into magistrates courts and offices for the Department of Justice. The Old Colonial Building will most probably have to be used on a temporary basis during such adaptations.

*29. Mr J VAN ECK — Law and Order. [Question standing over.]

New questions:

Taxation of fringe benefits: amount collected

*1.Mr K M ANDREW asked the Minister of Finance:

What additional amount was collected in taxation revenue in each of the past two tax years as a result of the taxation of fringe benefits? B662E

The MINISTER OF FINANCE:

R591 813 381 in respect of the 1989 year of assessment

R845 809 425 in respect of the 1990 year of assessment

Medical laboratory technicians: practices

*2. Mr M J ELLIS asked the Minister of National Health:

(1) Whether any steps have been taken or are being contemplated to allow medical laboratory technologists to establish their own private practices; if so, what are the relevant details with regard to the (a) training requirements in order to do so and (b) scope of the functions they will be able to perform;

(2) whether the (a) South African Society of Pathologists and (b) South African Medical and Dental Council have been consulted in this regard; if not, why not in each case; if so, what was the response in each case? B672E

†The MINISTER OF NATIONAL HEALTH:

(1) The decision whether medical laboratory technologists can be allowed to establish their own private practices is a decision that rests solely with the South African Medical and Dental Council (SAMDC). This Council accepted the principle that medical laboratory technologists can establish their own private practices. Further particulars are presently being worked out by the Council;

(a) and (b) these aspects are presently under discussion at the South African Medical and Dental Council. No final decision has been taken yet;

(2) (a) the Medical Association of South Africa and the National Pathology Group as well as the Federation of South African Associations of Pathology have been consulted by the SAMDC;

(b) falls away.

The pathology-groups are not in favour that medical laboratory technologists are being allowed to establish their own private practices.

Public funds: political organisations

*3. Mr J A JORDAAN asked the Minister of Finance:†

Whether he can give the assurance that over the past 10 years the Auditor-General has had full access to the relevant documents in order to be able to report to Parliament if public funds were used by the security family or any other State departments, including those in the self-governing territories, to support political parties or organisations? B679E

The MINISTER OF FINANCE:

I refer the hon member to the replies of the hon Minister of Defence and the hon Deputy Ministers for Information Services and of Law and Order on Tuesday 5 and Tuesday 12 March 1991, to questions along the same lines I have nothing to add to those replies.

Police collusion: investigation

*4. Mr P C CRONJÉ asked the Minister of Law and Order:

(1) Whether a senior police officer has been appointed to investigate complaints of alleged Police collusion with certain political groups in Natal; if so, (a)(i) what is the rank and/or name of the officer so appointed and (ii) on what date was the appointment made, (b) what are the circumstances surrounding the matter and (c) what progress has been made in the investigation;

(2) whether a report will be published on the findings of this investigation; if not,why not; if so,when? B694E

†The MINISTER OF LAW AND ORDER:

(1) No, but if the hon member has any information regarding the matter at his disposal, I would appreciate it if he could supply it to me

(a) to (c) Fall away.

(2) Falls away.

Attack on Nxamalala: arrest

*5. Mr P C CRONJÉ asked the Minister of Law and Order:

(1) Whether the South African Defence Force arrested a certain person and handed him over to the South African Police in connection with an attack on Nxamalala near Pietermaritzburg on or about 28 January 1991; if so, (a) who was arrested and (b) what are the circumstances surrounding the matter;

(2) whether the person so arrested is a member of any arm of the security services;

(3) whether any steps have been taken in regard to the matter; if so, what steps? B697E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) Two unknown Black males.

(b) On 28 January 1991 at approximately 16.00 members of the South African Defence Force arrested two black males. They had allegedly thrown petrol bombs at a house. A police officer visited the scene. The members involved of the South African Defence Force could not point out the house or the petrol bombs. On the available evidence, the officer decided that the further detention of the persons would be unlawful and ordered their release.

(2) No, not as far as is known.

(3) No.

Radio Good Hope/Kontrei: split transmissions

*6. Mr P G SOAL asked the Minister of Home Affairs:

(1) Whether he will furnish information on Radio Good Hope and Radio Kontrei transmissions; if not, why not; if so,

(2) whether an announcement was made recently that Radio Good Hope and Radio Kontrei would be operating on split transmissions; if so, (a) with effect from what date and (b) for what reasons;

(3) whether applications have been received from any (a) individuals and (b) organisations for independent local radio stations in the Southern and South Western Cape; if so, what are the relevant details? B700E

The MINISTER OF HOME AFFAIRS:

(1) Yes

Breakthrough for health sector pay talks

By DREW FORREST

FOR the first time, the two key black public service unions have been drawn into central wage talks with the Commission for Administration (CFA) covering 500 000 state employees.

On the invitation of the CFA, Cosatu's National Education, Health and Allied Workers' Union (Nehawu) and the non-aligned Health Workers' Union (HWU) last week joined nine public service staff associations in talks which began last September.

The invitation is a further sign of the state's desire to regularise its relationship with black unions. Nehawu and the HWU have also been drawn into separate discussions with the CFA on a future state sector labour dispensation.

A joint statement said the wage talks had centred on various options on the use of available funds, including the incorporation of the 10 percent non-pensionable allowance in basic salary, the partial elimination of disparities between occupational classes and a general salary adjustment.



Sisa Njikelana ... not true negotiation

Nehawu general secretary Sisa Njikelana said his union had focused on the position of the lowest-paid, and on other groups — for example clerks — who had received only the basic increase last year.

Njikelana welcomed the "historic" talks, but stressed that as the public service salary budget had already been decided, they were not a true negotiation. "We could only discuss how to divide the cake."

Absence of prior consultation and information meant that the unions could not bargain on a clear mandate, he complained, and the exclusion of teachers from the scope of the talks was "divisive and problematic".

The union was also concerned that the CFA had given no specific response to demands it submitted last year. The joint statement said the commission would approve the package once its financial implications had been assessed, with a possible impementation date of July 1.

Njikelana said Nehawu would take the initiative in future negotiations, tabling demands after "intensive consultation with members" well before the budgetary process started.

HOUSE OF ASSEMBLY

QUESTIONS

-Indicates translated version.

For written reply:

General Affairs:

Radiographers: salary standard

167. Mr B B GOODALL asked the Minister for Administration and Economic Co-ordination:

(1) Whether there is a salary standard for radiographers in provincial employ; if so, what is this standard;

(2) whether his Department has particulars of the salary standards applicable in the self-governing territories; if so,

(3) whether there is any discrepancy between the salaries paid to radiographers in the Republic and the self-governing territories; if so, (a) what is this discrepancy and (b) why does it exist,

(4) what is the status of State-employed radiographers?

B444E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

(1) No, the salary dispensation applicable to radiographers in the Public Service also applies to radiographers in the employ of the Provincial Administrations;

(2) no,

(3) falls away;

(4) they are officers and employees in the Public Service who are classified in a specific occupational class and their status, therefore, do not differ from that of other officers and employees in the Public Service.

SA: prisoners

195. Mr A J LEON asked the Minister of Correctional Services:

(1) (a) What is the total number of prisoners in South Africa and (b) how many such prisoners (i) are awaiting trial and (ii) are children;

(2) in respect of what date is this information furnished?

B571E

The MINISTER OF CORRECTIONAL SERVICES:

(1) (a) 97 059

(b) (i) 23 869

(ii) Sentenced persons under 18 years 326
Unsentenced persons under 18 years 736

(2) 31 January 1991

Section 29 of the Prisons Act, 1959 (Act No 8 of 1959) stipulates inter alia that a person under the age of eighteen years who is accused of having committed an offence shall, before his conviction, not be detained in a prison unless his detention is necessary and no suitable place of detention mentioned in the Child Care Act, 1983 (Act No 74 of 1983) is available for his detention. In each such case the particular judicial officer issues a certificate to this effect. In deciding on the suitability of the place of detention, the nature of the offence with which a person is charged is taken into account as well as age, sex, character, etc.

A juvenile who is detained in terms of section 29 of the Prisons Act, 1959 shall not be permitted to associate with a person over the age of 21 years who is in custody, provided that he may be permitted to associate with such a person in custody who has been charged jointly with him, if the head of the prison is of the opinion that such association will not be detrimental to him. Juveniles are also separated with regard to age groups where facilities permit.

Discussions take place regularly between the Department of Correctional Services, the local magistrates, prosecutors and the South African Police with a view to keep awaiting-trial juveniles out of prison.

11/4/91 (97)

Physiotherapists scarce

By Carina le Grange
Medical Reporter Star 11/4/91

Up to 60 percent of all people injured in road accidents in South Africa will need physiotherapy in conjunction with medical care in their recovery period, according to the South African Society of Physiotherapists.

But the profession is experiencing an "acute" shortage, aggravated by the fact that only 20 percent of the registered physiotherapists work in State hospitals which provide services for 80 percent of the population, says a spokesman for the society, Claudine Bennetts.

After four years of university training and obtaining a B Sc degree, a physiotherapist working in a State hospital takes home R1 000 per month. They are required to work at night and weekends and to be on call.

Mrs Bennetts, who serves on the national executive committee of the society, says little attention is paid to the needs of the number of people who are injured in road accidents and are left with severe disabilities.

The chairman of the society, Professor Jo Beenhakker, says the society has exhausted all "correct channels" of communicating with the Government to draw attention to the problem, including a meeting with Minister of Health Dr Rina Venter.

Help squatters, doctors told

ST Times 14/4/91

By CAS St LEGER

AN ANC document on health policy suggests doctors and nurses should be sent to rural and squatter areas on compulsory service.

The ANC says: "Many of the poor areas of the country ... experience a serious shortage of health workers.

"One way of dealing with this is to have a period of compulsory service in these areas for all health workers."

The document will be discussed at the ANC congress in June.

Problems

The Medical Association of SA fully agrees with the concept of community health service — with the proviso that it is voluntary.

Dr Bernard Mandell, chairman of the MASA federal council, said: "MASA agrees there is a maldistribution of doctors in this country and supports the principle of community service.

"However, when MASA consulted its special interest group, the Junior Doctors' Association of SA, it became clear that although they also support this principle, certain practical problems in its implementation were foreseen."

Among the problems were married women who would be separated from their families.

A community service system is also being contemplated by the Medical and Dental Council of SA.

Dr Mandell said the association's vision of health care was similar to that of the ANC: an affordable, non-racial, comprehensive unitary health system to which all would have equitable access.

The right to free essential health care should be incorporated in the constitution and bill of rights, the ANC document suggests.

The document also says health care in this country disregards the existence of traditional healers. "This service cannot be wished away," it says.

"It is imperative to develop an appropriate relationship between traditional healers and the rest of the health service."

Dr Mandell said MASA's science and education committee was investigating the relationship between traditional healers and scientific medicine because of the vital role healers played in the culture of many people.

Improved

The private sector, the ANC said, should become part of the national health system. "This means in the short term it will be necessary to find ways to regulate the high cost of private health care."

The public service should be strengthened, improved and made accountable to the communities it served. It would be necessary to attract back into the public sector many of those health workers who had opted for private practice.

The ANC said health and welfare services were so closely linked they should form part of a single Ministry of Health and Social Services.

(c) Indian
(i) 5 (ii) 5
(d) Black
(i) 179 (ii) 179
(bb) LEGAL TRAINING
(a) White
(i) 195 (ii) 175
(b) Coloured
(i) 5 (ii) 3
(c) Indian
(i) 3 (ii) 3
(d) Black
(i) 6 (ii) 5

Sterkfontein Psychiatric Hospital: patients missing

239. Mr P G SOAL asked the Minister of National Health:

(1) Whether any patients went missing from the Sterkfontein Psychiatric Hospital during the latest specified period of five years for which information is available; if so, (a) how many (i) male and (ii) female patients and (b) how many such patients were classified as (i) dangerous and (ii) aggressive;

(2) whether any steps have been taken to ensure that patients do not go missing from the said hospital; if not, why not; if so, what steps;

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

B624E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes,
(i) 443 male and
(ii) 70 female
The above include patients who have escaped, broken out, absconded and ones that were allowed to go out on leave, but did not return and

(b) (i) and (ii) the relevant information is not readily available;

(2) yes, dangerous patients are locked up. All others are attended to in open wards and may move about freely. The hospital has no guards patrolling the grounds; neither does it have security fencing or gates. The reason for this is that hospitals must not be looked upon as prisons;

(3) no.

Academic hospitals: bed occupancy rate

251. Mr M J ELLIS asked the Minister of National Health:

What is the annual bed percentage occupancy rate at each academic hospital in South Afria?

B658E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope:	*Percentage Bed Occupancy*
Groote Schuur	95,21
Tygerberg	107,93
Provincial Administration of Natal:	
King Edward VIII	91,20
Provinial Administration of the Transvaal:	
Baragwanath	86,40
Coronation	83,50
Ga-Rankuwa	86,40
HF Verwoerd	63,80
Hillbrow	80,10
JG Strijdom	31,70
Johannesburg	80,80
Kalafong	76,00
Provincial Administration of the Orange Free State:	
Pelonomi	91,57
Universitas	65,89
National	60,14

Malaria/typhoid/cholera

255. Mr M J ELLIS asked the Minister of National Health:

(1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic in 1990; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;

(2) whether any persons died of these diseases during this period; if so, how many

in each race group in respect of each disease;

(3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

B674E

The MINISTER OF NATIONAL HEALTH:

(1) (a), (b) and (c) No;
(i), (ii) and (iii) fall away;

(2) yes,
notified deaths of Malaria in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group	*Number of deaths*
Indian	0
Black	27
Coloured	0
White	3
TOTAL	30

Notified Deaths of Typhoid fever in the Republic of South Africa by Population Group, 1990 (as on 20 March 1991)

Population group	*Number of deaths*
Indian	0
Black	28
Coloured	0
White	0
TOTAL	28

(3) yes,
Malaria:
— Disease surveillance.
— Case finding.
— Health Education.
— Encouragement to take prophylactic treatment.
— Vector control.
— Treatment of persons suffering from malaria.
— Notifiable disease.

Typhoid:
— Disease surveillance.
— Case finding: Treatment and isolation of cases to save lives and reduce further excretion of organisms.
— Tracing of carriers and contacts to prevent infections and reduce further excretion of organisms.
— Immunisation is indicated in certain circumstances, examples being exposure to a carrier, outbreaks of typhoid in a community or institution and in the case of groups such as military forces in field conditions.
— Health Education.
— Advice with regard to environmental factors
— Participation in Interdepartmental Committee, providing advice to the authorities responsible for service.
— Notifiable medical condition.

Cholera:
— Disease surveillance.
— Tracing of source.
— Case finding.
— Health Education.
— Treatment of cases.
— Notifiable medical condition.
— Co-ordinated action with all health services to prevent crossborder spread of cholera.

Care of patients by community health workers

259. Miss M SMUTS asked the Minister of National Health:

(1) Whether a senior official of the Department of National Health and Population Development stated in June 1990 that up to 60 per cent of patients treated at hospitals in South Africa could be cared for by community health workers; if so, (a) on what evidence was this statement made and (b) what is the rank of the official concerned;

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

B685E

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) Dr H J Steyn, Deputy Director-General of the Department of National Health and Population Development, said, during a seminar in June 1990, that the work load of a clinic nurse, could be alleviated by up to 60% by the use of community health workers and voluntary workers. This statement was based on a study carried out at a clinic where community health workers did the follow-up visits at the homes of tuberculosis and family planning clients so that the nurse could carry out her clinic functions;

(2) no.

Academic hospitals: statistics

260. Miss M SMUTS asked the Minister of National Health:

(1) How many academic hospitals are there in South Africa;

(2) what percentage of the (a) total number of hospital beds in South Africa, (b) number of (i) in-patients and (ii) out-patients treated and (c) total national health budget does each of these hospitals account for;

(3) whether her Department has statistics on the number of magnetic resonance scanners in use in South Africa; if so, how many such scanners were in use in the (a) public and (b) private health sector as at the latest specified date for which statistics are available?

B687E

The MINISTER OF NATIONAL HEALTH:

(1) 14;

(2)

	(a)	(b) (i)	(b) (ii)	(c)
Groote Schuur	2,45	1,80	4,53	5,12
Tygerberg	3,28	1,63	1,73	3,99
Pelonomi	2,12	0,75	1,92	1,40
Universitas	0,78	0,42	0,25)	2,07
National	0,41	0,21	0,06)	
King Edward VIII	3,31	1,80	3,55	2,72
Baragwanath	5,18	2,45	1,79	2,85
Coronation	1,03	0,60	1,00	0,73
Ga-Rankuwa	3,38	1,28	1,07	1,87
HF Verwoerd	1,66	0,69	2,91	2,41
Hillbrow	1,37	0,51	1,12	1,32
JG Strijdom	0,86	0,20	0,48	0,73
Johannesburg	1,62	0,74	2,97	2,83
Kalafong	2,13	1,19	1,49	1,26

(3) yes,

(a) 1 and

(b) 14 as on 27 March 1991.

Children: places of safety

261. Mr R M BURROWS asked the Minister of National Health:

(1) (a) How many places of safety other than police cells and prisons were there in South Africa for children of each race group, and (b) what was the total number of children who (i) could be accommodated and (ii) were being held in each of these places of safety, as at the latest specified date for which information is available;

(2) whether her Department has statistics on the number of children of each race group being held in police cells as places of safety; if so, (a) what are the relevant statistics and (b) in respect of what date is this information furnished?

B695E

The MINISTER OF NATIONAL HEALTH:

(1)

Population group	(a) Number of places	(b) (i) Accommodation available	(b)(ii) Number of children on 28/2/91
Indian	2	148	112
White	7	505	374
Coloured	8	675	598
Black	10	1 279	1 008;

(2) yes,

(a) Indian 1
White 9
Coloured 103
Black 222 and

(b) 28 February 1991.

Illegal strikes: workers charged/convicted

278. Mr P H P GASTROW asked the Minister of Justice:

How many workers in each race group were (a) charged with and (b) convicted of illegal strikes and related conduct in 1990?

B737E

The MINISTER OF JUSTICE:

The required information is not readily available in the Department. In an effort to be of assistance to the honourable member, the following information was obtained from the Central Statistical Service for the period 1 July 1989 to 30 June 1990:

(a)	Males	49
	Females	4
	Total	53
(b)	Males	31
	Females	3
	Total	34

Divorce cases: guardianship/custody of children

280. Mr A J LEON asked the Minister of Justice:

How many (a) wives and (b) husbands were given (i) guardianship and (ii) custody of their children in divorce cases during each of the latest specified five years for which information is available?

B744E

The MINISTER OF JUSTICE:

The required information is not readily available in the Department. To obtain the information all court records pertaining to divorce cases will have to be examined, which is not economically feasible.

Infanticide

288. Mr L FUCHS asked the Minister of Justice:

(1) Whether any (a) men, (b) women, (c) mothers and (d) fathers were (i) charged with, (ii) taken to court for and (iii) sentenced for infanticide during the latest specified period of 12 months for which information is available; if so,

(2) (a) how many in each case and (b) how many of the (i) men, (ii) women, (iii) mothers and (iv) fathers so sentenced were certified insane?

B758E

The MINISTER OF JUSTICE:

The required information is not readily available in the Department. In an effort to be of assistance to the honourable member, the following information for the period 1 July 1989 to 30 June 1990 was obtained from the Central Statistical Service:

	Male	Female	Total
Prosecuted for infanticide	24	6	30
Convicted of infanticide	17	5	22

Murder of spouses: charges

289. Mr L FUCHS asked the Minister of Justice:

(1) How many (a) men and (b) women charged with murdering their spouses were convicted of (i) murder and (ii) culpable homicide during the latest specified 12-month period for which information is available;

(2) whether any such (a) men and (b) women were found not guilty as a result of diminished responsibility; if so, how many in each case?

B759E

The MINISTER OF JUSTICE:

The required information is not readily available in the Department. To obtain the information all court records pertaining to the crimes concerned will have to be examined, which is not economically feasible.

Legal abortions

290. Dr Z J DE BEER asked the Minister of National Health:

(1) Whether any applications for legal abortions were made to her Department in 1989 and 1990, respectively; if so, how many (a) such applications were made and (b) legal abortions were performed as a result;

(2) how many of these legal abortions were authorized in respect of (a) statutory rape, (b) rape and (c) incest?

B765E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Applications for legal abortions are not made to this Department. Applications are being referred to the Superintendents of the relevant hospitals and

(b) 960 in 1988/90
868 in 1989/90;

(2) in respect of section 3(12)(d) of the Abortion and Sterilization Act, 1975 where rape or incest is involved, 34 legal abortions in 1988/89 and 70 in 1989/90 were performed. There is no distinction between (a) statutory rape, (b) rape and (c) incest in the available data.

Crimes: persons sentenced

292. Mr L FUCHS asked the Minister of Justice:

For each of the crimes of (a) murder, (b) rape, (c) car theft and (d) assault with intent to do grievous bodily harm, how many persons were sentenced to (i) a fine, (ii) corporal punishment, (iii) imprisonment for less than two years, (iv) imprisonment for two to four years,

Hospital retrenches 160

Star 17/4/91

The Chamber of Mines Hospital has retrenched 160 people as a result of a consolidation in the provision of health services.

According to chamber spokesman Peter Bunkell, the decision was taken after the chamber decided to rationalise its hospital services.

Mr Bunkell said the chamber had two racially segregated hospitals — Cottesloe in Auckland Park and Rand Mutual in Eloff Street, Johannesburg.

This was wasteful and a decision had been taken to merge the two into one hospital. — Own Correspondent.

AMBULANCE CURFEW AS CRIME RATE RISES

By RYAN CRESSWELL (97)

SICK and injured people from 10 crime-ridden areas around Maritzburg will have to make their own way to hospital after dark because a curfew has been slapped on ambulances.

The night curfew has been introduced because three ambulances from Edendale Hospital were stolen and a driver shot and injured during the last nine weeks.

Ambulances from the hospital no longer fetch patients after dark from Edendale, Machibisa, Imbali, Dambuza, Caluza, Azalea, Pata Sweetwaters, Elandskop and Ashdown. ST Times 21/4/91

This week, medical superintendent Dr Peter Evans circulated a memorandum among staff instructing that ambulances should not go to these areas between 5pm and 6am.

Dr Evans said: "The drivers have shown enormous courage in going into these areas at night, but the situation has deteriorated so much I just cannot allow it any more."

He said if the crime rate improved he would lift the curfew.

Maritzburg police spokesman Lieutenant Henry Budhram confirmed the thefts of the ambulances.

"The unrest situation in these townships has normalised, but the criminal element has become very active," he said.

No. R. 891 **26 April 1991**

97

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF DIETETICS

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations, unless the context otherwise indicates, "the Act" shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

2. The following acts are acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of dietetics:

(a) The application of knowledge and skills by—

(i) the establishing and applying of guide-lines for the maintenance of healthy nutritional practices for individuals;

(ii) the applying of dietary principles as part of the treatment of an individual, relative to a specific disease and following a prescription by a medical doctor;

(iii) the establishing and applying of guide-lines for adequate food and nutrition in the community in institutions for healthy and for ill persons;

(iv) participation in research on aspects of dietetics;

(v) participation in formal and informal education in the field of dietetics.

(b) The promotion of community nutrition by—

(i) the accurate interpretation of the science of normal and therapeutic nutrition;

(ii) the professional communication of scientifically-based nutrition knowledge, according to need, to individuals and groups within the community in order to motivate them to maintain or change nutritional behaviour in order to improve quality of life and to prevent nutrition-related diseases.

(c) Contributing to therapeutic nutrition by—

the compilation and application of scientifically-justifiable dietary measures as part of the treatment of a patient or client following referral by, or consultation with, a medical doctor.

(d) The promotion of food service administration by—

the planning, development, control, implementation and evaluation of and guidance in respect of suitable food service systems for the provision of balanced nutrition to groups in the community and in institutions for healthy and/or ill persons.

3. The regulations published by Government Notice No. R. 1894 of 2 September 1983 are hereby withdrawn.

No. R. 891 **26 April 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP DIEETKUNDE OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet toegeken is daardie betekenis, tensy uit die samehang anders blyk.

2. Die volgende handelinge is handelinge wat vir die doeleindes van die toepassing van die Wet geag word handelinge te wees wat by die beroep dieetkunde tuishoort:

(a) Die toepassing van kennis en vaardighede deur—

(i) die daarstelling en toepassing van riglyne vir die instandhouding van gesonde voedingspraktyke vir individue;

(ii) die toepassing van dieetbeginsels as deel van die behandeling van 'n individu na gelang van 'n spesifieke siektetoestand en op voorskrif van 'n geneesheer;

(iii) die daarstelling en toepassing van riglyne vir toereikende voedsel en voeding in die gemeenskap en in inrigtings vir gesonde en vir siek persone;

(iv) deelname aan navorsing oor aspekte van dieëtkunde;

(v) deelname aan formele en informele opleiding in die veld van dieetkunde.

(b) Die bevordering van gemeenskapsvoeding deur—

(i) die akkurate interpretering van die wetenskap van normale en terapeutiese voeding;

(ii) die professionele oordrag van wetenskaplik gefundeerde voedingkennis volgens behoefte aan individue en groepe in die gemeenskap ten einde hulle te motiveer tot die handhawing of verandering van voedinggedrag ter verhoging van lewenskwaliteit en ter voorkoming van voedingsverwante siektetoestande.

(c) Bydra tot terapeutiese voeding deur—

die opstel en toepassing van wetenskaplik verantwoordbare dieetmaatreëls as deel van die behandeling van 'n pasiënt of kliënt na verwysing deur of konsultasie met 'n geneesheer.

(d) Die bevordering van voedseldiensadministrasie deur—

die beplanning, ontwikkeling, kontrolering, implementering en evaluering van en leidinggewing ten opsigte van geskikte voedseldiensstelsels vir die verskaffing van gebalanseerde voeding aan groepe in die gemeenskap en in inrigtings vir gesonde en/of vir siek persone.

3. Die regulasies afgekondig by Goewermentskennisgewing No. R. 1894 van 2 September 1983 word hierby herroep.

Baby deaths probe over

Strikes in hospitals have always been an emotive and highly charged issue. Now, after a series of lengthy hearings, a commission of inquiry will report its findings on the deaths of babies at GaRankuwa hospital during a strike by staff. The commission will also consider whether there was any criminal responsibility. By PAT SCHWARTZ.

Star 6/5/91

COULD the deaths of any or all of 23 babies in the neonatal ward at GaRankuwa Hospital in April 1990 be attributed to the eight-day strike which was taking place at the time?

This is one of the questions which members of a commission of inquiry headed by Mr Justice P M Cillie will answer when they deliver their report to the Administrator of the Transvaal after a series of lengthy hearings which began last June.

Other questions they have been called on to consider are why the strike occurred and whether there is any criminal responsibility.

In the months since the commission began, the commissioners have heard evidence from hospital workers, members of the National Education, Health and Allied Workers' Union (Nehawu), who had begun canvassing for members at the hospital, from nurses, doctors, hospital officials, including superintendent Dr Louis van Heerden, and from labour experts, including Professor Nic Wiehahn and Medunsa's Professor Werner Coertze.

Evidence was led about the reasons for the strike, the conduct of the strikers, the behaviour of the police and conditions at the hospital during the strike, as well as on the question of whether the strikers could be held responsible for the babies' deaths.

Ripples from the commission's decision will spread far beyond GaRankuwa Hospital.

The industrial and human relations issues on which the commissioners have been asked to make findings could have an impact upon the perennial question of the morality of strikes by public service workers, especially those involved in emergency services.

At the same time they bring to the fore the necessity for the establishment of effective grievance procedures.

One of the major problems to emerge during the hearings was the allegedly inadequate grievance procedures in the Transvaal Provincial Administration and what was attacked by the workers as an antiquated attitude towards workers' rights and the recognition of unions.

Nehawu representatives contend that the strike at GaRankuwa was sparked by growing worker resentment of some members of the predominantly white management, whom they accuse of racism, harassment and intimidation.

Evidence was led and hotly disputed that it was the actions of two specific senior hospital officials which caused offence and it was the lack of response to a demand for their removal, or at least suspension pending an inquiry, which finally prompted the non-medical workforce to stop work.

The nursing staff joined the strike only when, five days after it started, police were called in, strikers were chased through hospital wards, and a nurse was bitten by a police dog.

What about the infant victims? Without the help of post-mortem results (because of the strike, only one post-mortem was performed), the three medical experts differed widely on the possible causes of the deaths, although they agreed that 10 of the babies would not have survived even had there been no strike.

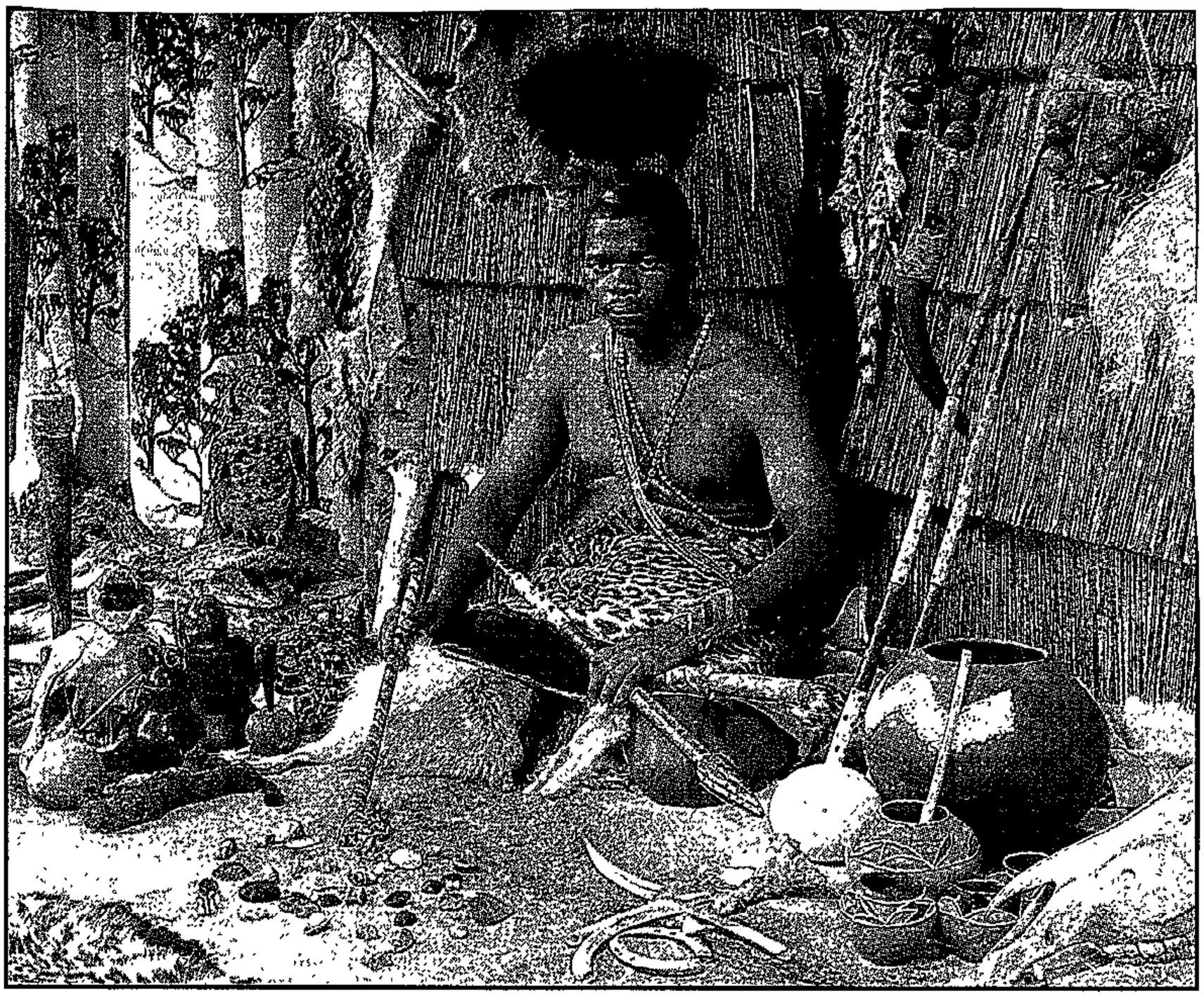
In two other cases, none of the doctors attributed the deaths to strike-related factors.

And the rest? Did seven babies die as a result of the administration of a batch of the same contaminated drip fluid which killed more than 25 in private and provincial hospitals in the Transvaal that April?

To the parents of the dead babies, the conclusions reached by Mr Justice Cillie and his fellow commissioners (H de Wet Botha, an advocate, and Professor R Lipschitz of Baragwanath Hospital) will make little difference. To future patients in State-run hospitals they could mean everything.

Nehawu itself has stated its belief that industrial action in the health services should be used only as a last resort.

Whatever the findings of the commission, whatever has been learnt, one thing is clear: the events at Ga-Rankuwa Hospital cannot be allowed to be repeated. □



MEDICINE MAN: Inyanga (herbalist) Mahlalel Godweni, who has practised traditional healing for 19 years, will be at a Gold Reef City "consulting" room this weekend. ● Photograph: DON BRISCOE

Muti men and women to display their lore

Star 11/5/91.

SUE OLSWANG 97

PEOPLE who are keen to break through the aura of mystery surrounding the traditional healing methods practised by Inyangas (herbalists) and Sangomas (diviners) are advised to head for Gold Reef City this weekend.

A group of about 15 Inyangas and Sangomas will be in attendance at Gold Reef City today and tomorrow, dressed in their full regalia and armed with healing herbs, beads and bones, skins and skulls and potions and panaceas for every physical and mental illness.

"We've brought in a large group of traditional healers for a 'medical conference' of a different sort," said Piero Nardin, managing director of Safarica, the organisers of the event.

Guidance offered

Mr Nardin said open air "consulting" rooms will be arranged throughout the lower terrace and visitors will be invited to seek guidance from practising Inyangas and Sangomas on any matter that may be troubling them — physical or spiritual.

The herbalists and diviners will be in attendance from 11 am until 5 pm today, and from 10 am until 4.30 pm tomorrow.

Mr Nardin said "patients" will not be charged consulting fees, but will instead be asked to contribute for services rendered. The money collected will be used to purchase schoolbooks and other items for schools in Soweto.

Saturday Star this week spoke to Mahlalel Godweni, one of the Inyangas who will attend the weekend "medical conference".

The herbalist, who has practised his form of traditional healing for the past 19 years, said his profession is usually hereditary, with its secrets handed down from father to son. The Mozambican-born Inyanga's grandfather was also a herbalist.

Mr Godweni said Inyangas are generally apprenticed at an early age to an established herbalist, who passes on extensive knowledge about the healing properties of herbs and medicines (muti).

Registered Inyangas, with a vast knowledge of indigenous fauna, are familiar with about 400 herbal preparations, many of which have scientifically been proven valid.

Consulting fees also vary. "It depends on the patient's problem."

Mr Godweni said traditional medicine and healing methods have become more accepted among "Western" medical practitioners in recent years.

"Now we even have patients sent to us by doctors, including some at Baragwanath Hospital," he said. "There seems to be some recognition that we are able to heal."

Beryl Fabian, a registered tour-guide and specialist in Sangomas and Inyangas, said foreign visitors, and more especially German people, are extremely interested to learn about traditional healing.

"For them, Sangomas and Inyangas represent the mystery and magic of Africa," she said. "People are drawn by the ceremonial aspect."

Diviners' methods

Mrs Fabian said divination through "bones" is widely practised by both Inyangas and Sangomas. Each diviner uses his or her own set of individualised "bones", with the collection consisting of skeletal parts and anything else from marbles and dominoes to carved sticks, shells, pebbles, claws, beaks, teeth, coins and pieces of col oured glass.

"The diviner interprets according to the bones. He or she usually 'senses' or 'feels' things, although some diviners say they receive a graphic picture in their mind. I've also heard about one Sangoma who experiences pain in the same part of her body as the person consulting her," Mrs Fabian said.

Witchcraft: Store got more than it bargained for

South 16/5 - 22/5/91. (97)

An isangoma was called in to exorcise 'witches' and 'wizards' in an effort to settle a labour dispute at a store in the Eastern Transvaal town of Nelspruit. **SYLVIA VOLLENHOVEN** reports:

NELSPRUIT LOOKS much like any other town in the Eastern Transvaal but beneath the surface are strange tales of black magic and bewitched people. And the so-called witches and wizards have surfaced in a most unlikely setting — the local branch of Pick 'n Pay.

The staff refused to work with people whom they believe have dark powers and the management of an organisation with an enlightened image cannot sack people without reason.

As for the unions, they duck the issue by saying that they have to abide by the decision of the majority of the supermarket's workers.

At play here is similar to what we did as children when we passed on our inadequate knowledge of witchcraft in frightened whispers.

The adults forbade the chanting of even the most innocuous rhymes, urgent to display their religious zeal.

Yet, when things went wrong we knew they prayed to God in public and privately performed ancient rituals that they believed would keep them safe from evil spirits.

The management of the "bewitched" store in Nelspruit are at their wits end: They have been forced to suspend seven workers accused of being witches and wizards.

Before I left for Nelspruit I read reams of rational literature on the subject, almost as if to soothe the fears in my undecided self. My first stop was one of the local isangomas, now called traditional healers, but known as witchdoctors in the old days.

The consulting room of Peace Marula was a tiny shack. The floor on one side was completely covered by bottles of various sizes. He rattled off the uses of each one from memory.

Peace Marula drove with us east to the Lebombo Mountains to a small village almost in Mozambique where, he said, he would introduce us to the greatest insangoma in the region, Mabulane Mpapane.

Mpapane had helped to identify the witches and wizards at the store.

The meeting was an elaborate procedure of passing through many rooms and speaking with many underlings until we were in an inner sanctum where we awaited Mpapane.



HEALING POWER...: Cape Town sangomas performing a spiritual ritual

We were in the centre of a complex of houses and round mud huts where a group of people were dancing, singing and chanting while cowhide drums beat out a hypnotic rhythm.

The sun was setting behind hillsides, casting long shadows. The drums and the dancing were making me dizzy and at that moment it felt as if I could suspend much of my urban logic.

Mr Mpapane sat down beside me quietly, dressed in a goatskin kaross and wearing a feather in his hair.

We moved to a small room in which a strangely out of place black telephone with a crank handle stood under a wall clock — in the middle of which was a luminous colour photo of the Last Supper.

He said the ritual with the Pick 'n Pay workers had taken all night. Most of the supermarket's workers had made the journey to his village after they had been to another isangoma who had found there were seven witches at the store. He could confirm only four and sent them away asking them not to harm these people.

The workers told Mr Mpapane that they suspected witchcraft because every year since 1984 a worker had died in some unusual way in the first four months of the year.

According to a Human Sciences Research Council report commissioned by the management, two died in road accidents, one after suffering high blood pressure, one of breast cancer, one was stabbed to death and another hurt in an accident at work.

When witches and wizards have to be exorcised, part of the ritual involves rubbing their naked bodies with old motor car grease and leaving an item of clothing in a tree. Some of the workers had refused to take part in the rituals.

ONE OF them, Moses Mhlongo, a devout Christian, has been branded the chief wizard of the store. He apparently told Mpapane: "I am black enough without putting dirty oil on my body."

Mhlongo told me the trouble was that, with only one exception, he and other people who were singled out had been making progress at the store. "This is a conservative town. Black supervisors have been unheard of until now. But we work for a progressive supermarket."

The issue has dragged on for months and recently the supermarket management decided to take three workers back — Mhlongo and two others — who are necessary in the store.

At the University of the Witwatersrand in Johannesburg, anthropology Professor David Hammond-Tooke said the main difficulty academics faced was to demystify such events, without labelling people as being irrational or barbaric.

"In traditional African society harmony and loyalty was everything. A witch could be anybody who was destroying that harmony or who was seen to be displaying a lack of loyalty to kinsmen and neighbours.

"At the same time, nothing ever happens by chance, and witchcraft is all about explaining unusual events, competition and few resources."

Plea to bring 'diviners' back to medicine

Soult 16/5- 22/5/91. (97)

Own Correspondent
East London

MYSTERY AND MAGIC has often shrouded the work of South Africa's traditional healers, commonly known as "witchdoctors". Many believe these people are part of an uneducated, ignorant and evil cult, while others think they are out to make money by playing on the insecurities of their clients.

But this is not the view held by an anthropology PhD graduate from Rhodes University in Grahamstown, Dr Manton Hirst.

His recently published thesis, "The Healing Art", argues strongly for more formal recognition of the work done by traditional healers.

Dr Hirst's research looks at the economics of healing and the ethic pertaining to the profession of diviners, as he calls them.

In an interview with SOUTH this week, he said the treatment given by diviners was based on scientific principles.

"Despite all the scepticism about diviners, they do have a scientific basis to their work. These people are true naturalists about plants and the human body.

"They have hundreds of years of knowledge passed on to them. They do not have a rote memory as practiced in the West, but when shown a plant they can tell exactly what value it has for the human body," Dr Hirst said.

He believes diviners have a diverse and dense knowledge which can benefit the Western medical fraternity

During the research for his thesis — conducted in Grahamstown in the early 1970s — Dr Hirst came into contact with many traditional healers.

At times a diviner would diagnose an ailment and then refer his clients to a herbalist, and sometimes a herbalist would refuse to treat a client unless they had already consulted a diviner.

On occasions an informal professional relationship would develop between the diviner and the herbalist.

He said unlike Western doctors, diviners did not only locate and treat the ailment in their clients' bodies, but diagnosed each patient as a whole.

They understood the socio-economic conditions prevalent in the communities from which their clients came because they were also exposed to similar conditions.

The diviners had an intricate knowledge and understanding of the nature of township life, as well as African culture, customs and the norms of their ways of life.

They understood that because of the differences between the urban and traditional way of life, conflict arose which created major social problems for their community.

Dr Hirst said their diagnoses and treatment of their clients' problems was therefore given from this perspective.

He said the healers' treatment also had a religious aspect. Certain rituals were performed as part of the healing process.

"Gifts and sacrifices are made to the spirits and traditional beers are drunk during these rituals.

"Proper social behaviour and certain norms of conduct are prescribed to the client during these ceremonies.

They apply social psychology in their rituals to heal their clients," Dr Hirst said. Diviners enhanced their rituals by making them very mysterious and sacred.

They never answered a direct question and sometimes their treatment involved giving their patients placebos, a practice which had, in the past, also been applied by many Western medical practitioners.

The remedies offered by the diviners were not standard, but had been developed and improved over the decades.

Diviners kept the art and knowledge of medicine a great secret and would pass this on only to someone in the family or a favourite relative.

Dr Hirst said initiates who were taught the art of medicine by a diviner had to mix all medicines themselves, before consuming the mixtures. — *ANA*

(f) by the substitution for the expression "Grapes, (wine)" in column II of the expression "Grapes" in respect of the chemical substance cymoxanil listed in column I;

(g) by the substitution for the expression "Paclobutrazol" listed in column I and the corresponding particulars in columns II and III of the following:

(f) deur ten opsigte van die chemiese stof simoksaniel in kolom I gelys, die uitdrukking "Druiwe (wyn)" in kolom II deur die uitdrukking "Druiwe" te vervang;

(g) deur die uitdrukking "Paklobutrosol" in kolom I gelys en die ooreenstemmende besonderhede in kolomme II en III deur die volgende te vervang:

I Chemical	II Foodstuff	III Maximum residue limit (mg/kg)
"Paclobutrazol (sum of paclobutrazol and paclobutrazolketone)	Advocados, litchis, macadamia nuts, mangoes, peaches, pecan nuts and plums	0,05".

I Chemiese Stof	II Voedingsmiddel	III Maksimum residuperk (mg/kg)
"Paklobutrasol (som van paklobutrasol en paklobutrasol-ketoon)	Advokado's, lietsjies, makadamianeute, mango's, pekanneute, perskes en pruime	0,05".

No. R. 1072 **17 May 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF MEDICAL SCIENCE

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Act" shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and, unless the context otherwise indicates, any expression to which a meaning has been assigned in the Act shall bear such meaning.

2. The following acts shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of medical science:

(a) The development of scientific procedures which involve humans, human tissue or body fluid or excretion and which lead to treatment or diagnosis regarding or the evaluation and improvement of the physical working and functional ability of humans.

(b) The interpretation of, and consultation and advice regarding information obtained as a result of the acts referred to in paragraph (a).

(c) Quality control with regard to the acts referred to in paragraph (a).

No. R. 1072 **17 Mei 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN MEDIESE WETENSKAP OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet toegeken is daardie betekenis, tensy uit die samehang anders blyk.

2. Die volgende handelinge word vir die doeleindes van die Wet geag handelinge te wees wat by die beroep van mediese wetenskap tuishoort:

(a) Die ontwikkeling van wetenskaplike prosedures waarby die mens, menslike weefsel of liggaamsvloeistof of -uitskeiding betrokke is en wat lei tot behandeling of diagnose met betrekking tot of die evaluering en verbetering van die fisieke werkvermoë en funksionele vermoë van die mens.

(b) Die interpretering van en die konsultering in verband met gegewens verkry na aanleiding van die handelinge bedoel in paragraaf (a).

(c) Gehaltebeheer met betrekking tot die handelinge bedoel in paragraaf (a).

No. R. 1073 **17 May 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF CLINICAL BIOCHEMISTRY

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Act" shall mean the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and, unless the context otherwise indicates, any expression to which a meaning has been assigned in the Act shall bear such meaning.

Scope of profession

2. The following acts shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of clinical biochemistry:

(a) The development and application of biochemical principles, procedures and techniques, involving human tissue or body fluid or excretion in the case of *in vitro* investigations regarding the diagnosis and treatment of illness and the monitoring of health.

(b) The interpretation of, and consultation and advice regarding information obtained as a result of the acts referred to in paragraph (a).

(c) Quality control with regard to the acts referred to in paragraph (a).

No. R. 1074 **17 May 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

REGULATIONS RELATING TO THE REGISTRATION BY OCCUPATIONAL THERAPISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

The Minister of National Health has, in terms of section 61 (1) (0) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" shall mean the regulations published under Government Notice No. R. 585 of 18 March 1983, as amended.

Amendment of the Regulations

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

Examining authority	*Qualification*	*Abbreviation for registration*
University of Stellenbosch	Doctor of Philosophy (Occupational Therapy)	Ph D Stell

No. R. 1073 **17 Mei 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP KLINIESE BIOCHEMIE OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet toegeken is daardie betekenis, tensy uit die samehang anders blyk.

Omvang van beroep

2. Die volgende handelinge word vir die doeleindes van die Wet geag handelinge te wees wat by die beroep kliniese biochemie tuishoort:

(a) Die ontwikkeling en toepassing van biochemiese beginsels, prosedures en tegnieke waarby menslike weefsel of liggaamsvloeistof of -uitskeiding betrokke is in die geval van *in vitro*-ondersoeke aangaande die diagnose en behandeling van siekte en die monitering van gesondheid.

(b) Die interpretering van en konsultering en raadgewing in verband met gegewens verkry na aanleiding van die handelinge bedoel in paragraaf (a).

(c) Gehaltebeheer met betrekking tot die handelinge bedoel in paragraaf (a).

No. R. 1074 **17 Mei 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR ARBEIDSTERAPEUTE VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 61 (1) (0) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 585 van 18 Maart 1983, soos gewysig.

Wysiging van die Regulasies

2. Die Regulasies word hierby gewysig deur die toevoeging van die volgende kwalifikasie:

Eksaminerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
Universiteit van Stellenbosch	Doktor in Wysbegeerte (Arbeidsterapie)	Ph D Stell

No. R. 1075 17 May 1991

97

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED SINGLE-MEDIUM THERAPISTS IN OCCUPATIONAL THERAPY MAY PRACTISE THEIR PROFESSION

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

SCHEDULE

1. In these regulations "the Council" means the South African Medical and Dental Council and "the Professional Board" means the Professional Board for Occupational Therapy.

2. A registered single-medium therapist shall practise as a single-medium therapist in consultation with a registered occupational therapist.

3. A registered single-medium therapist shall not practise his profession as his own employer.

4. Applications by an employer for the employment of a single-medium therapist, with the exception of full-time or part-time employment by the State, a provincial or local authority or a regional services council shall be subject to the approval of the Professional Board and the Council on written application directed to the Registrar of the Council by the employer.

No. R. 1076 17 May 1991

97

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED OCCUPATIONAL THERAPY TECHNICIANS MAY PRACTISE THEIR PROFESSION

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

SCHEDULE

1. In these regulations "the Council" means the South African Medical and Dental Council and "the Professional Board" means the Professional Board for Occupational Therapy.

2. A registered occupational therapy technician shall practise as an occupational therapy technician in consultation with a registered occupational therapist.

3. A registered occupational therapy technician shall not practise his profession as his own employer.

4. Applications by an employer for the employment of an occupational therapy technician, with the exception of full-time or part-time employment by the State, a provincial or a local authority or a regional services council shall be subject to the approval of the Professional Board and the Council on written application directed to the Registrar of the Council by the employer.

No. R. 1075 17 Mei 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE VOORWAARDES WAAROP GEREGISTREERDE ENKELMEDIUMTERAPEUTE IN ARBEIDSTERAPIE HULLE BEROEP MAG BEOEFEN

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (m) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae vervat, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Raad" die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad en "die Beroepsraad" die Beroepsraad vir Arbeidsterapie.

2. 'n Geregistreerde enkelmediumterapeut moet die werk van 'n enkelmediumterapeut verrig in oorleg met 'n geregistreerde arbeidsterapeut.

3. 'n Geregistreerde enkelmediumterapeut mag nie as sy eie werkgewer sy beroep beoefen nie.

4. Aansoeke deur 'n werkgewer om indiensneming van 'n enkelmediumterapeut, met uitsondering van voltydse of deeltydse indiensneming deur die Staat, 'n provinsiale of 'n plaaslike owerheid of 'n streeksdiensteraad, is onderworpe aan die goedkeuring van die Beroepsraad en die Raad, op skriftelike aansoek gerig deur die werkgewer aan die Registrateur van die Raad.

No. R. 1076 17 Mei 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE VOORWAARDES WAAROP GEREGISTREERDE ARBEIDSTERAPIE-TEGNICI HULLE BEROEP MAG BEOEFEN

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (m) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae vervat, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Raad" die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad en "die Beroepsraad" die Beroepsraad vir Arbeidsterapie.

2. 'n Geregistreerde arbeidsterapie-tegnikus moet die werk van 'n arbeidsterapie-tegnikus verrig in oorleg met 'n geregistreerde arbeidsterapeut.

3. 'n Geregistreerde arbeidsterapie-tegnikus mag nie as sy eie werkgewer sy beroep beoefen nie.

4. Aansoeke om indiensneming van 'n arbeidsterapie-tegnikus deur 'n werkgewer, met uitsondering van voltydse of deeltydse indiensneming deur die Staat, 'n provinsiale of 'n plaaslike owerheid of 'n streeksdiensteraad, is onderworpe aan die goedkeuring van die Beroepsraad en die Raad, op skriftelike aansoek gerig deur die werkgewer aan die Registrateur van die Raad.

No. R. 1077 17 May 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED OCCUPATIONAL THERAPY ASSISTANTS MAY PRACTISE THEIR PROFESSION

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

SCHEDULE

1. In these regulations "the Council" means the South African Medical and Dental Council and "the Professional Board" means the Professional Board of Occupational Therapy.

2. A registered occupational therapy assistant shall practise as an occupational therapy assistant in consultation with a registered occupational therapist.

3. A registered occupational therapy assistant shall not practise his profession as his own employer.

4. Applications by an employer for the employment of an occupational therapy assistant, with the exception of full-time or part-time employment by the State, a provincial or a local authority or a regional services council shall be subject to the approval of the Professional Board and the Council on written application directed to the Registrar of the Council by the employer.

NATAL PROVINCIAL ADMINISTRATION

No. R. 1043 17 May 1991

CONVERSION OF CERTAIN RIGHTS TO LEASEHOLD ACT, 1988
(ACT No. 81 of 1988)

Under section 9 of the Conversion of Certain Rights to Leasehold Act, 1988 (Act No. 81 of 1988), the Administrator hereby makes the regulations set out in the Schedule.

SCHEDULE

REGULATIONS RELATING TO THE CONVERSION OF CERTAIN RIGHTS TO LEASEHOLD

Definitions

1. In these regulations a word or expression to which a meaning has been assigned in the Act bears that meaning and, unless the context otherwise indicates—

(i) **"actual occupier"** means the person in actual occupation of an affected site; (ix)

(ii) **"board"** means the deeds registries regulations board established by section 9 of the Deeds Registries Act, 1937 (Act No. 47 of 1937); (vii)

(iii) **declaration"** means a declaration referred to in regulation 9; (viii)

No. R. 1077 17 Mei 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE VOORWAARDES WAAROP GEREGISTREERDE ARBEIDSTERAPIE-ASSISTENTE HULLE BEROEP MAG BEOEFEN

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (m) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae vervat, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken "die Raad" die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad en "die Beroepsraad" die Beroepsraad vir Arbeidsterapie.

2. 'n Geregistreerde arbeidsterapie-assistent moet die werk van 'n arbeidsterapie-assistent verrig in oorleg met 'n geregistreerde arbeidsterapeut.

3. 'n Geregistreerde arbeidsterapie-assistent mag nie as sy eie werkgewer sy beroep beoefen nie.

4. Aansoeke om indiensneming van 'n arbeidsterapie-assistent deur 'n werkgewer, met uitsondering van voltydse of deeltydse indiensneming deur die Staat, 'n provinsiale of 'n plaaslike owerheid of 'n streeksdiensteraad, is onderworpe aan die goedkeuring van die Beroepsraad en die Raad, op skriftelike aansoek gerig deur die werkgewer aan die Registrateur van die Raad.

NATALSE PROVINSIALE ADMINISTRASIE

No. R. 1043 17 Mei 1991

WET OP DIE OMSETTING VAN SEKERE REGTE IN HUURPAG, 1988
(WET No. 81 VAN 1988)

Kragtens artikel 9 van die Wet op die Omsetting van Sekere Regte in Huurpag, 1988 (Wet No. 81 van 1988), vaardig die Administrateur hierby die regulasies uit soos in die Bylae uiteengesit.

BYLAE

REGULASIES BETREFFENDE DIE OMSETTING VAN SEKERE REGTE IN HUURPAG

Woordomskrywing

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

(i) **"aangetekende okkupeerder"** die persoon bedoel in artikel 2 (2) van die Wet; (viii)

(ii) **"bepaalde persoon"** die persoon genoem in 'n bepaling as die persoon wat die direkteur-generaal voornemens is om te verklaar as iemand aan wie 'n reg van huurpag met betrekking tot 'n geaffekteerde perseel verleen te gewees het; (vii)

(iii) **bepaling"** 'n bepaling kragtens artikel 2 (4) van die Wet; (iv)

1965), on the recommendation of the Medicines Control Council, exclude the medicines specified in the Schedule hereto from the operation of the provisions of section 14 (1) of the said Act.

E. H. VENTER,
Minister of National Health.

SCHEDULE

1. In this Schedule "the Regulations" shall mean the regulations published by Government Notice No. R. 352 of 21 February 1975, as amended.

2. The medicines specified below are so excluded:

2.1 *Name of applicant:* AD Laboratories Pharmaceuticals CC.

2.2 *Name of medicine:*

EOS Light Curing Inlay System.
EOS Light Curing Re-fill.
REDPHASE—P Modelling Material.
BLUE PHASE—P Modelling Material.
FERMIT Temporary Filling Material.
DENTIN POTECTOR Cavity Liner.
FLUOR Protector Fluoride.
BONDALCap-C Cement.
AMALCAP Plus Alloy.
SYNTAC Adhesive.
PHOSPHACAP Cement.
REOCAPS—Temp.

2.3 The exclusion is subject to the following conditions:

2.3.1 That the applicant shall submit the prescribed form for an application for the registration of a medicine within six months to the Registrar of Medicines for each of the above-mentioned medicines, whereafter this exemption shall expire;

2.3.2 that the medicine be manufactured in accordance with good manufacturing practice;

2.3.3 that each package of a medicine shall be accompanied by a package insert as prescribed by regulation 10 of the Regulations;

2.3.4 that the applicant shall pay the prescribed application fees.

No. R. 1182 **24 May 1991**

(97) THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS WHICH ENTITLE PSYCHOLOGISTS TO REGISTRATION: AMENDMENT

The Minister of National Health has, in terms of section 24 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

Stowwe, 1965 (Wet No. 101 van 1965), op aanbeveling van die Medisynebeheerraad, die medisyne in die Bylae hiervan gespesifiseer, uit van die toepassing van die bepalings van artikel 14 (1) van genoemde Wet.

E. H. VENTER,
Minister van Nasionale Gesondheid.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 352 van 21 Februarie 1975, soos gewysig.

2. Die medisyne hieronder gespesifiseer word aldus uitgesluit:

2.1 *Naam van aansoeker:* AD Laboratories Pharmaceuticals CC.

2.2 *Naam van medisyne:*

EOS Ligte Herstel-inlegsisteem.
EOS Ligte Herstel-hervul.
REDPHASE—P-modelleermateriaal.
BLUE PHASE—P-modelleermateriaal.
FERMIT Tydelike Vulmateriaal.
DENTIN POTECTOR-holtevoering.
FLUOR Beskermende Fluoried.
BONDALCap-C-sement.
AMALCAP met Legering.
SYNTAC-kleefmiddel.
PHOSPHACAP-sement.
REOCAPS—Tydelik.

2.3 Die uitsluiting is onderworpe aan die volgende voorwaardes:

2.3.1 Dat die aansoeker die voorgeskrewe vorm vir 'n aansoek om die registrasie van 'n medisyne binne ses maande by die Registrateur van Medisyne moet indien vir elk van bogenoemde medisyne, waarna hierdie vrystelling verval;

2.3.2 dat die medisyne vervaardig word ooreenkomstig goeie vervaardigingspraktyk;

2.3.3 dat elke pakket van 'n medisyne vergesel gaan van 'n voubiljet soos voorgeskryf in regulasie 10 van die Regulasies;

2.3.4 dat die aansoeker die voorgeskrewe aansoekgelde betaal.

No. R. 1182 **24 Mei 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT DIE REG OP REGISTRASIE AS SIELKUNDIGES VERLEEN: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 24 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

SCHEDULE

(97)

1. In this Schedule the expression "The Regulations" means the regulations published under Government Notice No. R. 612 of 15 April 1977, as amended by Government Notices Nos. R. 2578 of 23 December 1977, R. 1040 of 26 May 1978, R. 2612 of 29 December 1978, R. 670 of 27 March 1981, R. 1020 of 28 May 1982, R. 1386 of 9 July 1982, R. 2262 of 10 December 1982, R. 1098 of 30 May 1984, R. 1101 of 30 May 1984, R. 1728 of 9 August 1985, R. 89 of 17 January 1986, R. 2162 of 17 October 1986, R. 2595 of 12 December 1986 and R. 1171 of 24 June 1988.

2. Regulation 2 of the Regulations is hereby amended by the insertion of the following qualifications under the applicable heading:

University or examining authority and qualification	*Abbreviation for registration*
Auburn University—	
Master of Arts in Psychology	M. A. Auburn.
Wheaton College—	
Master of Arts in Counselling Psychology	M. A. (Counselling Psychology) Wheaton.
Boston University—	
Master of Arts in Psychology	M. A. Boston.
University of Turku—	
Master of Philosophy in Psychology	M. Phil. Turku.
Rheinische Friedrich Wilhelms University—	
Diploma in Psychology	Dip. Psychology Rheinische Friedrich Wilhelms.
University of Paris Nanterre—	
Master of Science in Education .	M.Sc. Education Paris Nanterre.
University of Zululand—	
Master of Education in Educational Pshychology	M.Ed. (Educ. Psychology) Zululand.
University of Fort Hare—	
Master of Commerce in Industrial Psychology	M. Comm. (Industrial Psychology) Fort Hare.
Master of Administration in Industrial Psychology	M. Admin. (Industrial Psychology) Fort Hare.
Master of Personnel Management in Industrial Psychology	M.PM. (Industrial Psychology) Fort Hare.
University of Oregon—	
Master of Science in Counselling	M.Sc. (Counselling) Oregon.
University of Exeter—	
Master of Philosophy in Psychology	M.Phil. (Psychology) Exeter.
University of Australia—	
Master of Science in Psychology	M.Sc. (Psychology) Australia.
Tufts University—	
Master of Arts in Counselling.....	M.A. (Counselling) Tufts.
California State University, Los Angeles—	
Master of Arts in Educational Psychology	M.A. (Educ. Psychology) California State.
Michigan State University—	
Master of Arts in Educational Psychology	M.A. (Educ. Psychology) Michigan State.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 612 van 15 April 1977, soos gewysig by Goewermentskennisgewings Nos. R. 2578 van 23 Desember 1977, R. 1040 van 26 Mei 1978, R. 2612 van 29 Desember 1978, R. 670 van 27 Maart 1981, R. 1020 van 28 Mei 1982, R. 1386 van 9 Julie 1982, R. 2262 van 10 Desember 1982, R. 1098 van 30 Mei 1984, R. 1101 van 30 Mei 1984, R. 1728 van 9 Augustus 1985, R. 89 van 17 Januarie 1986, R. 2162 van 17 Oktober 1986, R. 2595 van 12 Desember 1986 en R. 1171 van 24 Junie 1988.

2. Regulasie 2 van die Regulasies word hierby gewysig deur die byvoeging van die volgende kwalifikasies onder die paslike opskrif:

Universiteit of eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Auburn-Universiteit—	
Magister in Lettere en Wysbegeerte in Sielkunde	M. A. Auburn.
Wheaton-Kollege—	
Magister in Lettere en Wysbegeerte in Voorligtingsielkunde	M. A. (Voorligtingsielkunde) Wheaton.
Boston-Universiteit—	
Magister in Lettere en Wysbegeerte in Sielkunde	M. A. Boston.
Universiteit van Turku—	
Magister in Filosofie in Sielkunde	M.Phil. Turku.
Rheinische Friedrich Wilhelms Universiteit—	
Diploma in Sielkunde.....	Dip. Sielkunde Rheinische Friedrich Wilhelms.
Universiteit van Parys Nanterre—	
Magister in Natuurwetenskappe in Opvoedkunde	M.Sc. Opvoedkunde Parys Nanterre.
Universiteit van Zoeloeland—	
Magister in Opvoedkunde in Opvoedkunidge Sielkunde	M.Ed. (Opvoed. Sielkunde) Zoeloeland.
Universiteit van Fort Hare—	
Magister in Handelswetenskappe in Bedryfsielkunde	M.Com. (Bedryfsielkunde) Fort Hare.
Magister in Administrasie in Bedryfsielkunde	M.Admin. (Bedryfsielkunde) Fort Hare.
Magister in Personeelbestuur in Bedryfsielkunde	M.PB. (Bedryfsielkunde) Fort Hare.
Universiteit van Oregon—	
Magister in Natuurwetenskappe in Voorligting	M.Sc (Voorligting) Oregon.
Universiteit van Exeter—	
Magister in Filosofie in Sielkunde	M.Phil. (Sielkunde) Exeter.
Universiteit van Australië—	
Magister in Natuurwetenskappe in Sielkunde	M.Sc. (Sielkunde) Australië.
Tufts-Universiteit—	
Magister in Lettere en Wysbegeerte in Voorligting	M.A. (Voorligting) Tufts.
Kaliforniese Staatsuniversiteit, Los Angeles—	
Magister in Lettere en Wysbegeerte in Opvoedkundige Sielkunde	M.A. (Opvoed. Sielkunde) Kalifornië.
Michigan State University—	
Magister in Lettere en Wysbegeerte in Opvoedkundige Sielkunde	M.A. (Opvoed. Sielkunde) Michigan State.

University or examining authority and qualification	*Abbreviation for registration*
University of Hull—	
Master of Science in Industrial Psychology	M.Sc. (Industrial Psychology) Hull.
University of the Orange Free State—	
Master of Arts in Communication in Indusrial Psychology	M.A. Communication (Industrial Psychology) Orange Free State.
University of South Africa—	
Master of Arts in Research Psychology	M.A. (Research Psychology) South Africa.
University of Zimbabwe—	
Master of Science in Clinical Psychology	M.Sc. (Clin. Psychology) Zimbabwe.
Durham University—	
Master of Arts in Guidance and Counselling	M.A. (Guidance and Counselling) Durham.
University of Utrecht—	
Doctorandus in Pedagogical Sciences	D. (Pedagogical Sciences) Utrecht.

Universiteit of eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Universiteit van Hull—	
Magister in Natuurwetenskappe in Bedryfsielkunde	M.Sc. (Bedryfsielkunde) Hull.
Universiteit van die Oranje-Vrystaat—	
Magister in Lettere en Wysbegeerte in Kommunikasiekunde in Bedryfsielkunde	M.A. Kommunikasiekunde (Bedryfsielkunde) Oranje-Vrystaat.
Universiteit van Suid-Afrika—	
Magister in Lettere en Wysbegeerte in Navorsingsielkunde	M.A. (Navorsingsielkunde) Suid-Afrika.
Universiteit van Zimbabwe—	
Magister in Natuurwetenskappe in Kliniese Sielkunde	M.Sc. (Klin. Sielkunde) Zimbabwe.
Durham-Universiteit—	
Magister in Lettere en Wysbegeerte in Leiding en Voorligting	M.A. (Leiding en Voorligting) Durham.
Universiteit van Utrecht—	
Doctorandus in Pedagogiese Wetenskappe	D. (Pedagogiese Wetenskappe) Utrecht.

DEPARTMENT OF TRANSPORT

No. R. 1088 **24 May 1991**

THE SHIP'S MEDICINES AND MEDICAL APPLIANCES REGULATIONS, 1991

RECTIFICATION

The following correction to Government Notice No. R. 91 in *Gazette* No. 12973 (Regulation Gazette No. 4635) of 18 January 1991 is hereby published for general information:

In the English version of Annex 1 on page 23 of the above-mentioned notice, substitute the following for item **14. Oxygen-giving set:**

Name of item and ordering description	Quantities		
	Scale A	Scale B	Scale C
14. Oxygen-giving set Comprising the following: (1) 2 × oxygen cylinders with 1–1,5 hours' supply of oxygen each with a key; (2) 1 flow-meter unit giving a minimum setting of 4 litres per minute; (3) 1 pressure regulating unit; (4) 1 set of tubing; (5) 5 × 24% oxygen disposable face masks; (6) 5 × 35% oxygen disposable face masks; each part constructed so that it can be assembled in the correct manner only. [An oxygen resuscitator set with accessories that will permit the equipment to give therapy with both 24% and 35% oxygen will be acceptable in lieu of this item if sufficient oxygen is carried for three hours' treatment of 35% in addition to that required for resuscitation (e.g. Ohmed oxygen set.)]	—	—	1

DEPARTEMENT VAN VERVOER

No. R. 1088 **24 Mei 1991**

DIE REGULASIES BETREFFENDE SKEEPSMEDISYNE EN MEDIESE UITRUSTING, 1991

REGSTELLING

Die volgende verbetering aan Goewermentskennisgewing No. R. 91 in *Staatskoerant* No. 12973 (Regulasiekoerant No. 4635) van 18 Januarie 1991 word hierby vir algemene inligting gepubliseer:

In die Afrikaanse teks van Aanhangsel 1 op bladsy 25 van bogemelde kennisgewing, vervang item **14. Suurstofverskaffingstel** deur die volgende:

Naam van item en beskrywing van bestelling	Hoeveelhede		
	Skaal A	Skaal B	Skaal C
14. Suurstofverskaffingstel Bestaande uit: (1) 2 × suurstofsilinders met 1–1,5 uur se suurstofvoorraad, elk met 'n sleutel; (2) 1 vloeimetereenheid wat 'n minimum stelling van 4 liter per minuut gee;			

(97)

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 1127 **24 May 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY PHYSIOTHERAPISTS OF ADDITIONAL QUALIFICATIONS

The Minister of National Health has, in terms of section 61 (1) (o) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates—

"section" means a section of the Act.

2. The following qualifications shall be registrable by physiotherapists as additional qualifications in terms of section 35:

Examining authority and qualification	*Abbreviation for registration*
Chartered Society of Physiotherapy—	
Diploma for Teachers of Physiotherapy	Dip TP CSP
Fellow.....	FCSP
Medical University of Southern Africa—	
Master of Science in Physiotherapy	MSc (Phys) Medunsa
Doctor of Philosophy (Physiotherapy)	PhD (Phys) Medunsa
University of Cape Town—	
Certificate in Teaching Physiotherapy	CTP Cape Town
Diploma in Teaching Physiotherapy	Dip TP Cape Town
Advanced Diploma in Teaching Physiotherapy	Dip Advanced TP Cape Town
Diploma in Intensive Care Physiotherapy	Dip ICP Cape Town
Advanced Diploma in Intensive Care Physiotherapy	Dip Advanced ICP Cape Town
Baccalaureus Scientiae Medical Honours in Sport Science	BSc (Med) (Hons) Sport Science Cape Town
Master of Science (Physiotherapy)	MSc (Phys) Cape Town
Doctor of Philosophy (Physiotherapy)	PhD (Phys) Cape Town
University of Durban–Westville—	
Diploma in Teaching Physiotherapy	Dip TP Durban–Westville
Master of Physiotherapy.....	M Phys Durban–Westville

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 1127 **24 Mei 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR FISIOTERAPEUTE VAN ADDISIONELE KWALIFIKASIES

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

BYLAE

1. In hierdie Bylae beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis en, tensy uit die samehang anders blyk beteken—

"artikel" 'n artikel van die Wet.

2. Die volgende kwalifikasies kan kragtens artikel 35 deur fisioterapeute as addisionele kwalifikasies geregistreer word:

Eksaminerende liggaam en kwalifikasie	*Afkorting van registrasie*
Chartered Society of Physiotherapy—	
Diploma vir Fisioterapie-onderwysers	Dip TP CSP
Fellow.....	FCSP
Mediese Universiteit van Suider-Afrika—	
Magister Scientiae in Fisioterapie	MSc (Phys) Medunsa
Dokter in Wysbegeerte (Fisioterapie)	PhD (Phys) Medunsa
Universiteit van Kaapstad—	
Sertifikaat in Fisioterapie-onderwys	CTP Cape Town
Diploma in Fisioterapie-onderwys	Dip TP Cape Town
Gevorderde Diploma in Fisioterapie-onderwys	Dip Advanced TP Cape Town
Diploma in Intensiewesorg-fisioterapie	Dip ICP Cape Town
Gevorderde Diploma in Intensiewesorg-fisioterapie	Dip Advanced ICP Cape Town
Baccalaureus Scientiae Mediese Honneurs in Sportwetenskap	BSc (Med) (Hons) Sport Science Cape Town
Magister Scientiae (Fisioterapie)	MSc (Phys) Cape Town
Dokter in Wysbegeerte (Fisioterapie)	PhD (Phys) Cape Town
Universiteit van Durban-Westville—	
Diploma in Fisioterapie–onderwys	Dip TP Durban–Westville
Magister in Fisioterapie	M Phys Durban–Westville

Examining authority and qualification	*Abbreviation for registration*
University of the Orange Free State—	
Tertiary Education Diploma	Dip Tersiêre Ond Oranje-Vrystaat
Honours Bachelor of Science in Physiotherapy	BSc Hons (Fis) Oranje-Vrystaat
Master of Science in Physiotherapy	MSc (Fis) Oranje-Vrystaat
University of Pretoria—	
Diploma in Physiotherapy Education	Dip PE Pret
Diploma in Tertiary Education ...	DTO Pret
Baccalaureus Honores in Physiotherapy	BPhysT (Hons) Pret
Master of Physiotherapy	MPhysT Pret
Philosophiae Doctor (Physiotherapy)	PhD Fisioterapie Pret
University of South Africa—	
Tertiary Education Diploma	Dip Tersiêre Ond Suid-Afrika
Higher Education Diploma (Technical)	HOD (Tegnies) (AGD) Suid-Afrika
University of Stellenbosch—	
Honours Bachelor of Science in Physiotherapy	Hons BSc (Fisio) Stell
Master of Science in Physiotherapy	MSc (Fisio) Stell
Honours Bachelor in Medical Sciences (Epidemiology)	Hons BSc Geneeskundige Wetenskappe (Epidemiologie) Stell
Master of Business Administration in Health Management	MBA Gesondheidsbestuur Stell
Master of Public Administration in Health Management	MPA Openbare-gesondheidsbestuur Stell
Doctor of Philosophy (Med)	PhD (Med) Stell
University of the Western Cape—	
Honours Baccalaureus Scientiae in Physiotherapy	Hons BSc (Phys) Western Cape
Physiotherapy	Hons BSc (Phys) Western Cape
Magister Scientiae in Physiotherapy	MSc (Phys) Western Cape
University of the Witwatersrand—	
Diploma in Advanced Physiotherapy	Dip Advanced Phys Witwatersrand
Diploma in Physiotherapy Education	Dip PE Witwatersrand
Advanced Diploma in Physiotherapy Education	Advanced Dip PE Witwatersrand
Master of Science in Physiotherapy	MSc (Phys) Witwatersrand
Doctor of Philosophy	PhD Witwatersrand

3. The regulations published under Government Notice No. R. 583 of 18 March 1983, as amended by Government Notices Nos. R. 1387 of 9 July 1982, R. 1748 of 14 August 1987, R. 75 of 22 January 1988 and R. 2234 of 4 November 1988, are hereby withdrawn.

No. R. 1128 **24 May 1991**

HEALTH ACT, 1977

REGULATIONS RELATING TO INSPECTIONS AND INVESTIGATIONS

The Minister of National Health has, in terms of sections 33, 34, 35, 37 and 38 of the Health Act, 1977 (Act No. 63 of 1977), and, where necessary, after consultation with the Minister of Water Affairs and Forestry and the Minister of Environment Affairs, made the regulations in the Schedule.

Eksaminerende liggaam en kwalifikasie	*Afkorting van registrasie*
Universiteit van die Oranje-Vrystaat—	
Tersiêreonderwysdiploma	Dip Tersiêre Ond Oranje-Vrystaat
Honneurs-Baccalaureus Scientiae in Fisioterapie	Hons BSc (Fis) Oranje-Vrystaat
Magister Scientiae in Fisioterapie	MSc (Fis) Oranje-Vrystaat
Universiteit van Pretoria—	
Onderwysdiploma in Fisioterapie	Dip PE Pret
Diploma in Tersiêre Onderrig	DTO Pret
Baccalaureus Honores in Fisioterapie	BPhysT (Hons) Pret
Magister in Fisioterapie	MPhysT Pret
Philosophiae Doctor (Fisioterapie)	PhD Fisioterapie Pret
Universiteit van Suid-Afrika—	
Tersiêreonderwysdiploma	Dip Tersiêre Ond Suid-Afrika
Hoër Onderwysdiploma (Tegnies)	HOD (Tegnies) (AGD) Suid-Afrika
Universiteit van Stellenbosch—	
Honneurs—Baccalareus van Wetenskap in Fisioterapie	Hons BSc (Fisio) Stell
Magister Scientiae in Fisioterapie	MSc (Fisio) Stell
Honneurs—Baccalaureus in Geneeskundige Wetenskappe (Epidemilogie)	Wetenskappe (Epidemiologie) Stell
Magister in Besigheidsadministrasie Gesondheidsbestuur	MBA Gesondheidsbestuur Stell
Magister in Publieke-administrasie Openbare gesondheidsbestuur	MPA Openbare-gesondheidsbestuur Stell
Doktor in Wysbegeerte (Med)....	PhD (Med) Stell
Universiteit van Wes-Kaapland—	
Honneurs-Baccalaureus Scientiae in Fisioterapie	Hons BSc (Phys) Western Cape
Magister Scientiae in Fisioterapie	MSc (Phys) Western Cape
Universiteit van die Witwatersrand—	
Diplomas in Gevorderde Fisioterapie	Dip Advanced Phys Witwatersrand
Diploma in Fisioterapie-onderwys	Dip PE Witwatersrand
Gevorderde Diploma in Fisioterapie-onderwys	Advanced dip PE Witwatersrand
Magister Scientiae in Fisioterapie	MSc (Phys) Witwatersrand
Doktor in Wysbegeerte	PhD Witwatersrand

3. Die regulasies afgekondig by Goewermentskennisgewing No. R. 583 van 18 Maart 1983, soos gewysig by Goewermentskennisgewings Nos. R. 1387 van 9 Julie 1982, R. 1748 van 14 Augustus 1987, R. 75 van 22 Januarie 1988 en R. 2234 van 4 November 1988, word hierby herroep.

No. R. 1128 **24 Mei 1991**

WET OP GESONDHEID, 1977

REGULASIES BETREFFENDE INSPEKSIES EN ONDERSOEKE

Die Minister van Nasionale Gesondheid het kragtens artikels 33, 34, 35, 37 en 38 van die Wet op Gesondheid, 1977 (Wet No. 63 van 1977), en, waar nodig, na oorleg met die Minister van Waterwese en Bosbou en die Minister van Omgewingsake, die regulasies in die Bylae uitgevaardig.

(1) Whether he approves or will approve of South African Defence Force officers attending occasions where the hymn *Nkosi Sikelel' i-Afrika!* is played; if not, why not;

(2) whether he will make a statement on the matter? B1086E

The DEPUTY MINISTER OF DEFENCE:

(1) The hon member is referred to my discussion thereof in the Defence Vote on 26 April 1991, Hansard: Columns 6914 and 6915.

(2) No.

†Adv S C JACOBS: Mr Chairman, arising from the hon the Minister's reply, will he stand to attention at an occasion where the song *Nkosi Sikelel' i-Afrika* is played?

†The DEPUTY MINISTER: I shall if the hon member straightens his peppercorn hair. [Interjections.]

†Mr SPEAKER: Order! I am not prepared to allow that. The hon the Deputy Minister must withdraw it.

†The DEPUTY MINISTER: I withdraw it, Sir. [Interjections.]

†An HON MEMBER: It is a disgrace.

†Mr J H VAN DER MERWE: Mr Speaker, arising from the hon the Deputy Minister's reply, what is his reply to the question of the hon member for Losberg? The hon the Deputy Minister did not reply to it.

†Mr SPEAKER: Order! The hon the Deputy Minister has already replied to it.

IDT: funds for White housing

*7. Mr J CHIOLÉ asked the Minister of Finance:†

(1) Whether, with reference to the reply to Question No 1 on 7 May 1991, any funds have been allocated from the Independent Development Trust for White housing or essential repair work in respect of existing White sub-economic housing; if so, what amount has been so allocated;

(2) whether he will make a statement on the matter? B1091E

†The DEPUTY MINISTER OF FINANCE (Mr T G Alant):

The following information was given by the Independent Development Trust (IDT) in response to this question:

(1) The Trust's funds are allocated on a non-racial basis. For example, the capital subsidy is allocated to all citizens whose income is less than R1 000 per month. No funds are earmarked for specific groups based on race, colour or other ethnic criteria.

(2) No.

†Mr J CHIOLÉ: Mr Chairman, arising from the hon the Minister's reply, is he aware that R13 million is needed extremely urgently for repair work to sub-economic housing in Pretoria?

I refer the hon the Minister to the reply on 15 April 1991 in the House of Representatives, where R1 300 million has already been voted in respect of various institutions and initiatives with the focal point being housing, education and health . . .

†Mr SPEAKER: Order! Order! When the Chair calls the hon member to order, he shall react and not deliver a speech when he puts a supplementary question.

†The DEPUTY MINISTER: The hon member for Pretoria West can apply to the Independent Development Trust for funds for those cases.

†Mr J CHIOLÉ: Mr Chairman, further arising from the hon the Deputy Minister's reply, I would like to know whether no application was thus submitted to that body following on a meeting held in Pretoria in this connection.

†The DEPUTY MINISTER: Mr Speaker, the Independent Development Trust is not a government department. The hon member must appeal to them in these matters and not to the Government.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Medical technologists: private practices

*8. Mr M J ELLIS asked the Minister of National Health:

(1) Whether, with reference to her reply to Question No 2 on 16 April 1991, the pathology groups furnished any reasons for their opposition to the decision by the South African Medical and Dental Council to allow medical technologists to establish their own private practices; if so, what were these reasons;

(2) whether her Department has done any research to ascertain whether this decision has precedents in any overseas countries; if so, in which countries have such precedents occurred?

B1094E

The MINISTER OF NATIONAL HEALTH:

(1) No, the Department of National Health and Population Development has also no access to information concerning representations made by the pathology groups to the South African Medical and Dental Council;

(2) no, since the profession of medical technology falls within the province of the South African Medical and Dental Council, the Department of National Health and Population Development has not assessed the situation abroad.

Tugela Ferry police station: charges

*9. Mr P C CRONJÉ asked the Minister of Law and Order:

(1) Whether, with reference to his reply to Question No 8 on 14 May 1991 in regard to the charges contained in CR 31/12/89 at the Tugela Ferry police station, the complainants in the case were instructed to attend identification parades in Pietermaritzburg on 20 March 1990, 2 April 1990 and 11 April 1990, respectively; if so, (a) why and (b) what was the outcome in each case;

(2) whether the members of the South African Police who laid the charges referred to in paragraph (4) of his reply to the above question had been involved in any incidents requiring an internal investigation or any other steps to be taken against them; if so, what incidents in each case?

B1096E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) Although the suspects were known, it was regarded as necessary, for purpose of completeness of the investigation, to hold an identification parade.

(b) The parades were not held because on numerous occasions the suspects had to perform essential duties elsewhere at short notice to stabilise the unrest situation in Natal. As a result of the urgency in having to finalise the investigation, the case docket was referred to the Attorney-General to determine whether he could reach a decision on whether or not to prosecute on the available evidence in the docket

On the basis of the available evidence, he has since decided to institute prosecution against two members, one ex-member of the Force and a member of the KwaZulu Police Force.

(2) Since then, one of the members has resigned from the Force and no internal investigation, or other steps are being taken in respect of him. In view of the prosecution which is being instituted against, inter alia, the other member, it will not be in the interest of the administration of justice to disclose information of this nature. The member concerned has, however, been transferred from the area.

Grants to foster parents: equalisation

*10. Mr R F HASWELL asked the Minister of National Health:

(1) Whether, in view of the impending removal of racial restrictions on the fostering of children, it is the intention to equalise the grants paid to foster parents; if not, why not; if so, (a) when and (b) what procedure will be followed in this regard;

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

B1099E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

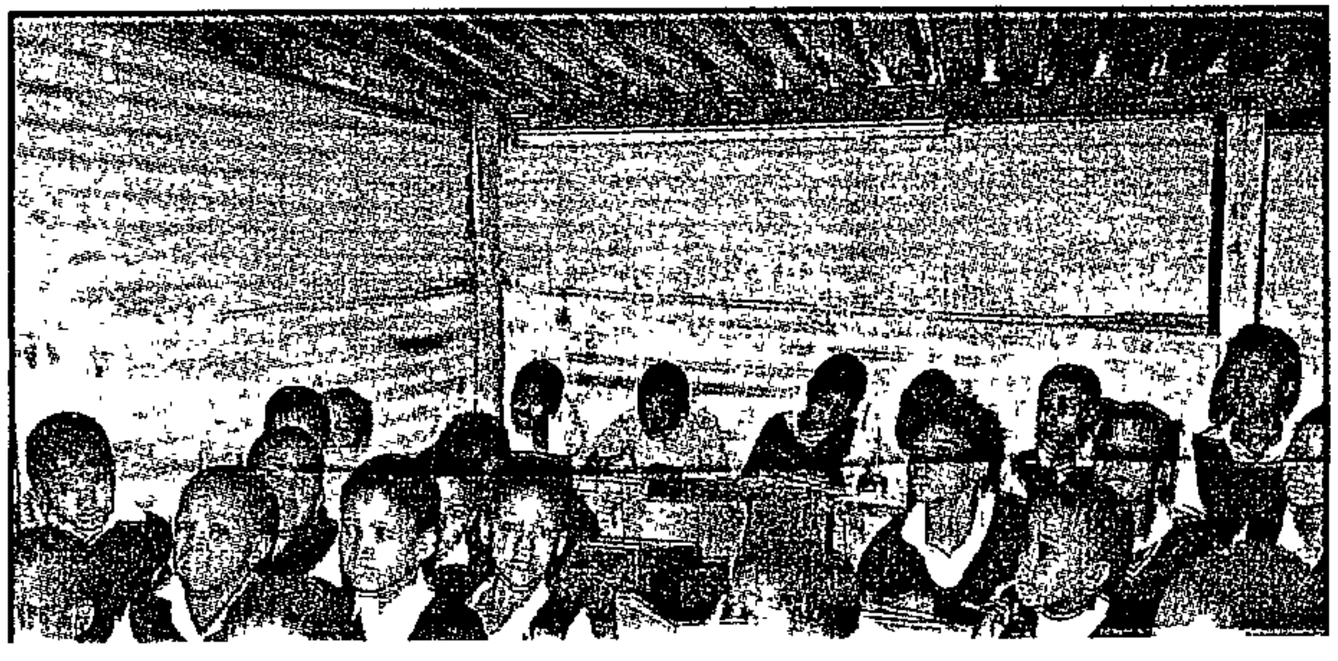
Ambulance scandal

Sowetan 5/6/91

(97)

Five die, kids born waiting to go to hospital

The write stuff . . .



AT LEAST five people have died and two women given birth at the Daveyton Council offices while waiting for ambulances, the *Sowetan* has learned.

Long waits have resulted from a shortage of ambulances in the township.

Sources in the council have revealed that since March 28 the East Rand township's four ambulances have been parked in the workshop to be repaired.

Daveyton, with more than 200 000 people, has to rely on emergency services provided by the Benoni Town Council.

The two pregnant women, both of Etwatwa, gave birth last week.

One of the women, after giving birth on Thursday, was eventually taken to hospital, where the baby was certified dead on arrival.

By DON SEOKANE

The second, Miss Elizabeth Malaza, gave birth on Monday night.

Daveyton town clerk Mr DJ Erasmus confirmed that an ambulance service was being provided by the Benoni Town Council.

He said that the council's ambulances were irreperable.

Complaints

Erasmus admitted he had received complaints about long waits but did not know of people dying.

He refused to comment further.

Former Daveyton mayor Mr Tom Boya, now chairman of the Daveyton Interim Health Committee, said yesterday that even during his term ambulances had spent most of the time in the workshop being repaired.

● To Page 2

P.T.O.

Five people die in long wait

From Page 1

Boya said the situation deteriorated to the extent that he had to plead with the Chamber of Mines for an ambulance.

"I have not seen an ambulance in Daveyton for several months," he said. "It is not unusual for the council to run without any ambulances."

"We have noted with utter dismay the lack of ambulance services and this matter definitely needs community action," he said.

His committee is scheduled to meet tomorrow about the lack of ambulances.

Gesture

Benoni chief fire officer Mr Steve Barber said of the service to Daveyton: "There is no arrangement, but we provide them with ambulance services as a humanitarian gesture."

Workers at the Daveyton Council told *Sowetan* that about 10 employees were manning the ambulance services section - which operates 24 hours a day but without ambulances.

They said not more than two were trained in First Aid as most were transferred to the ambulance services from other departments within the council.

Revealed

A recent call to the Daveyton ambulance services revealed that a patient has to arrange his or her own transport to the council offices.

It is only from there that council workers will ask for an ambulance from Benoni. The patient will then have to wait at the council offices.

Random surveys of other township councils showed that ambulance services were also provided by neighbouring white municipalities.

Condition

Alexandra, with a population of more than 300 000, is served by only two ambulances.

They were also not in "good condition", Alexandra town clerk Mr Willie Khumalo said.

He said the township had a standing agreement with the Sandton Council to provide it with ambulances.

Soweto, with an estimated population of more than one million has emergency services provided by the Johannesburg City Council spokesman Dr Johan Westhuizen confirmed.

'Ambulance delay' deaths probed

Star 6/6/91

97

By Carina le Grange

Daveyton Council is investigating allegations that at least five people have died as a result of delays in ambulance response time, a spokesman said yesterday.

Spokesman Joe Moropa said the council was not aware of any deaths, but the matter would be investigated.

He said ambulances were supplied by Benoni Town Council because of a shortage of ambulances in Daveyton.

The shortage of ambulances was because of the ongoing partial rent and service charges boycott in the black township. Ambulances could not be repaired because of the boycott.

Mr Moropa said the present working relationship with Benoni "is working fine and the response time was getting better every day".

Former Daveyton mayor Tom Boya, who is chairman of the Daveyton Interim Health Committee, said the lack of ambulances was a matter his committee needed to look into and a meeting on the issue was scheduled for today.

Govt 'not serious about health care'

sowetan 13/6/91. (97)

By GRACE RAPHOLO

IN the interests of the community the Government needs to be more committed to implementing an active system of primary health care.

This is the opinion of Medical University of Southern Africa (Medunsa) lecturer Ms Sonti Gumede.

She said in an interview with *Sowetan* the Government had not done enough to train community health workers whose work was the pillar of primary health care.

Gumede said a community health nurse was selected by the community to deal with health problems of individuals within that community.

Her role was to liaise and co-ordinate with the community and the formal health services. She was also responsible to both the community and the supervisors appointed by the health services.

The advantage of having community health workers was that these workers came from the very same community they were serving. They shared its culture, values and customs.

Trust

She said: "The community will have more trust and confidence in her as compared to someone who is an outsider.

"A health centre will be able to have more insight into problems of the community and they will know what the priorities are. They will also know which resources are available."

The availability of health workers was cost-effective as it decreased the workload of the health centres and clinics. They were trained to diagnose and treat minor ailments and they referred serious cases to the clinic.

Gumede said health workers were trained for at least six weeks and had continuous in-service training after completing their basic course. They were trained in First Aid, treatment of minor ailments and to conduct health education lectures.

The emphasis of their training was on preventative health care measures, she added.

Areas already proclaimed	*Size*
5. Zonnebloem (Cape)	93 ha
6. Waterval (Transvaal)	211 ha
7. Zuurbekom (Transvaal)	1 375 ha
8. Messina Extension 8 (Transvaal)	35,43 ha
9. Knysna Extension 10 (Cape)	90 ha
10. Ottery/Wetton (Cape)	109 ha
11. Cato Crest (Natal)	101 ha
12. Zeekoe Vallei (Natal)	139 ha
13. Alwijn Balmoral (Uitenhage)	1 205 ha
Total	4 786,73 ha

(d) Unknown.

(e) 30 April 1991.

Consolidation: KwaZulu farms

446. Mr J A JORDAAN asked the Minister of Development Aid:†

(1) Whether any farms purchased for consolidation purposes and transferred to the KwaZulu Government by the Government over the past 20 years, have been donated and/or transferred to King Goodwill Zwelethini by the KwaZulu Government; if so, (a) how many farms are involved and (b) what is the value of each farm;

(2) what amount was spent directly or indirectly on these farms by the KwaZulu Government out of Treasury funds in each financial year over the past 20 years;

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

B1160E

The MINISTER OF DEVELOPMENT AID:

(1) No farms have been donated and/or transferred to King Goodwill Zwelethini by the KwaZulu Government. As with other Tribal Authorities several farms have been included into the Usuthu Tribal Area which is under the jurisdiction of the King.

The following farms are affected:

Swartkop, Units 11 and 23 of Sterkstroom, Tokazi, Excelsior, Welgevonden, Portion of Driefontein, Jackalsdance and Uitkyk.

Only one farm, Subdivision 11 of Mkuzi West No 14403 measuring 1140 hectares was donated to "The King of the Zulu Nation" by the South African Development Trust in 1988.

The value thereof amounted to R300 000.

The said property was not registered in the name of the King personally but in his official capacity

(2) No separate accounts are kept in respect of the development of the various tribal authorities.

(3) No.

Province of Natal: Vote 6

454. Mr F J LE ROUX asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Natal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R301 111 000 under Vote 6—"Community Development", according to aims; if not, why not; if so, what are the relevant details?

B1182E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R301 111 000 under Vote 6—"Community Development" has been provided solely for the Black community.

Province of Natal: Vote 2

455. MR F J LE ROUX asked the Minister of

Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Natal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R908 079 000 under Vote 2—"Hospitals, Medical and Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1183E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R908 079 000 under Vote 2—"Hospitals, Medical and Health Services" is provided for all population groups and cannot be subdivided per population group.

1989/90—financial year R415 000
1990/91—financial year R5 000

(b) Funds voted by Parliament.

(c) (i) None

(ii) 31 March 1991

(2) Dependent on the availability of funds as voted by Parliament.

OFS: Votes Health services/community development

434. Mr L F STOFBERG asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Orange Free State: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of (a) R510 946 000 under Vote 2—"Health services", and (b) R327 366 000 under Vote 4—"Community development", according to aims; if not, why not; if so, what are the relevant details?

B1139E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

(a) The amount of R510 946 000 under Vote 2—"Health Services" is provided for all population groups and cannot be subdivided per population group.

(b) The amount of R327 366 000 under Vote 4—"Community Development" has been provided solely for the Black community.

Vote No 26: Main Division 6

437. Mr A P OOSTHUIZEN asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to Vote No 26—Planning, Provincial Affairs and National Housing, he will subdivide the amount of R601 439 000 under Main Division 6—"Urban development and housing aid", according to aims; if not, why not; if so, what are the relevant details?

B1143E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R601 439 000 under Main division 6—"Urban development and housing aid" under Vote—Planning, Provincial Affairs and National Housing had, as indicated in the aim—and programme description on page 26-14 and 26-15 of the printed budget which was tabled in Parliament, a bearing on the Black community. The only exceptions the amounts of R101 102 000 and R90 000 000 which are respectively indicated in the budget as interest subsidy on private loans and redemption of private loans. These amounts are utilised to honour loan obligations which were entered into some years ago on behalf of all population groups.

Province of Cape of Good Hope: Vote 3

438. Mr W A BOTHA asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Cape of Good Hope: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R1 821 391 000 under Vote 3—"Hospital and Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1144E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R1 821 391 000 under Vote 3—"Hospital and Health Services" is provided for all population groups and cannot be subdivided per population group.

Province of Transvaal: Vote 7

440. Mr W J D VAN WYK asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Transvaal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R1 372 332 000 under Vote 7—"Community Development", according to aims; if not, why not; if so, what are the relevant details?

B1146E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group

The amount of R1 372 332 000 under Vote 7—"Community Development" has been provided solely for the Black community.

Province of Transvaal: Vote 4

441 Mr W J D VAN WYK asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of Transvaal: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R2 336 764 000 under Vote 4—"Health Services", according to aims; if not, why not; if so, what are the relevant details?

B1147E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R2 336 764 000 under Vote 4—"Health Services" is provided for all population groups and cannot be subdivided per population group.

Province of Cape of Good Hope: Vote 10

442. Mr W A BOTHA asked the Minister of Planning, Provincial Affairs and National Housing:†

Whether, with regard to the Province of the Cape of Good Hope: Estimate of Expenditure for the Financial Year ending 31 March 1992, he will subdivide the amount of R653 595 000 under Vote 10—"Community Services", according to aims; if not, why not; if so, what are the relevant details?

B1148E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

In order to give a meaningful reply to the question, my Department enquired as to the meaning thereof and it was indicated that the purpose of the question was to obtain the information per population group.

The amount of R653 595 000 under Vote 10—"Community Services" has ben provided solely for the Black community.

Free settlement areas proclaimed

443. Mr P G SOAL asked the Minister of Planning, Provincial Affairs and National Housing:

(a) How many free settlement areas have been proclaimed since the promulgation of the Free Settlement Areas Act, No 102 of 1988, (b) where are these areas situated, (c) what is the size of each, (d) how many persons are living in each of these areas and (e) in respect of what date is this information furnished?

B1150E

The MINISTER OF PLANNING, PROVINCIAL AFFAIRS AND NATIONAL HOUSING:

(a) 13.

(b) and (c)

	Areas already proclaimed	*Size*
1	Midrand (Country View) (Transvaal)	479 ha
2.	Windmill Park (Transvaal)	60,4 ha
3.	Warwick Avenue Triangle (Natal)	8,9 ha
4.	Diepsloot (Transvaal)	880 ha

When psychologists take the stand

Star 20/6/91.

Psychological evidence is being used constantly and to little avail by defence lawyers in South African courts, reports CATHY STAGG.

ON MONDAY a Supreme Court judge said psychologi-cal evidence had taken up much time during an already lengthy trial.

The trial of Leon van Vuuren, who was jailed for 12 years for the murder of his wife Michelle, followed a continuing trend in trials of wealthy accused to try to avoid criminal responsibility for their actions by using psychological evidence. Most of it is not accepted by the courts.

The Van Vuuren case is the latest in a trend identified by the head of Sterkfontein Hospital's forensic unit, Dr Meryl Foster.

Earlier this year she submitted a report to the Department of Health and Welfare dealing with the amount of time spent in court by State psychiatrists.

Van Vuuren, who strangled his wife and then put her body into a bath of water, pleaded not guilty to murder on the grounds that he was not criminally responsible for his actions.

The court heard evidence from a psychologist in private practice who had previously worked in the Prisons Service. Johan Benade claimed that Van Vuuren did not know the difference between right and wrong when he strangled his wife.

To rebut this claim, the State called Dr Foster.

She said it had become fashionable to claim that an "emotional storm" resulted in a condition known as automatism. This meant that the person acted unconsciously.

But Van Vuuren knew exactly what he was doing, because he was able to give the court a detailed description of what had happened, and if automatism were present he would have suffered from amnesia (loss of memory), Dr Foster said.

The defence team asked for an adjournment, but when they returned, Dr Foster's evidence was not challenged.

When Mr Justice L Weyers summed up the evidence, he referred to the psychologist's report as very lengthy, while Dr Foster's evidence was "short, powerful and impressive". All her conclusions were found to be acceptable.

The judge found that Van Vuuren had had the direct intention to kill, convicted him of murder and sentenced him to 12 years' jail.

In her study of trials heard in the Rand Supreme Court between October 1989 and last September, Dr Foster concluded that there was a high percentage of cases where psychiatric evidence was presented. And State psychiatrists were used increasingly to present, screen or modify claims.

"On the whole, judges accepted the evidence of expert witnesses. Psychiatric reports are unchallenged and where the accused were found unfit to stand trial, the proceedings were discontinued.

"Of interest is the singular lack of success by private psychologists in persuading judges. A study of their activities in the lower courts is worth undertaking," she said.

If it turned out that their efforts there were no better, then it should be recommended that they cease to be considered as experts.

In the study, only seven out of 249 cases (2,8 percent) had psychiatric evidence accepted as part of their defence.

The system of having three psychiatrists for accused who were sent for observation on captial offences had been developed to attain objectivity, she said.

It was not uncommon for defence counsel to bring along two or three additional experts to make their claims, and judges may soon need more than two assessors in order to cope with all the conflicting information, Dr Foster said.

"At present, judges are obliged to listen to all the evidence presented by both the prosecution and the defence so that the accused has a fair trial. It is surprising that they have so little criticism of expert evidence which is sometimes long-winded and finally makes no contribution.

"Offenders with minor mental illnesses are offering their conditions in order to get diminished responsibility. The cases with major disorders are clear-cut and accepted by our courts. It is the other cases that cause psychiatrists to spend days in court."

State psychiatrists employed at Sterkfontein spent 30 days in court during the period of Dr Foster's investigation.

Dr Foster said that of 249 cases, 25 had psychiatric or psychological testimony. No records could be found for 27 trials, so it was accepted that in 197 cases no psychiatric evidence was led.

The 197 cases were referred to as the control group, and the other cases as the study group.

On the findings regarding accused, Dr Foster said the most frequent age grouping, 20-29, was followed by the 30-39 group. This trend was seen universally among criminals.

In both groups, males far outnumbered females.

Regarding race, Dr Foster said: "Whites are vastly overrepresented in the study group. This probably reflects a better financial situation which led to them briefing counsel.

"Such counsel may be more sophisticated than pro deo counsel, and use psychiatric evidence as only one of several tactics. It certainly does not imply that the whites in the study group suffered more mental disease.

"It is interesting to note that two of the three State President's patients were black. One may conclude that only the more severely disordered black offenders made use of psychiatric evidence.

"As blacks become more sophisticated, this trend will probably change."

The overwhelming majority (78 percent) of the study did not have a previous psychiatric history. As only seven of the study group had any success with their claims, this is hardly an unexpected finding, Dr Foster said, adding that studies done in other countries showed that mentally ill patients were not more likely to be involved in crime than is the general population.

There was no reason to believe this would vary in South Africa, she said.

Only one accused was referred because of the bizarre nature of his crime. (He cut out his brother's heart and ate it after a sangoma told him this would prevent detection of his crime.) He was found not to be mentally ill.

The types of claims were: intoxication, 6; amnesia, 4; epilepsy/head injury, 3; low IQ, 4; automatism, 3; depression, 2; confused spells, 1; low self-esteem, 1; influenced, 1; hearing difficulty, 1; bizarre crime, 1.

Of this total of 27 claims, there were seven which were successful: toxins, 1; head injury, 1; low IQ, 2; amnesia, 1; and depression, 2

One claim of intoxication led to referral and a finding of diminished responsibility, but on the grounds of a personality disorder.

Depression was the only claim that was fully accepted.

Dr Foster added: "Head injury and mental retardation are claims not made lightly as they will frequently result in the declaration of the offender as a State President's patient."

The single case where hearing difficulties were claimed is still pending, because the accused escaped.

"With many varied claims, prosecutors tend to be exposed to single cases only, and so require more assistance in dealing with expert witnesses," she said. □

"Mentally ill patients are not more likely to be involved in crime than is the general population"

Rescue 911 planned for SA

(97 Sowetan 25/6/91.)

By ALINAH DUBE

SOUTH Africa may soon have an emergency system similar to the popular TV programme Rescue 911.

Deputy Minister of Planning and Provincial Affairs Mr A Fourie announced in Pretoria yesterday that there had been pressure from the public because of the high expectations created by the TV series.

He was addressing members of a committee set up to investigate if such a system would work in the country.

"Our aim is to establish a national telephone number. This service must be cost effective.

"Should it be necessary that other services currently in operation be scaled down or terminated, the committee would not hesitate in recommending such steps."

He said the committee, under the leadership of Mr Hein Kruger, would have to report to him in the near future.

Represented in the committee are people from various emergency departments including fire services, local government, Department of Transport, Department of National Health and Welfare, Post and Telecommunications and the Department of State Expenditure.

UNIVERSITY OF CAPE TOWN

Govt must invest in townships – Hurd

Star 10/7/91

DURBAN — A large amount of public investment was required from the SA Government to redress the living conditions of township residents, British Foreign Secretary Douglas Hurd said in Durban yesterday.

Mr Hurd made this remark after a helicopter tour over Durban's suburbs and sprawling townships yesterday morning, shortly after he landed at Louis Botha Airport.

Mr Hurd also reiterated that a large amount of foreign investment was necessary to create employment and assist in uplifting black communities.

The Foreign Secretary was flown over Durban's suburbs and sprawling townships, including the squatter settlement of KwaMakutha and the Umlazi township.

Mr Hurd's helicopter landed in one of the townships where he spoke to local residents.

"Obviously, a struggle for power goes on on the hillsides. It's a struggle for territory and power," Mr Hurd observed.

The violence, he noted, had affected the area where he landed.

Asked what the British government could do to assist these communities, Mr Hurd said: "We're doing a lot — more than anyone else — and we're making progress."

Mr Hurd met the executive director for the Institute for a Multi-Party Democracy, Dr Oscar Dhlomo, yesterday before holding talks with Inkatha leader Chief Mangosuthu Buthelezi.

He may also meet ANC assistant secretary-general Jacob Zuma and local church leaders, according to a British consular official in Durban.

Bill of rights

Chief Buthelezi said in Durban yesterday that a multiparty conference would help to end political violence in South Africa as it would compel leaders of all warring factions to deal with the issue together.

Speaking at a media conference after meeting Mr Hurd, Chief Buthelezi, however, expressed concern at the ANC's "ready-made agenda" to take to the conference, such as its insistence on an interim government and a constituent assembly.

He preferred to attend the discussions to talk about issues such as the rule of law, a bill of rights and ways of ending violence.

The ANC's agenda was a "recipe for conflict", the Inkatha leader added.

● Britain is to grant a further R460 000 to the Alexandra Health Centre in Alexandra, near Johannesburg, Mr Hurd announced.

Mr Hurd is to visit the centre this morning.

He said half this amount would be donated by the British government to match a similar grant of R230 000 from the British pharmaceutical company Glaxo.

He said in a statement through the British Embassy in Pretoria that the Alexandra Health Centre was "of the highest value".

Britain had been supporting it for the past four years.

"The Alexandra Health Centre has led the way in providing health services to the community. It is a model for health care provision in poor urban areas elsewhere in South Africa," Mr Hurd said. — Sapa.

Family murders researched

B\Day 10\7\91

PRETORIA — The majority of family murders in SA were caused by marital problems and depression, and were not an exclusive Afrikaner phenomenon, the Human Sciences Research Council (HSRC) said yesterday.

The HSRC findings by a three-year investigation showed there was no evidence to confirm the long-held theory that family murders occurred mainly among Afrikaners or whites.

A team of 20 researchers, led by Dr Louise Olivier, concluded that family slayings occurred in all racial communities and were generally caused by marital difficulties and depression, coupled with other problems.

The research also rejected theories that family slayings were linked to religious affiliations. As far as the researchers could ascertain the SA political system and community violence did not have a direct influence on the problem of family murders.

The report said that autumn appeared to be the favoured season for family murders with the murderer normally using a firearm. Most of the killers were between 24 and 35 years old. Men were twice as likely to commit family murders as women.

The report said the murderer's spouse usually had higher educational qualifications, tended to dominate the relationship, suffered from stress and was emotionally ambivalent, confrontational, disapproving, convictive and felt superior.

Own Correspondent

The researchers found there was no single solution to the problem and advocated an educational approach aimed at teaching people to cope with their problems.

The report made a number of recommendations including that couples planning to marry should receive martial counselling and psychologists should be permitted to advertise their services so that people with problems could know about the help available.

SA Medical and Dental Association spokesman Nico Prinsloo said the Professional Board of Psychologists would be meeting in August, where they would discuss the issue of advertising their services.

Researchers also studied 10 family murders in which the family murderer survived and was referred to a psychiatric institution for observation.

One of the recommendations of the HSRC's report is that family murder be recognised in law as a unique phenomenon: a move which would help with future research into family murders.

Surgeons don't see eye to eye

Star 18/7/91. (97)

Radial keratotomy is now so popular in South Africa that there is a three-month waiting list for the operation that can put an end to wearing spectacles or contact lenses. But the long-term effects of this type of surgery are not known, and the results are said to be unpredictable.

Short-sighted people who hope to put an end to wearing spectacles or contact lenses by resorting to the radial keratotomy operation should know the risks involved, warn several leading opthalmologists.

They stress that radial keratotomy (RK) is an irreversible procedure performed on healthy corneas to correct faulty vision.

The operation, which was pioneered in the 1940s by Japanese physician Dr T Sato and modified by Soviet surgeon Svyatoslav Fyodorov in 1969, has swept the United States since 1978 and to a lesser extent the United Kingdom. It is now so popular in South Africa that there is a three-month waiting list.

This is despite the fact that the long-term effects of this type of surgery are unknown.

South African surgeons who perform the operation claim that it is "very unlikely" patients will be worse off.

As many as 99 percent of patients are better off or even "much better off" after the R2 000-R3 000 procedure, they say.

They add that over-correction may result in far-sightedness, requiring glasses.

If vision is worsened it could result in the patient being unable to wear contact lenses after RK; and there is a rare risk of infection leading to loss of sight.

Professor Neville Welsh, head of the Department of Opthalmology at the University of the Witwatersrand's medical school, says: "We do not know how the cornea will react in 20 years' time, but we do know that following RK the cornea is still changing its shape after five years."

The popularity of the operation has decreased overseas as surgeons found that not all short-sighted people benefited from it.

Professor Welsh says only a few operations are being performed in major teaching hospitals in South Africa and the United Kingdom, and the number being carried out in major American hospitals is decreasing.

He adds that the result of the procedure is unpredictable because the cornea is weakened by the incisions made to correct the patient's myopia.

Professor Ann Peters, head of opthalmology at Natal University Medical School, has issued cautionary literature stating that recent studies have reported numerous cases where patients were not helped, or were harmed, by RK.

It is claimed in a paper delivered at Utah University that the popularity of the operation, which has led to almost 150 000 patients having RK in the US over the past few years, can be attributed mainly to a sophisticated advertising campaign appealing to the emotions of myopic individuals.

But a Pretoria eye surgeon counters: "The RK operation is here to stay.

"The long-term effects of heart valve transplant surgery and lens implants for cataracts were relatively unknown factors when they were launched, yet both have proved to be huge successes.

"Very few patients are worse off after the operation and recorded complications are minimal."

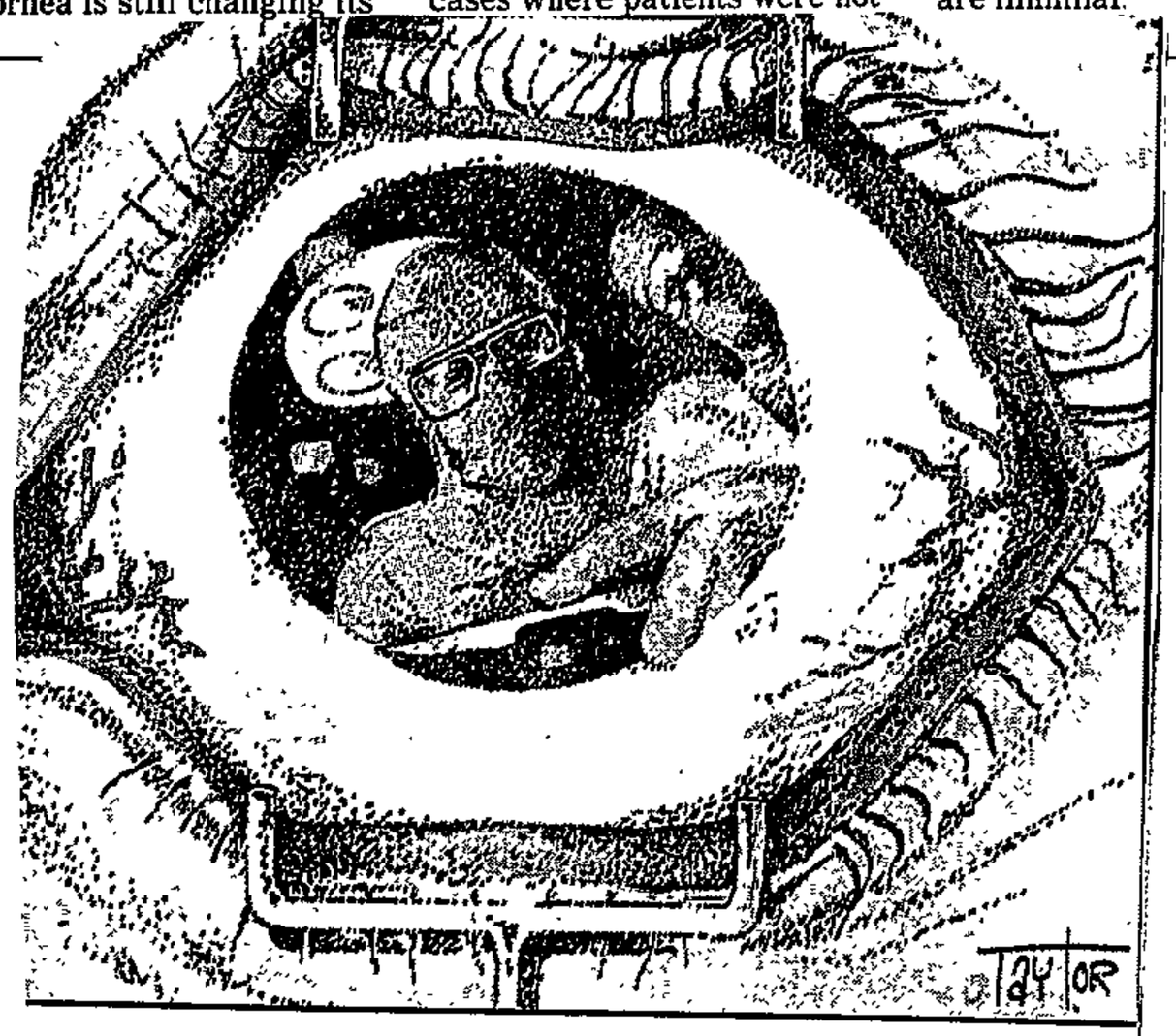
He says the procedure is not purely cosmetic if it improves the field of vision for people who wear thick glasses or if it assists careers.

The surgeon says the fall-off in popularity of the operation in the United States is largely due to the daunting legal system in America, not the operation.

"Unless the patients are given a 100 percent correction, they try to get compensation from the doctor," he says.

The RK surgeon concludes: "It is unlikely the long-term effects of any new operations, including lens implants in cataract surgery, are known. With that attitude, no new operations would ever be performed."

SHIRLEY WOODGATE



Eyeball to eyeball . . . will radial keratotomy help or harm?

Brain drain 'will hobble growth'

GERALD REILLY

PRETORIA — The drain of professional and skilled workers would be a serious constraint on growth once SA's economy started to pick up, experts warned yesterday.

They were reacting to a Market Research Africa survey which disclosed that more than 250 000 white SA adults saw themselves as potential emigrants.

Central Statistical Service figures show SA has lost 315 medical doctors, 807 accountants and 1 349 engineers since 1986.

However the total loss of 7 800 professional, semi-professional and technical personnel in the five years is balanced to some extent by almost the same number of immigrants in these categories.

I R Scott, president of the SA Association of Consulting Engineers, said that while Japan had 500 engineers per million people, the US 370 and Europe 280, SA had only 35. B|Day 24|7|91

"If a new SA is to take its rightful lead in the development of southern Africa, it will have to attract engineers from abroad and undertake a massive education drive," he said.

National Personnel Institute economist Jan de Jager said with sanctions easing, SA could soon move out of the economic stagnation of the past two years. The skills drain would hobble growth.

White Paper on tourism expected

B|Day 24|7|91.

MARCIA KLEIN

SIGNIFICANT changes to SA tourism are expected following yesterday's release of a "strategic framework" for the industry.

The Strategic Framework for Tourism Development in South and Southern Africa, which provides principles and guidelines for the future development of SA's tourist industry, was produced by the SA Tourism Board (Satour) and the Development Bank of SA.

Their proposals, with a report produced by the Board of Trade and Industry last year, would be considered by Minister of Trade and Industry and Tourism Org Marais and his department, and a White Paper would be issued by the end of August, outlining government's response.

The framework outlined three major institutional adjustments, including establishment of a community-driven structure to ensure "bottom-up participation" from various regions.

The second adjustment was Satour's repositioning. An international marketing arm would promote SA generically, and Satour would shift its focus to development.

The framework also suggested a Cabinet committee be established "to facilitate co-ordinated management of tourism by public sector institutions on a national basis".

Satour chairman Piet van Hoven said his organisation would implement action suggested in the framework immediately. Recommendations which required government sanction would be dealt with by way of a White Paper.

The document said the tourism industry, which employed more than 300 000 people and earned R2,5bn in forex in 1990, was "of strategic and economic significance to SA". Tourism was a labour-intensive industry, had a strong multiplier effect, and had forex earnings potential.

Extensive growth in the industry had not occured because of its sensitivity to the investment climate, sensitivity to apartheid, and the need for personal safety. International arrivals had increased 19% between 1958 and 1975, and had slumped to 1,14% between 1975 to 1989.

With current trends towards a more normalised market situation, significant growth in the industry could be achieved. It was critical that the industry be carefully managed.

Tourism in SA was insignificant in terms of the contribution the industry made elsewhere in the world.

United anti-apartheid health organisation to be formed

B|Day 24|7|91

TANIA LEVY

ANTI-apartheid health organisations will unite in their fight to replace discriminatory health services with a more acceptable system.

At a news conference in Johannesburg yesterday, the SA Health Workers' Congress (Sahwco), the National Medical and Dental Association (Namda), the Organisation of Appropriate Social Services in SA and the Health Workers' Society announced that a formal decision on unity had been taken at the weekend.

The four organisations would formally dissolve early in December and the new united organisation would be launched in March.

Its aims include eradicating discrimination in health and welfare services, unifying the various health disciplines, promoting equality and appropriate training for health workers and protecting the standard of health and social services in SA.

Namda president Mvuyo Tom said the unified national organisation would present a "formidable front to advance the struggle for equal health for all".

Until now government had been able to exploit the space created by the fragmentation of the progressive health sector, he said.

Together the four organisations have a paid-up membership of more than 4 000 people and an active campaign will take place in the next six months to include as many other health organisations as possible.

A name and constitution for the new body would be decided on in due course.

Tom said unification would allow the progressive health sector to pool resources and to use funds, from both local and international sources, more efficiently.

The EC and the Kaiser Foundation in the US had been among foreign donors which had funded the organisation's projects and conferences in the past, he said.

Council action sparks stayaway

WILSON ZWANE

BUSINESS in Nigel, on the East Rand, has been hit by an indefinite stayaway called by the Duduza Civic Association (DCA) in retaliation to the local town council's decision to seize the property of four rent defaulters.

DCA official Saki Kekana said yesterday the stayaway, which enters its third day today, was "100% effective".

It would be maintained until the council returned the property it had seized.

Nigel Chamber of Commerce chairman Bernard Fitton said the stayaway had been about 70% effective. B|Day 24|7|91

"We are to recommend to our members adoption of a no-work-no-pay policy," he said.

He would not say how hard businesses in the town had been hit by the stayaway.

The Duduza Town Council could not be reached for comment.

Goedgevonden kids immunised

By DAN DHLAMINI

THE Anglican Church's Mothers' Union this week successfully put pressure on authorities to intervene in the health crisis faced by the Goedgevonden community which has been "under siege" since April – and unable to get health care.

Children of the black farmers who reoccupied Goedgevonden Farm – from where they were uprooted in 1978 – were immunised on Friday following pressure on health authorities by members of the union led by Maggie Nkwe, wife of the Klerksdorp Anglican diocese's Bishop David Nkwe.

Mothers' Union members also handed cakes, fruit, sweets and newspapers to the leader of the community, Olefile Segopolo, to distribute.

Nkwe said she would also arrange with the National Medical and Dental Association to send a team of doctors to Goedgevonden in a bid to ease the health crisis in the area.

Nkwe, a director of the Soweto-based Orlando Children's Home who is also a professional nursing sister charged with primary health care, told City Press she had persuaded the reluctant Transvaal Provincial Administration Community Health Services to immunise the Goedgevonden children.

"I am delighted that the children have been immunised, but am equally disappointed that the principle of a mobile clinic, which should reach out to the people, was not adhered to. People had to walk about two kilometres to the gate to get service," she said.

Nkwe said earlier on a sister Venter told her that the road to Goedgevonden was bad and their vehicles could not travel there.

Nkwe took the matter up with the Western Transvaal TPA's regional Community Health Services chief director, Dr LL du Toit, who said the mobile clinic should go to the farm.

Du Toit said: "As you know Goedgevonden had been a sensitive area. We could not include them in our roster because they were there temporarily They will get the service again after 10 weeks."

Segopolo said the community was at first suspicious about the presence of the mobile clinic, thinking that the Ventersdorp farmers who assaulted them in May were trying to poison them.

X-ray workers on strike at Bara

Star 30/7/91

Medical Reporter

Radiographers working the night shift at Baragwanath Hospital were set to refuse to work for the second night running last night due to dissatisfaction over working conditions and remuneration, the hospital said yesterday.

Anette Clear of Baragwanath said on Sunday that arrangements were made to transfer patients requiring x-raying to nearby hospitals.

A radiographer, who asked not to be named, at one of these hospitals said radiographers were striking because of "bad conditions of service, bad working conditions and low salaries".

"I would also like to go on strike, but I will probably be fired. The Baragwanath radiographers would probably not because there is no one to take their places. Many of us leave the public sector for private practice," she said.

Following previous negotiations, further negotiations took place at Baragwanath Hospital between the chief superintendent Dr Chris van den Heever and a delegation of radiographers, Mrs Clear said. The outcome will be made known later.

She said only the night shift was involved. It was not clear why day staff were at their posts yesterday.

More are turning to traditional healers

Sowetan 1/8/91 97

WOMAN

The desire to change a negative image and build a professional reputation led to the formation of the African National Healers Association in 1989.

THE number of people turning to or opting for natural medicines and traditional healing cannot be ignored, nor can the providers of this alternative health care service, traditional practitioners.

By PEARL MAJOLA

But traditional healing has somehow had a negative image.

It is the desire to change that image and build a professional reputation that led to the formation of the African National Healers Association in 1989.

Two years later that desire is being fulfilled.

ANHA has not only gained recognition from the Department of National Health and Population Development, but also from employers who now accept sick notes bearing the ANHA logo and signed by member traditional healers.

A code of conduct to which all members should adhere to has been drawn up to ensure that high professional standards are maintained.

"Health needs to be given attention from various perspectives.

"One such perspective is traditional healing which comprises of inyangas, sangomas and diviners," says ANHA's managing director and co-founder Mr Solomon Mahlaba.

Witchcraft

"But traditional healing has never enjoyed the place it deserves in society over the years because it has always been associated with negatives.

"Traditional healers themselves have contributed in blotting the image.

"In attempting to discourage traditional healing, various individuals and organisations linked the practice of healers to witchcraft, which has led us to the debate of the term 'witchdoctor,' meaning traditional doctor.

"We are here, therefore, to change that and offer people a forum through which they can lodge complaints if they are not satisfied with the treatment they get from our members."

Despite the difficulties caused by the negative attitudes towards traditional healers, ANHA has achieved some of its goals.

"We have motivated some medical universities to consider traditional healing in their syllabus.

"We can now utilise researched information from the University of Natal's Institute of Natural Resources.

"This institute conducted the only research we know of in the country on traditional healers and their remedies," said Mahlaba.

"The Department of Pharmacology at Medunsa has committed itself to helping us with testing of medicinal plants and advising us on the physical properties of the various plants and their effects on the patient.

"We are also involved in discussions with medical aid societies so that they recognise us and our patients can be refunded," he said.

Support

"Health, being an intergral part of life, will be properly addressed if traditional doctors are given a chance to practice professionally.

"We are getting the message across to the communities and have had wonderful support from people and organisations.

"We have 450 members and we have offices in Natal, Free State and Transvaal."



300 workers down tools at hospital

ABOUT 300 general workers at Garankuwa Hospital downed tools yesterday amid allegations of maladministration in the personnel and salary departments.

The workers said the decision to go on strike was reached at a meeting on Wednesday. They said it was likely that the nursing staff would also join the strike.

The workers, who are all members of the National Education, Health and Allied Workers Union, are demanding the dismissal of a Mr P Motshwene and the reshuffling of staff in the personnel and salary departments.

By ALINAH DUBE and IKE MOTSAPI

Motshwene, a personnel officer, is accused of placing people he dislikes in "unfavourable positions." It is also alleged that he favours certain individuals at the expense of others.

The superintendent of the hospital, Dr JJ Crous, yesterday confirmed the work stoppage.

He agreed that workers were unhappy about the two departments and the personnel officer. He said the matter was being discussed with worker representatives.

At Leratong Hospital in Krugersdorp, a strike by more than 1 000 workers was averted this week after an urgent meeting between the hospital's management and worker representatives was convened.

The two parties agreed that workers should return while a solution to their problems was being sought.

Ms Maleine Meyer, public relations officer of the Transvaal Provincial Administration in Pretoria, yesterday confirmed the strike had been resolved. She said the TPA would look into the workers' grievances.

Call for traditional healers to help combat AIDS

97

South 8/8-14/8/91.

As the need for a lasting treatment for AIDS grows, the pressure is on Western medical practitioners to start looking to their brothers and sisters in ancestral practices for help:

THE WORLD HEALTH ORGANISATION (WHO) estimates that by the year 2000, over 90 percent of AIDS cases will occur in Third World countries where Western medicine is either unavailable or unaffordable and nearly 80 percent of the population is primarily treated by traditional healers.

Traditional healers are indigenous health workers who inherit their naturally based remedies from ancestral practices.

According to WHO, traditional healers are using folk medicines with some success in treating illness in all its regions, particularly China and Africa. The organisation has long acknowledged the potential value of traditional healers in contributing to health care services in developing countries. One of the objectives of its Traditional Medicine Programme, established in 1976, is to explore the merits of traditional medicine in the light of modern science in order to maximise useful and effective practices and discourage harmful ones.

Now the AIDS pandemic is stimulating international dialogue and research on alternative (non-Western) treatments for HIV disease. The collaboration between modern scientists and traditional healers investigating naturally based therapies that are beneficial, cheap and can be delivered with little technical support will have global implications for treating HIV infection and illness.

Researches are optimistic that important discoveries for the treatment of HIV disease will be made when traditional medicines are systematically studied. Of 110 plant-derived drugs in professional use throughout the world, two-thirds were investigated and subsequently synthesised and marketed because of their reputed benefits in traditional practice.

Traditional healers are more than dispensers of medicines. Respected as teachers and makers of public opinion in their communities, their valuable role in AIDS prevention and care is still untapped. And for those with AIDS, the counselling and spiritual comfort they provide can never be scientifically quantified.

A Kenyan woman (who recently died from the disease) wrote:

"I am taking medications they give me at the pharmacy. They are very expensive, but I always save enough money to go to the traditional healer. She makes me feel easier and sometimes her medicine helps when nothing else works. I have also taken my two daughters to her for counselling and I know she will help them when I am gone."

While the investigation into alternative therapies is merely a pragmatic choice for some, for many people AIDS illuminates the urgent need for mankind to use the full breadth of the planet's intellectual resources to address the disease — whether wisdom comes from the Nigerian bush, Brazilian rain forests, Arizona Indian pueblos, laboratories of the United States National Institute of Health, or from behind the Great Wall of China.

Green Cross Inc. is a US Non-Governmental Organisation committed to examining the healing traditions of all cultures and finding common elements that are accessible to Western scientific inquiry.

According to its journal, "Ancient Roots," which published a cross-cultural discussion on AIDS in 1990: "We are forgoing ahead with a common heritage and a common purpose to join our ancestor medicine with our modern scientific knowledge and pass this amalgamation on to our children."



ABOVE: Sarah Davids has been selling herbs for traditional medicine on the parade for 24 years
PHOTOGRAPH: Yunus Mohamed

African tradition medicine — with its vast medicinal herb cache — is part of popular culture. In the last 10 years it has gained new respect and many Western-trained African doctors are beginning to value their roots and develop research and training facilities to preserve ancestral scholarship long obscured or destroyed by colonialism.

Perhaps more important than training traditional healers to diagnose and to care for AIDS patients, is the overdue recognition of their moral authority.

Sociologist Dr John Rutayuga has been inspired by traditional medicine. His mother, Ma Maria, was a traditional Tanzanian healer.

He recounts: "Ma Maria's skill and success were derived from her love for the wholesomeness of the people, which in turn motivated her constant study and research.

"She was a herbalist, pharmacist, physician birth attendant, surgeon, counsellor, psychotherapist, and more. With the exception of major infections and incurable diseases, Ma Maria's practice covered a wide spectrum of illness, both physical and psychological."

Rutayuga remembers his mother's keen interest in the causes and prevention of diseases. She counselled people to change their behaviour or actions, but she never blamed them for heeding her warnings or not taking their prescriptions.

FORMER PATIENTS considered themselves part of her family and some gave her the honorary title of "aunt", he recalls. She continued practising until her death at 93.

Modern science and traditional medicine are both rooted in the ancient concept of wholeness. However, in the early 20th century, chemical medicine began to dominate and supplant older therapies.

But new discoveries in science, including quantum physics, are leading back to the notion of wholeness, which challenges the Western concept that illness can be treated as separate and independent from individuals and their communities.

The global health crisis of AIDS is the first in modern history where those infected with the virus have initiated cross-cultural medical research. And the epidemic's disproportionate impact on the Third World has led to new interest in the health care system of a developing country like China, where the successful synthesis of modern and traditional medicine serves the largest population in the world.

A Nigerian microbiologist Dr S Fadulu, director of the Institute of Plant and Traditional Medicine at Texas Southern University in the US, urges that "we must have the courage to express our wider views from the top of the mountain and create parallel health care systems that include traditional medicine".

But, he cautions, the process is not merely a matter of translation. In reclaiming lost knowledge, trust and respect must be natured on both sides.

The outcome of such collaboration will be health care, greater cultural understanding — and new treatments for HIV disease. □

WORLD AIDS

Major confrontation looms in health sector

By Shareen Singh

A major confrontation is looming in the health sector between a Cosatu union and the Transvaal Provincial Administration.

Last week the National Education, Health and Allied Workers' Union (Nehawu), lashed out at the TPA, threatening widespread industrial action over a range of issues, including the implementations of wage increases without consulting the union — a claim which the TPA yesterday rejected.

Nehawu accused the TPA and the Commision for Administration of arbitrarily implementing wage increases for health workers without proper consultation.

The increases, which range from 6,8 percent to 16 percent, were predetermined by the Government and not based on Nehawu's demand, the union said.

No negotiations took place, the union added.

The union pointed out that a "special dispensation" granting general assistants a 105 percent increase had been implemented, but in reality only a small section of general assistants received this increase.

Furthermore, the union accused the TPA of not responding to demands forwarded by radiographers in July last year. Some radiographers were currently on strike.

TPA authorities undertook to make favourable representation to the South African Nursing Council (SANC), not to take action against nurses who went on strike. But to date, the issue has not been resolved, Nehawu said.

TPA Director-General A Cornelissen denied that Nehawu's wage demands were not considered. Nehawu was part of the final agreement adjusting salary structures for the 1991/92 year.

At last year's wage negotiations between the TPA and Nehawu, it was recorded that the TPA did not have the authority to make a final decision on wages.

Regarding the radiographers currently on strike, Mr Cornelissen said two letters responding to their demands were issued — one by the Minister of National Health and Population Development, Dr Rina Venter, and the other by TPA management.

He said the TPA had reported the nurses to the SANC and since this was an independent body, the TPA could not prescribe what decisions it should take.

By JOHANNES NGCOBO

The instant midwives

A video, a talk and they're off

THE West Rand region of the Department of Health is now giving traditional healers one-day crash courses in midwifery.

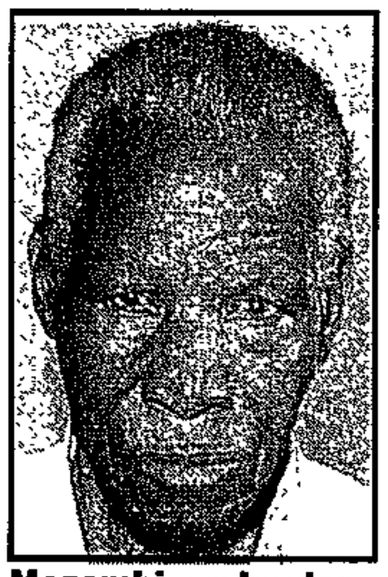
The courses are held at Bekkersdal clinic near Westonaria.

More than 20 traditional healers have already qualified at the clinic, where they are taught by chief nurse JJ Swanepoel of the Health Department.

One of the "graduates" of the clinic said the course entailed a 30-minute video of a woman giving birth and an oral lecture of another 30 minutes.

The "kits-midwives" are then each provided with a half razor blade, two strings to tie the umbilical cord, four swabs and a few photocopied pages from a book on how to deliver babies.

The manual shows a picture of a woman who is about to give birth and instructions to follow when they deliver babies at home. They are also shown how to help a woman in labour and how to tie the umbilical cord.



Mozambican healer Sammuson Chipuela.

Aletta Ngwenya Masephiri is one of the instant midwives. She said: "We are going to charge our patients R50 for each delivery.

"However, I am not going to last long in that field because I want to concentrate more on other aspects of traditional healing.

"My husband died 13 years ago and I have made my living practising traditional medicine, charging my patients R100 for a consultation."

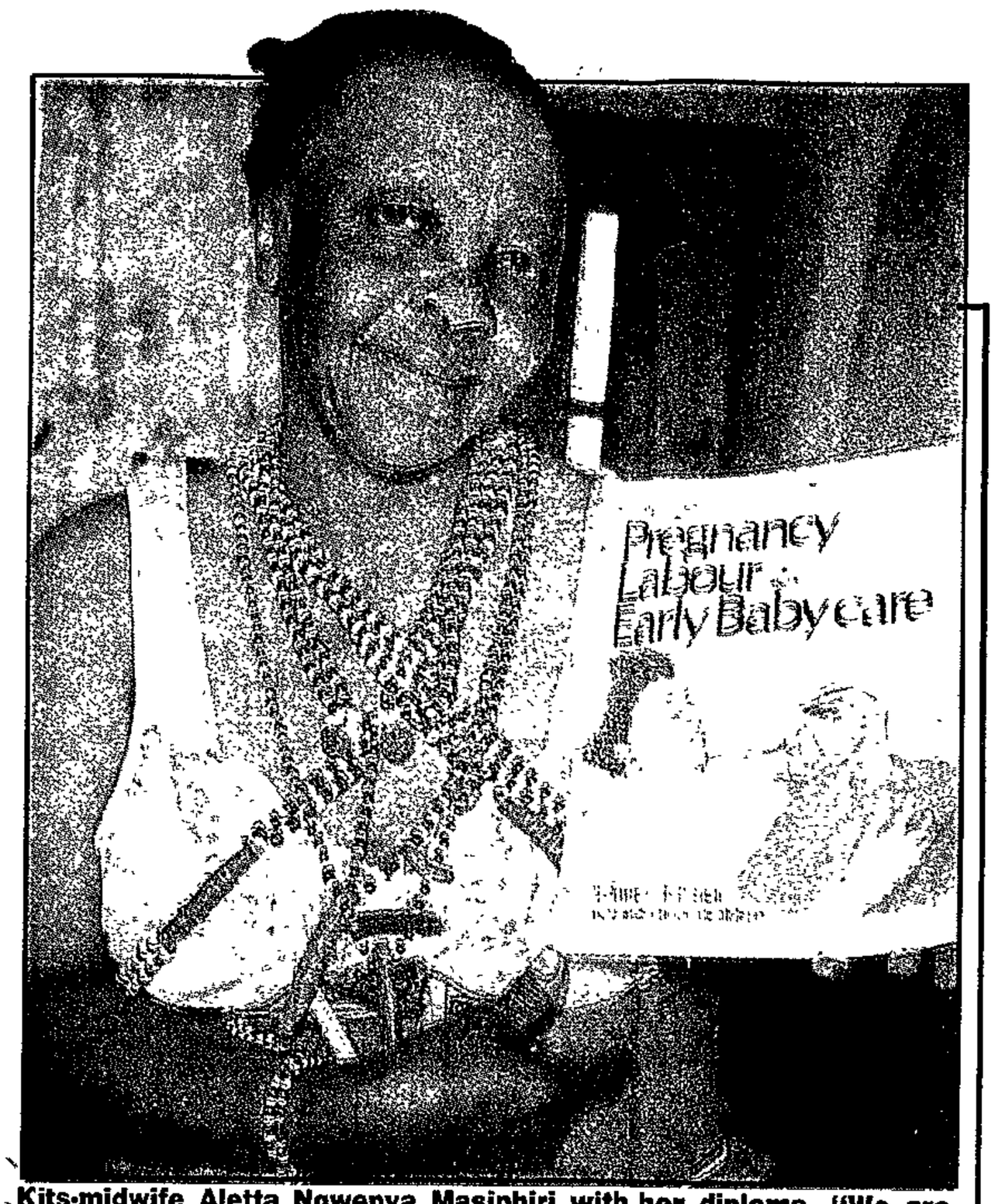
Mozambican-born traditional healer Sammuson Chipuela, 76, also a graduate, said: "I have been assisting women give birth for 15 years now. Now I can operate more freely."

According to Swanepoel, the regional director of the Health Department, HP van Rensberg, has given her the green light to continue.

"I am looking for a grant to pay for diplomas for the midwives. We are going to approach the TPA about the project

Glory Majola, the sister in charge of the clinic at Bekkersdal, said: "The course is intended to curb the rate of stillbirths. We are not out to destroy the profession, but we are helping our people to do things on their own."

Bekkersdal has a population of more than 17 000 and only has one clinic with one midwife servicing the entire township.



Kits-midwife Aletta Ngwenya Masiphiri with her diploma. "We are going to charge R50 for each delivery." ■ Pics: ANDRIES MCINEKA

Health workers protest

(97)

By SERUTHU SERUTHU

HEALTH workers at the Pelonomi Hospital in Mangaung near Bloemfontein marched through the streets there this week to deliver a memorandum demanding the resignation of mayor Mohau Gilbert Motloung.

Motloung recently joined the National Party.

The memorandum, issued by the Bloemfontein branch of the National Education Health and Allied Workers' Union, was endorsed by Cosatu, the ANC, Cosas and the Mangaung Civic Association. It was addressed to the principal medical superintendent of the hospital and the Provincial Administration (OFS).

The memorandum said the workers noted "with utmost concern that Motloung, employed by Pelonomi Hospital, is part of the crisis existing in the community".

They said he was part of the "machinery that continues to evict residents from their homes".

(d) by the substitution for regulation 28.14.2 of the following regulation:

"28.14.2 An applicant shall not be accepted as a candidate for Part B of the examination unless he has passed part A and he has produced evidence satisfactory to the Commission—

(a) of his sobriety and general good conduct,

(b) that he is the holder of an appropriate blasting certificate recognised by the Government Mining Engineer for the purpose of the examination, and

(c) that he has had at least four years mining experience acceptable to the Commission."; and

(e) by the addition after regulation 28.14.2 of the following regulation:

"28.14.2 (A) An applicant shall not be accepted as a candidate for Part C of the examination unless he has passed Part B and has produced evidence satisfactory to the Commission—

(a) that he has attained the age of 23 years,

(b) of his sobriety and general good conduct,

(c) that he is the holder of a permanent blasting certificate recognised by the Government Mining Engineer for the purpose of the examination,

(d) that, except as is provided for in regulation 28.14.3, he has had at least five years mining experience acceptable to the Commission of which at least four years shall have been gained in the workings of a mine and such experience shall include at least six months at the working face on rock-breaking or winning minerals or work directly connected therewith; and

(e) that he has had at least six months mining experience, acceptable to the Commission, in the workings of the class mine appropriate to the certificate for which he wishes to qualify.".

(d) deur regulasie 28.14.2 deur die volgende regul sie te vervang—

"28.14.2 'n Applikant word nie as kandidaat v Deel B van die eksamen aangeneem nie, tensy h Deel A geslaag het en hy tot tevredenheid van di kommissie bewys gelewer het—

(a) van sy soberheid en algemene goeie gedrag,

(b) dat hy die houer is van 'n geskikte skietsertifikaa wat deur die Staatsmyningenieur vir die doel van di eksamen erken word, en

(c) dat hy minstens vier jaar mynbou-ondervindin tot die tevredenheid van die kommissie gehad het." en

(e) deur die volgende regulasie na regulasie 28.14.: by te voeg:

"28.14.2 (A) 'n Applikant word nie as kandidaat vi Deel C van die eksamen aangeneem nie, tensy hy Deel B geslaag het en hy tot tevredenheid van die kommissie bewys gelewer het—

(a) dat hy die ouderdom van 23 jaar bereik het,

(b) van sy soberheid en algemene goeie gedrag,

(c) dat hy die houer is van 'n permanente skietsertifikaat wat deur die Staatsmyningenieur vir die doel van die eksamen erken word,

(d) dat hy, behoudens die bepaling van regulasie 28.14.3 minstens vyf jaar mynbou-ondervinding tot tevredenheid van die kommissie gehad het waarvan minstens vier jaar in die delfplekke van 'n myn moet wees en die ondervinding moet minstens ses maande insluit by die werkfront in verband met die breek van rots of die winning van delfstowwe of werk wat regstreeks daarmee in verband staan; en

(e) dat hy minstens ses maande mynbou-ondervinding gehad het, wat vir die kommissie aanneemlik is, in die delfplekke van die klas myn wat toepaslik is op die sertifikaat waarvoor hy hom wil bekwaam.".

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2054 **23 August 1991**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS WHICH ENTITLE PSYCHOLOGISTS TO REGISTRATION: AMENDMENT

The Minister of National Health has, in terms of section 24 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS ONTWIKKELING

No. R. 2054 **23 Augustus 1991**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT DIE REG OP REGISTRASIE AS SIELKUNDIGES VERLEEN: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 24 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

SCHEDULE

1. In this Schedule the expression "the Regulations" means the regulations published under Government Notice No. R. 612 of 15 April 1977, as amended by Government Notices Nos. R. 2578 of 23 December 1977, R. 1040 of 26 May 1978, R. 2612 of 29 December 1978, R. 670 of 27 March 1981, R. 1020 of 28 May 1982, R. 1386 of 9 July 1982, R. 2262 of 10 December 1982, R. 1098 of 30 May 1984, R. 1101 of 30 May 1984, R. 1728 of 9 August 1984, R. 89 of 17 January 1986, R. 2162 of 17 October 1986, R. 2595 of 12 December 1986 and R. 1171 of 24 June 1988.

2. Regulation 2 of the Regulations is hereby amended by the insertion of the following qualifications under the applicable heading:

University or examining authority and qualification	*Abbreviation for registration*
Alabama Agricultural and Mechanical University—	
Master of Science in Clinical Psychology	M.Sc. (Clinical Psychology) Alabama Agric. & Mechanical.
University of Amsterdam—	
Doctor of Psychology.....	Drs. Psychology Amsterdam.
University of Bophuthatswana—	
Master of Social Sciences in Clinical Psychology	M.Soc.Sc. (Clinical Psychology) Bophuthatswana.
Columbia University—	
Master of Arts in Councelling Psychology	M.A. (Counselling Psychology) Columbia.
University of Connecticut—	
Master of Arts in Education.....	M.A. (Education) Connecticut.
Council of Natal Academic Awards—	
Master of Science in Clinical Psychology	M.Sc. (Clinical Psychology) Council of Nat. Acad. Awards.
University of Delaware—	
Master of Arts in School Psychology	M.A. (School Psychology) Delaware.
Durham University—	
Master of Arts in Guidance and Counselling	M.A. (Guidance and Counselling) Durham.
University of Exeter—	
Master of Ecucation in Educational Psychology	M.Ed. (Education Psychology) Exeter.
Gent University—	
Licentiate in Psychology and Paedagogics	L. (Psychology and Paedagogics) Gent.
Gujarat University—	
Master of Arts in Psychology.....	M.A (Psychology) Gujarat.
Harvard University—	
Master of Education.....	M.Ed. Harvard.
Hebrew University of Jerusalem—	
Master of Arts in Social Sciences in Psychology	M.A. Soc.Sc. (Psychology) Hebrew Univ. Jerusalem.
University of Leuven—	
Licentiate in Paedagogics.....	L. (Paedagogics) Leuven.
Libera Reformata University—	
Diploma in Psychology	Dip. (Psychology) Libera Reformata.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 612 van 15 April 1977, soos gewysig by Goewermentskennisgewings Nos. R. 2578 van 23 Desember 1977, R. 1040 van 26 Mei 1978, R. 2612 van 29 Desember 1978, R. 670 van 27 Maart 1981, R. 1020 van 28 Mei 1982, R. 1386 van 9 Julie 1982, R. 2262 of 10 Desember 1982, R. 1098 of 30 Mei 1984, R. 1101 van 30 Mei 1984, R. 1728 van 9 Augustus 1984, R. 89 vam 17 Januarie 1986, R. 2162 van 17 Oktober 1986, R. 2595 van 12 Desember 1986 en R. 1171 van 24 Junie 1988.

2. Regulasie 2 van die Regulasies word hierby gewysig deur die byvoeging van die volgende kwalifikasies onder die paslike opskrif:

Universiteit of eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Alabama Landbou- en Meganiese Universiteit—	
Magister in Natuurwetenskappe in Kliniese Sielkunde	M.Sc (Klin. Sielkunde) Alabama Agric. & Mechanical.
Universiteit van Amsterdam—	
Dokter in Sielkunde.....	Drs. Sielkunde Amsterdam.
Universiteit van Bophuthatswana—	
Magister in Sosiale Wetenskappe in Kliniese Sielkunde	M.Soc.Sc (Kliniese Sielkunde) Bophuthatswana.
Columbia Universiteit—	
Magister in Lettere en Wysbegeerte in Voorligtingsielkunde	M.A. (Voorligtingsielkunde) Columbia.
Universiteit van Connecticut—	
Magister in Lettere en Wysbegeerte in Opvoedkunde	M.A. (Opvoedkunde) Connecticut.
Council of National Academic Awards—	
Magister in Natuurwetenskappe in Kliniese Sielkunde	M.Sc. (Kliniese Sielkunde) Council of Nat. Acad. Awards.
University van Delaware—	
Magister in Lettere en Wysbegeerte in Skoolsielkunde	M.A. (Skoolsielkunde) Delaware.
Universiteit van Durham—	
Magister in Lettere en Wysbegeerte in Beroepsleiding en -voorligting	M.A. (Beroepsleiding en -voorligting) Durham.
Universiteit van Exeter—	
Magister in Opvoedkunde in Opvoedkundige Sielkunde	M.Ed. (Opvoedkundige Sielkunde) Exeter.
Universiteit van Gent—	
Lisensiaat in Sielkunde en Pedagogiek	L. (Sielkunde en Pedagogiek) Gent.
Universiteit van Gujarat—	
Magister in Lettere en Wysbegeerte in Sielkunde	M.A (Sielkunde) Gujarat.
Harvard Universiteit—	
Magister in Opvoedkunde.....	M.Ed. Harvard.
Hebreeuse Universiteit van Jerusalem—	
Magister in Lettere en Wysbegeerte in Sosiale Wetenskappe in Sielkunde	M.A. Soc.Sc. (Sielkunde) Hebreeuse Univ Jerusalem.
Universieit van Leuven—	
Lisensiaat in Pedagogiek.....	L. (Pedagogiek) Leuven.
Libera Reformata Universiteit—	
Diploma in Sielkunde.....	Dip. (Sielkunde) Libera Reformata.

University of London—	
Master of Science in Child Development	M.Sc. (Child Development) London.
University of Massachusetts—	
Master of Eduction	M.Ed. Massachusetts.
University of Natal—	
Master of Arts in Educational Psychology	M.A. (Educational Psychology) Natal.
Master of Science in Educational Psychology	M.Sc. (Educational Psychology) Natal.
Master of Social Sciences in Educational Psychology	M.Soc.Sc. (Educational Psychology) Natal.
University of Nottingham—	
Master of Arts in Child Psychology..	M.A. (Child Psychology) Nottingham.
Paris X Nanterre—	
Master of Arts in Psychology.....	M.A. (Psychology) Paris X Nanterre.
Rand Afrikaans University—	
Master of Arts in Human Resource Management	M.A. (Human Resource Management) RAU.
Master of Commerce in Human Resource Management	M. Com. (Human Resource Management) RAU.
University of South Africa—	
Master of Arts in Industrial Psychology	M.A. (Industrial Psychology) South Africa.
Master of Arts in Research Psychology	M.A. (Research Psychology) South Africa.
Tufts University—	
Master of Education in Counselling.	M.Ed. (Counselling) Tufts.
Wright Institute—	
Master of Arts in Psychology.....	M.A. (Psychology) Wright Institute.

Universiteit van Londen—	
Magister in Natuurwetenskappe in Kinderontwikkeling	M.Sc. (Kinderontwikkeling) Londen.
Universiteit van Massachusetts—	
Magister in Opvoedkunde	M.Ed. Massachusetts.
Universiteit van Natal—	
Magister in Lettere en Wysbegeerte in Opvoedkundige Sielkunde	M.A. (Opvoedk. Sielkunde) Natal.
Magister in Natuurwetenskappe in Opvoedkundige Sielkunde	M.Sc. (Opvoedk. Sielkunde) Natal.
Magister in Sosiale Wetenskappe in Opvoedkundige Sielkunde	M Soc.Sc. (Opvoedk. Sielkunde) Natal.
Universiteit van Nottingham—	
Magister in Lettere en Wysbegeerte in Kindersielkunde	M.A. (Kindersielkunde) Nottingham.
Paris X Nanterre—	
Magister in Lettere en Wysbegeerte in Sielkunde	M.A. (Sielkunde) Paris X Nanterre.
Randse Afrikaanse Universiteit—	
Magister in Lettere en Wysbegeerte in Menslike Hulpbronbestuur	M.A. (Menslike Hulpbronbestuur) RAU.
Magister in Ekonomiese en Bestuurs wetenskappe in Menslike Hulpbronbestuur	M. Com. (Menslike Hulpbronbestuur) RAU.
Universiteit van Suid-Afrika—	
Magister in Lettere en Wysbegeerte in Bedryfsielkunde	M.A. (Bedryfsielkunde) Suid-Afrika.
Magister in Lettere en Wysbegeerte in Navorsingsielkunde	M.A. (Navorsingsielkunde) Suid-Afrika.
Tufts Universiteit—	
Magister in Opvoedkunde in Voorligting	M.Ed. (Voorligting) Tufts.
Wright Instituut—	
Magister in Lettere en Wysbegeerte in Sielkunde	M.A. (Sielkunde) Wright Instituut.

No. R. 2055 **23 August 1991**

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

ENFORCEMENT BY LOCAL AUTHORITIES

I, Elizabeth Hendrina Venter, Minister of National Health, hereby authorise under section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), the undermentioned local authorities to enforce the relevant provisions of the said Act within their respective areas of jurisdiction and through their duly authorised officers:

Municipality of Allanridge.

Municipality of Hoopstad.

Municipality of Wesselsbron.

E. H. VENTER,

Minister of National Health.

No. R. 2055 **23 Augustus 1991**

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

TOEPASSING DEUR PLAASLIKE BESTURE

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, magtig hierby kragtens artikel 23 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), ondergenoemde plaaslike besture om binne hul onderskeie regsgebiede en deur middel van hul behoorlik gemagtigde beamptes die toepaslike bepalings van genoemde Wet uit te voer:

Munisipaliteit van Allanridge.

Munisipaliteit van Hoopstad.

Munisipaliteit van Wesselsbron.

E. H. VENTER,

Minister van Nasionale Gesondheid.

School health nurses battle against odds

By GRACE RAPHOLO

SCHOOL health services are fundamental to the health of the nation and they form an integral part of the primary health programme.

This was said by a community health specialist, Dr Frans Maluleke, during the Soshanguve School Health Services 10th anniversary celebrations last week.

He said the school health services were disrupted during school riots, vacations and examination. These interfered with the smooth functioning of the service and they prevented the nurses from carrying out proper assessments of the pupils' health.

A community health nurse, Mrs Bongekile Tshazibane, said the school health service programme was "challenging, demanding and finally rewarding."

At present the school health services serve 10 high and 26 primary schools in Soshanguve. It also has 105 childminding staffers involved in the programme and they receive continuous intensive training from the Community Health Department at Medunsa.

Tshazibane said children in primary school were screened for any physical defects or illnesses while high school pupils were referred by teachers. High school pupils were also at liberty to contact the nurses about any personal problems they might have.

Outlining some of the problems they had to work under, Tshazibane said they had to talk to the community about common physical defects detected in the pupils.

●Parents were also not available during the day - a time when the nurses were on duty.

Alex is dump site, health chief is told

By Carina le Grange

Star 4/9/91.

Health education was the answer to environmental problems threatening health care services, the director-general of the Department of National Health and Population Development, Dr Coen Slabber, said in Alexandra yesterday.

Dr Slabber wanted to acquaint himself with health care services and the environment in the township.

He said health care workers in the area were coping with tremendous problems but were doing very good work. He said he was specifically concerned about "environmental factors" such as refuse, the lack of clean water and sanitation.

He said health education was the answer to these problems and that the work of health educators was becoming more and more important.

Dr Slabber was shown a voiced-over tape by members of his department which claimed the township was being used by outside agents for the dumping of refuse and rubble.

Workers boycott night shift

CLERKS and porters at Kalafong Hospital near Pretoria are boycotting night shift because the hospital is allegedly refusing to pay them night shift allowances.

The boycott started on Monday when all the night shift staff reported for work at the same time as the day shift workers.

The workers, all of whom are members of the National Education, Health and Allied Workers Union, claimed that the nursing staff and cleaners were being paid night shift allowances.

"We, too, demand that we be paid the same allowance as the other night shift workers," said a spokesman for the boycotters.

The boycott action was confirmed on Tuesday by the hospital superintendent, Dr B Nieuwoudt, who said the matter was being investigated at high level.

Nieuwoudt said patient care was not affected.

Workers met the hospital management yesterday afternoon to present their demands.

They were told the demands would be forwarded to head office.

Workers said they would continue to report for work in the morning and knock off the same time as day shift clerks and porters, if their demand was not met.

Their spokesman said the casualty, maternity and admission departments were the most affected. - *Sapa*.

HEALTH MATTERS

Should traditional healers provide Health care in SA?

N/Nation (Learning N) 6/9-12/9/91. (91)

Dear Learning Nation

As far as I am concerned, on the question of whether traditional healers should be allowed to provide health care in South Africa, I would like to comment as follows:

Even if these traditional leaders are outlawed, according to the Act passed in 1974, that any healer not registered with the South African Medical and Dental Council should not provide health care; they are playing a very important role in everyday life. I think they should also be part of the formal health system. It is actual in the African culture where we have "inyangas, sangomas and even baporofeta". The "baporofeta" goes as far as the Biblical times as they were being used by God; they were not performing miracles with their own power, no, it was all because of God's power that they could perform these miracles.

There is a great difference between traditional healers and medical practitioners, eg. Medical practitioners depend on what the patient is saying whereas traditional healers have the power to know the diseases by throwing bones or using whatever method they have.

The so-called "western civilisation" robbed us of our culture through what we've been taught: "our culture is barbaric" and thus lost touch with tradition. Yes, we have lost respect because our cultural background was summed up in one word - barbarism- by the "know-all whites".

If traditional healers could be recognised and form part of the health system, it wouldn't be necessary to be told to bring along a medical certificate in cases where you have been absent from employment because of your not being well. We are now all forced to go to medical practitioners on order that we bring along the medical certificate ie proof that one is ill. This simply means that we are deprived of our rights to go to our traditional healers ie we don't have the right to choose the medical treatment of our own preference.

The fact that most of our people are always going for "check-ups" is because these medical practitioners cannot cure diseases, but they just try to do what is called "prevention is better than cure".

I am not against modern health care ,no! but what I'm trying to say is that their job would be very much appreciated if they could give traditional healers a chance to prove their skills. In South Africa, the health of our people depends on both traditional healers and modern health care. If the two groups could come together and form one formal health care, many lives could be saved because in modern health care most people are saved through operations whereas, at times ,it is very difficult for those medical practitioners to cure illnesses of African causes. For instance, the story in the Sunday times dated July 14 1991: whereby Mr George Shimi Mosala of Itsoseng township was unable to speak for four months and was admitted to Bophelong Hospital in Mmabatho but doctors there could not find what was wrong with him. It was through the help of a traditional doctor that Mr Mosala's problem was solved

Yours sincerely

Mokgadi Matloha
Ga-Ramokgoba



Our readers respond to this question



Dear Learning Nation

I think it is unfair and even discriminative to say that traditional doctors must no longer be experimented with , because our grandmothers and grandfathers have lived long enough because of these traditional healers. In a sense, modern doctors are just "new kids on the block" and they don't know how to deal with other diseases. For example Mafufunyana is a disease common among blacks and modern doctors have no remedies for it. So must we die?

Another thing is that there are not enough modern doctors in SA, there is only "one doctor for every one thousand people". So if we change our minds by ignoring traditional leaders our lives could be at stake.

Modern doctors are very expensive to see and most Black people are poor. Traditional doctors do not kill but cure as the modern doctors do, so what is the difference?

No one should ever change one's mind ,it should be one's freewill to either consult a modern or a traditional doctor when one is sick. So in a sense, traditional doctors are just excellent.

M.G.Gogo
Khayelitsha

Dear Editor

First of all , I like to greet all of the oppressed and exploited masses of the deprived land, as well as the editor

I like to air my views in respond to the article on traditional healers (July 12- July 15).

First point; I like to say that we must remind ourselves looking back where we from ,we must remember that traditional healers are part and parcel of our culture. If we condemn and reject traditional healing that means we condemn our culture and that will lead us nowhere. Secondly we must also remember that a traditional healer is not just any person who likes to be one. The traditional healers had been given powers of healing by their ancestors or God. In case of witchdoctors (inyanga and sangoma) this is the spirit from their ancestors who were also healers, and in the case of prophets in church (umprofethi) this is the Holy and divine spirit from God, he/she had been given this spirit of healing by God. Then if we say they must be illegal and condemning them that means we're against the will of their ancestors and God as well, and that will destroy their spirit.

Actually by saying so, I don't mean that we must condemn the present normal healthcare, what I like to say is that traditional healers must be given an opportunity to practise their work from now to a future SA whereby there will be no oppression of one man by another. The traditional healers must be accepted because they help in case of emergency when someone is sick, need to be examined by one of the traditional healers ,and also if someone can't afford to go to hospital or to the surgery due to financial problems. What I dislike are those who destroy and kill other people, calling themselves prophets and witchdoctors, they just want to fatten their purses, and instead of helping other people they just crook and destroy their families and breaking other's marriages. Such people I totally condemn them and must get rid of them.

Ezekiel Zakhele Latha
Sebokeng

Dear Sir

I am writing this letter to you as I have read in your Learning Nation about traditional doctor. In fact I am one of them and in our organisation we did apply to Bara hospital and they said we must write to South African Medical and Dental Council and we didn't receive any reply from them. We also wrote to Mr De Klerk and he tell us the very same story.

So there are illnesses which are particularly African causes and that modern health care can't help with such as strokes, mentality, AIDS, cancer, highblood, fits and VD.

Look how many people who have died of this cancer and AIDS and yet we afford to help people who have such diseases. I am not talking about these healers who do silly tricks like those at Venda. So we in our organisation want to help all South African people, blacks and whites.

Your Faithfully
Dr Sipho Xaba
National Herbalist Inyanga Association

Aids can be cured, claims Free State's white sangoma

Sfar 14/9/91

PHILIPPE MILLAN 97

CONVENTIONS have the habit of drawing together the strangest people. The Rev Peter van Zyl, for instance, claims to be the only registered white sangoma in South Africa, and on top of that he is a Zionist Mission of God dominee who practises in the small CP-controlled town of Lindley in the OFS.

"Curing Aids is not impossible," says the colourful Mr van Zyl. "With the correct preparations of herbs, faith and prayer it can be done."

Mr van Zyl, who charges anything from R10 for curing a headache to R450 for an exorcism, claims that spiritual healing is unfairly reviled by the orthodox medical community.

"Give me one Aids patient and I will cure him," he says. "Scientists like Professor Ruben Sher have invited us to hand over our preparations for laboratory trials, but do not understand that healing cannot be done out of context. It would be a long, protracted affair involving much prayer and singing," he says.

Mr van Zyl is not prepared to divulge his secret. It involves some 15 different herbs, mixed in various proportions and either drunk or used as an enema.

Although he guards his formula more closely than Coke guards its secret seventh ingredient — "We don't want people experimenting and harming themselves now, do we?" — he says he uses a herb from Natal called katza and another called ouswazi.

"I am looking for an HIV-positive person who is willing to undergo treatment with me. There is no disease that the Devil can give you that God cannot cure," he says.

Health lecture leaves sangomas sceptical

PHILIPPE MILLAN

EDUCATION has often been cited as the key to limiting the spread of Aids in South Africa. Educate the masses about its dangers and how to avoid it, and half the battle is won, was how the theory went.

So when the SA Black Social Workers Association was invited to speak at the third annual Congress of Traditional Healers and Inyangas in Phuthaditjhaba, QwaQwa, last week, they leapt at the chance.

The need to educate traditional medicine men and women, who are in the front line of health care among black communities, on the realities and dangers of Aids would appear to be crucial. However, the reality was shockingly different.

As National Aids Programme co-ordinator Sinnah Ramakhula set up her audio-visual presentation, murmurs and clucking could be heard from the auditorium. As she asked all to gather round for the lecture, only a small percentage did so.

As she whipped through the flash cards detailing the root causes of Aids, already I could see it was lost on most of the audience. When it got down to talking about white blood cells, symptoms and counselling, feet started to shuffle and eyes began to scan the roof for Lucifer dancing his merry quadrille. Water-based lubricants? Asymptomatic carrier states? Sero-conversion?

I had been warned beforehand that there was a structural resistance among blacks to being educated about Aids. The initial reasons are obvious: the lack of a clear understanding of the biological nature of Aids, inability to conceive how one could be an HIV carrier yet not show symptoms, and the issues surrounding casual contact and the transmission of the virus all add up to the fact that Aids is not an easy disease to understand.

However, the denial systems that spiritualist blacks employ when dealing with Aids reach much deeper than mere lack of education. They are within the realms of the magico-religious.

"You get them on their own and speak to them one-on-one, we may make some progress," says Ms Ramakhula. "But as a group there is a real resistance to the message you are trying to put across. The message that the causes for the spreading of Aids lie in the non-spiritual realm threatens their philosophical basis for existence.

"You tell them not to use the same needle twice, they will nod their heads and say yes, but by tomorrow they will have used that same needle again at least 20 times."

"Many blacks see disease, particularly TB, as a punishment from God," says Julia Setanane, a primary health adviser attached to the family planning unit of the TPA.

"The danger here is that TB is becoming confused with Aids. The symptoms are very similar (coughing, weight loss) so they cope with Aids in the same way they coped with TB."

Another disturbing factor emerges — the black attitude towards condoms. Many won't use them because they are seen as a Government plot.

"In the days before Aids, many blacks said they would not use condoms because they were handed out by the Department of Health and Welfare," says Ms Ramakhula. "They saw, rightly or wrongly, that the Government drive towards smaller families was merely a ruse to keep down the number of blacks. Now the Government is saying 'use condoms and help prevent the spread of Aids' — it is regarded as the same plot under a different guise."

The major stumbling block towards getting the Aids message through, says Ms Ramakhula, is that not enough is known about black sexual activity.

"Unfortunately, among black South Africans, death is taboo and sex is taboo — and Aids combines them both."

Fortunately, none of the social workers sees their task as impossible. With sufficient time, money and repetition of the message, headway will be made, they claim.

ERN AFRICA

P.O. BOX 4005
KWANOBUHLE TOWNSHIP
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On call any time, anywhere

Star 14/9/97

TRISH BEAVER

LAST weekend in the bloody war zone of township violence, even the paramedics tending the injured became targets in the mass hysteria.

An ambulance was hijacked by victims of a Soweto grenade attack who refused to be taken to nearby Baragwanath Hospital. They ordered the driver to take them away from the violence to Hillbrow Hospital.

For these modern-day miracle workers, hooked on saving lives, this alarming episode was just part of a day's work.

The Saturday Star went out with an emergency response car manned by the Ambulance Training College (ATC). On call were trauma specialist Dr Gerald Dalbock and ATC divisional commander Tom Watson.

It is Friday night and they are busy checking equipment. The back of their Sierra is a miniature version of a hospital trauma unit.

The radio comes to life. "Alpha six, Alpha six ..." This is followed shortly by the details of a pedestrian knocked over in Newlands.

The trip is hair-raising. Some drivers move out of the way swiftly while others stay frozen.

The injured woman is lit by car headlights. She wails softly in a crumpled heap. Bystanders crowd around. Dr Dalbock immediately checks her vital signs, then she is examined for other injuries.

"She's lucky to be alive. She is drunk and wandered straight into the path of the car," said Mr Watson.

The next call comes through. A man has been stabbed in the chest in Industria. In a dimly lit medicine depot, a black man sits on a chair, blood seeping from a hole in his chest. As soon as the response car arrives he lies down, abandoning himself to their care.

He is lucky — no vital organs injured. A drip is inserted and an ambulance arrives to take him to hospital. Dr Dalbock says: "Just one inch lower and he would be gone."

It is just two hours into the patrol and the third emergency call is transmitted.

A white male has been hit over the head with a beer bottle.

We make it to Rosettenville in excellent time. Tall, lanky youths lounge outside a seedy flat. Inside a man sits on a kitchen stool, blood pouring down his face.

The patient is obstinately unco-operative. He refuses to sit still and wants to go back outside to get revenge on his attacker. His head is swathed in bandages and his beer-laden breath is overpowering. "He won't feel the pain until he sobers up," says Mr Watson.

Another call. Two students at Wits University have collapsed with a drug overdose. A harried barefoot student runs to the entrance and beckons the car frantically. After four flights of stairs they reach the flatlet. Two students lie prone across a small passage. They had been to a party and had collapsed.



ANGELS OF MERCY: Paramedics discuss the next move in the treatment of a shooting victim.
● Photograph: TOM EDLEY

The paramedics examine the pupils of the eyes. Gerald says to Tom: "There's evidence of dagga but there's something else here; I think it could be LSD."

One is a second-year medical student. His frail body shivers convulsively. The other, a drama student, is frozen rigid, locked in her own world of horror.

Next, at a motor accident in Oakdene, a man lies in the centre of the road, blood seeping from his nose and mouth. His head lies in a scarlet pool. No heart beat or pulse. He is clinically dead. The accident scene is cordoned off and the paramedics start immediate cardio-pulmonary resuscitation (CPR). An ambulance arrives shortly after to assist.

A bystander holds the man's legs in the air so that the blood is concentrated in the vital organs.

Onlookers stare and comment: "Leave him, he's dead" or "What a mess, he doesn't stand a chance". After three shocks with the defribrilator, a faint signal is picked up on the heart monitor.

After 10 minutes of CPR and injections of heart stimulants, the man breathes again. He has been brought back from the dead.

The paramedics' faces glow with triumph.

"I feel great," says Mr Watson. "I really feel like I'm on a high. If we hadn't tried he might never have had a chance. Sure, he might have severe head injuries, or die later due to complications, but we don't play God. We do our best and it paid off."

The shift ended at 2.30 am and the team answered five more calls before knocking off.

Hospital looks for an end to strike

Sowetan 19/9/91

AS a strike by nightshift porters and admission clerks at Kalafong Hospital in Atteridgeville, near Pretoria continues for a third week, Transvaal Provincial Administration and hospital authorities are struggling for a resolution.

A TPA spokeswoman said hospital authorities were negotiating with strikers. She said negotiations last week were not fruitful. (97)

Porters and admission clerks went on strike to be paid nightshift allowances as they claimed other nightshift workers were.

The spokesman said patient care was not affected by the strike. - *Sapa.*

Moves to recognise traditional healers

Sowetan 25/9/91 (97)

WOMAN

By PEARL MAJOLA

AS South Africa gears for changes in the health system, the health sector should consider whether to recognise and register traditional healers.

The Department of National Health is already moving towards recognising traditional healers, especially where primary health care is concerned.

Representatives of the medical profession and those of traditional healers discussed the issues at a conference hosted by the University of the Witwatersrand's Centre for Health Policy.

Speaking for the South African Medical and Dental Council, Professor T Heyl said the council accepted that traditional healers played a role as alternative health providers.

But he expressed concern about the effects of the remedies used by traditional healers.

"Many of the herbs used are medically untested and we have experience in clinics of undesirable and adverse effects of these remedies on patients.

"We are also concerned about the delay of patients to get the correct diagnosis if they consult traditional healers first. For these reasons we have difficulty in recognising this type of healing," he said.

operate with each other and are characterised by mutual respect and understanding.

"In 1981 we got government recognition through the Traditional Medical Practitioners Act. But it had not been easy to secure the enactment of the Bill because of opposition from MPs, churches and Zimbabweans themselves, especially those educated in Western countries.

"Officially the state is concerned only with modern medicine, but it has interest in and accepts traditional healing," he said.

Commending the Zimbabwean system, Dr Solly Skosana of the Pan Africanist Congress said recognition was not a point for negotiation but there had to be some form of control to guard against "quacks".



The challenge for the future health system is whether to recognise tradi tional healers or not.

Organise

Miss U Miller of the Department of Nationl Health and Population Development suggested that traditional healers organise themselves into one body that would negotiate with the rest of the health sector to decide on what system will suit them all.

What will South Africa do with the millions of people (80 percent of the rural community) who consult traditional healers? What about the attitudes of the community itself which has so often referred to traditional healers as witchdoctors?

"The stigma attached to traditional healing during the colonial times has been removed and cooperation between modern and traditional medicine is now possible," said Professor Gordon Chavunduka, president of the Zimbabwe National Traditional Healers Association and a vice-chancellor of the University of Zimbabwe.

"We developed two independent systems of medicine which co-

Home nursing services are introduced

Sowetan 27/9/91

A HOME nursing services has finally been introduced into the townships.

Black families with severely disabled loved ones, who have had no one to look after them, will get relief in the service offered by the the Association for the Physically Disabled.

The Care Attendance Scheme, as it is called, has been started in Soweto and Alexandra with 28 disabled people and five attendants.

The attendants, all trained upon employment, visit the disabled at their homes and help them with routine chores they cannot carry out for themselves.

The attendants wash the disabled, offer them companionship when they feel lonely and run basic errands.

The service is offered on a frequency requested by the client and there is a minimal amount paid for the variety of duties.

Mr Kenneth Magane, senior attendant for the scheme, said the service was aimed at discouraging institutionalisation.

It was also meant to remove the secrecy that most black families put around disability, he said.

Magane said APD depended on hospitals and welfare organisations for referrals, but the number of people they were servicing was still not satisfactory.

He appealed for anyone who wanted to know more about the scheme to phone their office at (011) 646-8331.

New union for health workers

Sowetan 1/10/91

A NEW trade union aimed at catering for workers in the health and public sector has been formed.

The South African Health and Public Service Workers' Union boasts an estimated 2 600 members in the Pretoria, Groblersdal and Lydenberg areas.

Mr Silas Baloyi, the union's general secretary, said yesterday they had lodged an application for registration with the Department of Manpower. "We are waiting for a response," he said.

Baloyi said they had not received objections from other trade unions or associations in the same industry.

"This is not surprising because no single trade union organising in the health and public sector is registered throughout the country."

Baloyi called on all staff associations in the sector to disband and join its ranks "to enjoy true democracy and workers' control".

Baloyi said his union was not affiliated to any trade union federation.

"We will consider doing that after we have cleared up a number of issues with the trade union federations." - *Sowetan Correspondent.*

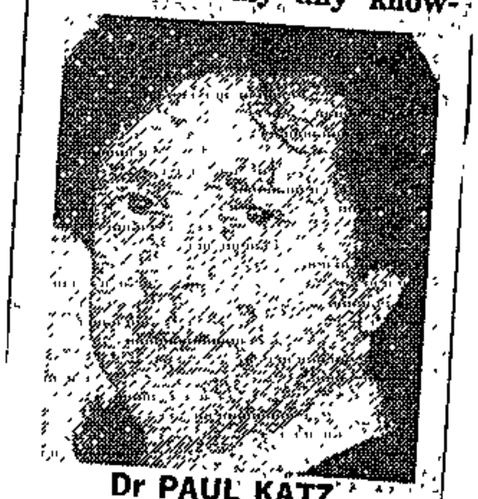
We need black healers' help doctor

S/Times 6/10/91

By EVELYN HOLTZHAUSEN

A HOSPITAL psychiatrist has called for traditional healers to be allowed to help doctors understand and treat their mentally ill black patients.

Dr Paul Katz, 35, a University of Cape Town graduate who treats mentally-ill Xhosa patients at Valkenberg Hospital in Cape Town, believes that white psychiatrists could make mistakes in the diagnosis and treatment of black patients because they have hardly any knowledge of their cultural make-up or language.



Dr PAUL KATZ
Risk of mistakes

His call has been backed by the head of the department of psychiatry at Wits University, Professor George Hart.

"Cultural make-up is not much of a factor in causing serious mental disorders but it does play a role in patients who suffer from 'social' problems," he said.

These could include depression caused by marital breakdown, inability to cope with severe stress, and disorientation, which could provoke suicide.

Barriers

"I would support what Dr Katz says, especially if the traditional healers have some approved medical training.

"But the block in communication to which he is referring, I believe, is due more to language barriers than anything else."

Mr Mervyn Freeman of the Centre for Health Policy at Wits said delegates to a meeting about legal acceptance of traditional healers had come to a similar conclusion.

The meeting, held last month, was attended by doctors, traditional healers, members of the SA Medical and Dental Council and government officials.

Medical workers give Rina Venter ultimatum

Sowetan 15/10/91 9M

THE Natal Provincial Staff Association has delivered an ultimatum to National Health Minister, Dr Rina Venter, threatening "stern and devastating action" if their demands for wage increases are not met before the end of the month.

Last week, the NPSA threatened strike action which could cripple Natal's ambulance and emergency medical services if their salaries and working conditions were not brought on a par with their counterparts in other provinces.

The NPSA is demanding a minimum starting salary of R1 700 compared to the current minimum in Natal of R926 for AEMS staff.

A statement from the NPSA said AEMS staff had not received any salary adjustment since 1983 and many employees had resigned or were contemplating resigning "in view of the poor remunerative package resulting in the deterioration of a qualitative and efficient service to the public of Natal".

The statement called for Venter to meet the NPSA "as a matter of urgency" to discuss the implementation of their demands or face "stern and devastating action". - Sapa.

Health workers fear losing jobs

(97)

Staff Reporter CT 26/10/91

THE Public Servants' League will meet Dr Rina Venter, the Minister of Health, next month to express their anxiety at the job retrenchments which are sweeping through the public service.

Public servants fear that nearly 7 000 health workers could lose their jobs in the Cape Province as officials try to avert a projected R80-million shortfall in the provincial budget.

Mr Bernard Wentzel, general manager of the PSL, said yesterday that the League, which represented more than 50 000 public-sector workers, "could not accept or approve of the fact that the government has decided to privatise and retrench workers", in spite of assurances that this would not happen.

Money must be found to rectify the imbalances in the health-care allocations and also increase it to allow growth for present and future health-care needs for all the people of South Africa, Mr Wentzel said.

Workers had also demanded that "injustices" in the public service be rectified, he said.

Lesedi staff are back after work boy

By JOE MDHLELA

WORKERS at Lesedi Clinic in Soweto yesterday returned to work after embarking on a one-day work stoppage in protest against the alleged disappearance of R6 million from the hospital.

The decision was negotiated by the National Education Health and Allied Workers Union after meeting the clinic's management committee.

A union spokesman said should management fail to meet the workers' demands, employees would resort to strike action again.

Some of the demands by the workers included the freezing of a moratorium on wage increases because the clinic was said to be "technically insolvent".

Nehawu representative Mr Alfred Motsa said the workers were hard-hit by economic-related problems and would not accede to the company's request to "freeze" wage increases until November next year.

The union also claimed that the clinic continued to make illegal pension fund deductions from the workers' salaries although the company handling the fund had not received contributions since August.

The company, Alexander Forbes Consultants and Actuaries, yesterday confirmed they had not received contributions from the clinic since August.

Meanwhile, the clinic's chairman Dr Nthato Motlana admitted yesterday that R400 000 had been embezzled at the hospital.

He denied allegations that R6 million had been misappropriated and said the clinic was doing everything possible to recover the missing money.

Greys Hospital dispute

■More than 350 general workers on strike at Greys Hospital in Pietermaritzburg have been warned they face dismissal if they do not return to work, according to the National Education, Health and Allied Workers' Union. W\Mand 15|11-21|11|91

The strike started last week in protest against the suspension of three colleagues who observed the national stayaway in protest against VAT. The strikers want their unconditional reinstatement.

Die Verkeersverordeninge van die Stadsraad van Vanderbijlpark deur die Administrateur afgekondig by Administrateurskennisgewing 243 van 21 Maart 1951, soos gewysig, word hierby verder soos volg met ingang van die eerste dag van die maand wat volg op publikasie hiervan, gewysig.

1. Deur artikel 199 (B) deur die volgende te vervang:

"199 (B) Iedereen, uitgesonderd vir Raadsdoeleindes en vredesbeamptes in die uitvoering van hul pligte, wat 'n motorvoertuig, uitgesonderd 'n motorfiets of motordriewiel, op die openbare weegbrug van die Raad weeg, moet iedere keer wat sodanige motorvoertuig daar geweeg word, die bedrag van R8,00 ten opsigte van sodanige motorvoertuig betaal. Sodanige persoon is geregtig op die verkryging van 'n weegbrugsertifikaat van die Raad, wat die gewig van so 'n voertuig aandui, soos aangeteken op die weegapparaat."

C. BEUKES,
Stadsklerk.

Posbus 3
VANDERBIJLPARK.

(Kennisgewing No. 106 van 1991)

(15 November 1991).

The Traffic By-laws of Vanderbijlpark Town Council published by the Administrator under Administrators Notice 243 dated 21 March 1951, as amended, be hereby further amended as follows with effect from the first day of the month following publication hereof.

1. By the substitution for Section 199 (B) of the following:

"199 (B) Anyone, except for Council purposes and peace officers in the execution of their duties who weighs a motor vehicle, except a motorcycle or motor tricycle, on the public weighbridge of the Council, shall pay an amount of R8,00 in respect of such motor vehicle each time such motor vehicle is so weighed. Such person shall be entitled to receive a weighbridge certificate from the Council specifying the weight of such vehicle as registered on the weighing apparatus."

C. BEUKES,
Town Clerk.

P.O. Box 3
VANDERBIJLPARK.

(Notice No. 106 of 1991)

(15 November 1991).

RAADSKENNISGEWING 141 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

BETALING VAN JAARLIKSE GELDE DEUR GENEESHERE EN TANDARTSE

Kragtens artikel 62 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), en magtiging deur die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling verleen by Goewermentskennisgewing R. 2281 van 3 Desember 1976, skryf die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad hierby die volgende gelde voor wat jaarliks aan die raad betaalbaar is:

Vir die jaar 1992 en elke jaar daarna moet elke geneesheer en elke tandarts 'n bedrag van R235 aan die raad betaal. Hierdie berag is elke jaar op die eerste dag an Januarie betaalbaar.

(22 November 1991)

BOARD NOTICE 141 OF 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

PAYMENT OF ANNUAL FEES BY MEDICAL PRACTITIONERS AND DENTISTS

In terms of section 62 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and the authority granted by the Minister of National health and Population Development in Government Notice R. 2281 of 3 December 1976, the South African Medical and Dental Council hereby prescribes the following fees that shall be payable annually to the council:

For the year 1992 and every year thereafter—every medical practitioner and every dentist shall pay an amount of R235 to the council. This amount shall be due and payable on the first day of January in every year.

(22 November 1991)

RAADSKENNISGEWING 142 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

BETALING VAN JAARLIKSE GELDE DEUR SIELKUNDIGES EN LEDE VAN AANVULLENDE GESONDHEIDSDIENSBEROEPE

Kragtens artikel 63 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), en magtiging deur die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling verleen by Goewermentskennisgewing

BOARD NOTICE 142 OF 1991 (91)

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

PAYMENT OF ANNUAL FEES BY PSYCHOLOGISTS AND MEMBERS OF SUPPLEMENTARY HEALTH SERVICE PROFESSIONS

In terms of section 63 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and the authority granted by the Minister of National Health and Population Development in Government Notice R. 2283 of 3 December

R. 2283 van 3 Desember 1976, skryf die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad hierby die volgende gelde voor wat jaarliks aan die raad betaalbaar is:

Vir die jaar 1992 en elke jaar daarna—

(1) moet elke sielkundige 'n bedrag van R65 aan die raad betaal. Hierdie bedrag is elke jaar op die eerste dag van Januarie verskuldig en betaalbaar;

(2) moet elke persoon wat geregistreer is ten opsigte van 'n aanvullende gesondheidsdiensberoep waarvoor daar kragtens artikel 32 van die Wet 'n register aangelê is en gehou word, en waarvoor daar reeds 'n beroepsraad kragtens artikel 15 (2) van die Wet ingestel is, 'n bedrag van R65 aan die raad betaal, welke bedrag elke jaar op die eerste dag van Januarie verskuldig en betaalbaar is, met die uitsondering van die volgende persone wat 'n bedrag van R60 aan die raad moet betaal, welke bedrag ook elke jaar op die eerste dag van Januarie verskuldig en betaalbaar is:

Arbeidsterapie-assistente.
Arbeidsterapie-tegnici.
Enkelmedium terapeute (arbeidsterapie).
Assistent geneeskundige ortotiste en protetiste.
Ortopediese skoeiseltegnici.
Stralingstegnoloë.
Spraak en Gehoorgemeenskapswerkers.
Elektroenkefalografie-tegnici.
Geneeskundige tegnici.
Spraak en gehoorkorrektioniste.
Gehoorapparaatakoestici.
Aanvullende diagnostiese radiografiste.
Oudiometrici.
Fisioterapie-assistente.

(22 November 1991)

1976, the South African Medical and Dental Council hereby prescribes the following fees that shall be payable annually to the council:

For the year 1992 and every year thereafter—

(1) every psychologist shall pay an amount of R65 to the council. This amount shall be due and payable on the first day of January in every year;

(2) every person who is registered in respect of a supplementary health service profession for which a register has been established and is kept in terms of section 32 of the Act and for which a professional board has been established in terms of section 15 (2) of the Act, shall pay an amount of R65 to the council, which amount shall be due and payable on the first day of January in every year, with the exception of the following persons who shall pay an amount of R60 to the council, which amount shall also be due and payable on the first day of January in every year:

Occupational therapy assistants.
Occupational therapy technicians.
Single-medium therapists (occupational therapy).
Assistant medical orthotists and prosthetists.
Orthopaedic footwear technicians.
Radiation technologists.
Community speech and hearing workers.
Electro-encephalographic technicians.
Medical technicians.
Speech and hearing correctionists.
Hearing aid acousticians.
Supplementary diagnostic radiographers.
Audiometricians.
Physiotherapy assistants.

(22 November 1991)

Maak uself asseblief deeglik vertroud met die "Voorwaardes vir Publikasie" van wetlike kennisgewings in die *Staatskoerant,* asook met die nuwe tariewe wat daarmee in verband staan

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

Boost for child health study group

STAR 28/11/91

By Zingisa Mkhuma

A major fried chicken outlet this week donated a minibus to the Birth To Ten project (BTT) which is a study group that monitors the health and development of more than 2 500 babies who were born in the vicinity of Johannesburg during 1990.

The project, which was initiated by the University of the Witwatersrand, the Medical Research Council, Unisa, the Johannesburg City Health Department, Soweto and Diepmeadow City Councils, will study the health and progress of the toddlers — who are now 18 months old — every six months, until they reach the age of 10.

Professor Noel Cameron of the Wits Medical School who received the minibus on behalf of the BTT project said during the last two years it had been difficult to keep track of all the children and their mothers who were involved in the study.

"The vehicle will enable us to collect the mothers and babies and to bring them to the clinic for interviews.

"We will also be able to feed the information to the health services at a quicker rate than we did before," Dr Cameron said.

Dr Cameron warned that urbanisation was increasing on an unprecedented rate and was bound to have an effect on a variety of support services and especially health care in South Africa.

The project, he said, would require considerable financial aid and BTT was expected to raise approximately R5 million by the year 2000 to complete the project.

"This is the largest study of its type to be attempted anywhere in Africa and will have profound effects on future health care policy and planning," he said.

"All the major collaborators in the project have identified over 30 research questions relating to the health and environment exposure of air pollution, parental bahaviour, immunisation and health services usage.

"These children of the 90s will provide baseline knowledge that will lead to a higher quality of life for South African urban people for the foreseeable future."

Youths need ambulance for first aid

By MONWABISI NOMADOLO

THE founder of the Mzimhlophe First Aid Unit (Mfau) in Soweto, Bongani Moshibe, 18, is appealing for help to continue his humanitarian services of helping the aged and the injured.

Mfau was started in December last year with 50 volunteers and recently opened another branch in Dobsonville.

Moshibe, a Std 9 pupil, told City Press the group was operating under the auspices of the Swiss-based International Red Cross Society.

"We're desperately in need of an ambulance or just a vehicle to be able to continue community services in the township," he said, adding that at times his organisation had to relay calls for emergency help due to lack of transport.

Another member of Mfau, Douglas Mohapeloa, 24, said they have tried asking for donations from companies without success.

The organisation also visits homes for the aged.

Those interested in helping can contact Mfau at 10705 November Street, Orlando West, 1804 or phone (011) 936-6802.

On the couch with two sangomas

(97)

Star 14/12/91

JOHN CARLIN, South African representative of The Independent paper, recently took the plunge and visited a traditional healer.

IT TOOK a while — I've been living here for nearly three years — but this week at last I took a deep breath and embraced Mother Africa.

After much goading by a friend from Soweto, I did what most of the indigenous population have been doing for centuries: I went to see a witchdoctor.

But before doing that I responded to an advertisement in the Sowetan for a new telephone service introduced this week which, in what is surely a world first, merges modern technology with wisdom immemorial: Dial-a-Witchdoctor.

Potions

Or rather, Dial-a-Sangoma. "Witchdoctor" is a white man's term.

Sangomas — priests, soothsayers, doctors and psychologists all rolled into one — can see into the past and future and know the prescriptions for the mystic potions — muti — which cure sickness, induce love and render you as invulnerable as Superman.

Needless to say, the muti merchants have been doing a roaring trade during the past 18 months or so of undeclared war in the black townships, even if — with more than 3 000 dead — the herbs, animal and, in some cases, human parts that people pay to smear upon themselves or digest have not always proved reliable.

But the Dial-a-Sangoma telephone service has more modest pretensions: in the words of the advertisement, to "throw the bones and tell you everything about your future".

Alongside a rather incongruous photograph of a woman sangoma wearing a leopard skin and holding a white telephone to her ear was a list of 24 "08" numbers.

Twelve of the pre-recorded messages were in Zulu, 12 in English. Callers were instructed to select their number and their personalised message in accordance with their astrological sign.

This struck me as rather bogus since I was unaware there was any connection between the ancestral spirits and the movements of the celestial spheres.

I was also rather stunned at the price — R2,20 a minute.

But I called. After 20 seconds of ear-piercing ululation and another 20 of general introductions, there was a short, sharp shriek followed by a clickety-clack sound supposed to evoke bones landing.



MYSTIC MAMA: Sarah Mashele says she found she could contact spirits at the age of nine.

At this point the grave female voice at the other end finally got around to the detail of what the bones were predicting.

The time was ripe, I learnt, for innovations and bold moves, the recommendation being that I take the chance to do some house painting and decorating.

If, besides, I took the trouble to spend some time with my parents, a new sense of peace and harmony would descend upon my life.

The final suggestion, R7 later, was that I go and seek medical advice which, since I was sure it was not intended as a joke, I promptly did.

On the advice of my friend from Soweto I called a real flesh-and-blood sangoma.

Conveniently, the consulting room was on the eighth floor of a building around the corner from where I work in the centre of town. The office looked as if it belonged to a down-at-heel lawyer.

The woman herself, the legendary Sarah Mashele, came across as reassuringly normal. A mildly eccentric maiden-aunt came to mind.

We chatted for a while. She told me she had learnt that she could make contact with the spirits at the age of nine, a discovery that immediately caused problems with her Roman Catholic priest.

But, having moved on to a less intolerant parish, she remains a Catholic to this day.

Then we discussed "the new South Africa" — whose prospects she stated to be "wonderful" — and then, having established that I had on me the R52 fee, she unfurled a small carpet on her desk within which lay the magical "bones", some of which turned out to be sea shells and Monopoly dice.

Meanwhile, she did the same with a smaller set of her own. And then, for half an hour, she proceeded to tell me what the future held.

My biggest worry was that she would do to me what she did to a friend of a friend — tell me the year when I was going to die. This individual, I learnt, had spent an entire year in a state of deep foreboding, the cloud — I was told — having palpably lifted on the day he reached his 36th birthday.

As it happened, and to my immense relief, she said I would live a long life. But, given the trials and tribulations she said I would encounter on the way, I left wondering whether a long life was what I wanted.

The answer is to get a second opinion. But this time I'll forget my friend from Soweto and consult instead the Yellow Pages, where I see that someone by the name of Aifosonke is offering "skilled African remedies" just down the road.

Emergency union (97)

Paramedics, firemen and other emergency personnel recently launched the South African Emergency Services Union. The fledgling union is investigating the possibility of establishing an Industrial Council and members will receive various benefit schemes like funeral cover and extended illness cover.

W|mail 13|12|91
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(2x8)

December 19 1991

Minister pays out to medics

Sowetan 19/12/91



ADRIAAN VLOK

THE Minister of Law and Order has paid thousands of rands in an out-of-court settlement to 11 doctors and health workers arrested on "Purple Saturday" - September 2 1989 during a Cape Town protest.

The medics, who sued then Minister of Law and Order Mr Adriaan Vlok for wrongful arrest, were among a 60-member volunteer medical team on duty when thousands of people took to the streets for the Mass Democratic Movement's attempt to march on Parliament.

The protest was met with tough counteraction by hundreds of policemen during a day of running battles.

The medics were among more than 21 doctors, nurses, medical students and health workers, wearing Red Cross badges, who appeared in court later that day

They reported being variously arrested, beaten, teargassed, sprayed with purple dye and having their First Aid kits searched.

They said the police action, which prevented them from treating injured people, was a contravention of the Geneva Convention and Tokyo Declaration.

In a hard-hitting statement, Dr Stuart Saunders, vice-chancellor of the University of Cape Town, said one doctor had been held for 10 hours and he and his colleagues had not been given food or water for seven hours.

Saunders called for an apology from Vlok and expected him to insist on the policemen involved being disciplined.

"Failure to do so will indicate to what depths South African society has sunk," he said.

Traditional healers move for official recognition

South 19/12/91 – 15/1/92

(97)

Traditional healers, living in fear of police raids and labelled "quacks" by some, are campaigning for official recognition on a par with the medical profession. And they are receiving guarded support from organisations of medical practitioners, reports **HEATHER ROBERTSON**:



I'M NO QUACK: Traditional healer Thandeka George heals through counselling, not pills **PICS: YUNUS MOHAMED**

MRS RAGEL PIETERSEN, a Brackenfell farm worker, was distraught when doctors at Tygerberg Hospital told her in November she had cancer of the womb. Her weight had dropped from 67kg to 45kg. She was writhing in pain with cramps and felt listless.

But when she was offered chemotherapy, both she and her husband declined. They chose to visit Mr Mathys Kellerman Hoffman, a popular local traditional healer.

Hoffman treated her with a substance he calls "colesco" — concocted from herbs found in the Karoo.

After taking doses of colesco four times a day for two months, Ragel showed signs of recovery. Her weight picked up and the cramps stopped. Four months later, when she returned to Tygerberg for a check-up, doctors were dumbfounded. The cancer had disappeared and her weight had increased to 55kg.

Ragel Pietersen is one of thousands of South Africans who choose to use controversial traditional healing methods as opposed to modern medicine.

There are over 200 000 traditional healers of various faiths in South Africa, says Ragel's healer, Mathys Hoffman.

Hoffman is a member of the South African Traditional Healers Council (SATHC) which is spearheading a campaign for traditional healers to be officially recognised in South Africa as they are in Zimbabwe.

"We want to be able to issue medical certificates and be able to make use of medical aid as western doctors do," says Hoffman.

A breakthrough in the deadlock between traditional healers and western medical practioners was reached at a conference on traditional medicine organised by the Wits Centre for Health Policy in Johannesburg last month. Representatives from the Medical Association of South Africa (Masa), The South African Medical and Dental Council (SAMDC), the ANC Health Department and the State Health Department agreed traditional healing is an integral part of the health care system.

While western doctors represented by the Medical Association of South Africa are still sceptical, they agree there should be a national traditional healers association parallel to the establishment medical associations so healers could be legitimised and disciplined.

Says a Masa spokesperson: "With the evolvement of the new South Africa we envisage a closer cooperation between medical professionals and traditional healers."

Masa has further acknowledged traditional healers do have a role to play and it is in the interests of vast numbers of patients that orthodox medical practitioners develop a sincere interest in the philosophy, theory and methods of traditional healing.

A doctor on the SAMDC, the medical practitioners watchdog, said they advise members to treat patients referred by sangomas and other traditional healers.

"We can only deal with complaints against registered doctors, so traditional healers do not fall within our ambit, but the council has a very progressive attitude to traditional healers and recognises the role they play," he said.

While healers like Hoffman have had no problems with patients, they live in constant fear of police raids. Members of the medical profession have also rejected them as "quacks" out to make quick money.

"Doctors are good at treating certain diseases but they don't know how to treat cancer. Chemotherapy and radium treatment cause the cancer to spread specially when overdosed. We feel that the natural methods of treatment are more successful," says Hoffman.

This is supported by Nyanga healer Ms Thandeka George, who treats patients with psychological disorders, tuberculosis and cancer.

"We say as traditional healers that cancer can only be cured by traditional healers because doctors don't know the causes of the disease. If the disease is in the early stages we can cure it with herbal potions. Cancer is a known African disease."

GEORGE STUDIED traditional healing in the Ciskei for five years under her father. To ensure that her patients follow the correct treatment, she lets them stay in her shack to ensure they take the correct dosages of medicine.

Although she does eventually refer patients to medical doctors she is opposed to doctors' clinical treatment of patients.

"I don't like working with doctors because they just give patients pills. We can tell patients the cause of the disease and we counsel them."

Psychologist and reseacher into traditional healing Mr Melvyn Freeman says a problem is that the scientific community will only accept traditional cures if they are scientifically researched. Traditional healers do not want to work in a scientific framework.

Speaking about the historical rift and possibilities of reconciliation, Hoffman says: "The medical profession has over the years built themselves big and strong, they have associations and laws to protect them. If they call us quacks and dismiss us then we cannot work together."

One of the main obstacles to official recognition of traditional healers has been the lack of unity.

But sangomas, nyangas, "doekoems" and other faith healers are beginning to close ranks to achieve the official recognition they require. On November 7 the Congress of Traditional Healers was formed in Johannesburg, bringing together a number of smaller bodies.

There is also increasing recognition by the establishment of the role traditional healers play.

ANC director of health Dr Ralph Mgijima says their present policy recognises that traditional healers are an essential part of the health service.

"There are, however, many constraints which probably won't be solved in the next two decades," he says.

"We need to get healers to belong to associations so that we can control the way in which remedies are administered. So we can liase with them to modify some of the treatment which has adverse affects."

The African Traditional Healers Association, based in Johanesburg, has already managed to reach an agreement with the National BC Medical Aid Society which has allocated R300 in the annual allowance towards traditional healing. RAMS (Representative Association of Medical Aid Schemes), which administers 21 medical aid societies, has also given the assurance that if the African Traditional Healers Association can devise a uniform price structure and code of ethics they would be considered.

"We already have a code of ethics embedded in our practice as our association has seen the need for traditional practitioners to become professional," says Mr Tseding Rakolota, managing consultant of the African Traditional Healers Association.

ACCORDING TO Mr Rakolota, the organisation is working towards control of the training of traditional healers so that there are set criterion of acceptance into the association.

"This is difficult because you don't become a traditional healer out of choice, but from a calling from the ancestors," he says.

"Training is based on a two year master-apprentice relationship which is further boosted by the ancestors," he said.

In order to be registered with the ATHA, prospective members are subjected to tests of their competence in diagnosis by throwing the bones, dream analysis, dancing to the drumbeat.

"If the healer is shown to be genuinely competent then they are accepted as a registered member of our association," says Rakolota.

According to Rakolota, all the medical certificates they have issued have been accepted by companies, indicating the growing recognition of healers.

This news will definitely please the thousands of patients, like Ragel Pietersen, who have been given a new lease on life by the time-tested "muti" of traditional healers.



ALTERNATIVE PHARMACIST: Nyanga storeholder Eunice Maliti displays her range of herbs and medicine

Medics paid out for wrongful arrest

STAR 19/12/91

Own Correspondent

CAPE TOWN — The Minister of Law and Order has paid tens of thousands of rands in an out-of-court settlement to 11 doctors and health workers arrested on "Purple Saturday" — September 2 1989, a day of mass protest in Cape Town.

The medics, who sued for wrongful arrest, were among a 60-member volunteer medical team on duty when thousands of people took to the streets for the Mass Democratic Movement's attempt to march on Parliament.

The protest was met with tough counter-action by police during a day of running battles during which Burg Street was sprayed purple from a dye-loaded police water cannon.

The minister has not made any admissions in making the payments.

The medics were among more than 21 doctors, nurses, medical students and other health workers, all wearing clearly distinguishable Red Cross badges, who appeared in court late on the day of protest.

They reported being variously arrested, beaten, teargassed, sprayed with purple dye, having their first-aid kits searched, and being ordered to move mobile units and clinics during the day.

The medics said the police action in preventing them from treating people injured during the protest was a direct contravention of the Geneva Convention and the Tokyo Declaration, both of which South Africa was a signatory.

The police were also strongly condemned by University of Cape Town vice-chancellor Dr Stuart Saunders and by staff of UCT's faculty of medicine.

In a hard-hitting statement, Dr Saunders said one doctor had been held for 10 hours and he and his colleagues had not been given food or water for seven hours — "and then only when they had access to lawyers".

Dr Saunders called for an apology from the then Minister of Law and Order, Adriaan Vlok, and said he expected him to insist on the policemen involved being disciplined.

"Failure to do so will indicate clearly to what depths South African society has sunk."

In its statement, UCT's faculty of medicine expressed grave concern that police had prevented medical personnel from attending casualties.

Profesor Ralph Kirsh of the university's medical school said the arrest of the medics had made a mockery of the word "civilisation" as it applied to South Africa.

'Purple Saturday' settlement

Health workers win settlement

South 19/12/91 - 1/15/92

OUT-OF-COURT settlements ranging from R3 500 to R6 500 were paid by the Ministry of Law and Order to 11 health workers this week.

They took Mr Adriaan Vlok to court after they had been arrested and imprisoned for over 10 hours for treating people during the "Purple Rain" march in Cape Town two years ago. One was assaulted.

The health workers said they would contribute a "substantial amount" of the money to the Emergency Services Group which seeks to facilitate the repatriation of exiles.

ESG also helps former political prisoners reintegrate into the community.

Bibi Dawood is home

South 19/12/91 - 15/1/92

"IT'S been 24 years, it's been 24 years," Mrs Ayesha Mukadam said repeatedly when she arrived home from exile on Wednesday.

The former Worcester treason trialist, known by her maiden name, Bibi Dawood, left South Africa on an exit permit in 1968 following a decade of involvement in the ANC.

In 1955 she was arrested in terms of the Suppression of Communism Act and charged with incitement.

A year later she was again arrested and charged with treason with 155 others, including ANC president Mr Nelson Mandela. She was discharged after a year.

In 1967 her Indian husband, Mr Yusuf Mukadam, was arrested and held for six months before he was charged with entering the country illegally and served with a deportation order.

Dawood also lost her passport and was "endorsed out" in 1968. Since then she has been living in a tiny village near Bombay.

She said she had thought at the time that her exile from home would be temporary.

Dawood and her husband will join their son Gulzaar, who returned from India earlier this year, in Worcester.

Lawsuit payouts go to exiles

Sowetan 20/12/'91

Sowetan Correspondent

DOCTORS and health care workers awarded payments after being arrested during mass protests on "Purple Rain Day" in September 1989 are donating substantial amounts to a group helping with the repatriation of exiles.

The 11 received payments of between R3 500 and R6 500 each from the Minister of Law and Order as out-of-court settlements for claims of wrongful arrest, unlawful detention and assault.

The 11, who asked to remain anonymous for professional reasons, announced at a Press conference yesterday that they would be donating "substantial" portions of their payouts to the Emergency Services Group.

On the day of their arrest they had been acting under the auspices of the group which co-ordinates the activities of health care professionals at events where "repression-related activities" are expected.

Their spokesman said the changing political scenario in South Africa meant the group was now more actively involved in the repatriation of exiles and the release of political prisoners.

"There is a huge need which has to be met with very limited resources and we hope the public will take cognisance of their plight."

In a statement about their arrests, the 11 said their treatment had demonstrated "not only the State's flagrant disregard for the rights of health care workers themselves, but also a callous indifference to the plight of all those people injured by police brutality who needed medical attention".

(94)

Settlement

"It is hoped that the State's settlement of these claims serves to entrench the right of people to treatment and of health workers to administer health care, at all times and in whatever situation, without police interference," the statement said.

Police spokesman Captain Craig Kotze confirmed the payouts.

Referring to a demand by University of Cape Town vice-chancellor Dr Stuart Saunders that the police officers involved should be disciplined. Kotze said as the payments had been made without admission of liability, there was no question of disciplinary action.

KENNISGEWING 1199 VAN 1991

DEPARTEMENT VAN MINERAAL- EN ENERGIESAKE

UITHOU VAN GROND VIR DIE DOELEINDES VAN 'N OPENBARE PAD

Die Mynkommissaris vir die myndistrik Pretoria het 'n strook geproklameerde grond op die plase Middelkraal 466 JQ en Elandsdrift 467 JQ, distrik Rustenburg, myndistrik Pretoria, provinsie Transvaal, soos getoon op 'n sketskaart waarvan afdrukke onder RMT R53/91 in die mynbriewekantoor, Johannesburg, en in die kantoor van die Mynkommissaris, Pretoria, bewaar word, kragtens artikel 179 (1) (b) van die Wet op Mynregte, 1967 (Wet 20 van 1967), vir die doeleindes van 'n openbare pad uitgehou.

(19/5/1/3071)

(27 Desember 1991)

KENNISGEWING 1200 VAN 1991

DEPARTEMENT VAN MINERAAL- EN ENERGIESAKE

UITHOU VAN GROND VIR DIE DOELEINDES VAN 'N OPENBARE PAD

Die Mynkommissaris vir die myndistrik Pretoria het 'n strook geproklameerde grond op die plaas Middelkraal 466 JQ, distrik Rustenburg, myndistrik Pretoria, provinsie Transvaal, soos getoon op 'n sketskaart waarvan afdrukke onder RMT R54/91 in die Mynbriewekantoor, Johannesburg, en in die kantoor van die Mynkommissaris, Pretoria, bewaar word, kragtens artikel 179 (1) (b) van die Wet op Mynregte, 1967 (Wet 20 van 1967), vir die doeleindes van 'n openbare pad uitgehou.

(19/5/1/3072)

(27 Desember 1991)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 147 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN PSIGOMETRISTE

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1), gelees met artikel 61 (4), van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), die reëls in die Bylae uitgevaardig ter vervanging van die reëls afgekondig by Goewermentskennisgewing No. R. 1042 van 26 Mei 1978, soos gewysig deur Goewermentskennisgewing No. R. 1103 van 11 Junie 1982, soos gewysig deur Raadskennisgewing 758 van 1982, soos gewysig deur Goewermentskennisgewing No. R. 2218 van 7 Oktober 1983, soos gewysig deur Raadskennisgewing 865 van 1983.

BYLAE

REËLS BETREFFENDE DIE REGISTRASIE VAN PSIGOMETRISTE

1. Die raad kan as psigometris elke persoon registreer wat—

(a) in besit is van 'n honneursbaccalaureusgraad wat vir die doel erken word; of

NOTICE 1199 OF 1991

DEPARTMENT OF MINERAL AND ENERGY AFFAIRS

RESERVATION OF LAND FOR THE PURPOSES OF A PUBLIC ROAD

The Mining Commissioner for the Mining District of Pretoria has, in terms of section 179 (1) (b) of the Mining Rights Act, 1967 (Act 20 of 1967), reserved for the purposes of a public road a strip of proclaimed land on the farms Middelkraal 466 JQ and Elandsdrift 467 JQ, District of Rustenburg, Mining District of Pretoria, Province of the Transvaal, as shown on a sketch plan copies of which have been filed under RMT R53/91 in the Mining Titles Office, Johannesburg, and in the office of the Mining Commissioner, Pretoria.

(19/5/1/3071)

(27 December 1991)

NOTICE 1200 OF 1991

DEPARTMENT OF MINERAL AND ENERGY AFFAIRS

RESERVATION OF LAND FOR THE PURPOSES OF A PUBLIC ROAD

The Mining Commissioner for the Mining District of Pretoria has, in terms of section 179 (1) (b) of the Mining Rights Act, 1967 (Act 20 of 1967), reserved for the purposes of a public road a strip of proclaimed land on the farm Middelkraal 466 JQ, District of Rustenburg, Mining District of Pretoria, Province of the Transvaal, as shown on a sketch plan copies of which have been filed under RMT R54/91 in the Mining Titles Office, Johannesburg, and in the office of the Mining Commissioner, Pretoria.

(19/5/1/3072)

(27 December 1991)

BOARD NOTICES

BOARD NOTICE 147 OF 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF PSYCHOMETRISTS

In terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto in substitution of the rules published under Government Notice No. R. 1042 of 26 May 1978, as amended by Government Notice No. R. 1103 of 11 June 1982, as amended by Board Notice 758 of 1982, as amended by Government Notice No. R. 2218 of 7 October 1983, as amended by Board Notice 865 of 1983.

SCHEDULE

RULES FOR THE REGISTRATION OF PSYCHOMETRISTS

1. The council may register any person as a psychometrist who—

(a) holds an honours degree recognised for this purpose by the council; or

(b) as psigotegnikus geregistreer is of wat as sodanig registreerbaar is en in besit is van 'n honneursbaccalaureusgraad in die sielkunde of die bedryfsielkunde van 'n deur die raad goedgekeurde universiteit; of

(c) in besit is van 'n honneursbaccalaureusgraad in die sielkunde of die bedryfsielkunde van 'n deur die raad goedgekeurde universiteit en minstens ses maande praktise ondervinding opgedoen het in psigometriese tegnieke onder toesig van 'n deur die raad goedgekeurde sielkundige; welke parktiese ondervinding as bevredigend gesertifiseer moet wees deur die Toetskommissie van die Republiek van Suid-Afrika nadat hy deur die raad geëksamineer is.

2. *Herroeping:* Die reëls afgekondig by Goewermentskennisgewing No. R. 1042 van 26 Mei 1978, soos gewysig deur Goewermentskennisgewing No. R. 1103 van 11 Junie 1982, soos gewysig deur Raadskennisgewing 758 van 1982, soos gewysig deur Goewermentskennisgewing No. R. 2218 van 7 Oktober 1983, soos gewysig deur Raadskennisgewing 865 van 1983, word hiermee herroep.

(27 Desember 1991)

RAADSKENNISGEWING 148 VAN 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN PSIGOTEGNICI

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1), gelees met artikel 61 (4), van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die reëls in die Bylae uitgevaardig ter vervanging van die reëls afgekondig by Goewermentskennisgewing No. R. 2330 van 3 Desember 1976, soos gewysig deur Goewermentskennisgewing No. R. 1858 van 16 September 1977, soos gewysig deur Goewermentskennisgewing No. R. 1102 van 11 Junie 1982, soos gewysig deur Raadskennisgewing 757 van 1982, soos gewysig deur Goewermentskennisgewing No. R. 2217 van 7 Oktober 1983.

BYLAE

REËLS BETREFFENDE DIE REGISTRASIE VAN PSIGOTEGNICI

1. Die raad kan enige persoon wat die raad oortuig dat hy aan die vereistes uiteengesit in subreël (a), (b), (c) en (d) van hierdie reël voldoen, as psigotegnikus registreer—

(a) hy moet 'n baccalaureusgraad en Sielkunde III van 'n deur die raad goedgekeurde universiteit besit en minstens ses maande praktiese ondervinding opgedoen het in psigometriese tegnieke onder toesig van 'n deur die raad goedgekeurde sielkundige welke praktiese ondervinding as bevredigend gesertifiseer moet word deur die Toetskommissie van die Republiek van Suid-Afrika nadat hy deur die raad geëksamineer is; of

(b) has been registered as a psycho-technician or who is eligible for such registration and holds an honours degree in psychology or industrial psychology from a university approved by the council; or

(c) holds an honours degree in psychology or industrial psychology from a university approved by the council and has had at least six months practical experience in psychometric techniques under supervision of a psychologist approved by the council; which practical experience must be certified as satisfactory by the Test Commission of the Republic of South Africa after he has been examined by the council.

2. *Withdrawal:* The rules published under Government Notice No. R. 1042 of 26 May 1978, as amended by Government Notice No. R. 1103 of 11 June 1982, as amended by Board Notice 758 of 1982, as amended by Government Notice No. R. 2218 of 7 October 1983, as amended by Board Notice 865 of 1983, are hereby withdrawn.

(27 December 1991)

BOARD NOTICE 148 OF 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF PSYCHOTECHNICIANS

In terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto in substitution of the rules published under Government Notice No. R. 2330 of 3 December 1976, as amended by Government Notice No. R. 1858 of 16 September 1977, as amended by Government Notice No. R. 1102 of 11 June 1982, as amended by Board Notice 757 of 1982, as amended by Government Notice No. R. 2217 of 7 October 1983.

SCHEDULE

RULES FOR THE REGISTRATION OF PSYCHOTECHNICIANS

1. The council may register as a psychotechnician any person who satisfies the council that he complies fies the council that he complies with the requirements set out in subrules (a), (b), (c) or (d) of this rule—

(a) he shall hold a bachelor's degree and Psychology III from a university approved by the council and has had at least six month's practical experience in psychometric techniques under supervision of a psychologist approved by the council which practical experience must be certified as satisfactory by the Test Commission of the Republic of South Africa, after he has been examined by the council; or

(b) hy moet in besit wees van 'n baccalaureusgraad en Sielkunde III van 'n deur die raad goedgekeurde universiteit en voor 15 Januarie 1977 as B-toetsgebruiker by die Nasionale Instituut vir Personeelnavorsing, die Raad vir Geesteswetenskaplike Navorsing of die Toetskommissie van die Republiek van Suid-Afrika geregistreer het: Met dien verstande dat hy geregistreer kan word op aanbeveling van die Toetskommissie van die Republiek van Suid-Afrika; of

(c) hy moet, indien hy nie in besit is van 'n baccalaureusgraad en Sielkunde III nie, voor 15 Januarie 1977 as B-toetsgebruiker by die Nasionale Instituut vir Personeelnavorsing, die Raad vir Geesteswetenskaplike Navorsing of die Toetskommissie van die Republiek van Suid-Afrika geregistreer wees, en in 'n praktiese eksamen, deur die raad afgeneem, slaag; of

(d) hy moet in besit wees van 'n honneursbaccalaureusgraad wat vir dié doel deur die raad erken word.

2. Waar, in die geval van 'n aansoek om registrasie, die kwalifikasie waarop die aansoek gebaseer is, nie reeds deur die raad goedgekeur is nie, moet die applikant gesaghebbende inligting aan die Beroepsraad vir Sielkunde en die raad laat verstrek betreffende die opleiding wat vir sodanige kwalifikasie vereis word, waarna, indien sodanige opleiding deur die raad as bevredigend beskou word, sodanige kwalifikasie goedgekeur kan word.

3. *Herroeping:* Die reëls afgekondig by Goewermentskennisgewing No. R. 2330 van 3 Desember 1976, soos gewysig deur Goewermentskennisgewing No. R. 1858 van 16 September 1977, soos gewysig deur Goewermentskennisgewing No. R. 1102 van 11 Junie 1982, soos gewysig deur Raadskennisgewing 757 van 1982, soos gewysig deur Goewermentskennisgewing No. R. 2217 van 7 Oktober 1983, word hiermee herroep.

(27 Desember 1991)

RAADSKENNISGEWING 149 VAN 1991

UITSLUITING VAN VOORDELE VAN DIE OMSKRYWING VAN "BEHUISINGSKEMA" IN DIE WET OP DIE BESOLDIGING VAN STADSKLERKE, 1984

Ek, Jacobus Venter, Waarnemende Sekretaris van die Raad op Besoldiging en Diensvoordele van Stadsklerke, handelend kragtens magtiging deur die gemelde raad aan my verleen ingevolge artikel 2 (2) van die Wet op die Besoldiging van Stadsklerke, 1984 (Wet 115 van 1984), en met instemming van die Kommissie vir Administrasie, kondig hiermee vir algemene kennisname aan dat die volgende vereiste ingevolge artikel 1 (2) van die Wet met ingang van 1 Januarie 1991 deur die raad van die omskrywing van "behuisingskema" soos bedoel in die Wet ten opsigte van stadsklerke van plaaslike owerhede uitgesluit word:

"Daardie vereiste wat bepaal dat 'n stadsklerk op datum van aansoek of op enige tydstip gedurende 'n toelaebetalingstermyn 'n bydraende lid van 'n by wet ingestelde pensioen- of voorsorgfonds moet wees of onder verpligting staan om na voltooiing van 'n kwalifiserende dienstydperk daartoe by te dra.".

J. VENTER,
Waarnemende Sekretaris.
(27 Desember 1991)

(b) he shall hold a bachelor's degree and Psychology III of a university approved by the council and obtained registration before 15 January 1977 as a B-test user with the National Institute for Personnel Research, the Human Sciences Res36001Research, the Human Sciences Research Council, or the Test Commission of the Republic of South Africa: Provided that he may be registered on the recommendation of the Test Commission of the Republic of South Africa; or

(c) he shall, if he does not hold a bachelor's degree and Psychology III, have been registered as a B-test user before 15 January 1977 with the National Institute for Personnel Research, the Human Sciences Research Council, or the Test Commission of the Republic of South Africa, and pass a practical examination conducted by the council; or

(d) he shall hold an honours degree recognised for this purpose by the council.

2. Where, in the case of an application for registration, the qualification on which the application is based has not already been approved by the council, the applicant shall be required to cause the Professional Board for Psychology and the council to be furnished with authoritative information as to the training required for such qualification, whereupon, if the standard of such training is considered satisfactory by the council, such qualification may be approved.

3. *Withdrawal:* The rules published under Government Notice No. R. 2330 of 3 December 1976, as amended by Government Notice No. R. 1858 of 16 September 1977, as amended by Government Notice No. R. 1102 of 11 June 1982, as amended by Board Notice 757 of 1982, as amended by Government Notice No. R. 2217 of 7 October 1983, are hereby withdrawn.

(27 December 1991)

BOARD NOTICE 149 OF 1991

EXCLUSION OF BENEFITS FROM THE DEFINITION OF "HOUSING SCHEME" IN THE REMUNERATION OF TOWN CLERKS ACT, 1984

I, Jacobus Venter, Acting Secretary to the Board on Remuneration and Service Benefits of Town Clerks, duly authorised thereto by the said board in terms of section 2 (2) of the Remuneration of Town Clerks Act, 1984 (Act 115 of 1984), and with the concurrence for general information that the following qualification have, in terms of section 1 (2) of the Act, been excluded by the Board from the definition of "housing scheme" as intended by the Act with effect from 1 January 1991 with regard to town clerks of local authorities:

"The qualification which requires that a town clerk shall, on the date of application or any point of time during an allowance of a legally instituted pension or provident fund or be under an obligation to contribute for that purpose on completion of a qualifying period of service.".

J. VENTER,
Acting Secretary.
(27 December 1991)

A remedy for herb sellers plundering

WILSON ZWANE

STREET vendors selling ingredients used in traditional medicines have come under fire from herbalists who accuse them of destroying natural resources.

Herbalists say the indiscriminate stripping of bark from trees by the vendors endangered the ecosystem and should be discouraged.

African Skilled Herbalist Association president Lymon Msibi said vendors of bark and roots used in traditional remedies should be educated "not to molest but to respect the plants".

One way of doing this would be to invite vendors to join traditional healers and herbalists in efforts to establish nurseries where plants could be cultivated and exploited without damaging natural vegetation.

An SA Nature Foundation spokesman said a project to establish such nurseries had been launched in the western Cape.

He said the project, backed by a R647 000 grant from the foundation, was established last year after six people were arrested in Newlands Forest while stripping bark.

But a Durban City Council horticulturist said he doubted nurseries would woo vendors away from natural bush where the ingredients were free.

Mine guards