HEALTH & DISEASES — OTHER MEDICS

1992



Ancient art . . . acupuncture has been used to treat ailments ranging from paralysis to acne.

New body could highlight role of acupuncture in national health

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



Stoep Talk

MICHAEL SHAFTO

STAR 9/11/92 (97)

The founding of Sabiaa — an acronym easily pronouncable as Sab-i-aa — comes as a direct result of concerted efforts by members of the Chinese community, including professors and doctors of acupuncture, and medical students of both the Witwatersrand and Pretoria universities.

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

Two deeply committed members of the new association are commercial artist Diane Field, a former ME sufferer who firmly believes acupuncture cured her of years of inertia and depression caused by yuppie flu, and new Sabiaa secretary Alwyn van Heerden, a Wits medical student.

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

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

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

Dr Liu and other internationally recognised acupuncture experts will head the course, which will include videotape material from Taiwan.

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

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

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

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

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

After battling for years with yuppie flu, Ms Field at the beginning of this year was so low she had difficulty in getting out of bed. She had to hire an assistant to keep her business going. Within three months of starting acupuncture treatment, she had regained most of her vitality and felt almost back to her old self.

as die Beroepsraad vir Noodsorgpersoneel bekend staan en wat behoudens die bepalings van artikel 15 (6) (a) en (c) van genoemde Wet bestaan uit persone wie se name op die registers van ambulansnoodsorg-assistente en ambulansnoodsorgtegnoloë verskyn wat kragtens artikel 32 van genoemde Wet gehou word.

E. H. VENTER,
Minister van Nasionale Gesondheid.

No. R. 175 **10 Januarie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR SPRAAKTERAPEUTE, SPRAAKTERAPEUTE EN OUDIOLOË, EN OUDIOLOË VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (o) 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 Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 584 van 18 Maart 1983, soos gewysig.

2. Die Regulasies word hierby gewysig deur die toevoeging van die volgende addisionele kwalifikasie:

Eksaminerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
Universiteit van Reading.....	Magister Artium in Toegepaste Taalwetenskap (Kliniese Evaluasie)	MA Applied Linguistic (Clinical Assessment) Reading
Examining authority	*Qualification*	*Abbreviation for registration*
University of Reading.....	Master of Arts in applied Linguistics (Clinical Assessment)	MA Applied Linguistics (Clinical Assessment) Reading

Emergency Care Personnel which shall, subject to the provisions of section 15 (6) (a) and (c) of the said Act, consist of persons whose names appear in the registers of ambulance emergency care assistants and ambulance emergency care technologists kept under section 32 of the said Act.

E. H. VENTER,
Minister of National Health.

No. R. 175 **10 January 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY SPEECH THERAPISTS, SPEECH THERAPIST AND AUDIOLOGISTS, AND AUDIOLOGISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

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 Regulations" means the regulations published under Government Notice No. R. 584 of 18 March 1983, as amended.

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

Examining authority	*Qualification*	*Abbreviation for registration*
University of Reading.....	Master of Arts in applied Linguistics (Clinical Assessment)	MA Applied Linguistics (Clinical Assessment) Reading

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No. R. 176 **10 Januarie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN OUDIOMETRIKUS OMSKRYF

Die Minister van Nasionale Gesondheid het op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. Die volgende handelinge word hierby bepaal as handelinge wat by die toepassing van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), geag word handelinge te wees wat by die beroep van oudiometrikus tuishoort:

(a) Die bepaling en evaluering van die omvang, aard en graad van persone se gehoorfunksie by wyse van elektroakoestiese instrumentasie en waarnemingsmetodes;

(b) die seleksie en passing van en onderrig in die gebruik van gehoorapparate;

(c) die bepaling en evaluering van 'n persoon se vestibulêre—en aangesigsenufunksie.

No. R. 176 **10 January 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF AUDIOMETRICIAN

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. The following acts are hereby specified as acts which shall, for the purposes of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), be deemed to be acts pertaining to the profession of audiometrician:

(a) The determination and evaluation of the range, nature and degree of a person's hearing, by means of electroacoustic instrumentation and observational methods;

(b) the selection and fitting of an instruction in the use of hearing aids;

(c) the determination and evaluation of a person's vestibular and facial nerve function.

No. R. 177 **10 Januarie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR FISIOTERAPEUTE VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (o) 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 Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1127 van 24 Mei 1991.

2. Die Regulasies word hierby gewysig deur die toevoeging van die volgende addisionele kwalifikasie:

Eksaminerende liggaam en kwalifikasie	*Afkorting van registrasie*
Universiteit van Pretoria—	
Baccalaureus Artium Honores in Liggaamlike Opvoeding (Biokinetika)	BA (LO) (Hons) Biokinetika Pret

DEPARTEMENT VAN OMGEWINGSAKE

No. R. 154 **10 Januarie 1992**

GERAASBEHEERREGULASIES INGEVOLGE ARTIKEL 25 VAN DIE WET OP OMGEWINGSBEWARING, 1989 (WET No. 73 VAN 1989)

Die Minister van Omgewingsake het kragtens artikel 25 van die Wet op Omgewingsbewaring, 1989 (Wet No. 73 van 1989), die regulasies in die Bylae uitgevaardig.

BYLAE

Woordomskrywing

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

"aanleg" 'n verkoelmasjien, lugversorger, waaierstelsel, kompressor, kragopwekker of pomp;

"beheerde gebied" 'n stuk grond deur 'n plaaslike owerheid aangewys waar, in die geval van—

(a) padvervoergeraas in die omgewing van 'n pad—

(i) die aflesing op 'n integrerende impulsklankpeilmeter, wat aan die einde van 'n tydperk wat strek vanaf 06:00 tot 24:00 buitenshuis geneem is terwyl sodanige meter in werking is, 65 dBA oorskry; of

(ii) die buitenshuise ekwivalente deurlopende "A"-beswaarde klankdrukpeil op 'n hoogte van minstens 1,2 meter, maar hoogstens 1,4 meter, bokant die grond soos bereken vir 'n tydperk wat strek vanaf 06:00 tot 24:00 ooreenkomstig SABS 0210-1986, getiteld: "Gebruikskode vir die berekening en voorspelling van padverkeersgeraas", afgekondig by Goewermentskennisgewing No. 358 van 20 Februarie 1987, en geprojekteer vir 'n tydperk van 15 jaar wat volg op die datum waarop die plaaslike owerheid sodanige aanwysing gedoen het, 65 dBA oorskry;

No. R. 177 **10 January 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL (91)

REGULATIONS RELATING TO THE REGISTRATION BY PHYSIOTHERAPISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

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 Regulations" means the regulations published under Government Notice No. R. 1127 of 24 May 1991.

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

Examining authority and qualification	*Abbreviation for registration*
University of Pretoria—	
Bachelor of Arts Honours in Physical Education (Biokinetics)	BA (LO) (Hons) Biokinetika Pret

DEPARTMENT OF ENVIRONMENT AFFAIRS

No. R. 154 **10 January 1992**

NOISE CONTROL REGULATIONS IN TERMS OF SECTION 25 OF THE ENVIRONMENT CONSERVATION ACT, 1989 (ACT No. 73 OF 1989)

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

SCHEDULE

Definitions

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

"ambient sound level" means the reading on an integrating impulse sound level meter taken at a measuring point in the absence of any alleged disturbing noise at the end of a total period of at least 10 minutes, after such meter had been put into operation;

"animal" also includes birds and poultry;

"controlled area" means a piece of land designated by a local authority where, in the case of—

(a) road transport noise in the vicinity of a road—

(i) the reading on an integrating impulse sound level meter, taken outdoors at the end of a period extending from 06:00 to 24:00 while such meter is in operation, exceeds 65 dBA; or

(ii) the equivalent continuous "A"-weighted sound pressure level at a height of at least 1,2 metres, but not more than 1,4 metres, above the ground for a period extending from 06:00 to 24:00 as calculated in accordance with SABS 0210-1986, titled: "Code of Practice for calculating and predicting road traffic noise", published under Government Notice No. 358 of 20 February 1987, and projected for a period of 15 years following the date on which the local authority has made such designation, exceeds 65 dBA;

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 173 **10 Januarie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

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

Die Minister van die Nasionale Gesondheid het kragtens artikel 15 (5) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), 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 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet toegeken is, daardie betekenis en, tensy uit die samehang anders blyk, beteken—

"artikel" 'n artikel van die Wet;

"beroepsraad" die Beroepsraad vir Noodsorgpersoneel ingestel kragtens artikel 15 (4);

"lid" 'n lid van die Beroepsraad vir Noodsorgpersoneel.

Samestelling van die beroepsraad

2. Die beroepsraad bestaan uit sewe lede en word soos volg saamgestel:

(a) Een persoon wat lid van die raad is, word deur die raad aangewys;

(b) vyf noodsorgpersoneellede word verkies deur ambulansnoodsorgassistente en ambulansnoodsorgtegnoloë;

(c) drie persone wat geneeshere of tandartse is en wat besondere kennis van noodsorg dra, word deur die raad aangewys.

3. Behoudens die bepalings van regulasie 4 is die dienstermyn van lede van die beroepsraad vyf jaar, gereken vanaf die datum van die verkiesing of aanwysing bedoel in regulasie 2 (b) of (c): Met dien verstande dat sodanige lede herkiesbaar is of weer aangewys kan word, na gelang van die geval.

4. (1) 'n Lid ontruim sy amp—

(a) as hy insolvent raak of van sy boedel afstand doen ten voordele van sy skuldeisers of met hulle 'n skikking aangaan; of

(b) as hy sonder die toestemming van die beroepsraad afwesig is van meer as twee agtereenvolgende gewone vergaderings van die beroepsraad; of

(c) as hy ingevolge die Wet onbevoeg geword het om sy beroep te beoefen; of

(d) as hy, as 'n verkose lid, sy bedanking skriftelik aan die beroepsraad meedeel; of

(e) as hy, as 'n aangewese lid, ophou om aanwysbaar te wees of skriftelik aan die raad kennis gee van sy wens om uit sy amp te bedank en sy bedanking aangeneem word.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 173 **10 January 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONSTITUTION, FUNCTIONS, POWERS AND DUTIES OF THE PROFESSIONAL BOARD FOR EMERGENCY CARE PERSONNEL

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

SCHEDULE

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates—

"member" means a member of the Professional Board for Emergency Care Personnel;

"professional board" means the Professional Board for Emergency Care Personnel established in terms of section 15 (4);

"section" means a section of the Act.

Constitution of the professional board

2. The professional board shall consist of seven members and shall be constituted as follows:

(a) One person who shall be a member of the council, shall be designated by the council;

(b) five emergency care staff members shall be elected by ambulance emergency care assistants and ambulance emergency care technologists;

(c) three persons, who shall be medical practitioners or dentists and who shall have special knowledge of emergency care, shall be designated by the council.

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

4. (1) A member shall vacate his office—

(a) if he becomes insolvent or assigns his estate for the benefit of, or compounds with, his creditors; or

(b) if he is absent from more than two consecutive ordinary meetings of the professional board without the professional board's leave; or

(c) if he has been disqualified under the Act from practising his profession; or

(d) if, as an elected member, he notifies the professional board, in writing, of his resignation; or

(e) if, as a designated member, he ceases to be eligible for designation or gives notice, in writing, to the council of his desire to resign from office and his resignation is accepted.

(2) Elke vakature wat in die beroepsraad ontstaan, word aangevul deur aanwysing of verkiesing, na gelang van die geval, en elke aldus aangewese of verkose lid beklee sy amp slegs gedurende die onverstreke gedeelte van die tydperk waarvoor die lid wat sodanige amp ontruim, aangewys of verkies is.

Bevoegdhede van die beroepsraad

5. Die beroepsraad kan—

(a) vertoë tot of deur bemiddeling van die raad rig vir die uitvaardiging, wysiging of intrekking van 'n regulasie of reël wat op die beroepsraad of op ambulansnoodsorgassistente of op ambulansnoodsorgtegnoloë van toepassing is;

(b) deur bemiddeling van die raad vertoë tot die Minister rig betreffende die omskrywing van die omvang van die beroep van ambulansnoodsorgassistent of ambulansnoodsorgtegnoloog indien die raad kragtens artikel 33 (1) by die Minister sou aanbeveel dat die omvang van die beroep van ambulansnoodsorgassistent of ambulansnoodsorgtegnoloog omskryf word deur die handelinge te bepaal wat vir die doeleindes van die Wet geag word handelinge te wees wat by die beroep van ambulansnoodsorgassistent of ambulansnoodsorgtegnoloog tuishoort.

Werksaamhede en pligte van die beroepsraad

6. Dit is die plig van die beroepsraad om—

(a) 'n hoë peil van professionele onderrig en professionele gedrag by ambulansnoodsorgassistente en ambulansnoodsorgtegnoloë te bevorder;

(b) aan die raad verslag te doen oor enige aangeleentheid rakende ambulansnoodsorgassistente of ambulansnoodsorgtegnoloë wat deur die raad na hom verwys word;

(c) die raad te adviseer oor die skrapping, kragtens die bepalings van artikel 19 of artikel 32 (2), van die naam van 'n persoon uit die register van ambulansnoodsorgassistente of dié van ambulansnoodsorgtegnoloë wat kragtens artikel 32 gehou word; en

(d) aanbevelings by die raad te doen betreffende die erkenning van inrigtings vir die voorgeskrewe praktiese opleiding van ambulansnoodsorgassistente of ambulansnoodsorgtegnoloë en betreffende die erkenning van kwalifikasies van ambulansnoodsorgassistente of ambulansnoodsorgtegnoloë wie se name kragtens artikel 32 in die toepaslike register ingeskryf word.

No. R. 174 **10 Januarie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

INSTELLING VAN 'N BEROEPSRAAD VIR NOODSORGPERSONEEL

Kragtens die bevoegdheid my verleen by artikel 15 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), en na oorweging van 'n aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, stel ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, hierby 'n beroepsraad in wat

(2) Every vacancy on the professional board shall be filled by designation or election, as the case may be, and every member so designated or elected shall hold office only for the unexpired portion of the period for which the member vacating such office was designated or elected.

Powers of the professional board

5. The professional board may—

(a) make, to or through the council representations for the making, amendment or withdrawal of any regulation or rule that applies to the professional board or to ambulance emergency care assistants or to ambulance emergency care technologists;

(b) submit, through the council, representations to the Minister in regard to the definition of the scope of the profession of ambulance emergency care assistant or ambulance emergency care technologist should the council recommend to the Minister, in terms of section 33 (1), that the scope of the profession of ambulance emergency care assistant or ambulance emergency care technologist be defined by specifying the acts which shall, for the purposes of the Act, be deemed to be acts pertaining to the profession of ambulance emergency care assistant or to ambulance emergency care technologist.

Functions and duties of the professional board

6. It shall be the duty of the professional board to—

(a) promote a high standard of professional education and professional conduct among ambulance emergency care assistants and ambulance emergency care technologists;

(b) report to the council on any matter affecting ambulance emergency care assistants or ambulance emergency care technologists referred to it by the council;

(c) advise the council on the removal under the provisions of section 19 or section 32 (2) of the name of any person from the register of ambulance emergency care assistants or that of ambulance emergency care technologists kept under section 32; and

(d) make recommendations to the council in regard to the recognition of insitutions for the prescribed practical training of ambulance emergency care assistants or ambulance emergency care technologists and in regard to the recognition of qualifications of ambulance emergency care assistants or ambulance emergency care technologists whose names are entered in the appropriate register kept under section 32.

No. R. 174 **10 January 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ESTABLISHMENT OF A PROFESSIONAL BOARD FOR EMERGENCY CARE PERSONNEL

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

Ambulances moved 15km out of Soweto

Out of reach

Sowetan 13/11/92

97

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

BY JOE MDHLELA

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

The Council is relocating its ambulance service from Jabulani to Rietfontein, 15km south of Soweto.

The already stretched service will now be shared by additional areas, including Mondeor, Walkerville, Lenasia, Ennerdale and Eldorado

To page 2

Ambulances to be moved

Sowetan 13/11/92

97

From page 1

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

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

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

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

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

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

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

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

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

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

Uproar over ambulance move

Sowetan 14/1/92

9M

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

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

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

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

By IKE MOTSAPI and ISAAC MOLEDI

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

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

"In the first place the decision does not make economic sense.

"The available services are inadequate to serve Soweto yet the city council seeks to transfer them to an area where they will be expected to serve more people. This indicates an absence of planning by the council. The people of Soweto demand an expansion of existing ambulance services rather than a transfer which will lead to a decrease in services."

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

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

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

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

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

Mrs Annette Clear, Baragwanath's public relations officer, declined to comment.

STAR 23/11/92

(97)

Call to recognise SA's traditional healers

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

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

The centre said there were probabaly more traditional healers than doctors in South Africa although there are no exact figures. — Medical Reporter.

Black volunteers line up for medical corps

STAR 25/11/92 (97)

OWN CORRESPONDENT

The South African Medical Services (SAMS) training centre in Voortrekkerhoogte was this week swamped by more than 200 hopefuls who arrived unexpectedly and applied for black volunteer posts.

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

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

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

Earlier this month, Brigadier Dan Lamprecht, officer commanding Western Province Command, admitted that black and coloured volunteers now outnumbered national servicemen. Official SADF figures show that SAMS turns away about 90 percent of all black volunteers and the army turns away about 50 percent.

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

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

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

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

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

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

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

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

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

Healers want to put muti on medical aid

B|Dcy 27/11/92

KATHRYN STRACHAN

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

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

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

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

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

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

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

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

Strike over claimed attack on patient

w/Mail 31/1 - 6/2/92

By RAY NXUMALO

HILLBROW Hospital staff yesterday marched through the grounds to the superintendents' office to protest against alleged assaults on patients by security guards.

Demonstrators — mostly members of the National Educational Health and Allied Workers' Union (Nehawu) — handed over a memorandum containing a number of grievances, including demands for recognition and a revamp of disciplinary procedures.

Nehawu vice-chairman Siphiwe Mazibuko said no member of Nehawu had been assaulted, but the union was ensuring this kind of behaviour stops.

The Transvaal Provincial Administration "is aware of the alleged assault that took place in the casualty department of the Hillbrow Hospital between a patient and members of the security company", said TPA media liaison officer Rikus Delport.

The TPA and the security company, is investigating the matter.

Mazibuko said a manager of the security firm is the son of the hospital's deputy director — who is also chairman of the disciplinary committee accused of unfairly dismissing hospital employees.

The point of acupuncture

ST Times 2/2/92

97

THE ancient art of acupuncture is a painless way of fighting pain. It is relatively inexpensive, requires no drugs and has no side-effects — if performed by experienced hands.

It can work as an anaesthetic or resuscitate coma victims. It has sometimes even restored functions to paralysed limbs. Yet its use remains controversial.

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

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

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

He explains: "There is no scientifically satisfactory explanation. Acupuncture is based on the Taoist philosophy of life energy (Chi) and the inter-relationships between Yin and Yang — the feminine-masculine forces.

"Taoists believe Chi exists in all living things. It is invisible but alive, and circulates continuously within the body. It moves along 14 pathways called meridians."

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

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



ANCIENT ART: Dr Jimmy Lu exercises his skill . . . 'there is no scientifically satisfactory explanation'

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

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

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

What it doesn't cure, says Dr Lu, is cancer. "Also, after surgery, which severs the meridian, acupuncture is no longer useful."

Increasing numbers of local doctors are using acupuncture. But, if you choose to visit an Eastern-trained practitioner, expect an entirely different approach.

SAYS Dr Lu: To diagnose I look at the way the patient moves, the state of the skin and tongue. But most important are the eyes and the taking of the pulses — three on each wrist. These detect rhythms used for diagnosis.

"Guidance on how to eat properly is also important," says Dr Lu. "Different foods affect different people, and a change of diet is often essential.

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

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

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

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

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

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

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

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

Janet Wilhelm

Hospital employees go on strike

STAR 5/2/92

By Montshiwa Moroke

About 300 employees at the SA Institute for Medical Research (SAIMR) in Hillbrow have been on strike since Monday because of a dispute over transport allowances.

Those involved in the stoppage were mostly black staff and included technicians, labourers, clerks, cleaners, drivers and security personnel.

The workers said yesterday their colleagues at Baragwanath Hospital were getting transport allowances of R100 while they were getting only R30 or nothing. Allowances for some Baragwanath staff had been increased by R70 last year.

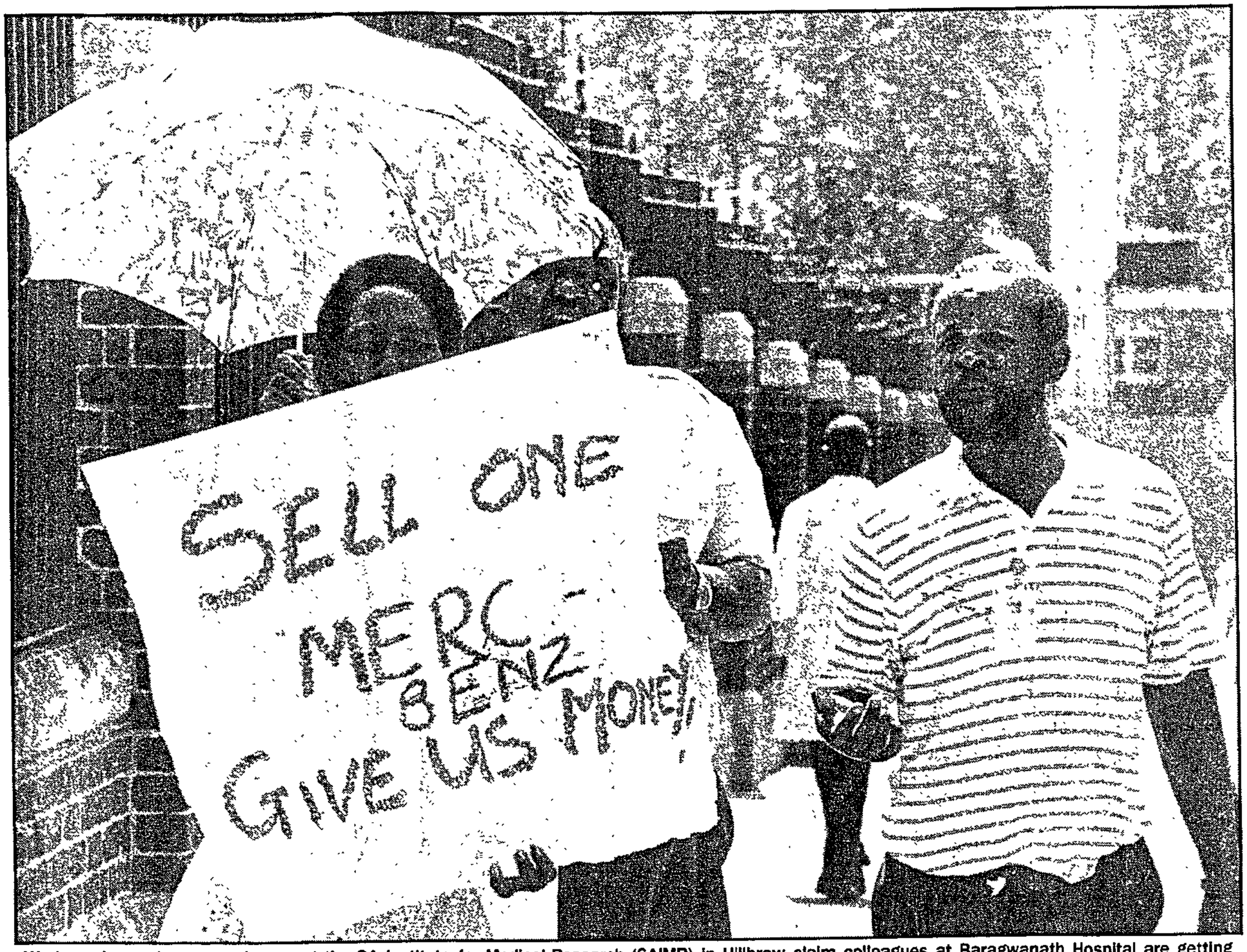
A spokesman said other staff involved in the dispute included workers at laboratories at Rietfontein, Tembisa, Natalspruit and Johannesburg hospitals.

SAIMR deputy-director Dr Richard Doehring said the strike was unprocedural and illegal and they had given those involved in the action until 11 am today to go back to work or face the consequences.

Dr Doehring said management had told the workers that the issue was a renumeration problem and should be discussed in the context of annual wage negotiations which were to take place next month.

"We feel it would compromise discussions if it was discussed outside that context."

Management and a workers' delegation decided after a meeting lasting more than two hours yesterday to continue talks at 9 am today.



Workers demands . . . employees at the SA Institute for Medical Research (SAIMR) in Hillbrow claim colleagues at Baragwanath Hospital are getting transport allowances of R100 while they are getting only R30 or nothing.

Picture: George Mashinini

An unlikely voice for sangomas

BIPay 5/2/92 (97)

KATHRYN STRACHAN

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

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

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

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

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

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

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

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

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

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

After the Rhodesian war he returned to serve in the SADF's military intelligence, and retired in 1980.

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

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

Adjoining his house is the council's headquarters — where African shields and pictures of the Rhodesian Grey Scouts hang side by side.

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

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

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

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

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

But his predictions turned out to be accurate.

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

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

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

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

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

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

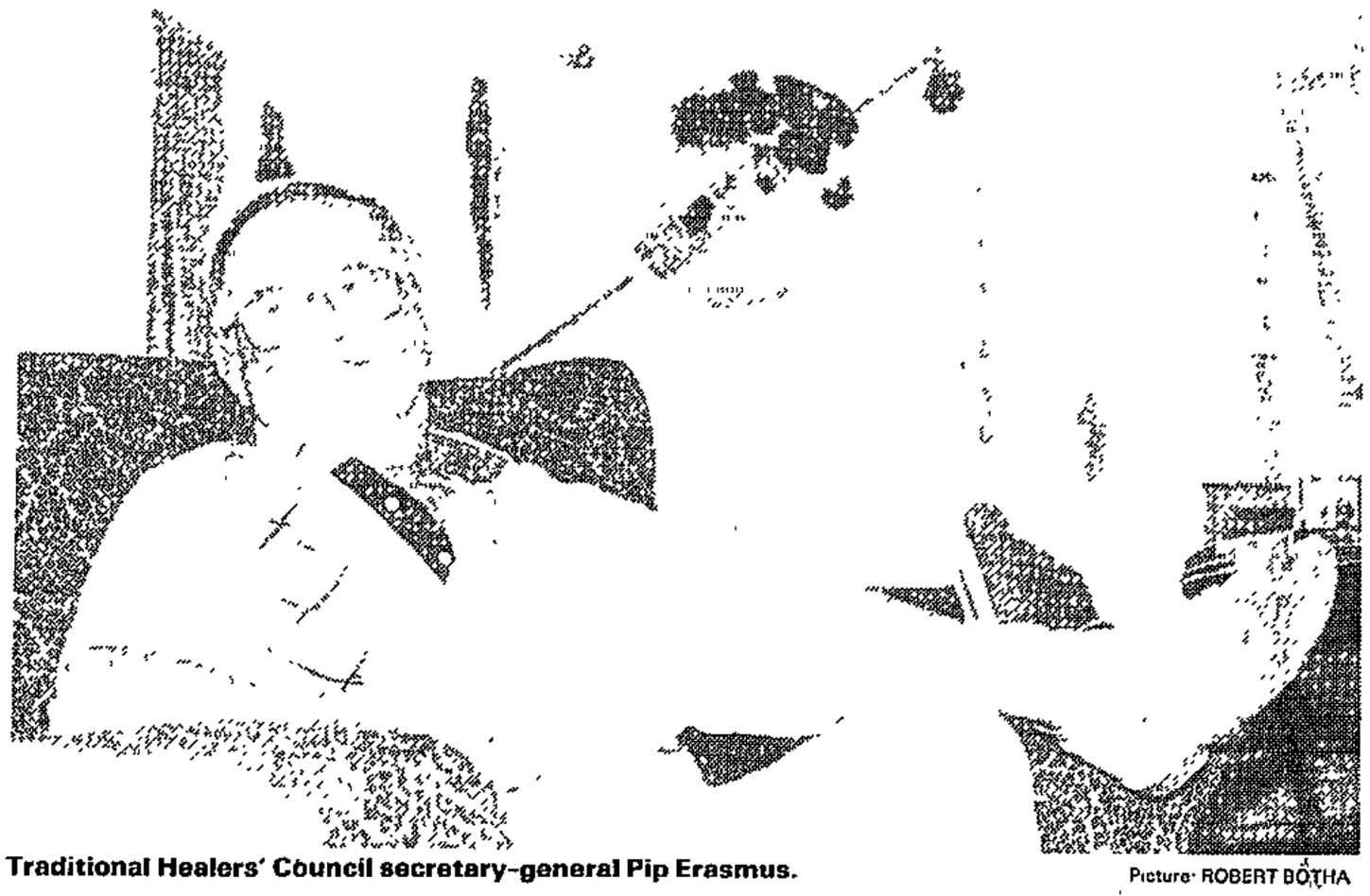
Healers consulted each other, and would welcome the chance to refer to doctors if they could not cure a patient. At present a healer is given a week to cure a patient. If he cannot he must pass the patient on to another healer.

There are 32 different areas of specialisation in traditional healing and the next healer could always try a different treatment.

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

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

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



Traditional Healers' Council secretary-general Pip Erasmus.

Picture: ROBERT BOTHA

Racist dishes up tantrums

By THEMBA KHUMALO 97

DO you want to know if apartheid is dead?

The answer can be found during lunch time at the Johannesburg Hospital, where a white porter throws tantrums at the sight of blacks.

Doris Mgubungu, a nursing sister at the hospital, and her colleague, Dorah Makhubu, became victims of the man's racist tantrums when they tried to join him at the table for a meal at the hospital canteen on Friday.

When they sat down opposite him, he rudely told them he did not want blacks at his table. The angry nurses told him there was nowhere else to sit.

In front of some 400 staff members the man grabbed the nurses' plates, threw them on floor and brazenly walked out. Press 9/2/92

The shocked nurses then queued for a second helping.

The man returned and found them eating at the same table. He asked: "Are you still sitting here?"

When the nurses ignored him, he tilted the table towards them, splattering food on Mgubungu's uniform, and walked out.

No one in the predominantly white canteen intervened.

The humiliated nurses approached a security guard who told them not to take the man seriously as he was "mad".

The nurses have taken up the matter with the hospital authorities who have promised to take disciplinary action.



OUT TO LUNCH ... Makhubu shows the mess on Mgubungu's uniform. ■ **Pic: SIPHIWE MHLAMBI**

	(a)(i)	(b)(i)	(c)(i)
Lebowa	Unknown	Unknown	None
QwaQwa	None	2 500	None
KwaZulu	None	1 000	None
KaNgwane	Unknown	Unknown	None
KwaNdebele	None	Unknown	None
Gazankulu	Unknown	Unknown	None
	(a)(ii)	(b)(ii)	(c)(ii)
Lebowa	Unknown	Unknown	Not applicable
QwaQwa	Unknown	Dec. '92	Not applicable
KwaZulu	Unknown	Ongoing	Not applicable
KaNgwane	Unknown	Unknown	Not applicable
KwaNdebele	Unknown	Unknown	Not applicable
Gazankulu	Unknown	Unknown	Not applicable

The South African Government has not built houses in the self-governing territories since 1984.

The self-governing territories were requested to forward information but to date not all replies were received.

Political violence: number of people killed

7. Mr R V CARLISLE asked the Minister of Law and Order:

(a) How many persons died in or as a result of political violence during the 1991 calendar year and (b) how many such persons were (i) members of the South African Police Force, (ii) members of the South African Defence Force and (iii) councillors or other elected office-bearers? Hansard 12/2/92. B17E

The MINISTER OF LAW AND ORDER:

(a) 2 239

(b) (i) 50
(ii) 2
(iii) 4 councillors

Note:

No statistics regarding other elected office-bearers are kept.

Number of persons tested HIV-positive

9. Mr M J ELLIS asked the Minister of National Health: Hansard 12/2/92

How many (a) White, (b) Black, (c) Coloured and (d) Indian persons in the Republic tested HIV-positive in the latest specified calendar year or 12-month period for which figures are available? Hansard 12/2/92 B21E

The MINISTER OF NATIONAL HEALTH:

No data for individual years are available. The cumulative total of anonymously reported HIV-positive persons as at 28 November 1991 is as follows:

(a) White	1 420
(b) Black	12 198
(c) Coloured	336 and
(d) Indian	65

Radiographers: vacant posts

13. 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 African 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 1990 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1991? Hansard 12/2/92. B30E

The MINISTER OF NATIONAL HEALTH:

(1) (a) 200 and

(b) 1 January 1992;

(2) (a) Cape 33, Natal 3, Orange Free State 9, Transvaal 43 and

(b) Cape 16, Natal 3, Orange Free State 9, Transvaal 31.

"Children of God": Cape Town riot police

17. Mr J VAN ECK asked the Minister of Law and Order:

(1) Whether he and/or the South African Police were informed that the British Broadcasting Corporation television service was making a film of the Cape Town riot police called "Children of God" for use on British television during 1991;

(2) whether this film was made with the full knowledge of the South African Police;

(3) whether the Police imposed any restrictions on the producers in making this film; if so, what restrictions;

(4) whether he and/or the Police have seen the completed version of this film; if so,

(5) whether he and/or the Police found any of the comments made in this film by individual members of the Police in Cape Town to be unacceptable; if so,

(6) whether he intends taking any steps against any of the policemen quoted in this film; if not, why not; if so, what steps? B37E

The MINISTER OF LAW AND ORDER:

(1) Yes, my predecessor and the Commissioner of the South African Police.

(2) Yes.

(3) No.

(4) Yes, my predecessor the Deputy Minister and Commissioner of the South African Police, but only after it was televised by the BBC.

(5) Yes.

(6) Yes, individual members who were guilty of statements which cannot be reconciled with the image and credo of the South African Police, were reprimanded by the Regional Commissioner.

Note:

Although no restrictions were placed on the production of the film, there were certain conditions for monitoring. These conditions were not complied with by the BBC.

SAP members: retirements

24. Mr A GERBER asked the Minister of Law and Order:†

How many members of the South African Police Force retired from the Force on accelerated pension in 1990 and 1991, respectively, as a result of (a) physical injuries and (b) stress? B58E

The MINISTER OF LAW AND ORDER:

1990 (a) not available.

(b) not available.

1991 (a) 97

(b) 34

Note:

Reasons for accelerated retirement were not recorded during 1990.

SAP members: convictions/civil claims

26. Mr L FUCHS asked the Minister of Law and Order:

(1) How many policemen and policewomen were convicted of crimes committed in the course of duty in 1991;

(2) (a) how many complaints of assault were laid against the South African Police in 1991 and (b) how many (i) prosecutions and (ii) convictions have resulted from complaints of assault by members of the Police in that year;

(3) (a) how many civil claims arising out of complaints laid against the police in 1991 have been filed to date and (b) in respect of what date is this information furnished? B73E

The MINISTER OF LAW AND ORDER:

(1) 713

(2) (a) 6 203

(b) (i) 844

(ii) 246

(3) (a) 2 334

(b) 1 January 1991 until 31 December 1991.

Chiropractors come in out of the cold

STAR 13/2/92.

(97)

BACK DOCTORS
The healing discipline of chiropractic is no longer considered an unscientific cult. It has come into its own, say Cape chiropractors.
MARIKA SBOROS reports.

GOOD health can be at the back of your mind, in more ways than one, through chiropractic. The healing discipline is no longer considered an unscientific cult, incompatible with orthodox medicine.

It is now accepted as an autonomous, distinct healing profession involved primarily yet not exclusively in treating neuromuscular skeletal conditions affecting the spine, say two Cape Town chiropractors. This change of perception is due largely to patient satisfaction, and to positive findings of independent commissions of inquiry, according to Dr Barry Birkett, chairperson of the Western Province branch of the Chiropractic Association of SA, and past chairperson Dr Kevin Lentin.

They have written a feature article on chiropractic in the latest edition of the Continuing Medical Education journal, a publication of the Medical Association of South Africa.

The Hupkes Commission of Inquiry into chiropractic in South Africa in 1990 found that on the basis of evidence, "chiropractic is an indispensable branch of the modern health care delivery system". Researchers conducting an official commission of inquiry in New Zealand in 1979 found themselves "irresistibly and with complete unanimity drawn to the conclusion that modern chiropractic is a soundly based and valuable branch of health care in a specialised area neglected by the medical profession." That still stands in this country.

Co-operation between chiropractors and members of the orthodox medical profession would benefit patients enormously, the authors say. But Rule 9,2 of the ethical code of the SA Medical and Dental Code prevents doctors from referring patients to chiropractors, or even associating with them.

However, with the modern trend towards the individual's responsibility for health, and the increasing use of natural therapies and medication, the future of chiropractic health care is assured, the authors say.

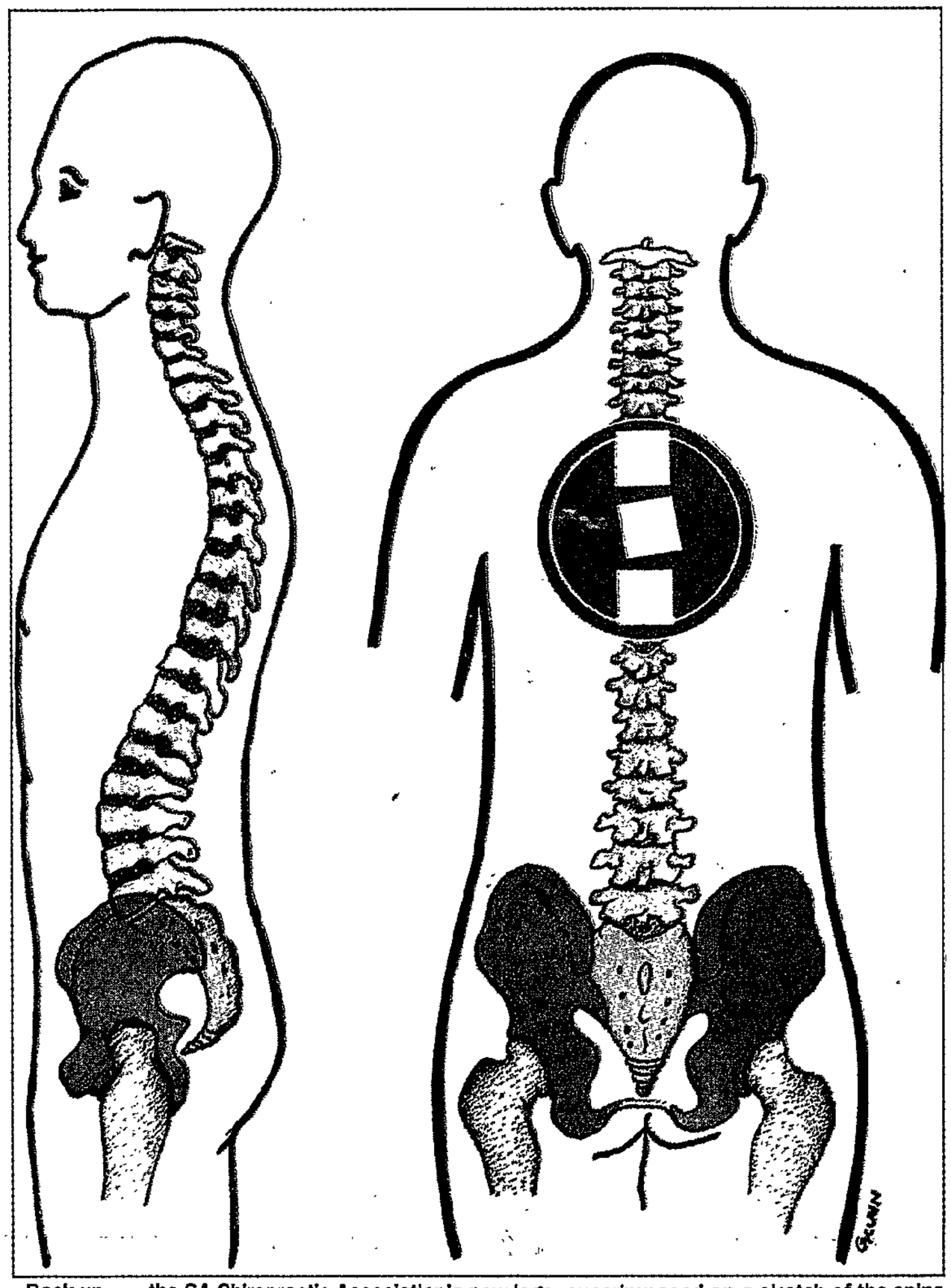
The status of chiropractic doctors in South Africa is as follows:

In 1989 the Natal Technikon opened a chiropractic faculty from which students will graduate with a five-year Masters Diploma followed by a one-year internship, according to information from the journal of Continuing Medical Education.

The course is governed by strict requirements laid down by the Department of National Health and Population Development and the Department of Education, to ensure a standard comparable to medical training.

As well as teaching internationally accepted chiropractic techniques, the basic sciences, medical subjects and dissection appropriate to the chiropractic curriculum, students are taught a holistic approach to patient care, including the role of diet, nutrition, exercise, stress and environmental factors.

Registration and control of the profession is monitored by the Associated Health Service Professional Board. The board's function and legal status is the same as that of the South African Medical and Dental Council.



Back up . . . the SA Chiropractic Association's new logo, superimposed on a sketch of the spine.

In chiropractic philosophy, disease is as a result of spinal dysfunction. The chiropractor's main function is initially to analyse the spine for structural and/or central nervous system sources of health problems, using standard orthopaedic, neurological and radiological examination.

Once spinal lesions known as "subluxations" or "fixations" have been identified, these are adjusted by specific techniques to restore biomechanical function.

Most chiropractors these days are more than just back doctors. While chiropractic treatment focuses on the spine, it is primarily a preventative form of health care, in line with the worldwide trend, say the authors. This will have positive economic implications for South Africa.

At present, 95 percent of health care is curative, and the Department of Health has emphasised the importance of moving towards preventeative and primary health. Recent findings on the curative role of chiropractic show it to be more clinically (and cost) effective than conventional medicine, say the authors.

A random comparison of chiropractic and hospital outpatient treatment for low back pain of mechanical origin, reported in the British Medical Journal, concluded that chiropractic treatment was more effective than hospital outpatient management mainly for chronic or severe back pain.

A South African study found the disability period under chiropractic care was 39 days compared with 58 days under traditional medical management, leading to a 55,3 percent reduction in total cost care.

Acupuncture looking sharp once more

STAR 27/2/92 (97)

FINE POINT
The ancient Chinese art of healing with needles is a safe, inexpensive and useful primary health-care treatment, says a medical doctor. **MARIKA SBOROS** reports.

ORTHODOX medical doctors have long had the needle to acupuncturists, but the ancient Chinese healing art is enjoying its second major resurgence of interest in the West.

Slowly but surely it is being accepted, not only by medical practitioners but also by veterinarians.

And it's about time too, says a Cape Town doctor, who practises acupuncture and believes it should be a treatment of choice in some common complaints.

In the hands of an experienced practitioner, it is a safe, inexpensive and useful primary health care treatment, says Dr Peter Smith, of the Rheumatic Diseases Unit of the University of Cape Town.

Acupuncture should be taught in medical schools and be part of the curricula of all primary health care workers, says Dr Smith, in an article in the Continuing Medical Education journal, a publication of the Medical Association of South Africa.

"After all, we are in practice to help our patients, and if there is a safe, easily administered treatment available with a low side-effect profile, we need to ask ourselves why we are not using it."

'It's worth promoting'

WESTERN medicine couldn't do much to help Helena Botha, wife of Foreign Minister Pik Botha, when she suffered serious partial paralysis after injuring her spine in April last year.

Now she is responding well to acupuncture treatment in Taiwan and is reportedly able to use her hands and legs.

Mrs Botha says acupuncture is a medical treatment worth promoting.



Helena Botha . . . could not move.

Guide to the treatment

THE World Health Organisation acupuncture seminar held in Beijing in 1979 produced a provisional list of conditions which may benefit from acupuncture treatment.

The list does not indicate the effectiveness of the therapy, but is intended as a guide to areas where acupuncture is applied either as primary or adjunctive treatment.

Among possible indications for acupuncture are:

- **Mouth disorders such as toothache, post-extraction pain and gingivitis.**
- **Gastro-intestinal disorders such as constipation, diarrhoea and pain relief of chronic duodenal ulcers.**
- **Upper respiratory tract problems such as common cold, sinusitis and rhinitis.**
- **Respiratory system disorders such as bronchitis and bronchial asthma.**
- **Eye infections.**
- **Neurological and musculoskeletal disorders such as migraine, frozen shoulder, tennis elbow, sciatica and low back pain.**

★ Information taken from the journal of Continuing Medical Education.

Acupuncture has a long and established history in the East, beginning in Northern China, stretching back over 4 000 years, compared with a some what fitful one in the West, spanning the last 300 years, says Dr Smith.

It is also devoid of any socio-religio-political prejudice.

The ancient Chinese believed that a "life force" or "energy" called chi, existed in all things.

This energy has two complementary opposites, called yin and yang.

For the body to maintain its homeostasis (good health), yin and yang had to be in a functional "balance".

Dr Smith speculates that this could be an early description of the autonomic nervous system.

Acupuncture treatment is said to stimulate certain points to remove blocks to the flow of "energy" and restore a balanced flow of chi throughout the body.

It generally works in an incremental fashion — initial treatments seem to be only partially effective, but as the course continues, response appears to be amplified.

"Acupuncture is often able to effect a permanent improvement in chronic conditions," Dr Smith says.

Like Western medicine, the improvement pattern in chronic and acute-on-chronic states is variable.

Acupuncture is only a part of a spectrum of Chinese medicine, coming after massage and herbal medicine. The surgeon's knife is the last resort.

Most of the clinical trials done in the West have been on patients with chronically painful conditions, who have already tried a number of of the forms of treatment, says Dr Smith.

A therapy based essentially in the primary health care field has been and continues to be tested out of context.

A scientific rationale is emerging, and further rigorous clinical trials are needed.

Acupuncture was used on animals only after the Chinese had perfected the basic acupuncture techniques in humans — in about 1 500 BC — "very different from our largely animal-dependent approach to research", says Dr Smith.

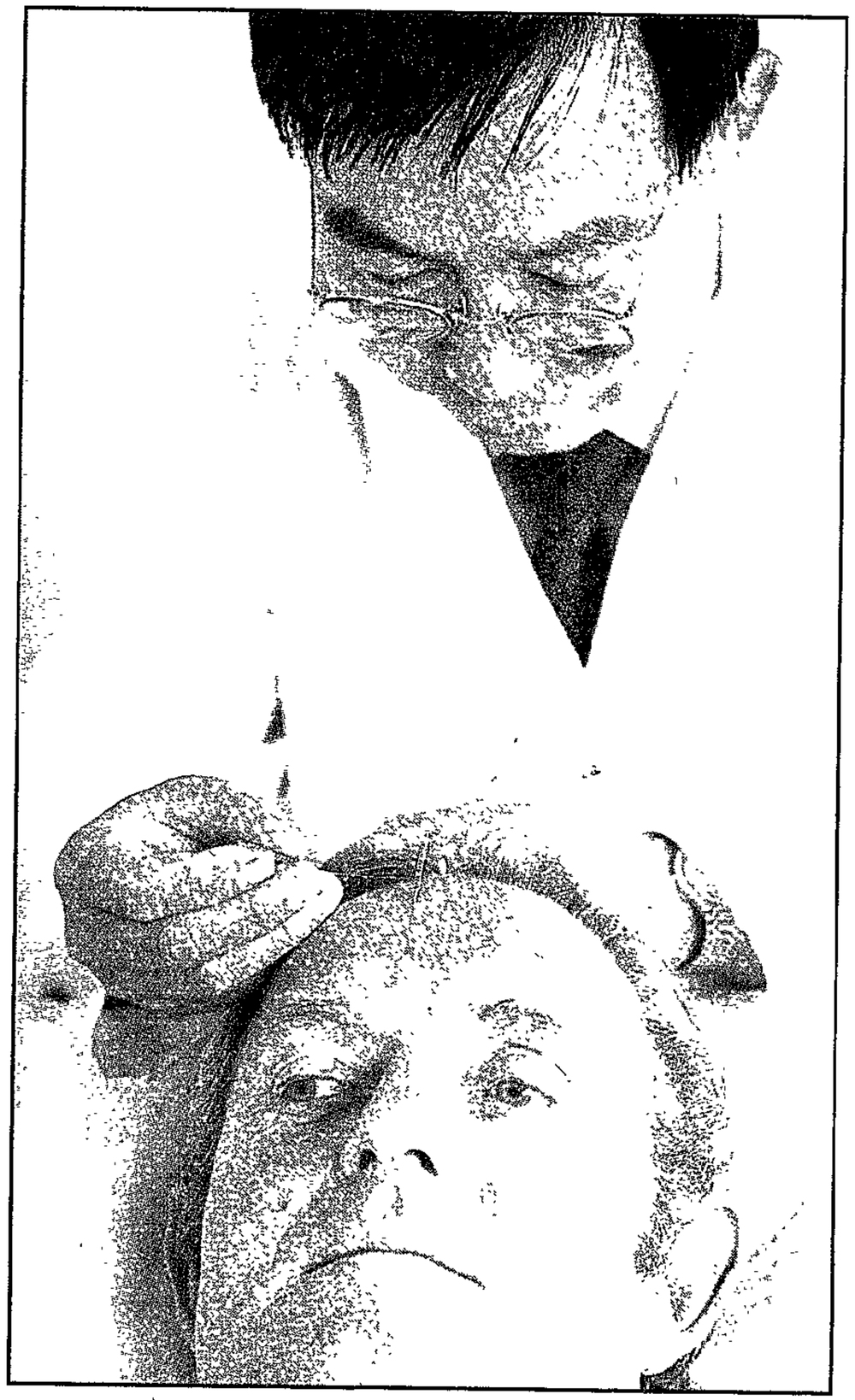
Proper training is vital, says Dr John C Y Liu, who has a practice in Yeoville and Kempton Park.

He studied acupuncture for 10 years in Taiwan, and has internationally recognised diplomas.

Dr Liu practises acupuncture on the head, ears and body, and specialises in the treatment of ME, commonly known as Yuppie Flu and Chronic Fatigue Syndrome. Among his patients are doctors, lawyers and accountants, he says.

Dr Liu runs training courses over a period of seven years (the minimum required, he says) for medical students and those involved in allied healing professions.

He started a local branch of the International Acupuncture Association last year.



Pinpoint accuracy . . . Taiwanese acupuncturist Dr John C Y Liu of Yeoville treats a patient, Mike Bailes of Rivonia. Picture: Etienne Rothbart

Aftercare for stroke victims needs some rehabilitation

STAR 27/2/92

HARSH STROKES
Local authorities should supply a rehabilitation service for stroke patients, but they do not, says a physiotherapist.
MARIKA SBOROS reports.

STROKE patients need intensive rehabilitation if they are to return to work and an independent life. Many don't get it because provincial hospitals lack facilities and qualified staff, says a physiotherapist.

Local authorities are supposed to supply a rehabilitation service but do not, says Anna Bizos, of the SA Society of Physiotherapy. Apart from a unit at Edenvale Hospital, there are no provincial rehabilitation units for stroke patients, and little hospital transport is provided for outpatient appointments.

Strokes are caused by the rupture of a blood vessel in the brain resulting in loss of consciousness which is often followed by varying degrees and severity of paralysis.

Strokes affect an economically active section of the population and rehabilitaion is vital in getting them back to work.

The rehabilitation process is a long one, requiring input from physiotherapy, occupational and speech therapy, as well as from social workers and psychologists. A 1990 survey showed that 70 percent of stroke patients were discharged from provincial hospitals before rehabilitation was complete.

"Patients are discharged from hospital far too early, because of hospital pressure on beds for "ill patients", Mrs Bizos says.

Only 20 percent of physiotherapists work for the TPA, handling 80 percent of the population, and earning low salaries. The rest have opted for the more lucrative area of private practice, says Mrs Bizos.

She says a physiotherapy graduate, with a BSc degree earned over four years, receives R1 100 a month from the public sector. In private practice, this is tripled, she says. (☆ See TPA comment at end).

The provincial authorities could learn from the Israelis. Physiotherapy senior lecturer Elia Panturin, of Tel Aviv University, is in the country conducting basic and advanced courses in rehabilitation of neuroligically injured or ill patients, based on the internationally successful Bobath method.

REHABILITATION of the neurological patient in Israel is aimed at quality of function, and begins intensively from the onset of illness or injury. Once rehabilitation is deemed to be complete at suitably equipped and staffed centres, the patient is supervised at home or as an out patient.

Supervision will continue for the rest of that patient's life, says Mrs Panturin. This may be once every six months, or once a year, if the patient responds well, she says.

☆ A TPA spokesman says that except for the smaller community hospitals, physiotherapy facilities are available at the larger provincial hospitals.

A more specialised phsyiotherapy service is available at larger hospitals and teaching hospitals, says the TPA's Jan van Wyk. Once patients have been discharged, physiotherapy can continue on an out-patient basis, or in the community, he says, for example by local authorities or private physiotherapists.

The quoted salary for a physiotherapy graduate is incorrect, he says, and should take into account benefits such as pension fund contributions, medical aid, housing subsidy, maternity and sick leave.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

Nutrition officers

4. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Health Services and Welfare:

(a) How many nutrition officers are employed in (i) his Department and (ii) and (aa) Durban and (bb) Cape Town regional offices of his Department and (b) in respect of what date is this information furnished?

D26E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) (i) 8

(ii) (aa) 7

(bb) Nil

(b) 19 February 1992.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

Own Affairs:

White State schools: expenditure per capita

25. Mr K M ANDREW asked the Minister of Education and Culture:

(1) How much was spent *per capita* on (a) teachers, (b) administrative staff, (c) grounds, cleaning and caretaker staff, (d) books and stationery, (e) equipment, (f) building maintenance and (g) other specified items in respect of (i) primary and (ii) secondary White State school pupils in the 1990-91 financial year;

(2) whether the above personnel expenditure includes employer contributions to pension funds; if not, what is the employer contribution to pension funds calculated on the same *per capita* basis?

B189E

The MINISTER OF EDUCATION AND CULTURE:

		(i) R	(ii) R
(1)	(a)	2 282	3 223
	(b)	125	224
	(c)	100	191
	(d)	40	105
	(e)	14	48
	(f)	50	70
	(g)	65	110

(2) Yes.

Teacher/pupil ratio

33. Mr R M BURROWS asked the Minister of Education and Culture:

What teacher/pupil ratio was applicable in (a) primary and (b) secondary schools in (i) each of the provincial education departments and (ii) his Department as at the latest specified date for which figures are available?

B319E

The MINISTER OF EDUCATION AND CULTURE:

		(a)	(b)
(i)	Cape	1:19,0	1:14,8
	Natal	1:22,6	1:16,4
	Orange Free State	1:21,3	1:16,1
	Transvaal	1:23,2	1:17,0
(ii)		1:21,8	1:16,2

On the first Tuesday of March 1991 for public ordinary schools.

THE ROUTE TO HEALTH FOR ALL

New Nation [Learning Nation] 20/3-27/3/92 (97)

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

Against the background of the existing inequalities in the South African health care system "Health for All South Africans" seems a distant dream. Primary health care has been proposed as a way of transforming Health for All from a mere dream to a fact of life.



Liki Mokoena gets up at 4 o'clock every morning to fetch water

What is Primary Health Care (PHC)?

In 1978 in Alma Ata, a city in the now dissolved Soviet Union, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) convened a conference where the governments of 134 countries and voluntary agencies endorsed the concept of Primary Health Care (PHC) as a way to achieve Health for All by the year 2 000.

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

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

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

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

What PHC is Not!

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

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

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

PHC in South Africa

In South Africa many health workers argue that it is impossible to implement PHC under Apartheid, which has denied many people access to health services and ignored calls for community participation in addressing people's health. These difficulties, together with differences in the interpretation of the concept PHC have led many health workers to coin the term **"Progressive PHC"**.

PHC is being implemented by a wide range of Service Organisations especially in the rural areas of the country. But, when considering the health needs of all people, it is clear that a co-ordinated national initiative is necessary.

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

PHC Policy

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

Many groups and organisations are currently in the process of policy formulation or modification.

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

(82) (88) (97)

TPA receives report on strike

The Cillie Commission of Inquiry report on the week-long strike at Ga-Rankuwa Hospital in 1990 has been handed to Transvaal Administrator Danie Hough.

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

The commission was chaired by Mr Justice P M Cillie, assisted by advocate H Botha and Professor R Lipschitz, a senior neuro-surgeon. STAR 23/3/92

The commission was appointed to look into the causes and consequences of the strike, to decide whether any patients died because of the strike, and if anyone was criminally liable. — Pretoria Bureau.

ber and qualifications of serving teachers as well as the facilities available at each college of education must be considered.

(b) Projections made by the Department itself are based on studies done by the Department of National Education and the Research Institute for Education Planning of the University of the Orange Free State.

(3) No. There is no general shortage of teachers. There is a shortage of posts and fully qualified teachers to teach in Mathematics, Physical Science, Accountancy, Biology, Technical Subjects, English and Afrikaans.

Education budget

140. Mr R M BURROWS asked the Minister of Education and Training:

What (a) amount and (b) percentage of the education budget of his Department was spent on (i) pre-primary, (ii) primary, (iii) secondary and (iv) tertiary education during the 1990-91 financial year or the latest specified 12-month period for which information is available?

B350E

The MINISTER OF EDUCATION AND TRAINING:

As the Department's books for 1991-92 have not yet been closed, final amounts are not available. The expenditure for the 1990-91 financial year is therefore supplied.

	(a)	(b)
(i)	R638 958,79	,02%
(ii)	R1 334 432 382,06	45,77%
(iii)	R887 101 412,61	30,43%
(iv)	R320 939 318,54	11,01%

Education: *per capita* expenditure

141. Mr R M BURROWS asked the Minister of Education and Training:

Whether his Department has statistics on the *per capita* expenditure on education in each of the self-governing territories; if not, why not; if so, what was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, in each of these territories on pupils at (i) public schools, (ii) government schools, (iii) community schools, (iv) state-aided schools and (v) state-aided farm schools during the 1990-91 financial year or the latest specified 12-month period for which information is available?

B351E

The MINISTER OF EDUCATION AND TRAINING:

No.

The Department does not have the requested information at its disposal.

Hospital beds

148. Mr M J ELLIS asked the Minister of National Health:

Whether she will furnish statistics on hospital beds authorized by the own affairs administrations, the self-governing territories and the South African Development Trust; if not, why not; if so, how many authorized hospital beds, including beds authorized by each own affairs administration and by the South African Development Trust, were administered by each of the (a) provinces and (b) self-governing territories as at 28 February 1991 and the latest specified date for which information is available, respectively?

B363E

The MINISTER OF NATIONAL HEALTH:

(a) *Provinces*

Provincial Administration of Natal

Own Affairs—767 authorized beds as on 28 February 1991

SADT—1 074 authorized beds as on 28 February 1991

Own Affairs—767 authorized beds as on 28 February 1992

SADT—1 074 authorized beds as on 28 February 1992

Provincial Administration of the Orange Free State

Own Affairs—474 authorized beds as on 28 February 1991

SADT—34 authorized beds as on 28 February 1991

Own Affairs—473 authorized beds as on 10 March 1992

SADT—57 authorized beds as on 10 March 1992

Provincial Administration of the Cape of Good Hope

Own Affairs—1 685 authorized beds as on 28 February 1991

Own Affairs—1 680 authorized beds as on 28 February 1992

Provincial Administration of Transvaal

Own Affairs—5 258 authorized beds as on 28 February 1991

SADT—134 authorized beds as on 28 February 1991

Own Affairs—5 399 authorized beds as on 29 February 1992

SADT—583 authorized beds as on 29 February 1992

Administration: House of Representatives

2 155 authorized beds as on 28 February 1992

Administration. House of Delegates

No hospitals and

(b) *Self-governing Territories*

Lebowa

7 043 authorized beds as on 5 March 1992

GaZankulu

2 501 authorized beds as on March 1992

KaNgwane

968 authorized beds as on 28 February 1992

KwaZulu

10 366 authorized beds

KwaNdebele

No hospitals

QwaQwa

646 authorized beds

Note:

The reason why some of the information is not in accordance with the question as asked, is that this information was not available at the time when the question was answered.

Provincial hospital, PE: staff complement

163. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Port Elizabeth Provincial Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991? B393E

The MINISTER OF NATIONAL HEALTH:

(a)	Senior Nursing Service Manager	1
	Nursing Service Manager	5
	Chief Professional Nurse	15
	Senior Professional Nurse	64
	Professional Nurse	240
	Senior Staff Nurse	11
	Staff Nurse	177
	Senior Nursing Assistant	9
	Nursing Assistant	88
	Student Professional Nurse	56
(b)	Principal Specialist/Associate Professor	2
	Senior Specialist	3
	Specjalist	9
	Part-time Senior Specialist	2
	Part-time Specialist	19
	Registrar	1
	Senior Medical Superintendent	1
	Chief Medical Officer	1
	Principal Medical Officer	1
	Medical Officer	21
	Part-time Medical Officer	4
	Intern (Medical)	6
(c)	Principal Pharmacist	1
	Senior Pharmacist	3
	Pharmacist	6

Provincial hospital, PE: budget/revenue

164. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Port Elizabeth Provincial Hospital, (a) was the amount budgeted for each category of expenditure, and (b)(i) was the revenue and (ii) were the sources of revenue, as at 31 December 1991? B394E

The MINISTER OF NATIONAL HEALTH:

(a)	Personnel expenditure	R38 035 000
	Administrative expenditure	402 000
	Stores and livestock	21 363 000
	Equipment	1 137 000
	Professional and special services	2 694 000
	Miscellaneous expenditure	526 000
	Total	R64 157 000

cont--o

(b) (i) R14 563,17 and

(ii) Hospital fees R14 191 209

Board and lodging	83 578
Rental income	76 960
Meals	19 652
Crèche fees	40 884
Commission on insurance	19 517
Sales	18 990
Payment to dealers	73 753
Miscellaneous income	38 574

Academic hospitals: bed occupancy rate

168. Mr M J ELLIS asked the Minister of National Health:

(a) What is the annual bed percentage occupancy rate at each academic hospital in South Africa and (b) in respect of what date is this information furnished?

B398E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

(a) Groote Schuur Hospital	83,72%
Red Cross Hospital	96,75%
Tygerberg Hospital	89,84%

(b) 1 April 1990 to 31 March 1991.

Provincial Administration of Natal

(a) King Edward VIII Hospital	90,68%

(b) 1 April 1990 to 31 March 1991.

Provincial Administration of the Orange Free State

(a) Universitas Hospital	54,04%
National Hospital	55,18%
Pelonomi Hospital	82,57%

(b) January 1991 to December 1991.

Provincial Administration of Transvaal

(a) Baragwanath Hospital	79,8%
Ga-Rankuwa Hospital	78,2%
H F Verwoerd Hospital	63,7%
Johannesburg Hospital	89,5%
Kalafong Hospital	78,5%

(b) 1 April 1991 to 31 December 1991.

Own Affairs:

Departmental hospitals: posts authorized/filled

44. Mr M J ELLIS asked the Minister of Health Services and Welfare:

How many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts at hospitals falling under her Department had been (i) authorized and (ii) filled in respect of each province as at 28 February 1991 and the latest specified date for which information is available, respectively?

B366E

The MINISTER OF HEALTH SERVICES AND WELFARE:

		(a) Doctors	(b) Nursing	(c) Support staff	(d) Administrative posts
1991/02/28					
TPA	(i)	451	6 085	1 153	1 027
	(ii)	356	5 370	1 044	1 000
CPA	(i)	105	1 226	877	147
	(ii)	93	1 133	805	142
NPA	(i)	32	315	604	106
	(ii)	32	315	604	106
OFS	(i)	28	505	583	90
	(ii)	24	485	551	89
1992/02/29					
TPA	(i)	451	6 084	1 151	1 081
	(ii)	392	5 482	1 072	983
CPA	(i)	109	1 227	872	147
	(ii)	101	1 120	773	134
NPA	(i)	37	315	604	105
	(ii)	37	315	604	105
OFS	(i)	28	505	591	122
	(ii)	26	441	563	113

Hospitals: self-governing territories

45. Mr M J ELLIS asked the Minister of Health Services and Welfare:

(1) Whether her Department renders any assistance to hospitals in the self-governing territories; if so, (a) to which hospitals in each such territory and (b) what is the nature of this assistance;

(2) whether her Department has statistics on

posts at these hospitals; if so, how many (a) doctors', (b) nursing, (c) support staff and (d) administrative posts at these hospitals had been (i) authorized and (ii) filled in respect of each self-governing territory as at 28 February 1991 and the latest specified date for which information is available, respectively?

B367E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a), (b) and (2) Fall away.

Departmental hospitals: medical waste

46. Mr M J ELLIS asked the Minister of Health Services and Welfare:

Whether any changes were introduced in the 1991-92 financial year by hospitals under her control in the system used to dispose of medical waste; if not, why not; if so, what are the relevant details?

B375E

The MINISTER OF HEALTH SERVICES AND WELFARE:

TPA: No changes were made. During the 1991/92 financial year an investigation was conducted at hospitals by the Directorate: Organization and Work Study to establish whether privatization of the disposal of medical waste could be economically justified. The finding was that it was considerably more expensive to privatize the service against the hospitals being responsible for it themselves. In the case of Hendrik van der Bijl Hospital for instance it would have been 56% more expensive.

It was therefore decided to maintain the *status quo*, i.e. that hospitals themselves would be responsible for the disposal of medical waste.

CPA: No changes were made The handling of medical waste can be disposed of by means of a tender system. The Own Affairs hospitals which are operated by the Cape Provincial Administration can also participate when the need arises.

NPA: No changes were made. The present systems are working effectively and sufficiently

OFS: No changes were made. The hospitals incinerate their own medical waste on their premises in their own incinerators.

Instructor qualifies

(94)

Soweto 27/3/92

AN unemployed Soweto grandfather has become the first black person to qualify as a cardiac pulmonary resuscitation instructor in South Africa, according to the Heart Foundation.

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

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

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

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

He urged more people to train as CPR instructors.

"I can't serve the whole community on my own. The more CPR instructors we have the better for everybody," he said.

PROGRESSIVE PRIMARY HEALTH CARE - (PPHC)
WHAT MAKES IT DIFFERENT?

97

New Nation [Learning Nation] 27/3 - 2/4/92

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

The belief that improvements in health are solely due to improvements in medical care has been disproved on numerous occasions. Yet, a purely **medical approach** to health is still the basis of health systems in many countries as well as our own. The aim of health care under such a system is only to treat disease as it appears through doctors and medicine, and not to uplift the community as a whole.

There is another approach to health, called the **health services approach**. With this approach, the community participates actively in the delivery of health services. It focuses on health services and assumes that improvement in health service provision will result in improvement in health.

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

Progressive Primary Health Care (PPHC)

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

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

From this there arises the need for **Progressive Primary Health Care workers** who are committed to bring about social change in South Africa.

Progressive Primary Health Care workers are, then, a distinct and separate grouping within Primary Health Care. They believe that *"social activists should mount and sustain a political campaign to promote the practical realisation of the PHC approach on grounds of both equity and efficiency in the allocation of resources"* (from Article 1 of the Haikko declaration).

From this, it makes sense that many of those who subscribe to the philosophy of Progressive Primary Health Care are members of progressive democratic organisations - which actively address a range of social issues around labour, economics and health.

The Role of Community Health Workers in PPHC

Traditionally the doctor has been the head of the health team. This situation has increasingly been questioned. As we move towards a more community development oriented **(continued below the diagram)**

(Diagram 1)

The typical pyramid

The doctor is on top

DOCTORS
NURSES
PARAMEDICS
COMMUNITY HEALTH WORKERS
COMMUNITY

The community is at the bottom of the pyramid. Each level is rigidly separated from the next.

(Diagram 2)

The pyramid as it should be

The people come first

COMMUNITY
COMMUNITY HEALTH WORKERS
PARAMEDICS
NURSES
DOCTORS

The doctor is on tap (not on top)

The community health worker assumes the lead role in the health team.

approach to health, the conventional health skill pyramid (see diagram 1) should topple to make the community the head of the pyramid. This is one of the changes that are essential for an equitable health care system. Until this happens health experts will continue to dominate the field of health.

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

The National Progressive Primary Health Care Network

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

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

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

Other NPPHCN issues that have a high priority are:

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

In the progressive sector there are numerous health and welfare organisations that for years have all worked towards the health and welfare of all South Africans. Many of these groups are represented at the NPPHCN, but still as different organisations. The question that then arises is: **How can progressives criticise the fragmented health system while the progressive sector itself is fragmented?**

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

Conclusion

When looking closely at the structure of the South African health care system it is clear that it is not designed for community participation and consultation. It also does not have community development and health as its ultimate goals. The current system has an unacceptably high potential for exploitation of people by doctors and nurses. Clearly, if we want to implement a participatory approach to health, we urgently need to restructure our current health system. In view of limited financial resources in the country it is reasonable to assume that there will not be a huge increase in the health budget. A more realistic approach, then, would require the redistribution of health expenditure in order to support the transition to Primary Health Care.

8

RSC to act as agent for ambulance services

STAR 31/3/92

By Louise Burgers
Municipal Reporter

97

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

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

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

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

Negotiations

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

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

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

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

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

	RATE
	Per hour
	R
H. Boiler attendants	4,68
I. Night-watchmen	3,42
J. Day-watchmen	4,68
K. Handymen	4,79
L. (a) Operations relating to the production of upholstery leather not elsewhere specified:	
(i) Marking and/or patterns placing	5,97
(ii) Cutting to patterns	5,57
(iii) Piece marking	4,68
(b) Learners employed on operations specified in (a) (i) above:	
First six months of experience	80% of the prescribed wage.
Second six months of experience	90% of the prescribed wage.
(c) Learners employed in the operation referred to in (a) (ii) above:	
First six months of experience	80% of the prescribed wage.
Second six months of experience	90% of the prescribed wage.".

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

3. KLOUSULE 7: VAKANSIEDAE EN JAARLIKSE VERLOF

Vervang subklousule (11) deur die volgende:

"(11) Ondanks andersluidende bepalings hierin vervat, beteken die woord "besoldiging", vir die toepassing van subklousules (6) en (13), die loon voorgeskryf by klousule 4 (6) vir die werksaamheid waarvoor die werknemer in diens is: Met dien verstande dat, indien 'n werkgewer 'n werknemer gereeld 'n hoër bedrag betaal as dié by klousule 4 (6) voorgeskryf, dit sodanige hoër bedrag beteken: Voorts met dien verstande dat hierdie subklousule nie van toepassing op 'n werknemer wat stukwerk ingevolge klousule 14 verrig is nie.".

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

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

M. BENNETT,
Lid van die Raad.

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

(3) In subclause (9) (a), substitute the date "22 August 1991" for the date "5 July 1990".

3. CLAUSE 7: HOLIDLAYS AND ANNUAL LEAVE

Substitute the following for subclause (11):

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

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

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

M. BENNETT,
Member of the Council.

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

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 953 **3 April 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR GESONDHEIDSINSPEKTEURS VAN ADDISIONELE KWALIFIKASIES: WYSIGING

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

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 953 **3 April 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

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

The Minister of National Health has, in terms of section 61 (1) (o) of the Medical, 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.

BYLAE

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

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

Eksaminerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
	REPUBLIEK VAN SUID-AFRIKA	
Mediese Universiteit van Suider-Afrika	Honneurs Baccalaureus in Natuurwetenskappe in Omgewingsgesondheid	BSc (Hons) (Omgewingsgesondheid) Medunsa
	Magister in Natuurwetenskappe (Medies) in Omgewingsgesondheid	MSc (Med) (Omgewingsgesondheid) Medunsa
	Doktor in Wysbegeerte in Omgewingsgesondheid	Phd (Omgewingsgesondheid) Medunsa
Examining Authority	*Qualification*	*Abbreviation for registration*
	REPUBLIC OF SOUTH AFRICA	
Medical University Southern Africa.....	Honours Bachelor of Science Degree in Environmental Health	BSc (Hons) (Environ-Health) Medunsa
	Master of Science (Medical) in Environmental Health	MSc (Med) (Environ-Health) Medunsa
	Doctor of Philosophy in Enviromental Health	PhD (Environ-Health) Medunsa

No. R. 958 **3 April 1992**

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

REGULASIE-ETIKETTERING EN ADVERTERING: WYSIGING

Die Minister van Nasionale Gesondheid 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.

Belanghebbendes word versoek om binne drie maande na die datum van publikasie van hierdie kennisgewing gemotiveerde kommentaar oor of vertoë in verband met die voorgestelde regulasies in te dien by die Direkteur-generaal: Nasionale Gesondheid en Bevolkingsontwikkeling, Privaat Sak X828, Pretoria, 0001 (vir die aandag van die Direkteur: Voedsel, Kosmetika, Ontsmettingsmiddels en Gevaarhoudende Stowwe).

BYLAE

1. In hierdie Bylae beteken "die Regulasie" die regulasie afgekondig by Goewermentskennisgewing No. R. 908 van 27 Mei 1977, soos gewysig by Goewermentskennisgewings Nos. R. 1843 van 28 Augustus 1981, R. 2298 van 26 Oktober 1984 en R. 2567 van 15 November 1985.

2. Subregulasie (28) van die Regulasie word hierby gewysig deur—

(a) die bestaande subregulasie te hernommer tot (28) (I); en

(b) die volgende paragraaf by te voeg:

"(II) Die bepalings van paragraaf (I) (b) is nie van toepassing nie op—

(a) reukwerende middels;

(b) reinigingsmiddels, in sover dit die verklaring van die persentasies of verhoudings van aktiewe bestanddele betref.".

SCHEDULE

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

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

No. R. 958 **3 April 1992**

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

REGULATION-LABELLING AND ADVERTISING: AMENDMENT

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

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

SCHEDULE

1. In this Schedule "the Regulation" means the regulation published under Government Notice No. R. 908 of 27 May 1977, as amended by Government Notices Nos. R. 1843 of 28 August 1981, R. 2298 of 26 October 1984 and R. 2567 of 15 November 1985.

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

(a) the renumbering of the existing subregulation to 28 (I); and

(b) the addition of the following paragraph:

"(II) The provisions of paragraph (I) (b) shall not apply to—

(a) deodorants;

(b) cleansing materials as far as the statement of the percentages or proportions of active ingredients is concerned.".

Natal warns of retrenchment

B Day 8/4/92

Own Correspondent

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

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

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

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

And R K Khan Hospital at Chatsworth would be under-funded for the next financial year by about R14m. About 145 beds might have to be closed.

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

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

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

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

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

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

Hospital tariffs to be increased 12%

Political Staff

CAPE TOWN — Hospital tariffs will rise 12% from the beginning of next month.

Transvaal MEC Fanie Ferreira said yesterday the committee of all MECs for health in the four provinces had decided the increase would take place simultaneously. The rise would generate about R30m in the coming year, he said.

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

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

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

Poor conditions had resulted in the loss of experienced hospital staff. About 35% of the most skilled nurses in the age group 26-35 left the service for the private sector.

● See Page 5

Jubilee hospital workers end strike

Sowetan 9/4/92 (97)

By ALINAH DUBE

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

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

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

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

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

Codesa comes under focus

By MOKGADI PELA

THE Community Development Foundation is to host a one-day forum on the Convention for a Democratic South Africa. Sowetan 10/4/92

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

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

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

TPA to lower fees

(97)

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

MEC for Health Services Mr Fanie Ferreira said fees would drop by a third in areas like Thabazimbi, Phalaborwa, Evander, Nelspruit, Pietersburg and Christiana. Sowetan 10/4/92

The decrease follows protests by rural communities.- *Sowetan Reporter.*

South 11/4 - 16/4/92

Traditional healers, most of them women, are gaining grudging respect from the medical practitioners,

Justin Pearce

reports:

(97)



FINISHING TOUCHES: An assistant adjusts the costumes that Sangomas wear when performing healing rituals

Curses and cures, the sangoma way

South 11/4 - 16/4/92

(97)

A TORTOISE splashes around in a bucket of water in the corner of a wooden shack in Nyanga East. "I rub the water on to a patient's skin as a protection against curses," explains Ms Nokwakha Ndima, the tortoise's owner.

She is one of the many Xhosa sangomas (traditional healers) who, most of them women operate in Cape Town's townships and squatter camps and who, according to one Nyanga resident, are regarded with respect by at least half of the area's population.

While doctors and psychiatrists deliberate over the shortfall in mental health funding, a form of care which began long before conventional mental hospitals existed in South Africa often goes ignored. The treatment of mental illness is a central part of a sangoma's work.

The sangomas deal mainly with patients who are hearing voices or seeing visions — conditions that would probably be diagnosed as schizophrenic by a psychiatrist.

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

Traditional healers also sometimes believe that the drugs administered by conventional doctors for tuberculosis or other diseases can make a patient insane.

A living person who wants to lay a curse can do so with the help of a sangoma. The sangoma lays a particular herb on the ground and calls the victim's name. This will be heard by the victim as the voice of a tokoloshe, or evil spirit, and the victim will soon become insane.

It takes the help of another sangoma to heal such mental disorders. The method usually involves herbs which are either swallowed, or placed in the patient's nostrils, ears and mouth so that the herb "works on the patient's mind", as one healer put it.

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

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

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

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

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

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

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

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

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

"There are no outcome studies for the sangomas' methods — but the same is true for certain practices used in formal psychology."

On the subject of conventional medicine, the sangomas are less accommodating.

Said one healer: "The doctors just gives tablets, and the same day the patient comes back to me."



TURTLE POWER: Ms Nokwakhe Ndima and her tortoise

Cuts could hurt chronically ill

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

Unless more money was received, cuts totalling R104-million would have to be made from regional hospitals, R15-million from community hospitals and R40-million from academic hospitals, he said.

Peace of mind all around the world

STAR 21/4/92

A specialist air-rescue company offers medical assistance worldwide for travellers far from home and doctors are on 24-hour call to respond to emergencies. SHIRLEY WOODGATE reports.

97

A South African doctor was airlifted to Botswana two weeks ago and saved the life of a badly injured woman in a remote clinic near Maun.

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

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

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

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

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

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

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

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

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

Costs vary from R95 for R50 000 cover for nine days or R750 for a year in a neighbouring country, to R240 for R1 million cover for nine days or R1 950 for an annual policy overseas for instance in the US, where treatment could easily top R750 000.

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

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

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

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

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

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

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

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

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

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Persons giving themselves out as medical practitioners

3. Mr M A HENDRICKSE asked the Minister of Justice:

(1) (a) How many members of the public were prosecuted in South Africa during 1991 or the latest specified 12-month period for which figures are available for giving themselves out as qualified and registered medical practitioners, (b) in terms of what statutory provisions were they so prosecuted and (c) what was the nature of the charges giving rise to their prosecution;

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

C6E

The MINISTER OF JUSTICE:

(1) The required information is not readily available. To obtain it all court records will have to be scrutinized which is not economically feasible. In an effort to be of assistance to the hon member, the various attorneys-general were contacted and information regarding the following case was obtained:

In the *State versus Andre Esterhuizen* the accused was prosecuted and convicted in Kempton Park on various counts of fraud and culpable homicide as well as a contravention of section 36(1)(a) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), by practising for gain as a pediatrist whilst not registered. The case is remanded until 16 May 1992 for sentence.

(2) A statement is not necessary.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Number of cases handled by State Attorney

15. Mr M RAJAB asked the Minister of Justice:

(a) How many cases involving the Administration: House of Delegates were handled by the Office of the State Attorney in each of the latest specified three years for which information is available, (b) what are the names of the advocates who were given briefs in this regard by the said office, (c) what was the total amount paidi n respect of costs to each of these advocates for each of the three years referred to above and (d) how many cases were successfully defended?

D66E

The MINISTER OF JUSTICE:

The required information is not readily available. To obtain the information all records at the respective offices of the State Attorney for the relevant period will have to be scrutinized which is not economically feasible.

Emigrants/immigrants: all races

24 Mr K PANDAY asked the Minister of Home Affairs:

How many persons of each specified race group (a) immigrated to and (b) emigrated from South Africa during the latest specified period of five years for which figures are available?

D97E

The MINISTER OF HOME AFFAIRS:

	(a)	(b)
Whites	46 488	37 875
Coloureds	802	2 322
Indians	436	1 788
Blacks	737	216
Other Asians	2 653	84

Data in respect of the period 1986 to 1990. Since 1991 information by population group is no longer available.

Own Affairs·

Cost of administering departments

9. Mr M RAJAB asked the Minister of the Budget and Auxiliary Services:

(a) What was the cost of administering the Department of (i) the Budget and Auxiliary Services, (ii) Housing, (iii) Education and Culture, (iv) Health Services and Welfare and (v) Local Government and Agriculture in the 1991-92 financial year and (b) how many personnel, including Ministers, were involved in the administration of each such Department?

D55E

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES·

(a) The estimated cost of administering each Department is tabulated hereunder:

(i) Department of Budgetary and Auxiliary Services. R1 809 648

(ii) Department of Local Government, Housing and Agriculture:

Ministry of Housing R1 447 170
Ministry of Local Government and Agriculture· R883 798

NB: Expenditure in respect of the Chief Director and his secretary has been allocated on the basis of 70% to Housing and 30% to Local Government and Agriculture.

(iii) Department of Education and Culture: R1 670 381

(iv) Department of Health Services and Welfare: R1 157 467

(v) See (ii).

The expenditure figures are, however, not final as the books of the Administration is expected to be closed in July 1992 only.

(b) The number of personnel, including Ministers, involved in the administration of each Department as follows

cont →

She was airlifted to the Garden City Clinic where a clinic spokesman last night said she was in theatre, but in a stable condition.

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

chells Plain were [illegible] injured. — Sapa

Mr Ismail was shot in the chest and Miss Peters was wounded in her legs.

They were both taken to Victoria Hospital and later transferred to private hospitals.

Ambulance didn't come — claim

Staff Reporter

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

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

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

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

Mr Meyer said the Middelburg service was informed at 6pm, after police had also informed them. They had not responded.

Teenagers and drink [illegible] R500 000

Call for nurses to handle primary health care

STAR 24/4/92

Staff Reporter

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

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

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

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

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

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

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

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

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

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

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

According to Mr Leigh HMOs could reduce the cost of health by more than 40 percent when restrictive legislation is removed.

Die algemene strekking van hierdie afkondiging is om die verordeninge betreffende orde in openbare plekke en oorde, uit te vaardig.

Afskrifte van die voorgestelde afkondiging sal vir 'n tydperk van veertien (14) dae vanaf datum van publikasie van hierdie kennisgewing in die *Staatskoerant,* gedurende gewone kantoorure by die kantoor van die Stadsekretaris, Burgersentrum, Nelstraat, Nelspruit, ter insae lê en enige persoon wat beswaar teen sodanige afkondiging wil aanteken moet dit skriftelik by die Stadsklerk binne veertien (14) dae na datum van publikasie van hierdie kennisgewing in die *Staatskoerant* indien.

D. W. VAN ROOYEN,
Stadsklerk.

Burgersentrum
Nelstraat
NELSPRUIT
1200.

24 April 1992.

(Kennisgewing No. 30/92)

(24 April 1992)

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

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

D. W. VAN ROOYEN,
Town Clerk.

Civic Centre
Nel Street
NELSPRUIT
1200.

24 April 1992.

(Notice No. 30/92)

(24 April 1992)

RAADSKENNISGEWING 87 VAN 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR KLINIESE TEGNOLOGIE

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 Kliniese Tegnoloë as lede van die Beroepsraad vir Kliniese Tegnologie om te dien gedurende die tydperk wat op die 31ste dag van Augustus 1997 verstryk.

Nominasies van verkiesbare Kliniese Tegnoloë word ingewag. Elke sodanige geregistreerde persoon—

(a) wat nie met sy skuldeisers 'n akkoord aangegaan het nie, of wie se boedel nie 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 teen, 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 Kliniese Tegnoloë.

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.

BOARD NOTICE 87 OF 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR CLINICAL TECHNOLOGY

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

Nominations of eligible Clinical Technologists are awaited. Every person so registered—

(a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestrated;

(b) who is not disqualified under the Act from practising his profession;

is eligible for nomination.

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

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

The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 3 Junie 1992 om 12:00 by die onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie 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.

(24 April 1992)

RAADSKENNISGEWING 88 VAN 1992

MUNISIPALITEIT PRETORIA: WYSIGING VAN DIE VERORDENINGE BETREFFENDE DIE WONDERBOOMLUGHAWE

Die Stadsklerk van Pretoria publiseer hierby ingevolge artikel 101 van die Ordonnansie op Plaaslike Bestuur, 1939 (Ordonnansie 17 van 1939), die wysiging van die Verordeninge in die Bylae hierna, welke wysiging deur die Stadsraad van Pretoria ingevolge artikel 96 van die voornoemde Ordonnansie aangeneem is.

J. N. REDELINGHUIJS,
Stadsklerk.

24 April 1992.

(Kennisgewing 270/1992)

BYLAE

Die Munisipaliteit Pretoria: Verordeninge betreffende die Wonderboomlughawe, afgekondig by Administrateurskennisgewing 510 van 13 Maart 1985, word hierby met ingang van die datum van publikasie hiervan, soos volg gewysig:

1. Deur artikel 2 (1) (c) met die volgende te vervang:

"Die Bestuurder kan—

(c) enigiemand wat na sy oordeel sodanig optree dat dit 'n oorlas veroorsaak of die goeie bestuur van die lughawe benadeel, opdrag gee om die lughawe te verlaat en sodanige persoon tydelik of permanent verdere toegang tot die lughawe weier en indien sodanige persoon weier om sodanige opdrag uit te voer of die lughawe betree, stappe doen om sodanige persoon te laat verwyder;".

2. Deur die toevoeging van artikel 2 (1) (f) soos volg:

"Die Bestuurder kan—

(f) in die geval waar daar 'n bedrag ten opsigte van enige fasiliteit op die lughawe ten opsigte van 'n besondere vliegtuig betaalbaar is, weier dat enige fasiliteit van die lughawe aan sodanige vliegtuig beskikbaar gestel word totdat sodanige agterstallige gelde betaal is.".

(24 April 1992)

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 3 June 1992 at 12:00.

A deposit of R33 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

or

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(24 April 1992)

BOARD NOTICE 88 OF 1992

PRETORIA MUNICIPALITY: AMENDMENT TO THE BY-LAWS RELATING TO THE WONDERBOOM AIRPORT

The Town Clerk of Pretoria hereby, in terms of section 101 of the Local Government Ordinance, 1939 (Ordinance 17 of 1939), publishes the amendment of the By-laws in the Schedule below, which amendment has been adopted by the City Council of Pretoria in terms of section 96 of the said Ordinance.

J. N. REDELINGHUIJS,
Town Clerk.

24 April 1992.

(Notice 270/1992)

SCHEDULE

The Pretoria Municipality: By-laws relating to the Wonderboom Airport, promulgated under Administrator's Notice 510 of 13 March 1985, are hereby amended as follows with effect from the date of publication hereof:

1. By the substitution for section 2 (1) (c) of the following:

"The Manager may—

(c) order any person to leave the airport and temporarily or permanently refuse such person further entry to the airport who, in his view, acts in such a way as to cause a nuisance or detrimentally affect the good management of the airport, and if such person refuses to obey such order or enters the airport, take steps to have such person removed;".

2. By the addition of section 2 (1) (f) as follows:

"The Manager may—

(f) in the event of there being an amount payable in regard of any facility on the airport with regard to a particular aircraft refuse that any facility of the airport be made available to such aircraft until such arrear charges have been paid.".

(24 April 1992)

Black medics

(97)

CT 24/4/92

IN 1990, 1 202 black students were enrolled at South African medical schools, Minister of National Education Mr Louis Pienaar said in Parliament yesterday.

Uprooted tribe put through courts again

By DAN DHLAMINI

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

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

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

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

According to the agreement the tribe was given permission to visit Matlwang from April 16 until noon on April 20 to clean their forefathers' graves.

When the agreement was violated the town council charged the tribesmen with trespassing.

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

Hospital disrupted

By STAN MHLONGO

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

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

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

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

Learning how to treat feet

97
STAR 7/5/92

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

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

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

The profession is closed and registered with the South African Medical and Dental Council.

Medical group talks to WHO

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

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

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

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

SA could also provide its neighbours with laboratory facilities. — Sapa.



FEATHERED FINERY: Traditional healers in full regalia at a conference in Mowbray

We're no wizards, only the 'T doctors', city conference told

(97)

South 16/5-21/5/92.

TRADITIONAL healers should begin to work more closely with medical practitioners. This was the predominant message that emerged from a conference held by the Traditional Healers and Herbalists Association at the Mowbray Town Hall recently.

Beadwork and hides were the dominant fashion note in a venue more used to cardigans, tweeds and handbags. The opening address of Mayoress Mrs Trish van der Velde was drowned out at one point by the jangling of beads of some late arrivals.

T Dr (Traditional Doctor) Philip Kubuleki, a board member of the association, reminded the audience that a traditional healer was not a witchdoctor and that the two concepts had become confused in the public mind.

"A traditional healer has the gift of giving good fortune. But a witchdoctor is a towenaar (wizard) who does evil deeds during the night," he said.

The title "T Dr", unknown to most people outside the world of traditional medicine, appeared next to several names on the conference programme.

Kubuleki explained that the title was one conferred on a healer after a specific programme of training.

Dr Michael O'Brien of the ANC called for co-operation between traditional healers and conventional medicine, an area which had previously been characterised by mutual suspicion.

He warned against unhygienic practices and certain traditional remedies which had been proved to make people more ill.

He said healers should be more willing to refer patients to doctors. Likewise, doctors should recognise the effectiveness of traditional medicine in treating certain ailments.

Mrs Gill Scott of the National Botanic Institute drew attention to a World Health Organisation recommendation that governments make use of traditional medicine as part of state health care systems.

"In South Africa, both the present health authorities and the ANC spokesmen on health matters have acknowledged the important role played by traditional healers in providing health care to about 75 percent of population.

"They are looking at ways in which traditional healers and birth attendants can be formally incorporated into the health care team."

Scott outlined ways in which healers could gather leaves or bark without causing critical damage to plant life. In the past, traditional healers have been accused of gathering plants in an irresponsible manner. — **Justin Pearce**

Blood, guts — all in a day's work

AIG 16/5/92 (97)

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

LINDA GALLOWAY
Weekend Argus Reporter

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

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

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

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

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

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

"A multiple taxi pile-up can turn into a riot and there is just no respect for an ambulance or ambulance personnel any more.

"They operate in extremely dangerous areas where things get bloody difficult. I tried talking to the gang leaders, asking them to lay off the medics, but that's interfering with the law of the jungle."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Swindler costs customs R50...

Sangomas to join in the war against killer AIDS

ST Times 17/5/93

By SHARON CHETTY

TRADITIONAL healers are being taught how to deal with AIDS.

This week, the first clinic designed for sangomas was launched in the South Sotho homeland, Qwaqwa.

At least 80 percent of the black population consult sangomas instead of medical doctors, and the respect these traditional healers command will be invaluable in AIDS awareness, says Mbambozimajoza Khumalo of the Professional Herbal Preparations Association of Inyangas.

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

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

Said Mr Khumalo, 50, a practising sangoma for 30 years: "We are trying to reach people in the rural areas, who still prefer to visit sangomas rather than medical doctors.

"Black people regard medical doctors with suspicion when they are told to use condoms and to have only one sexual partner. If the same things are said by sangomas, it will carry more weight."

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

Head of the AIDS centre at the SA Institute for Medical Research Professor Ruben Sher — an honorary traditional healer — said sangomas had a vital role to play as educators as they have been the "custodians of black health for centuries".

Their only disagreement with him was his claim that AIDS is a recent disease and that they have remedies for its treatment. We stress that patients should be referred to ordinary doctors"

Week to highlight plight of terminally ill

STAR 18/5/92

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

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

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

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

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

park, Boksburg.

Sit-in at hospital

97

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

STAR 1915792

ANC calls cops over bomb threat

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

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

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

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

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

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

Talks 'a way forward'

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

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

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

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

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

900 in hospital wage strike

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

Workers went on strike on Monday, demanding a minimum monthly wage of R724 and a 15,3 percent across-the-board salary increase for all general assistants, permanent employment status for all general assistants and that retrenchment be stopped.

Homeopath guilty of gross overcharging, suspended

(97)

MRG 21/5/92

ANDREA WEISS, Health Reporter

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

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

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

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

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

The board has the same statutory powers as the SA Medical and Dental Council and regulates the activities of practitioners in fields such as homeopathy and chiropractic.

RAADSKENNISGEWING 108 VAN 1992

STADSRAAD VAN KLERKSDORP

WYSIGING VAN STANDAARD ELEKTRISITEITS-VERORDENINGE

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

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

"6 (1) (b) Ondanks die voorafgaande bepalings van hierdie artikel, kan die tesourier, inplaas van 'n deposito, 'n waarborg van die aansoeker aanvaar vir 'n bedrag ooreenkomstig paragraaf (a) bereken, in die vorm deur die Raad voorgeskryf, as sekuriteit vir die bepaling van enige bedrag wat die aansoeker verskuldig mag word vir, of ten opsigte van, die elektrisiteitstoevoer: Met dien verstande dat geen sodanige waarborg aanvaar word nie tensy die geraamde maandelikse rekening ten opsigte van die lewering van die betrokke perseel minstens eenduisend rand bedra.

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

J. L. MULLER
Stadsklerk.

Burgersentrum
KLERKSDORP.

6 Mei 1992.

(Kennisgewing No. 30/92)
(22 Mei 1992)

BOARD NOTICE 108 OF 1992

TOWN COUNCIL OF KLERKSDORP

AMENDMENT TO STANDARD ELECTRICITY BY-LAWS

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

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

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

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

J. L. MULLER
Town Clerk.

Civic Centre
KLERKSDORP.

6 May 1992.

(Notice No. 30/92)
(22 May 1992)

266

RAADSKENNISGEWING 109 VAN 1992

STADSRAAD VAN KLERKSDORP

WYSIGING VAN WATERVOORSIENINGS-VERORDENINGE

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

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

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

BOARD NOTICE 109 OF 1992

TOWN COUNCIL OF KLERKSDORP

266

AMENDMENT TO WATER SUPPLY BY-LAWS

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

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

"12. (1) (b) Notwithstanding the foregoing provisions of this section the treasurer may, in lieu of a deposit, accept from an

die aansoeker aanvaar vir 'n bedrag ooreenkomstig paragraaf (a) bereken, in die vorm deur die Raad voorgeskryf as sekuriteit vir die betaling van enige bedrag wat die aansoeker verskuldig mag word vir, of ten opsigte van, die watertoevoer: Met dien verstande dat geen sodanige waarborg aanvaar word nie tensy die geraamde maandelikse rekening ten opsigte van die lewering aan die betrokke perseel minstens eenduisend rand bedra.

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

J. L. MULLER,
Stadsklerk.

Burgersentrum
KLERKSDORP.

6 Mei 1992.

(Kennisgewing No. 31/92)

(22 Mei 1992)

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

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

J. L. MULLER,
Town Clerk.

Civic Centre
KLERKSDORP.

6 May 1992.

(Notice No. 31/92)

(22 May 1992)

RAADSKENNISGEWING 110 VAN 1992

REGSTELLINGSKENNISGEWING

RAAD OP BESOLDIGING EN DIENSVOORDELE VAN STADSKLERKE

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 8 (2) van die Wet op die Besoldiging van Stadsklerke, 1984 (Wet 115 van 1984), wysig hierby Raadskennisgewing 70 van 1992 wat in *Staatskoerant* No. 13911 van 10 April verskyn het, deur die skrapping van paragraaf (i) 1 met betrekking tot die gradering van Queenstown.

J. VENTER,
Waarnemende Sekretaris.

(22 Mei 1992)

BOARD NOTICE 110 OF 1992

RECTIFICATION NOTICE

BOARD ON REMUNERATION AND SERVICE BENEFITS OF TOWN CLERKS

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

J. VENTER,
Acting Secretary.

(22 Mei 1992)

RAADSKENNISGEWING 111 VAN 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

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

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

BOARD NOTICE 111 OF 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

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

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

die aansoeker aanvaar vir 'n bedrag ooreenkomstig paragraaf (a) bereken, in die vorm deur die Raad voorgeskryf as sekuriteit vir die betaling van enige bedrag wat die aansoeker verskuldig mag word vir, of ten opsigte van, die watertoevoer: Met dien verstande dat geen sodanige waarborg aanvaar word nie tensy die geraamde maandelikse rekening ten opsigte van die lewering aan die betrokke perseel minstens eenduisend rand bedra.

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

J. L. MULLER,
Stadsklerk.

Burgersentrum
KLERKSDORP.
6 Mei 1992.
(Kennisgewing No. 31/92)

(22 Mei 1992)

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

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

J. L. MULLER,
Town Clerk.

Civic Centre
KLERKSDORP.
6 May 1992.
(Notice No. 31/92)

(22 May 1992)

RAADSKENNISGEWING 110 VAN 1992

REGSTELLINGSKENNISGEWING

RAAD OP BESOLDIGING EN DIENSVOORDELE VAN STADSKLERKE

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 8 (2) van die Wet op die Besoldiging van Stadsklerke, 1984 (Wet 115 van 1984), wysig hierby Raadskennisgewing 70 van 1992 wat in *Staatskoerant* No. 13911 van 10 April verskyn het, deur die skrapping van paragraaf (i) 1 met betrekking tot die gradering van Queenstown.

J. VENTER,
Waarnemende Sekretaris.

(22 Mei 1992)

BOARD NOTICE 110 OF 1992

RECTIFICATION NOTICE

BOARD ON REMUNERATION AND SERVICE BENEFITS OF TOWN CLERKS

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

J. VENTER,
Acting Secretary.

(22 Mei 1992)

RAADSKENNISGEWING 111 VAN 1992

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

FOURIE, George Pieter	10
FUHRI, Peter Dennis	87
GARGAN, Neil Charles Francis	53
HEUER, Desmond Eric	87
LE ROUX, Sybrand Charles	21
MAGNUSON, Stephen Ernest	16
MORTON, Roy Patrick	29
NIEWENHUIS, Marius	26
PRETORIUS, Abraham Paulus	9
PYLE, Rober Anthony	28
ROWE, Neil George	78
WILLEMSE, Jacobus Johannes Christiaan	16

Ingevolge regulasie 11 (2) verklaar ek die volgende persone as verkies tot lede van die Beroepsraad vir Noodsorgpersoneel vir die vyfjaar-tydperk eindigende op 30 April 1997:

Dietrich, Joan Kathlen.
Du Plessis, Ansley Finlay.
Fuhri, Peter Dennis.
Heuer, Desmond Eric.
Rowe, Neil George.

N. M. PRINSLOO,
Kiesbeampte.
Pretoria, 7 Mei 1992.
(22 Mei 1992)

FOURIE, George Pieter	10
FUHRI, Peter Dennis	87
GARGAN, Neil Charles Francis	53
HEUER, Desmond Eric	87
LE ROUX, Sybrand Charles	21
MAGNUSON, Stephen Ernest	16
MORTON, Roy Patrick	29
NIEWENHUIS, Marius	26
PRETORIUS, Abraham Paulus	9
PYLE, Rober Anthony	28
ROWE, Neil George	78
WILLEMSE, Jacobus Johannes Christiaan	16

In terms of regulation 11 (2) I declare the following persons to have been elected members of the Professional Board for Emergency Care Personnel for the five year period ending on 30 April 1997:

Dietrich, Joan Kathlen.
Du Plessis, Ansley Finlay.
Fuhri, Peter Dennis.
Heuer, Desmond Eric.
Rowe, Neil George.

N. M. PRINSLOO,
Returning Officer.
Pretoria, 7 May 1992.
(22 May 1992)

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

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Total number of children in children's homes

239. Mr M J ELLIS asked the Minister of National Health:

(1) (a) What total number of children of each population group (i) can be and (ii) is accommodated in children's homes in the Republic and (b) in respect of what date is this information furnished;

(2) whether capitation grants are paid annually in respect of children residing in such homes; if not, why not; if so, (a) by whom and (b) what capitation grants in respect of each population group? B552E

The MINISTER OF NATIONAL HEALTH:

(1)(a)	(i)	(ii)	(b)
Blacks	1 639	1 459	31 March 1992
Whites	6 449	5 234	31 October 1991
Coloureds	2 648	2 229	1 April 1992
Asians	403	378	29 April 1992

(2) no, capitation grants are paid monthly/quarterly in respect of every child committed to a children's home in terms of the Child Care Act, 1983 (Act 74 of 1983),

(a) by the welfare departments of the Administrations: House of Assembly, House of Delegates and House of Representatives as well as by the four provincial administrations and

(b) *Blacks:*
R378 per child per month.

Whites:
R639,80 per child per month.

Coloureds:
R564 per child per month.

Asians:
R976,61 per child per quarter.

The reaching of parity is planned for 1 August 1992 with effect from 1 April 1992.

Aids programme: total amount budgeted

268. Mr M J ELLIS asked the Minister of National Health:

What total amount (a) was budgeted for her Department's Aids programme for the 1991-92 financial year and (b) was spent by her Department on this programme during the said financial year? B655E

The MINISTER OF NATIONAL HEALTH:

(a) R12 928 000 and

(b) R10 264 000

This is not the final expenditure as certain adjustments may still occur prior to the closure of the Department's books ± end of June 1992.

Professional forum on health services

269. Mr M J ELLIS asked the Minister of National Health:

(1) What are the names of the 40 professional associations participating in the professional forum on health services to which she referred in a speech on 27 March 1992;

(2) whether there are any professional bodies which are not participating in the forum; if so, what are their (a) names and (b) reasons for not participating;

(3) (a) what are the names of the three representatives appointed by the forum to serve on the committee that determines policy and (b) what is the (i) name and (ii) function of this committee;

(4) whether there are similar structures for non-professional bodies to advise the Minister on policy issues; if so, (a) what are these structures called and (b) what are the names of the representatives serving on them;

(5) whether the professional forum (a) is obliged to consult or (b) does consult such non-professional bodies before making a recommendation? B656E

The MINISTER OF NATIONAL HEALTH:

(1) The names of the professional associations who established a liaison forum are the following:

The Dental Association of South Africa
The Pharmaceutical Society of South Africa
The Chiropractic Association of South Africa
The Medical Association of South Africa
The Psychological Association of South Africa
The South African Association of Occupational Therapists
The South African Homeopathic Association
The South African Association of Hospital and Institutional Pharmacists
The South African Association of Radiographers
The South African Nursing Association
The Social Workers Association of South Africa
The Health Officials Association of South Africa
The South African Society of Physiotherapy
The South African Society of Medical Laboratory Technologists
The Association for Dietetics in Southern Africa
The South African Speech-Hearing-Language Association Health Unity Forum
The Association of Ambulance and Emergency Care Personnel (SA)
The South African Association of Medical Scientists
The South African Society of Clinical Technologists
The South African Dental Laboratory Association
The South African Association of Oral Hygienists
The South African Registered Optical Dispensers Association
The South African Optometric Association
The Orthotics and Prosthetics Association of South Africa
The South African Podiatry Association
The South African Association of Biokinetics
The Society of Dispensing Family Practitioners
The Academy of Family Practitioners;

(2) yes,

(a) their names are unknown and

(b) the liaison forum determines its own criteria for membership;

(3) (a) Mr R Magennis
Dr A Bruwer
Professor M Concha and

(b) (i) Executive Committee and

(ii) handling of day to day issues and the preparation for meetings. Attending scheduled meetings of the Health Matters Committee unless the liaison forum decides otherwise;

(4) no;

(5) (a) no, the liaison forum decides for itself

(b) no.

(b) no;

the minimum requirements for entry into training for any of the health professions are determined by the relevant statutory professional councils. Educational institutions where members of the health professions receive their training, are autonomous and determine their own selection criteria and procedures as well as training and education, taking into account the requirements determined by the professional councils.

Site in Yeoville: post office

*6. Mr D H M GIBSON asked the Minister of Posts and Telecommunications:

(1) Whether the site bordered by Hunter Street and Cavendish Street in Yeoville has been earmarked for the erection of a post office for Yeoville; if so,

(2) whether this site has become the haunt of vagrants and the scene of socially undesirable practices;

(3) whether he will consider erecting suitable fencing to prevent unauthorized access to the site; if not, why not; if so, when;

(4) whether he will make a statement on the matter? B666E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

(1) Yes, as well as for a mail delivery depot.

(2) Vagrants have been noticed in the vicinity of the site. The site is, however, fairly clean.

(3) The premises has been leased to a private person and the fencing thereof will be negotiated with the lessee.

(4) No. For the sake of completeness I wish to mention that the possible development of the site is presently being negotiated with a private developer.

Police stations: KwaZulu/SA Police Force

*7. Mr P H P GASTROW asked the Minister of Law and Order:

(1) Whether any police stations in Maputuland in Northern Natal which until recently were staffed by members of the South African Police Force, are to be handed over to the KwaZulu Police Force; if so, (a) which police stations and (b) (i) why and (ii) as at what date will they be handed over;

(2) whether he will make a statement on the matter? B667E

†The MINISTER OF LAW AND ORDER:

(1) and (2)

The following police stations within the magisterial areas of Ingwavuma and Ubombo are still manned by members of the South African Police:

Ingwavuma

Ubombo

Emanguzi

Mbazwane

At present negotiations are taking place with the KwaZulu Government to transfer the police stations (to KwaZulu) but no date has as yet been determined

Trust Feed case: legal fees

*8. Mr P H P GASTROW asked the Minister of Law and Order:

(1) (a) What total amount was paid in legal fees for the defence of the policemen who stood trial in the Trust Feed case and (b) out of what funds were these fees paid;

(2) how many attorneys and advocates were instructed by the South African Police to appear for their members? B668E

The MINISTER OF LAW AND ORDER:

(1) (a) R1 621 925,40

(b) The South African Police Budget.

(2) The State Attorney, one (1) private attorney and seven (7) advocates.

*9. Mr A J Leon—Law and Order. [Withdrawn]

Murder in Soweto: investigations re-opened

*10 Mr A J LEON asked the Minister of Law and Order:

(1) Whether the South African Police have re-opened the investigations into the murder in Soweto on or about 27 January 1989 of a certain person, whose name has been furnished to the Police for the purpose of the Minister's reply; if not, why not; if so, (a) why and (b) what is the name of this person;

(2) whether the Police have interviewed members of this person's family to investigate evidence to which the family allegedly has access; if not, why not; if so, when;

(3) whether the Police have interviewed two other persons, whose names have also been furnished to the South African Police, in connection with the re-opening of the investigations; if not, why not; if so, what are the names of these persons? B670E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) By direction of the Attorney-General of the Witwatersrand

(b) Dr Abu-Baker Asvat

(2) Not to date. A new investigating officer has been appointed to do the investigation and he is still studying the documents to familiarize himself with facts on the docket and court case. He has, however, entered into correspondence with the family's attorney

(3) Yes, only one person, Mrs Xoliswa Falati was interviewed on 13 April 1992 in connection with the case. Mr Katiza Cebukulu has not yet been interviewed as he is presently being detained in a prison in Zambia.

Death of four persons: SADF officer

*11. Mr K M ANDREW asked the Minister of Defence:

(1) Whether a certain officer of the South African Defence Force, whose name has been furnished to the Defence Force for the purpose of the Minister's reply, is to be or has been suspended from duty pending the outcome of the re-opened inquest into the deaths of Matthew Goniwe, Fort Calata, Sparrow Mkhonto and Sicelo Mhlauli; if not, (a) why not and (b) under what circumstances are officers of the Defence Force suspended from duty; if so, when;

(2) what is the name of the officer in question? B671E

†The MINISTER OF DEFENCE:

(1) No.

(a) and (b)

Such a suspension would be a departmental step. The findings of the investigation of the Attorney-General of the Eastern Cape are at present urgently awaited to come to the necessary decision. In the meanwhile the facts which the SA Defence has at its disposal and which have been communicated to me, do not warrant such a step. I concur.

(2) The name supplied by the hon member.

Mr K M ANDREW: Mr Speaker, arising from the reply of the hon the Minister, would he not say that the document published in the press provides *prima facie* evidence that Gen Van der Westhuizen may well have been involved and that it is an extremely unhealthy situation to have the head of Military Intelligence under that sort of cloud?

The MINISTER: Mr Speaker, there are obviously various pieces of evidence concerning this allegation. Unfortunately I cannot make that available at the moment owing to the investigation. What I am saying, in other words, is that until the report of the Attorney-General of the Eastern Cape is available, I cannot provide any further information to Parliament.

Mr K M ANDREW: Mr Speaker, further arising from the reply of the hon the Minister, is it correct, therefore, to infer that he has been advised by the SA Defence Force that the document published in *New Nation* and other newspapers is, in fact, not a valid document and that he should therefore not take action on the basis of the document?

The MINISTER: Mr Speaker, with all due respect, that is not what I said. I said that there were various pieces of evidence in this matter which I am not in a position to divulge at the moment, because by doing so I would prejudice the whole investigation by the Attorney-General. That is the reason why I am not able to make any further statements on the matter at this stage.

cont'd

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Number of nurses employed/resigned

30. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of National Health:

(1) How many nurses (a) were employed in State hospitals in each province in 1991 and (b) resigned in each province in that year;

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

D139E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Transvaal — 11 185
Cape of Good Hope — 7 941
Natal — 4 707
Orange Free State — 3 531

(b) Transvaal — 1 229
Cape of Good Hope — 555
Natal — 499
Orange Free State — 327

(2) no.

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

"Stigting vir Afrikaans": assistance rendered

*1. Mr H D K VAN DER MERWE asked the Minister of National Education:

(1) Whether he or his Department has made or is going to make funds available or has rendered or is going to render other assistance to the recently established organization called "Stigting vir Afrikaans" in order to promote Afrikaans as a language; if not, why not; if so, what are the details;

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

B688E.INT

*The MINISTER OF NATIONAL EDUCATION: Mr Speaker, the hon member Mr H D K van der Merwe asked me whether I or my department had made or were going to make funds available to the Stigting vir Afrikaans to promote Afrikaans as a language. The answer is short and succinct, "no, not yet" [Interjections.]

However, I should like to assume that the hon member is not opposed to our lovely, beautiful, beloved Afrikaans being promoted by the Stigting. The hon member can surely not be opposed to it because the Stigting was formed by Afrikaans-speaking people from various population groups in order to promote Afrikaans—countrywide and extending beyond our borders, in Namibia and Southern Africa, across all political barriers, amongst other population groups and people who are not even Afrikaans-speaking. Surely he cannot object to that.

Surely the hon member cannot be disappointed that Afrikaans no longer carries the label of apartheid around its neck and is no longer the language of the oppressor. Surely the hon member must feel the excitement of a language that has attained a new-found freedom, which poets no longer have to oppose in terms of resistance poetry. [Interjections.]

Surely he must feel joy at the renewed ties with the greater family of Dutch-speaking people in the world. Afrikaans that was detested as the language of apartheid is now being rediscovered by 30 million Dutch-speaking cousins. Surely he must see the prospect of an organisation such as the Alliance Francaise introducing Afrikaans and the Afrikaner culture to pleasant, friendly foreigners who could also become Afrikanophiles. [Interjections.] It is a language in which to play, to enjoy and with which to discover a subcontinent.

Do hon members know that there are 14 million users of Afrikaans in South Africa? That is 43,6% of the population, and 3,2% or 1 million more than the users of English.

Besides Zulu and Xhosa, Afrikaans is the third largest home language, with 16,2%. Five million South Africans regard Afrikaans as their mother tongue—2,6 million or 57% of them are Whites, 2,3 million or 85% of them are Coloureds, 81 100 are Blacks . . . [Time expired.]

*Mr H D K VAN DER MERWE: Mr Speaker, The CP knows and believes that a people and a language are one. Those who religiously continue the struggle for the survival of their people are notably those who love the language and keep it alive. The freedom of the Afrikaner people is a freedom that also allows the languages of other peoples to celebrate their freedom and to engage in a struggle for their freedom.

The CP believes in and proclaims the struggle and endeavours to free the Afrikaner people in all the facets of its life and keep it free. Therefore we honour all those that respect our language as the language of the freedom of our people. As a political party we then create the atmosphere in which the language of our people must be as free as our people, the Afrikaner people. That is our struggle and what we strive for.

However, I am very sceptical about the Stigting vir Afrikaans. Nasionale Pers, especially in the days of Mr Piet Cillié, was one of the leading figures who, especially during my adult years when I was involved in politics, was very subtle in

departments are to be made redundant. This in itself is a scandal almost as bad as the first.

We believe that if anyone is to be kept in a job, it should be those honest officials, particularly in the Department of Education, rather than dishonest officials in a Department which has been made defunct in disgrace.

Mr P G SOAL: Mr Speaker, it is no good for the hon the State President to wring his hands and say, as he did on 19 May, that he was as shocked as the public at the extent of Mr Justice Pickard's revelations, because I am not convinced that the hon the State President is aware of the depth of anger in the public sector regarding the inability or reluctance of the Government to act against those senior officials and politicians responsible for the theft of billions of rands.

Judge Pickard, in an interview published in the *Sunday Tribune* on 17 May, said that the more obvious criminal cases would be pursued, but the fact that the Department's records were hopelessly inadequate made the detection of criminal activities difficult. He also said that there was a syndrome of covering up. In his report he refers to the then director-general, who attempted to mislead him.

The hon the Minister must therefore indicate what is to be done with the politicians and the senior officials who are responsible for this gross deception. For six minor officials who are currently before the courts to carry the can for this dreadful state of affairs is simply not good enough. Political heads have to roll, and I want to assure the Government that this scandal will not go away if the Government simply ignores it.

The MINISTER OF REGIONAL AND LAND AFFAIRS: Mr Speaker, I would like to give the whole picture. Hon members will remember that in 1988 and the early part of 1989 ten officials were initially suspended. Of these ten officials, two are still under suspension. Some of these accused were prosecuted in the courts on counts of fraud or corruption and were found not guilty. Some were thereafter subjected to departmental investigations. Some were found guilty and others could not be found guilty.

From 1984 to the date of the abolition of the Department, 183 cases of misconduct and inefficiency were investigated against former officials of that Department in terms of the Public Service Act of 1984, most of which have been concluded. Only those that are being investigated now are still to be completed. Of the 12 persons referred to in the Pickard Report, eight are still in the employment of the State, two of whom are still suspended. The last two are conducting civil cases in the Supreme Court against the State for reinstatement. Five of the officials previously mentioned instituted legal actions because they alleged that they were illegally barred from resuming their duties. On the advice of the State attorney an amount of nearly R160 000 was paid out to these five officials on their original claims of R2,7 million in full and final settlement.

*It was never my intention to blame only apartheid. It was never my intention to say there were only ten officials. One has to read the report to really understand it.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs.

Traditional healers

*1. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she intends including traditional healers in the restructuring of the health-care system; if not, why not; if so, what are the relevant particulars;

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

B618E

†The MINISTER OF NATIONAL HEALTH:

(1) No, although closer co-operation at grass-roots level in primary health care services is receiving attention;

(2) no.

Complaints about noise by military aircraft: Pretoria

*2. Mr L F STOFBERG asked the Minister of Defence:†

(1) Whether he or the South African Defence Force has received any complaints from residents of Pretoria about the noise caused by military Aircraft in the air space above this city; if so, what steps does he intend to take in this regard; if not,

(2) whether he will order an investigation into this matter; if not, why not;

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

B626E

The DEPUTY MINISTER OF DEFENCE:

(1) and (2) Yes. Preventative steps have already been taken following a thorough investigation in October 1991.

(3) No.

Formulating of new charges against Winnie Mandela

*3. Mr L FUCHS asked the Minister of Justice:

(1) Whether he will support and assist the Attorney-General in formulating new charges against Mrs Winnie Mandela as a result of the new evidence that has been made available by certain persons, whose names have been furnished to the Minister's Department for the purpose of his reply; if not, why not, if so, (a) what support and assistance will he render in this regard and (b) what are the names of the persons in question;

(2) whether he will take steps to bring Mrs Mandela to justice; if not, why not; if so, what steps?

B645E

†The DEPUTY MINISTER OF JUSTICE:

(1) and (2)

The hon member is referred to section 3 of the Criminal Procedure Act, 1977 (Act 51 of 1977). In terms of section 3 of the Act, the Attorney-General is the prosecuting authority on behalf of the State. At various occasions in the past I have dealt with this matter in Parliament, when I made it clear that I, as my predecessors, adhere to a policy of non-interference with the decisions of the attorneys-general. I would like to refer the hon member to my speech in the House of Delegates on Tuesday, 5 March 1985, *Hansard* columns 1151-1154. Mr Tielman Roos, as far back as 1926, on occasion referred to such situations where a Minister of Justice would intervene with the decisions of an attorney-general. Another example is to be found in *Hansard*, column 4920 of 1961. I am of the opinion that the Attorney-General concerned is in a position to take a decision independently and if necessary to formulate charges after the police investigation has been completed. The hon member is already aware of the fact that the police investigation is at present continuing, and I would like to refer the hon member to my answers to Questions No 3 and No 6 on Wednesday, 20 May 1992.

The names of the persons concerned are John Morgan and Xoliswa Falati.

Disappearance of person

*4. Mr L FUCHS asked the Minister of Justice:

(1) Whether, with reference to the disappearance of a person whose name has been furnished to the Minister's Department for the purpose of his reply, he will prosecute or cause to be prosecuted (a) Mrs Winnie Mandela and/or (b) any other person or political organization found to be responsible for this person's disappearance; if not, why not;

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

B646E

The DEPUTY MINISTER OF JUSTICE:

(1) and (2)

The answer to this question is the same as the answer that I have given to Question No 3.

Primary health care

*5. Mr M J ELLIS asked the Minister of National Health:

Whether, in terms of the Government's commitment to primary health care, she is considering alternative (a) selection (i) procedures and (ii) criteria and (b) training and education for persons wanting to enter the health-care profession; if not, why not; if so, what alternatives are being considered?

B649E

†The MINISTER OF NATIONAL HEALTH:

(a) (i) No

(ii) no

cont →

(b) no;

the minimum requirements for entry into training for any of the health professions are determined by the relevant statutory professional councils. Educational institutions where members of the health professions receive their training, are autonomous and determine their own selection criteria and procedures as well as training and education, taking into account the requirements determined by the professional councils.

Site in Yeoville: post office

*6. Mr D H M GIBSON asked the Minister of Posts and Telecommunications:

(1) Whether the site bordered by Hunter Street and Cavendish Street in Yeoville has been earmarked for the erection of a post office for Yeoville; if so,

(2) whether this site has become the haunt of vagrants and the scene of socially undesirable practices;

(3) whether he will consider erecting suitable fencing to prevent unauthorized access to the site; if not, why not; if so, when;

(4) whether he will make a statement on the matter? B666E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

(1) Yes, as well as for a mail delivery depot.

(2) Vagrants have been noticed in the vicinity of the site. The site is, however, fairly clean.

(3) The premises has been leased to a private person and the fencing thereof will be negotiated with the lessee.

(4) No. For the sake of completeness I wish to mention that the possible development of the site is presently being negotiated with a private developer.

Police stations: KwaZulu/SA Police Force

*7. Mr P H P GASTROW asked the Minister of Law and Order:

(1) Whether any police stations in Maputuland in Northern Natal which until recently were staffed by members of the South African Police Force, are to be handed over to the KwaZulu Police Force; if so, (a) which police stations and (b) (i) why and (ii) as at what date will they be handed over;

(2) whether he will make a statement on the matter? B667E

†The MINISTER OF LAW AND ORDER

(1) and (2)

The following police stations within the magisterial areas of Ingwavuma and Ubombo are still manned by members of the South African Police:

Ingwavuma

Ubombo

Emanguzi

Mbazwane

At present negotiations are taking place with the KwaZulu Government to transfer the police stations (to KwaZulu) but no date has as yet been determined.

Trust Feed case: legal fees

*8. Mr P H P GASTROW asked the Minister of Law and Order:

(1) (a) What total amount was paid in legal fees for the defence of the policemen who stood trial in the Trust Feed case and (b) out of what funds were these fees paid;

(2) how many attorneys and advocates were instructed by the South African Police to appear for their members? B668E

The MINISTER OF LAW AND ORDER:

(1) (a) R1 621 925,40

(b) The South African Police Budget.

(2) The State Attorney, one (1) private attorney and seven (7) advocates.

*9. Mr A J Leon—Law and Order. [Withdrawn]

Murder in Soweto: investigations re-opened

*10 Mr A J LEON asked the Minister of Law and Order:

(1) Whether the South African Police have re-opened the investigations into the murder in Soweto on or about 27 January 1989 of a certain person, whose name has been furnished to the Police for the purpose of the Minister's reply; if not, why not; if so, (a) why and (b) what is the name of this person;

(2) whether the Police have interviewed members of this person's family to investigate evidence to which the family allegedly has access; if not, why not; if so, when;

(3) whether the Police have interviewed two other persons, whose names have also been furnished to the South African Police, in connection with the re-opening of the investigations; if not, why not; if so, what are the names of these persons? B670E

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) By direction of the Attorney-General of the Witwatersrand.

(b) Dr Abu-Baker Asvat.

(2) Not to date A new investigating officer has been appointed to do the investigation and he is still studying the documents to familiarize himself with facts on the docket and court case He has, however, entered into correspondence with the family's attorney.

(3) Yes, only one person, Mrs Xoliswa Falati was interviewed on 13 April 1992 in connection with the case. Mr Katiza Cebukulu has not yet been interviewed as he is presently being detained in a prison in Zambia.

Death of four persons: SADF officer

*11. Mr K M ANDREW asked the Minister of Defence:

(1) Whether a certain officer of the South African Defence Force, whose name has been furnished to the Defence Force for the purpose of the Minister's reply, is to be or has been suspended from duty pending the outcome of the re-opened inquest into the deaths of Matthew Goniwe, Fort Calata, Sparrow Mkhonto and Sicelo Mhlauli; if not, (a) why not and (b) under what circumstances are officers of the Defence Force suspended from duty; if so, when;

(2) what is the name of the officer in question? B671E

†The MINISTER OF DEFENCE:

(1) No.

(a) and (b)

Such a suspension would be a departmental step. The findings of the investigation of the Attorney-General of the Eastern Cape are at present urgently awaited to come to the necessary decision. In the meanwhile the facts which the SA Defence has at its disposal and which have been communicated to me, do not warrant such a step I concur.

(2) The name supplied by the hon member.

Mr K M ANDREW: Mr Speaker, arising from the reply of the hon the Minister, would he not say that the document published in the press provides *prima facie* evidence that Gen Van der Westhuizen may well have been involved and that it is an extremely unhealthy situation to have the head of Military Intelligence under that sort of cloud?

The MINISTER: Mr Speaker, there are obviously various pieces of evidence concerning this allegation. Unfortunately I cannot make that available at the moment owing to the investigation. What I am saying, in other words, is that until the report of the Attorney-General of the Eastern Cape is available, I cannot provide any further information to Parliament.

Mr K M ANDREW Mr Speaker, further arising from the reply of the hon the Minister, is it correct, therefore, to infer that he has been advised by the SA Defence Force that the document published in *New Nation* and other newspapers is, in fact, not a valid document and that he should therefore not take action on the basis of the document?

The MINISTER: Mr Speaker, with all due respect, that is not what I said. I said that there were various pieces of evidence in this matter which I am not in a position to divulge at the moment, because by doing so I would prejudice the whole investigation by the Attorney-General. That is the reason why I am not able to make any further statements on the matter at this stage.

Flying hospital drives away

STAR 28/5/92 (97)

HEALTH MOVE
Primary health care is widely seen as a critical need and a human right, yet it is still not reaching millions of South Africans. Mobile medical units could be part of the answer. MARIKA SBOROS reports.

THE one-stop medical shop could be the answer to just one of the colossal problems facing southern Africa in the next decade: the provision of adequate health care to dispersed and economically distressed populations.

Primary health care is widely seen as a critical need and a human right, yet it is still not reaching millions of South Africans. Many rural clinics lack equipment, drugs and more importantly, staff. One solution is the concept of mobile clinics, which can take health care to those who are unable to reach existing medical facilities.

A new mobile medical unit (MMU) was launched in Johannesburg this week by its designer, Tel Aviv University medical professor Mordechai Ravid, who is also a World Health Organisation advisory committee member on health research.

The idea of mobile health care is not new, says Professor Ravid. "Nearly every army throughout histroy has had its fleet of field ambulances," he says. Australia's flying doctors have become world famous.

Professor Ravid has successfully used similar mobile concepts in remote areas of other developed countries, and developed the new unit to be sophisticated enough to provide the necessary level of service but simple to operate.

The unit is the most up-to-date development of the mobile concept, and one that most neatly fits our rural terrain, conditions and economic circumstances, he says.

MMUs provide the most immediate, visible and cost-effective way of providing health care to millions who don't have it, says Professor Ravid.



The answer . . . the mobile medical unit puts health care within the reach of rural and impoverished communities

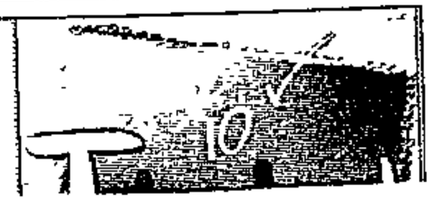
Mounted on or towed by trucks, the MMU could care for a population of 30 to 50 000, spread over 50 to 100 km of remote, rugged terrain.

Apart from being robust, cost-effective, immediately available, and with a demonstrable ability to reach the most remote regions, the advantages of MMUs for health care delivery in developing countries, include:

- Simultaneous problem solving: normal clinical work of diagnosis and treatment can take place alongside massive screening for disease, immunisation and health education.
- Optimum operational flexibility: The MMU can be adapted entirely to the community's needs. Its contents, which normally include a radiology unit, automated laboratory, means for gynaecological examinations, minor surgery, basic dental equipment, medications, dressings and medical records — can be customised to fit differing medical needs. In times of rapid demographic change, the MMU can move with shifting communities, or move to epidemic-struck areas as part of "blitz squads" to contain infection, screen and immunise unaffected people.
- Incorporation into and maximising existing systems and facilities: where no permanent facility exists, the MMU clinic can function independently and assist in training community health workers. Where a hospital or permanent clinic exists, the MMU can act as its "long arm" into the community. This allows the hospital or clinic's influence to extend into the community, and take the load off existing facilities.
- Appropriate technology: the units are only moderately sophisticated, not too advanced for professional users. The equipment retains enough sophistication to meet treatment and preventative care needs of urban and rural communities.



The Star



INV

Over 1 000 raped daily, rally told

STAR 29/5/92

By Stan Hlophe

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

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

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

Among the crowd were three Yeoville policewomen.

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

Violence

"We feel now is the time to do something about it.

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

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

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

"We as women want to claim our full rights in the new South Africa. We are raped, maimed and have to fight back.

"A rape victim is expected to lay a charge in front of men and we are not told of our right to make a statement in private or in front of a policewoman.

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

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

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

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

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

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



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

R100 000 in bad debts written off

(97)

By Bunty West STAR 29/5/92

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

A sum of R96 581 was not recovered from debtors in the period July 1 1990 to June 30 1991.

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

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

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

Saved

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

Along with three rugby fields, other amenities included: a clubhouse, cloakrooms, toilets, storerooms, kitchen, floodlights and pavilion. The lease expires in 2002.

It was also announced that a dyke in Bromhof Extension 21 was to be saved from destruction by the erection of a fence which would cost Randburg ratepayers R15 000.

The dyke, a natural formation, had been the target of urban vandals who took the stone to make rockeries.

Second 5-year term | **Man killed 2 hunting l[illegible]**

Nehawu is a major player in the sector

B10 aug 29/5/92.

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

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

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

This month tariffs at public hospitals were increased by 12% and the union is "consulting with the community" about action against the increase. Nehawu sees the increase as part of the "commercialisation" of health services which is putting health out of reach of most people.

Dispute

Nehawu and three other unions are in dispute with the Commissioner of Administration over wages and working conditions.

Thonejani says industrial action — including sit-ins, demonstrations and strikes — is certain in the industry if the commissioner does not improve on the wages offer.

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

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

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

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

Nehawu has been organising in hospitals for the past seven years, but it was only after the nationwide hospital strikes in 1990 that it was taken seriously by the health authorities and other unions in the sector.

Merging

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

In addition, Nehawu is discussing unity with Nactu's 30 000-strong Public Sector Union (PSU) under the auspices of the joint Cosatu-Nactu Workers Summit this weekend.

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

If they unite, the new union will be the major force among health workers.

Protesting workers toyi-toyi at hospital

STAR 5/6/92.

(97)

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

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

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

"At the chief superintendent's office they wrote their demands on the walls, which caused damage of approximately R5 000."

Nehawu general secretary Philip Dexter said he had no knowledge of this alleged abuse of property.

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

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

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

The workers are demanding a 15,3 percent increase across the board and a minimum of R724 a month.

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

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

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

Ended

Health workers on march

Sowetan 5/6/92

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

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

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

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

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

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

Meanwhile, the Baragwanath Hospital administration yesterday accused striking workers of defacing hospital property as about 300 workers toyi-toyied outside the hospital yesterday.

By MOKGADI PELA and Sapa

Chief superintendent Dr Chris van den Heever said the workers had been on strike since Tuesday over wages.

"At the chief superintendent's office they wrote their demands on the walls which caused damage of about R5 000," he said.

National Education, Health and Allied Workers' Union general secretary Mr Philip Dexter said he had no knowledge of the alleged abuse of property.

He said the workers were not on strike. "It's a go-slow."

The workers are demanding a 15,3 percent increase across the board and a minimum of R724 a month.

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

Van den Heever said proper patient care was being hampered because of the protests. Kitchens, porter and cleaning services had been affected.

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Interdict as Bara strike turns nasty

STAR 6/6/92 97

CHARMEELA BHAGOWAT

THE Transvaal Provincial Administration was granted an urgent interdict in the Rand Supreme Court yesterday to prevent 1 500 striking Baragwanath Hospital workers from protesting on hospital premises.

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

Wage negotiations broke down last month after the union demanded a R1 100 minimum wage and a R400 across-the-board increase. The CFA offered a minimum wage of R724 and R108 across-the-board increase.

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

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

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

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

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

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

Other demands by Nehawu include:

- Permanent status with all benefits for all workers.
- An end to privatisation and retrenchments.
- Free and equal health care and education for all.

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

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

A mirror of women's loss of power, status

By Teresa Angless South 6/6-10/6/92

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Teresa Angless lectures in the School of Social Work at UCT

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Bara strike set to end

ST Times 7/6/92

STRIKING general workers at Baragwanath Hospital in Soweto are set to go back to work tomorrow.

It was agreed at a meeting between the National Education, Health and Allied Workers Union and the Transvaal Provincial Administration yesterday that "the situation should return to normal".



AWB assault trial resumes today

Sowetan 8/6/92.

ELEVEN members of the Afrikaner Weerstandsbeweging who allegedly assaulted black children in Louis Trichardt in November 1990 are to stand trial in the Pietersburg Regional Court today.

The case resumes after being adjourned on March 19 when the magistrate, Mr WJ Fourie, acquitted four of the accused - Mr Bernard Jordaan, Mr Stephanus Jacobs, Mr Albertus Pretorius and Mr Ignatius Terblanch - due to insufficient evidence.

By DON SEOKANE

The children, whose ages ranged between six and 15, were on a church outing when they were attacked.

Some of the children had to be hospitalised as a result of the beatings.

The accused have all pleaded not guilty.

Security police chief in Pietersburg, Captain Andries Dreyer, testifying before the case was postponed, said some of the accused had driven into the crowd of children in their vehicles at high speed.

Dreyer said one vehicle knocked down a child. He had also seen a black Rottweiler dog running among the screaming children and biting them. He said he was also told by one of the accused, Mr Barend Terblanch, that the AWB was in charge.

The remaining accused are Mr Lucas Beyer, Mr Jeffrey Sculliard, Mr William Schaap, Mr Christoffel Wolvaard, Mr Gerhadus van der Linde, Mr Bernard Terblanch, Mr Jan Beyer, Mr Phillip Terblanch, Mr Johan George Nagel, Mr Johan Frederick Kruger, Mr Stephanus Hendrik Boshoff.

Apartheid killed environment - writers

Sowetan 8/6/92

A BOOK showing how apartheid in South Africa played a major role in environmental degradation and pollution in the world has been published to coincide with the Earth Summit being held in Rio de Janeiro, Brazil.

The book, entitled Restoring the Land, shows how the environment is emerging as a central issue as South Africa debates its political and economic future.

The writers examine key environmental issues across the region, from poor farming practices to energy policies, from the legacy of asbestos dumps to laws about conservation.

"We are fighting to free the land, the sky, the waters as well as the people. We are calling for the restoration of the land, the forest and the atmosphere: the greening of our country is basic to its healing," says Mr Albie Sachs, constitutional spokesman for the African National Congress. - *Sapa.*

Strike at Bara in balance

THE National Education Health and Allied Workers' Union will advise its members to resume work at the strike-affected Baragwanath Hospital, the hospital's PRO Mrs Annette Clear said yesterday.

At a meeting between the union and hospital authorities on Saturday, Nehawu received permission to hold a meeting with its members on the hospital's premises at 8am today.

Nehawu will also explain the hospital's Supreme Court order interdicting the workers to go back to work.

The union's members went on strike last Tuesday following a wage dispute and a demand for casual general workers to be employed permanently.

Today's meeting between Nehawu and its members will decide whether the strike will end or continue.

a top job . . .

Lesoro wins

Hospital strike set to spread countrywide

Staff Reporter

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

The strikers want a minimum wage of R1 100 and an across-the-board increase of R400, six months' paid maternity leave, a 40-hour working week and an end to temporary appointments.

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

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

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

Baragwanath Hospital's Nehawu branch chairman Patrick Sibeko said the union had rejected the TPA's offer of two months' paid maternity leave and a 10 percent across-the-board increase on the minimum wage of R643.

Strike-hit Bara in 'quite a mess'

Sowetan 9/6/92

BARAGWANATH Hospital is treating emergency cases only and is said to be in "quite a mess" after 1 500 general workers yesterday unanimously voted to continue their strike over wage grievances.

Medical staff were maintaining essential services as best they could, hospital spokeswoman Ms Seugnet van Niekerk said.

She said only serious cases were being treated.

Very little cleaning was done yesterday as all the cleaners were on strike.

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

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

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

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

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

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

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

The joint Baragwanath/TPA statement urgently appealed to Nehawu and the strikers to immediately report back for work as health services were being hampered.

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

sdav June 10 1992

Bara strikers dig in their heels

Sowetan 10/6/92

By KENOSI MODISANE

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

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

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

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

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

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

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

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

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

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

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

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

Baragwanath strike spreads

KATHRYN STRACHAN

PROTEST action by 1 500 general assistants at Soweto's Baragwanath Hospital spread to the Natalspruit and Boksburg-Benoni hospitals on the East Rand yesterday.

Nehawu East Rand representative Martha Sehlogo said more than 600 workers, including medical staff, had held demonstrations in protest against the minimum wage offered and alleged poor working conditions.

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

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

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

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

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

Phola Park units hijacked — police

WILSON ZWANE

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

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

In the past 18 months, police in Phola Park came under attack on 121 occasions. Five policemen were killed, and12 others, including two soldiers, were injured.

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

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

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

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

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

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

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

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

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

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

In Daveyton, near Benoni, police found a body of a man, who had apparently been hacked to death and set alight.

TPA threatens Bara strikers with dismissals after assaults

Star 11/6/92

Staff Reporter 97

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

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

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

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

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

The strikers are demanding a minimum wage of R1 100 and an across-the-board increase of R400, six months' paid maternity leave, a 40-hour workw week and temporary a pointments to be ma permanent.

SOWETAN Thursday June 11 1992

5 Reef hospitals now hit by strikes

Sowetan 11/6/92

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

National Education, Health and Allied Workers Union Johannesburg branch secretary Mr Bongane Tsimo said all general assistants as well as 50 percent of nurses at Krugersdorp's Leratong Hospital went on strike at 2.15pm.

The hospital's superintendent would not comment on the issue.

The Leratong work stoppage brings to five the number of Witwatersrand hospitals hit by full-blown or partial strikes this week.

The TPA yesterday applied for an urgent court interdict to restrain strikers who yesterday allegedly went on the rampage at Natalspruit Hospital near Germiston.

Natalspruit superintendent Dr Beata Binkowska claimed a mob of 250 Nehawu supporters had damaged hospital property.

She alleged protesters had emptied dustbins, thrown around food, ripped off pictures, damaged desks and hampered patient care in the casualty and out-patient wards.

Tsimo said Nehawu had not received reports of looting.

The union did not condone such criminal behaviour, he said.

Tsimo claimed about 600 workers and a few nurses downed tools at Johannesburg's Hillbrow Hospital yesterday morning.

Hillbrow's superintendent would not comment.

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

This followed a two-hour work stoppage on Tuesday.

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

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

Although unionists yesterday alleged that Tembisa Hospital workers would down tools by noon, hospital superintendent Dr IG Joubert said the claims were untrue. - *Sapa.*

Train security 'inadequate'

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

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

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

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

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

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

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

Trains and commuters arriving from Soweto were extensively searched at Johannesburg station yesterday morning. A number of dangerous weapons were found but no arrests were made.

WILSON ZWANE

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

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

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

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

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

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

"I've been covering violence from the '50s to now. It has never struck me as it's struck me now."

Hospital strike spreads

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

National Education, Health and Allied Workers' Union (Nehawu) Johannesburg branch secretary Bongane Tsimo said all general assistants as well as 50% of nurses at Leratong had gone on strike.

The hospital's superintendent would not comment, referring reporters to the TPA's head office in Pretoria. TPA spokeswoman Elsabe Ferreira said a statement would be issued later.

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

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

Natalspruit superintendent Dr Beata Binkowska said a mob of 250 Nehawu supporters had systematically damaged hospital property.

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

However, Tsimo said Nehawu had not received reports of looting and that the union did not condone such criminal behaviour. — Sapa.

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Hospitals in disarray as dispute spreads

The hospital strike is spreading through Transvaal institutions — and threatens to be more damaging than the 1990 action, reports **FERIAL HAFFAJEE**

THE Transvaal hospital strike — now crippling six major institutions — shows ominous signs of spiralling into a more damaging dispute than the acrimonious 1990 battle in the province's health services.

The strike, which centres on wage demands, has left health services in disarray, with most hospitals offering only emergency care. Doctors and nurses are working long hours and doing cooking, portering and laundry. None of the hospitals are being cleaned.

The Transvaal Provincial Administration (TPA) has warned that 1 500 strikers at the giant Baragwanath Hospital in Soweto face dismissal.

The affected hospitals are Baragwanath, Hillbrow, Leratong on the west Rand, Tembisa, Natalspruit and the Benoni/Boksburg hospitals on the east Rand.

The TPA said in a statement that it believed the strike would spread to the HF Verwoerd Hospital, the Willem Cruywagen Hospital in Germiston, the AG Visser Hospital in Heidelberg and the General Hospital in Johannesburg.

Nurses have stopped work at the Hillbrow and Natalspruit hospitals while the strike is restricted to general workers at the other hospitals. Skeleton staff are providing emergency services at all the hospitals, but even the skeleton staff are on a go-slow. About 7 000 workers are on strike at all the hospitals. The strike took an ugly turn this week when allegations of intimidation and violence were levelled at striking workers.

They were accused of having removed non-strikers from their stations, threatened people delivering medical supplies and prevented student nurses from attending classes at Baragwanath hospital.

At the Natalspruit hospital, workers went on the rampage causing large-scale damage to property. "They started on Tuesday. Everything is being turned upside down. Some desks have been damaged, pictures are being ripped off walls and they are throwing dustbins around," said a hospital representative.

At Leratong hospital, operating theatres were allegedly disrupted. Workers at the Dunswart laundry are also on strike. This laundry services all the strike-hit hospitals and there is no clean linen or clothing at any of the hospitals.

The TPA alleged that an official had been "severely strangled and beaten at a clinic in Soweto" and accused National Education, Health and Allied Workers' Union (Nehawu) of not "being able to control their members".

Two urgent interdicts were brought against striking workers at Baragwanath and Natalspruit hospitals, barring them from entering the premises of either hospital. The TPA warned on Wednesday that it would start disciplinary measures against striking Baragwanath workers and that these could include dismissals. The union has denied the allegations of intimidation and has accused the TPA of paying starvation wages and practising outdated industrial relations.

Hillbrow, Baragwanath, Natalspruit and Tembisa hospitals are the major feeder hospitals for victims of train, taxi and other violent incidents.

The strike ignited at Baragwanath last week when the administration prevented workers from clocking in to start work after a three hour sit-in. This week the strike spread fast when what started out as solidarity pickets with the Bara workers soon became full-blown strikes. The union seems to have been caught by surprise by the levels of militancy and the speedy growth of the strike.

Union officials denied allegations of harassment but could not substantiate their denials. This lack of communication between the branches and the national office of the union reflects the poor level of organisation in Nehawu. The union — the only public service trade union affiliated to the Congress of South African Trade Unions — was suspended last year for failing to pay its subscriptions.

Part of the reason for Nehawu's weakness is that it only won recognition by provincial administrations this year. Until now, it did not enjoy trade union rights, like access and stop-order facilities. At this year's national congress, the entire executive was overhauled and members installed a young and militant leadership charged with resuscitating the union.

Behind the strike is a complicated wage dispute with the government. Nehawu refuses to settle for the 9,2 percent increases given to other public servants' associations. They are pushing for a 15,3 percent increase and a minimum monthly wage of R724, because many of their members are unskilled and semi-skilled workers and suffer the lowest wage levels.

Crippled Bara needs volunteers

STAR 12/6/92

Baragwanath Hospital authorities have made an appeal for volunteers as the strike by 1 500 workers continues to cripple the giant complex.

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

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

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

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

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

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

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

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

At that meeting, the CFA offered a R724 minimum wage and an across-the-board increase of 9,2 percent.

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

R83m budgeted for train security

B/Day 12/6/92

BILLY PADDOCK

CAPE TOWN — A massive R83m had been budgeted this year for security on trains and stations and a further R28m was still required but had not yet been approved, Transport Minister Piet Welgemoed said.

Replying in Parliament to a question from Joseph Chiole (Pretoria West CP), he said the recent week-long boycott of trains at the beginning of May had cost the SA Rail Commuter Corporation about R2m.

Welgemoed said the SA Police had indicated that R44,8m had been budgeted for securing commuter services this year.

A further R38m was budgeted in the R1,06bn corporation budget for the security and an additional R28m was required "for which approval must still be obtained", he said.

He said the planned security action had two components:

☐ 1 234 police in the Vaal Triangle area were being incorporated into a special unit to secure commuter services; and

☐ The police would have overall responsibility with the support of the management of the corporation, the corporation security service and community organisations.

Welgemoed said the extra R28m was required because the corporation's five-year plan had been shortened to three years and on account of the Goldstone Commission's investigations into violence on the trains.

The five-year plan requires that all stations be secured for policing by erecting security fences, providing lighting, introducing access control and providing on-site accommodation for the SAP.

Communication between the train driver, control room and the police was also being improved, he said.

He said a total sum of R250m had been budgeted for the five-year plan and would remain the same for the shortened three-year programme.

Meanwhile, WILSON ZWANE reports that the project to upgrade nine Soweto railway stations had not begun, despite an announcement by the corporation earlier this year that it would be completed by this month.

The corporation announced in March it would pump R11,9m into the project.

At least 14 train commuters were injured in attacks in Soweto this week. Most were launched near Nancefield Station — one of the stations the corporation had earmarked for upgrading.

☐ Sapa reports soldiers of 32 Battalion yesterday found the body of a man, who police suspected had been thrown from a train near Phola Park.

And in their unrest report yesterday, police said a man had sustained serious injuries when a group of rail commuters attacked and threw him off the train between Soweto's Orlando and Nancefield stations.

Appeal for agreement

B/Day 12/6/92

WILSON ZWANE

IT WAS imperative political leaders, security forces, business and churches reached agreement on how to speed up the full implementation of the national peace accord, an official of the Natal/KwaZulu regional dispute resolution committee said yesterday.

Committee co-chairman M C Pretorius said in a statement his committee was confident the successful implementation of the peace accord would reduce political violence, but added that much still had to be done.

Meanwhile, the national peace committee met in Johannesburg yesterday to set the stage for its meeting with political leaders next month to discuss, among other things, infractions of the peace accord.

It could not be established what had been discussed. But it was understood that the agenda included violations of the accord, the role of independent violence monitors, the restoration of local administration and services to violence-racked communities and the urgent need for improved police-community relationships.

Hospital strikers may face criminal charges

B/Day 12/6/92

KATHRYN STRACHAN

THE actions of strikers at hospitals could lead to charges of murder or culpable homicide, TPA Health Services MEC Fanie Ferreira warned yesterday.

He said that on the basis of the findings of the Cillie commission of inquiry into the 1990 GaRankuwa Hospital strike — which were released at a news conference yesterday — there was, on a balance of probabilities, criminal liability for either murder or culpable homicide.

Ferreira said the release of the commission's finding was completely unrelated to the present strikes affecting PWV hospitals, but emphasised that "all concerned should take cognisance of this vitally important finding".

He added that the report found the National Health and Allied Workers' Union (Nehawu) might bear responsibility for illegal actions during the GaRankuwa strike.

The commission found that 10 babies died at the GaRankuwa Hospital because of the strike.

The commission could not come to any conclusion concerning the deaths of adults as it did not receive all the bed charts of those who had died during the strike, and recommended that there should be further investigation.

Ferreira said the findings of the commission would be referred to the attorney-general's office.

TPA Administrator Danie Hough said the inquiry found the TPA had not been without blame. The inquiry criticised the TPA's managerial style and its legal procedures and said it was "15 years behind in labour relations".

Hough said steps had been taken to rectify the situation.

Meanwhile the TPA began disciplinary action at Baragwanath Hospital yesterday, Ferreira said.

A Baragwanath statement said the hospital's 1 500 striking workers were told they had to take compulsory leave pending disciplinary inquiries.

Police said 13 strikers were arrested in terms of a court order granted to the TPA last Friday, reports Sapa.

A Baragwanath spokesman said an urgent request was being made by the hospital management to the public for voluntary workers to assist in supporting services.

Cancer patients were prevented from going to Hillbrow Hospital for radiation treatment when strikers prevented the bus from leaving the premises. And a patient with a spinal tumour that required immediate operation could become a paraplegic because doctors were prevented from carrying out the necessary procedures.

The TPA and Nehawu said they would be meeting today.

Brief protest actions in Cape Town in support of the Reef strikes were reported yesterday at Groote Schuur and Red Cross hospitals. Workers at Somerset and Tygerberg hospitals were considering action.

Nation braced for mass action

Argus 14/6/92.

By SEKOLA SELLO and SAPA

THE government and the ANC were yesterday locked in serious talks in a last-minute bid to avoid confrontation over mass action planned for this week.

The emergency talks come in the wake of a hardening of attitudes and trading of accusations by the two parties.

Against a backdrop of deteriorating relations, the ANC alliance announced this week that Tuesday's national June 16 rallies would be a launching pad for mass action on an "unprecedented scale".

In response, the government has put Citizen Force and Commando Force members on standby to help the police "maintain peace, stability and law and order".

This decision amounted to "declaring open war against the people", the ANC said.

It further charged that "there can be no question that the mobilisation of the SADF is intended to intimidate the disenfranchised majority with a massive display of force".

The ANC said it would not be intimidated by a show of force. Rather than "participating with sincerity in the negotiation process", the government chose to rely on propaganda and brute force.

Contrasting its hardline attitude towards mass action by the ANC was the government's leniency towards armed vigilantes parading the streets, the organisation added.

"The people of SA and the international community will hold De Klerk responsible for any loss of life or injuries."

ANC spokeswoman Gill Marcus confirmed the emergency talks saying mass action, the call-up and the "situation in general" were being discussed.

At the time of going to press, the outcome of the talks was not known.

Meanwhile, IFP leader Mangosuthu Buthelezi cut short a trip to the US because he feared the campaign would exacerbate violence, while the PAC and Azapo said they would not support mass action if it aimed to resuscitate failed talks at Codesa.

On arrival at Johannesburg's Jan Smuts Airport, Buthelezi said he was "very disturbed" with the planned action and foresaw clashes between IFP members and those planning the campaign.

Reiterating its commitment to strive for a reconstituted Patrotic Front, the PAC urged the ANC to desist "from further participation in Codesa".

ANC leader Nelson Mandela shrugged off the PAC's decision not to support the campaign. Speaking in Durban, he said: "Whether they support us or not is irrelevant. Progress has been made so far despite the PAC."

Depite behind-closed-doors attempts to make up, the ANC launched a scathing public attack on the government saying: "The De Klerk government, rocked by corruption, proof of police and military involvement in the murder of activists and a complete failure to protect the lives and property of all South Africans, wants to return to rule by the old ways of coercion and repression.

"Instead of guaranteeing the protection of people whose only means to make their views known is to vote with their feet, De Klerk and his colleagues are identifying them as the enemy."

Killings deepen hospital crisis

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By THEMBA KHUMALO

THE crisis in black hospitals in the Transvaal deepened yesterday following the brutal gunning down of three trade union members and a bystander in two separate incidents in the East Rand's Natalspruit.

It has also been alleged that strikers have been harassed by police.

A statement issued on Friday by the National Education and Health Workers Union (Nehawu) said Victoria Mazibuko, a nursing sister at Natalspruit Hospital and Grisell Marubelela, both Nehawu shop stewards, were gunned down by men who burst into a meeting at Mazibuko's house on Thursday evening.

The husband of one of the dead women was also killed in the attack.

In an incident on Tuesday, Nehawu member Vuyo Mtshekeshe was shot dead in Natalspruit.

Nehawu alleged that a nurse at the Boksburg/Benoni Hospital had also been assaulted and her vehicle damaged on Friday morning. This was confirmed by the TPA.

Citizen 14/6/92.

Nehawu said: "This is clearly a cowardly attempt to scare our members and to stop them from exercising what are basic trade union rights."

Nehawu general secretary Phillip Dexter said in addition to the 11 hospitals that were affected by the strike, unconfirmed reports said more hospitals in the Transvaal and Free State have been hit.

At a press conference in Johannesburg on Friday the Nehawu leadership said strikers would not be intimidated by "union-bashing tactics". They emphasised, however, the strike was not linked to the planned ANC/Cosatu mass action.

Nehawu president Bheki Phakathi said his union would blame the government for any deaths of patients during the strike.

Nehawu condemned "in the strongest terms the revival of the death of 20 babies who allegedly died during the union's 1990 strike at Ga-Rankuwa Hospital".

It said the TPA was trying to present the strikers as "insensitive people" and was desperately trying to shift attention from the strikers' legitimate demands.

Cosatu vice-president Chris Dlamini said the union federation supported the strikers' demands.

Nehawu is demanding a 15 percent wage increase and the TPA is offering 9,2 percent. By late yesterday the TPA and Nehawu were still locked in negotiations.

Court ban on strikers

THE Transvaal Provincial Administration has obtained an interdict barring striking health workers from all its hospitals.

The interdict against the National Education, Health and Allied Workers' Union was granted in the Pretoria Supreme Court on Friday.

Mr Justice William de Villiers also banned any meetings or protest marches on the premises and interference with "the free movement of persons on the premises of these institutions".

By CHARLES LEONARD

Transvaal health MEC Fanie Ferreira toured the beleaguered Baragwanath Hospital with Health Minister Dr Rina Venter yesterday afternoon.

The strike, in its seventh day, has crippled the hospital. Only emergency cases are being treated.

It was sparked by a breakdown in pay negotiations and has spread to eight other hospitals in the province.

Mr Ferreira said that despite the impasse, negotiations were still going on.

"The aim of the interdict is to normalise services. Discussions to resolve disputes will continue and we will meet with Nehawu again on Wednesday," he said.

Dr Venter told a news conference the strike was part of the ANC's mass action campaign and that the government was not going to allow the disruption of health services, which would put patients' lives at risk.

Mr Ferreira indicated that the interdict would be strongly imposed.

Warned

Meanwhile, the surgeon who separated the Mathibela Siamese twins warned this weekend that patients at Baragwanath would die unless strikers returned to work.

Professor Robert Lipschitz, one of the superintendents at the hospital, said: "We do not have the time to treat all our patients. Some of them are seriously ill, and they are not getting better. I believe we will soon have people dying here."

Overworked doctors and nurses at the hospital — the largest in the southern hemisphere — have assumed tasks normally carried out by the 1 500 striking general assistants.

Time that should be spent on patients is now being used to wheel gurneys down corridors, clean floors, serve meals, fetch medication and bandages from the stores and collect soiled linen.

forex affair

dressed to "Dear Barend" — he mentions "the warm family atmosphere which prevailed at last night's dinner".

He was referring to the private occasion at which he had asked Mr Du Plessis to intervene on his behalf with the Reserve Bank.

That day Mr Du Plessis sent a handwritten note to Dr Lombard.

Three days later Dr Lombard informed the minister that "the matter has been satisfactorily finalised". The transaction was approved.

With conditions for compliance still not met, the Reserve Bank stepped in to cut off gold supplies to Sesom in January 1990.

Once again Mr Shpilman wrote to "Dear Barend". He said: "You have mentioned in our previous meetings that should we encounter any further bureaucratic problems we should not hesitate to contact you.

"I am afraid that, although we have made great efforts to solve these problems using regular procedures, we have been unable to have the matter finalised."

Again the minister penned a note to Dr Lombard.

A day later Dr Lombard faxed his reply. "I am pleased to advise that the matter has been successfully dealt with."

Mr Du Plessis was unavailable for comment yesterday and Mr Shpilman could not be contacted.

Dr Lombard said he had no recollection of the matter, but that any inquiries from the minister would have been handled by the bank department.

Precluded

Mr John Postmus, exchange control general manager at the Reserve Bank, said that without having access to his departmental records, he could neither confirm nor deny the correspondence between Mr Shpilman and Mr Du Plessis.

He added that even if he did have access to the records he was precluded by article 33 of the Reserve Bank Act from discussing matters that were not public knowledge.

However, he said, the actions said to have been taken by the Reserve Bank were broadly in keeping with the bank's procedures.

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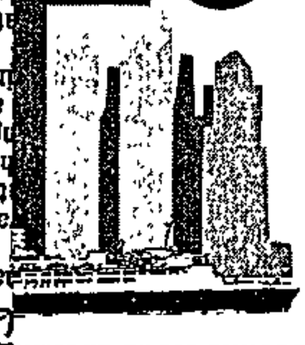

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SEA GODDESS I/II
CUNARD PRINCESS
CUNARD COUNTESS

TRUST
HOMPSONS

portedly attending a funeral in Durban.

ANC's battle tactics

From Page 1

brought to justice. Laying siege to prisons to demand the release of political prisoners is also envisaged.

Homeland governments, particularly Ciskei and Bophuthatswana, would also come under pressure. Mass occupation of the casinos has been discussed.

People would be encouraged to boycott products advertised on the SABC, which the ANC alliance believes should be transformed.

Central to the ANC plan is an appeal to the international community to put pressure on the government to bow to the ANC's demands for rapid movement towards an interim government.

"What needs to be understood is that there is a smooth and a rough road to democracy. The government blocked the smooth road at Codesa 2. We must now travel the rough road," Mr Kasrils said yesterday.

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

Representatives emphasised that all action should be disciplined and peaceful.

Yesterday Constitutional Development Minister Mr Meyer said after a meeting with the ANC that ANC leader Nelson Mandela had twisted the facts to justify mass action in a speech made in Durban on Friday.

It was not true, Mr Meyer said, that the government was clinging to power at all costs and that the negotiation process had reached a dead end. The best proof was the meetings that had taken place with the ANC recently.

The government remained committed to negotiations but would not be threatened. It was also untrue, Mr Meyer said, that progress had not been made in negotiations.

"The ANC knows it has reached agreement with the government on a transitional phase in which provision will be made for a transitional parliament and a transitional government," he said.

WEATHER AND TIDES

TRANSVAAL: Mainly cloudy and cold over the eastern areas, with occasional showers clearing partially. Elsewhere fine and cold becoming somewhat warmer.
FREE STATE: Fine and cold, becoming somewhat warmer over the western and southern parts.
NATAL: Mainly cloudy and mild over the northern half, becoming warmer. Elsewhere fine and mild becoming warmer.
EASTERN CAPE: Fine and cold becoming warmer.
WESTERN and CENTRAL CAPE: Fine and cold becoming warmer and cloudy later in the extreme south-west.
NORTHERN CAPE: Fine and cold becoming warmer. The coast will be fine and mild.

	High/Low	High/Low
Cape Town	0232/0853	1505/2108
Mossel Bay	0251/0912	1525/2117
Knysna	0311/0922	1544/2139
Port Elizabeth	0255/0914	1528/2123
East London	0301/0915	1533/2126
Durban	0259/0914	1531/2129
Walvis Bay	0252/0841	1510/2105

Bara strike's terrible toll

My son should still be alive, weeps mother

Citizen 14/6/92

97

By MOSES MAMAILA

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

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

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

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

No operation

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

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

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

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

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

Death stalks strike hospitals

STAR 15/6/92 (97)

Staff Reporter and Sapa

Transvaal's strike-hit hospitals managed to pull through the weekend with help from volunteers, but the situation at some was beginning to become serious, according to reports.

Many hospitals have had to keep patient quotas to a minimum as the strike drags on.

Ten hospitals yesterday appealed for volunteers to help them through a pay strike by non-medical staff.

The strike, which began eight days ago, has brought chaos to medical services in Johannesburg and surrounding areas.

"Help is urgently required for kitchen services, the laundries, general ward services and other areas," said a spokesman for the Transvaal Provincial Administration, which is in charge of government hospitals.

Baragwanath public relations officer Annette Clear said the hospital had 1 500 patients on Saturday compared with its 3 400 capacity.

About 50 volunteers had reported on Saturday and 34 yesterday, but this was "not nearly enough", she added.

Dr Robert Lipschitz, one of the superintendents at the hospital, said a serious situation was developing. "We do not have the time to treat all our patients. Some of them are seriously ill and they are not getting better. I believe we will soon have people dying here."

Matron M Perry of the Boksburg-Benoni Hospital said no one had been turned away unnecessarily, and the strike had not "shipwrecked" the hospital.

Health Minister Dr Rina Venter visited Baragwanath hospital on Saturday. She said striking workers were intimidating staff who reported for duty.

The TPA obtained an interdict in the Pretoria Supreme Court against striking National Education, Health and Allied Workers Union (Nehawu) workers on Friday. The workers have been barred from entering hospital premises unless they are reporting for duty or negotiations. This follows two interim orders granted in the Rand Supreme Court last week against striking workers at Baragwanath and Natalspruit hospitals.

Volunteers at the Johannesburg Hospital helped with cleaning and laundry at the weekend, and the hospital operated as usual, a spokesman said.

A spokesman for Nehawu, which has 6 000 members on strike in the hospitals, dismissed the appeal for help as provocative and inflammatory.

The strikers want a minimum salary of R1 100 a month, an across-the-board increase of R400 a month, paid maternity leave for six months and a 40-hour working week.

The authorities have offered a 9,2 percent increase on the minimum salary of R643.

Hospitals bailed out by volunteers

Sowetan 15/6/92. 97

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

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

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

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

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

Baragwanath, Natalspruit, Johannesburg, Willian Cruywagen in Germiston, Boksburg-Benoni, Tembisa, Leratong and Hillbow hospitals are among those affected.

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

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

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

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

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

The killing of the two followed last Tuesday's slaying in Katlehong of another Nehawu official, Mr Vuyo Matsheketshe.

Union threat of more strikes

BDay 15/6/92

WILSON ZWANE

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

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

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

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

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

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

Sapa reports that Dexter said the TPA reaffirmed on Saturday its acceptance of the 9,2% increase in wages offered by government. The increases were what government could afford and there was no possibility of any further increases.

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

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

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

The union said its proposals, given to the TPA on Friday, were:

- A minimum wage of R724, an across-the-board increase of 15,3% and permanent status for general assistants;
- Nehawu and the TPA should undertake to write, jointly, a letter to the commission stressing the importance of a meeting between the commission and Nehawu. This meeting should aim at an interim dispute mechanism, and the commission should resume wage negotiations with Nehawu; and
- The TPA should withdraw all interdicts and undertake not to institute disciplinary action against workers if they returned to work.

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

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

The 10 hospitals affected by the strike are Natalspruit, Medunsa Dental Hospital, GaRankuwa and H F Verwoerd hospitals near Pretoria, Willem Cruywagen in Germiston, Baragwanath in Soweto, A G Visser in Heidelberg, Tembisa Hospital near Midrand, and Hillbrow and Johannesburg.

● Comment: Page 6

Strike now affects 16 hospitals

STAR 16/6/92 (97)

Staff Reporters and Sapa

General assistants at six more Transvaal provincial hospitals yesterday downed tools and the union representing them said an appeal could be made this week to professional health workers to join the strike, which began a week ago.

Hospitals affected now number 16 — and volunteers have flocked to the affected TPA institutions to help out in response to appeals from the authorities to maintain essential services while the work stoppages spread.

National Education, Health and Allied Workers Union (Nehawu) assistant general-secretary Neil Thobejane said the appeal to nurses, radiologists and other professionals to strike would be made if tomorrow's talks with the TPA failed. He said professionals were not immune to unfair labour practices.

The Star has learnt that wards for seriously ill patients in Johannesburg Hospital were closed at the weekend and that doctors feared they would have to close more this week. Some doctors believe the TPA would act only if white patients faced death or died.

Nehawu claimed the hospital's doctors and nurses supported the strikers' demands.

The TPA said in a statement that staff were being intimidated at the affected hospitals and 234 strikers had been arrested at the Boksburg-Benoni Hospital on the East Rand, where 120 volunteers have been employed.

At the Paul Kruger Memorial Hospital in Rustenburg, 42 strikers were arrested, police said.

Nehawu denied charges of intimidation and sabotage levelled at members.

There were no arrests when hundreds of workers staged demonstrations at the Johannesburg and Hillbrow hospitals yesterday, despite threats by authorities to enforce court interdicts preventing striking workers from entering hospital premises.

About 1 500 workers at Tembisa Hospital on the East Rand are reported to have walked off the job, demanding higher pay.

And at Baragwanath Hospital, where strike action started last Monday, a number of strikers had managed to get into the premises as "visitors" and intimidated staff, the hospital said.

At least 100 volunteers had come forward to prop up services, the hospital said.

The TPA said strikes were affecting Johannesburg, Hillbrow, Baragwanath, Far East Rand, Sterkfontein, Pholosong, Boksburg-Benoni, Middelburg, Tembisa, H F Verwoerd, Ga-Rankuwa, Paul Kruger Memorial, Weskoppies, Natalspruit, Vereeniging and Sebokeng hospitals.

Workers are striking for a minimum wage of R1 100 and an across-the-board increase of R400, as well as better working conditions.

Hospital strike spreading

DIRK HARTFORD

THE strike at Transvaal provincial hospitals, now two weeks old, had spread to at least 17 hospitals in the Transvaal and one in the Free State by yesterday and will be joined tomorrow by workers in Natal, says a National Education, Health and Allied Workers Union (Nehawu) spokesman.

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

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

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

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

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

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

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

Dexter said workers at Johannesburg's J G Strijdom Hospital might join the strike tomorrow.

Fatigued medical staff take on Bara tasks

By Helen Grange
Abel Mushi and Sapa

Fatigued doctors and nurses at Baragwanath Hospital near Soweto had to take over the work of hundreds of hospital clerks and general assistants who stayed away yesterday.

Doctors in the casualty section said the administrative infrastructure had completely broken down. Proper records of patients were not kept.

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

So far, strike action has been reported at 16 TPA hospitals.

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

Only emergency cases were being handled.

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

Eleven volunteers were assisting doctors and nurses, most of whom arrived at work. But staff were fatigued, the spokesman said.

By late yesterday afternoon, the hospital was quiet.

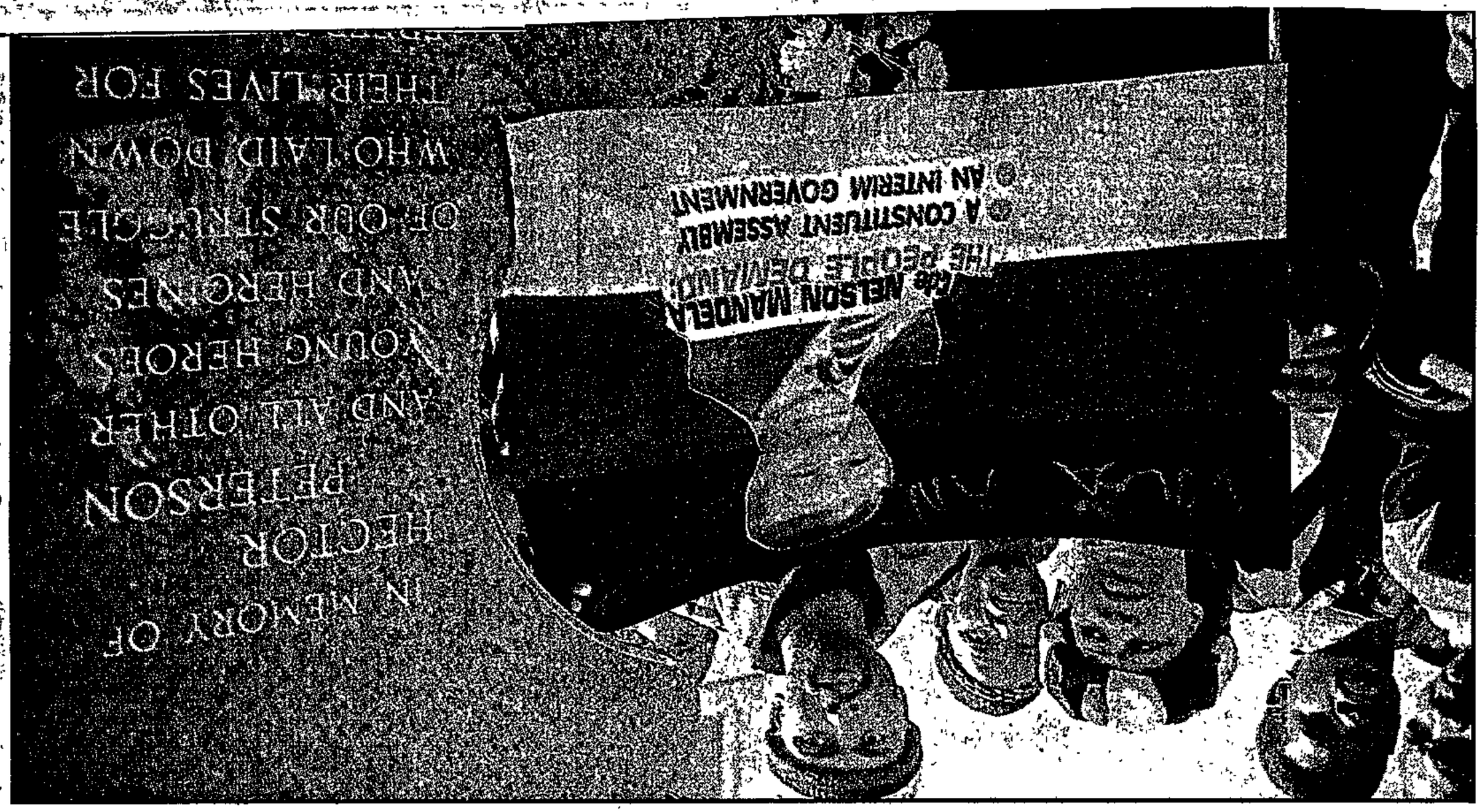
Baragwanath Hospital has suffered strike action by general assistants since June 2, and yesterday saw an ultimatum by management to workers threatening compulsory leave from today.

"Strikers have until Wednesday to advance reasons why their services should not be terminated in terms of the Public Service Code," a hospital management statement said.

Should reasons not be forthcoming, the workers would be placed on compulsory leave pending a disciplinary inquiry.

A volunteer co-ordinating centre will be launched today to assist the strike-hit Baragwanath, Johannesburg and Hillbrow hospitals.

Baragwanath chief superintendent Dr Chris van den Heever said the centre would receive and organise calls from citizens who wished to offer their services. The numbers to call are (011) 403-2629 or 403-2630.



Crisis as Bara strike goes on

Sowetan 17/6/92

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

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

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

Adversely affected

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

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

Only emergency cases were being handled.

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

Hospital warns strikers of dismissals deadline

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

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

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

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

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

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

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

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

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

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

Patients may die, TPA warns hospital strikers

STAFF

By Helen Grange and Abel Mushi 18/6/92

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

Despite deteriorating hygiene conditions in at least 16 Transvaal Provincial Administration hospitals due to a protracted strike by hospital assistants and clerks, negotiations between the TPA and the National Education, Health and Allied Workers Union (Nehawu) again ended in bitter accusations and reciprocal warnings yesterday.

In a statement last night, the TPA warned that if conditions were not normalised, "it may cause a further deterioration of services, loss of life, continued damage to property, and the intimidation and assault of persons".

The Transvaal Provincial Administration yesterday refused three demands tabled by the National Education, Health and Allied Workers' Union at a meeting — maintaining the deadlock between the two parties, reports Sapa.

Demanded

Nehawu demanded that:

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

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

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

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

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

Bid to end hospital strike fails

By MOKGADI PELA and Sapa

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

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

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

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

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

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

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

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

Three shop stewards have died since the strike started.

Dismissals 'will lead more to join strike'

Bday 18/6/92

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

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

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

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

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

DIRK HARTFORD reports that ANC national executive committee member Cheryl Carolus told the news conference the fact that some workers earned R410 a month was disgusting. "Many Cabinet ministers spend that much on themselves every day."

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

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

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

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

Meanwhile, the TPA said there was only R16 separating its offer and Nehawu's demand and that wages had risen by 130% for general workers since the beginning of 1989.

Other Nehawu demands were also being addressed.

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

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

Nehawu claimed between 300 and 500 of its members were arrested yesterday at hospitals, including the Johannesburg Hospital. At Germiston Hospital police allegedly used teargas, sjamboks and dogs to break up a crowd of strikers and one worker was seriously savaged, it said.

Do medical staff also have rights of grievance?



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

By **ARTHUR GOLDSTUCK**

THE clearest statement to emerge from the chaos of the hospital workers' strike on the Reef came not from the formal pronouncements of the antagonists, but from the crude, red-daubed graffiti in Baragwanath Hospital's administration block: "Enough is enough. We want bread".

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

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

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

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

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

"Where such workers do go on strike, dismissal is appropriate, provided that is the only remedy left."

But where does this leave someone who, after decades of service to one employer, cannot even afford to feed her own family?

"We feel for the patients," striking hospital worker Rejoice Motau told *The Weekly Mail* this week. Standing outside Johannesburg Hospital, a few metres away from where dozens of policemen barred strikers from a staff entrance, she declared that she'd been a general assistant for 13 years — but was still on temporary staff.

"Some of us have got 20 years, even 30 years' service, and we're still getting paid R500 or R600 a month," said 43-year-old Motau. "We can't survive on that. We cannot justify even giving emergency care when we are earning a salary like that."

As she talked, her colleagues gathered around her to support her sentiments. Ntombikayise Vilakazi — also with 13 years as a temporary employee — explained that she could no longer see an alternative to striking.

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

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

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

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

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

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

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

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

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

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

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

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

Dexter stresses that workers are aware of the ethical dilemma.

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

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

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

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

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

Tvl hospital strike set to spread

STAR 19/6/92.

By Helen Grange 97

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

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

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

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

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

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

Altogether 159 strikers have been arrested at various hospitals over the past two days for entering hospital premises.

Johannesburg Hospital was last night preparing a list of patients who could be transferred to other hospitals as staff could attend to critical patients only.

Baragwanath Hospital, in Soweto, could be forced to close should it become impossible to retain its emergency services, a hospital statement warned.

On Wednesday, the TPA and Nehawu reached a deadlock when the TPA refused to accept Nehawu's wage and other demands. In response Nehawu said it was preparing for a full-scale national strike.

Nehawu assistant general secretary Neal Thobejane said: "Doctors, nurses, paramedics and radiographers who sympathise with our members promised to join the strike in the case of a complete deadlock.

"That time has come."

He said, however, union members would provide emergency services.

But Professor Dimitri Demetriades, chief of surgical services, warned that advanced cancer patients at Baragwanath Hospital have been discharged without undergoing operations and they will "die a slow death" in the township. "The situation is extremely critical."

Adding to the turmoil 21 student nurses at Baragwanath were arrested.

The TPA said in a statement last night a driver was assault ed and four minibuses were damaged outside the Johannesburg Hospital while nurses on their way to work at Baragwanath were hit with a sjambok.

It was clear that the aim was to bring hospitals to a standstill, the statement said.

The TPA has ordered strikers to return to work within three days and give reasons why they should not be dismissed or disciplined.

Meanwhile, Nehawu is continuing to urge all medical staff, including doctors, to join the strike for better wages.

At Hillbrow Hospital, a petition by doctors supportive of the strike is being circulated.

It reads: "We, the doctors and paramedical staff of Hillbrow Hospital, regret the necessity for a strike.

"At the same time, it is important to note that wages and working conditions at State hospitals are poor, not only for general workers, but also for all medical and paramedical staff.

"We therefore call upon the State to reopen negotiations with Nehawu immediately in order to bring an end to the strike."

The Medical Association of South Africa has expressed concern over the pressure placed on doctors.

Nehawu is demanding a meeting with the Minister of Administration to discuss grievances. TPA spokesman Piet Wilkin replied that the Minister felt Nehawu's demands had already been addressed.

Nehawu strikers want a minimum wage of R724 and an across-the-board increase of 15,3 percent, six-months' paid maternity leave, a 40-hour working week, and hundreds of temporary appointments to be made permanent.

The Commission for Administration has offered a R708 minimum wage and a 9,2 percent increase.

● **Drastic measures needed to resolve strike – Page 13.**

Medical staff lock doors to escape strikers

STEPHANE BOTHMA 97

MEDICAL staff at the Johannesburg Hospital were yesterday forced to work behind locked doors to prevent the intimidation of nursing staff by striking National Education, Health and Allied Workers' Union (Nehawu) workers.

Earlier, Nehawu shop stewards burst into maternity wards at the hospital in search of possible strike-breakers, medical staff said. BDay 19/6/92

"They just stormed in and searched everywhere — even in cupboards to see if cleaning staff were hiding in the ward," a source said.

The hospital could not confirm the action, but admitted that "some intimidation" had taken place.

Meanwhile, Baragwanath Hospital administrators warned that the hospital could be forced to close should it become impossible to retain its emergency services, Sapa reports.

They said professional staff were finding it extremely difficult to cope with performing supporting services as well as their duties because of intimidation.

Cancer patients awaiting chemotherapy were discharged because the hospital was scaling down the numbers being treated.

A Johannesburg hospital spokesman said doctors and nurses had to lock themselves into certain wards to "prevent unwelcome guests" from entering wards yesterday.

No arrests were made at the hospital yesterday, but on Wednesday three men and two women were arrested on charges of contempt of court after entering the hospital premises in spite of a court order prohibiting them from doing so.

Police yesterday arrested more than 150 striking workers at three Transvaal Provincial Administration (TPA) hospitals.

At Baragwanath Hospital in Soweto, 21 people were arrested, while three were arrested at Tembisa Hospital on the East Rand.

At Witbank Hospital 101 women and 29 men were arrested for failing to comply with a court order.

☐ To Page 2

Hospital strike

BDay 19/6/92 97 102

☐ From Page 1

At Hillbrow Hospital, nursing staff reporting for work yesterday morning were allegedly intimidated by strikers, but no arrests were reported.

In spite of deteriorating hygiene conditions in at least 16 TPA hospitals, negotiations between the TPA and Nehawu ended in deadlock on Wednesday.

Sapa reported that Nehawu yesterday said it would call for a national strike by its health sector members from Monday.

The call followed the alleged reluctance of Administration Minister Org Marais to meet the union, Nehawu assistant general secretary Neal Thobejane said.

A Nehawu spokesman said a national public sector strike could be called for.

Healthy basis for hospital talks

STAR 19/6/92.

The widening hospital strike shows the need for better industrial relations structures, reports MIKE SILUMA.

WITH the hospital strike spreading from the Transvaal to the Free State and Cape this week, it should now be clear that drastic measures are needed to resolve the wage dispute between the strikers' representatives and hospital authorities.

The strike, which began just over a week ago, follows a breakdown in talks last month between the National Education, Health and Allied Workers' Union (Nehawu) and the Commission for Administration (CFA), which regulates public servants' pay.

Nehawu, negotiating with five other staff organisations, withdrew from the talks when the CFA rejected its demand for a 15,3 percent across-the-board increase, plus a new minimum wage of R724. Nehawu also demanded that the Transvaal Provincial Administration reverse its policy of refusing general assistants permanent employee status.

The CFA's offer, accepted by the remaining five employee bodies, comprised a new minimum monthly rate for general assistants of R708 (up from R537), with those in the higher grades getting a general increase of 9,2 percent.

It is becoming clear that as intermittent talks between the hospital authorities and Nehawu stutter along, the strike is causing untold hardship to patients and nurses.

Although, on the surface, the dispute centres on the wage issue, it has as the underlying cause the lack of proper industrial relations structures in the hospital services which might help to resolve the crisis.

To begin with, the industrial relations structure in the hospitals, such as it is, provides for neither collective-bargaining nor dispute-resolution mechanisms — a feature shared, incidentally, with the rest of the public service.

This rules out the possibility of resolving disputes through avenues such as mediation, conciliation and arbitration.

As far back as 1978, the Wiehahn Commission, which revolutionised South Africa's labour legislation by, for the first time, extending it to black workers, made key recommendations which would have placed South Africa's public-sector labour legislation on a par with internationally accepted standards.

These recommendations included that the right to collective bargaining be extended to public servants, but that the right to strike in this sector be replaced by compulsory arbitration.

With some modifications, especially regarding the right to strike, few today would argue against the Wiehahn recommendations. Some unions, such as Nehawu, might, for instance, want an outright ban on strikes to be restricted to only those workers involved in essential services mutually agreed upon with the hospital authorities.

The urgent necessity to modernise industrial relations in the hospital services has been underlined by the findings of the Cillie Commission, instituted after the Ga-Rankuwa Hospital strike in 1990, during which 24 babies died.

In its report — released coincidentally as the hospital services are being convulsed again by labour unrest — the commission recommended among other things that the TPA ask the Government to bring hospital workers' rights in line with internationally accepted standards, and to — in effect — extend the Labour Relations Act to hospital workers.

If carried out, this particular recommendation would breathe some life into current efforts, which are threatening to get bogged down after two years, to devise a more liberal labour dispensation for hospital workers and their counterparts elsewhere in the public service.

Clearly, the changes recommended by the Cillie Commission cannot be implemented overnight. But the grave situation in the strike-bound hospitals requires creativity and flexibility — even the bending of evidently archaic hospital service regulations.

As an interim measure, both parties to the dispute should seek third party help to facilitate agreement. At the same time the parties should immediately get down to the business of establishing reputable and mutually acceptable workplace structures to regulate conflict between the authorities and the health workers. □

Gambling Bill on hold

Political Staff

CAPE TOWN — Government failed last night in its bid to ram controversial anti-gambling legislation through Parliament before going into recess today.

Justice Minister Kobie Coetsee called a special meeting of the parliamentary justice committee yesterday to process the Gambling Amendment Bill. However, matters were not concluded during last night's session.

The Bill is intended to close the loophole in the Gambling Act which has given rise to the establishment of hundreds of hard-gambling casinos in cities around the country.

Committee chairman Gert Myburgh denied yesterday that the Bill was being rushed through Parliament to protect the horse racing industry or homeland casinos.

He said the rate at which casinos were mushrooming had sparked fears that the situation would become uncontrollable.

The proposed legislation changes the definition from "games of chance" — the loophole exploited to set up the casinos. Instead it specifically outlaws popular forms of gambling by name and the mechanisms used for gambling.

It is understood Coetzee could soon announce a commission of inquiry into gambling, as well as lotteries for welfare, health and education purposes.

Venter outlines sweeping cutbacks

B/Day : 19/6/92

Political Staff

CAPE TOWN — Health Minister Rina Venter yesterday outlined sweeping cutbacks in the provision of health services in all four provinces during recent months.

In Natal, budget-trimming measures included the limiting of HIV testing "to an absolute minimum". Visits by state specialists to Cape rural areas had been stopped because of cutbacks in provincial hospital services.

Sapa reports that Venter, replying to questions in Parliament, said certain essential services in Natal hospitals — such as kidney dialysis, bypass operations and treatment of cancer — had been limited to the smallest number of patients possible.

In some cases in Natal essential services had to be stopped or seriously curtailed because of inadequate equipment and facilities.

The Natal Health Services Branch had requested an allocation of R1,09bn, and been given R983,6m.

In the Transvaal, cutbacks included stopping expansion of ambulance services.

Transvaal provincial health services suffered a deficit of R349,19m for 1991/2, after asking government for a R2,69bn allocation and receiving R2,34bn.

In the Cape, outpatient visits to academic hospitals had been limited to referred cases and emergencies where possible, and laboratory services and special examinations had also been cut back.

Visits by specialists to rural areas had been ended.

Ambulance and other patient transport services had been stopped.

Vacancies were filled only after individual consideration and subsidies for staff transport and free tea had been scrapped.

Overtime payment had been stopped.

District surgeons in the Cape had taken over dispensing from private pharmacists.

Catering and incineration services had been privatised.

The measures in the Cape included cutbacks imposed in March last year, plus additional steps for 1991/2.

Vacancies in Cape hospitals and state health clinics were being filled only after individual consideration.

Attention had also been paid to the streamlining of staff establishments.

In the Free State, cutbacks totalled about R24,7 2m in the 1991/2 financial year.

This amount was necessary primarily for the commissioning of the new intensive care unit and theatre complex at Pelonomi Hospital.

(2) how much (a) had been spent on aid in terms of the above (i) scheme and (ii) programme as at the latest specified date for which information is available and (b) is it estimated will be spent on each in the current financial year?

B842E

The MINISTER OF NATIONAL HEALTH:

(1) (a) (i) and (ii) A minimum and maximum amount do not apply,

(aa) R40 per adult per month
R35 per child under 1 year per month
R40 per child over 10 years per month
R25 per child 2-9 years per month;

(bb) (i) R20 per person per month;

(ii) R30 per person per month;

(b) The financial circumstances of the farmer is evaluated to qualify for assistance of (aa). With regard to (bb) it is a supplementary scheme that provides for one third of a person's energy and protein need.

(2) (a) (i) 31 May 1992: R2,5 million and

(ii) 8 June 1992: R88 million awarded/spent;

(b) (i) R20 million and

(ii) R440 million.

Banquet facilities at home of Administrator of Natal

347. Mr M J ELLIS asked the Minister of Regional and Land Affairs:

Whether banquet facilities have been established at the home of the Administrator of Natal in Pietermaritzburg; if so, (a) at what cost, (b) who authorized it and (c) from which vote or votes was the cost of establishing these facilities drawn?

B845E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

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

Forum on curtailment of cost of medicine

348. Mr M J ELLIS asked the Minister of National Health:

(1) Whether a forum on the curtailment of the cost of medicine was held on or about 28 February 1992; if so,

(2) whether a record was kept of the proceedings of this forum; if not, why not; if so,

(3) whether this record is available to the public; if not, why not;

(4) whether she has commissioned any investigations as proposed at this forum; if not, why not;

(5) whether she will make a statement on the recommendations made at the forum?

B846E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(2) yes,

(3) no, because all organizations which showed an interest were accommodated at the forum. A copy of the record has been made available to them for submission of further comment;

(4) no, not at this stage, because all comments has not yet been received. The comments must be studied further and be considered before further decisions concerning investigations can be made;

(5) no.

SAP: issuing of bullet-proof vests

351. Mr E W TRENT asked the Minister of Law and Order:

With reference to his statement on 3 June 1992 on bullet-proof vests (a copy of which has been furnished to the South African Police for the purpose of the Minister's reply), (a) which branches and/or units of the Police are as a matter of policy issued with bullet-proof vests, (b) on what basis are priorities determined, (c) which of these units had been issued with such vests as at the latest specified date for which

information is available and (d) when is it anticipated that all units will have been issued with bullet-proof vests?

B849E

The MINISTER OF LAW AND ORDER:

(a) There is no fixed policy whereby specified branches and/or units are given preference when issuing bullet-proof vests. The issuing of bullet-proof vests is determined by priorities.

(b) The circumstances of each of the eleven (11) police regions are unique and priorities to establish to whom the vests will be allocated, are determined at a regional level.

Any branches and/or units of the Force may apply to be issued with bullet-proof vests. Reasons must be given in support of the application. Vests are then issued on a priority basis dependent on the available stock.

(c) As has been mentioned in paragraph (a) *supra*, preference is not given to any specified units in respect of the issue of vests. There is virtually no unit or branch that does not have bullet-proof vests at its disposal.

(d) As the suppliers cannot meet all demands, it is not possible to give a target date by which all units or branches will have been issued with bullet-proof vests.

Total amount spent on decentralization benefits

354. Mr W U NEL asked the Minister of Regional and Land Affairs:

(a) What total amount was spent on decentralization benefits in the 1991-92 financial year, (b) how much of this amount is related to new projects commenced during the said financial year and (c) how many new employment opportunities were created by way of such new projects (i) countrywide and (ii) in (aa) Phuthaditjhaba and (bb) Industriqwa in the 1991-92 financial year?

B852E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

(a) 1982 RIDP—R629 928 789

(b) 1991 RIDP—R 1 242 608

(c) (i) 1982 RIDP—new projects which realized in the 1991-92 financial year—666 employment opportunities.
1991 RIDP—approvals from 1 August 1991 until 20 May 1992—17 035 employment opportunities.

(ii) (aa) 1982 RIDP—new projects which realized in the 1991-92 financial year at Phuthaditjhaba—None.
1991 RIDP—approvals from 1 August 1991 until 20 May 1992 at Phuthaditjhaba—None.

(bb) 1982 RIDP—new projects which realized in the 1991-92 financial year at Industriqwa—40 employment opportunities.
1991 RIDP—approvals from 1 August 1991 until 20 May 1992 at Industriqwa—258 employment opportunities.

Registered medical technologists: private practices

355. Mr W U NEL asked the Minister of National Health:

(1) Whether regulations permitting the establishment of private practice by registered medical technologists have been approved; if not, why not; if so, with effect from what date will such persons be permitted to enter into private practice;

(2) whether any qualifications and conditions have been set for such persons to be able to practise; if so, what (a) qualifications and (b) conditions?

B853E

The MINISTER OF NATIONAL HEALTH:

(1) Yes, regulations permitting private practice by medical technologists were pub-

lished on 6 December 1991 and became effective from that date;

(2) (a) yes, a medical technologist must formally apply to the South African Medical and Dental Council for authority to enter into private practice. Proof must be submitted of having had at least two years post registration experience in an appropriate category; and

(b) the Council determines which tests may be performed by the applicant.

Orderly medicine provision/good dispense practice

358. Mrs C H CHARLEWOOD asked the Minister of National Health:

Whether, with reference to her reply to Question No 13 of 26 February 1992 in regard to the ruling by the Appellate Division that the provisions of the Medicines and Related Substances Control Act are not applicable to the State, she has taken any action in terms of the National Policy for Health Act, No 116 of 1990, to ensure orderly medicine privision and good dispense practice; if not, why not; if so, (a) what action and (b) when?

B856E

The MINISTER OF NATIONAL HEALTH:

No, the Health Matters Committee at a recent meeting took a decision whereby the individual members of the health family within the public sector are bound to adhere to the spirit of the requirements of the Medicines and Related Substances Control Act, 1965 (Act 101 of 1965).

The Department of State Expenditure (Chief Directorate: Procurement Administration) has also indicated that it intends to retain the status quo as far as the procurement of medicines is concerned, namely that these must be registered in terms of Act 101 of 1965.

The Medicines Control Council also accepted policy which effectively removes any hindrances to the pharmaceutical industry from supplying patient-ready packs to the State. These patient-ready packs if approved by the Council provide sufficient scientifically acceptable protection to the medicines contained therein.

Written reply to question set down for oral reply on Wednesday, 24 June 1992:

Police station for Yeoville constituency

*1. Mr D H M GIBSON asked the Minister of Law and Order:

Whether a police station is to be built for the Sydenham, Sandringham and Glenhazel areas of the Yeoville constituency during the course of 1992; if not, (a) why not and (b) when is it anticipated that this police station will be built; if so, what are the relevant details?

B807E

The MINISTER OF LAW AND ORDER:

No.

Provision is made for the establishment of a contact point at Sandringham area during the 1992/93 financial year.

The service is subjected to the availability of a suitable site which could thus far not be obtained.

HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Afforestation permits: East Griqualand

4. Mr P T C NAPIER asked the Minister of Water Affairs and Forestry:

(1) Whether any assurances were given in the recent past to the effect that no more afforestation permits would be issued in respect of East Griqualand; if so, (a) when, (b) why and (c) by whom;

(2) whether such permits are still being issued in respect of East Griqualand; if so, (a) why and (b) to what extent;

(3) whether his Department intends taking any action against persons contravening regulations in this regard; if not, why not; if so, (a) what action, (b) when and (c) against whom;

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

C33E

The MINISTER OF WATER AFFAIRS AND FORESTRY:

No, but the total afforestable area for which permits could be allocated, has already been allocated;

(1) (a), (b) and (c) fall away;

(2) Yes.

(a) If a permitholder's permit expires then a permit for the afforestable area which was coupled thereto, can be allocated.

(b) Indeterminable because there is uncertainty whether the existing permitholder's permit will expire.

(3) Yes.

(a), (b) and (c) The normal steps are taken when offences come to attention Offenders are requested to remove the unauthorized trees and if they do not comply they can be prosecuted under the Forest Act, 1984 (Act 122 of 1984).

(4) No.

Suspension of provisions of Defence Act

8. Mr L T LANDERS asked the Minister of Defence:

(1) Whether, in the re-opened inquests into the deaths of Matthew Goniwe, Sparrow Mkhonto, Fort Calata and Sicelo Mhlauli, he will suspend the relevant provisions of the Defence Act, No 44 of 1957, so as to enable certain witnesses to come forward to give evidence; if not, why not, if so, what are the relevant details;

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

C45E

The MINISTER OF DEFENCE:

(1) No. I have no authority to suspend any provision of an Act of Parliament.

(2) No.

Murder of late member for Alra Park: police investigation

9. Mr W J DIETRICH asked the Minister of Law and Order:

(1) Whether, since his reply to Question No 1 on 17 April 1991, any progress has been made in the police investigation into the murder of the late member for Alra Park; if not, why not; if so,

(2) whether any person has been arrested and/or charged in this connection since then; if so, what are the relevant details;

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

C52E

cont—P

health

Homeopathy: helping the body to help itself

SOUTH 20/6-24/6/92

Unlike conventional medicine, homeopathic remedies do not counteract the symptoms of disease directly, but stimulate the body to combat illness. **Justin Pearce** reports: (97)

THE principles of homeopathy were first outlined in 1796 by German doctor and chemist Dr Samuel Hahnemann. He defined illness as "an indisposition of the life force".

The first law of homeopathy is the law of similars, expressed by the maxim "Let likes be cured by likes". This means the symptoms produced by a substance given to a healthy person will cure an ill person suffering from the same symptoms. This principle is the quintessence of the homeopathic approach to health.

The word homeopathy is derived from two Greek words, "homoios" (similar) and "pathos" (suffering), which encapsulates the law of similars.

A common example: The red onion is known by homeopaths to be an excellent remedy for the common cold. And as any cook knows, contact with onions produces symptoms — running nose and watery eyes — very similar to those of a cold.

The testing of homeopathic remedies involves a healthy person taking small doses of a natural drug and keeping careful records of their effect. Hahnemann himself first tested cinchona in 1790, knowing that it could cure malaria. Without being ill himself, he took the drug and found he developed the classic symptoms of the disease.

He came to suspect that a drug which triggered the symptoms of a disease in a healthy person might be able to eliminate the disease in a sick person. This assumption was the beginning of homeopathy.

Hahnemann went on to develop a pharmaceutical procedure whereby extracts of animal, vegetable and mineral products are diluted with water or alcohol. The dilution is accompanied by an action called succussion, in which the vessel containing the liquid is hit sharply against the hand or another object. The solution is diluted again and again, resulting in a solution that contains only a minute percentage of the original. In fact, many homeopaths work with solutions that cannot be expected to contain a single molecule of the curative substance.

The experience of homeopaths is the more heavily diluted a drug, the more effective it tends to be. To a person familiar with the workings of pharmaceutical medicine, this sounds contradictory —for example, we do not expect half a Disprin in a glass of water to be more effective than a whole Disprin in a glass of water.



SAMUEL HAHNEMANN: The founder of homeopathy

But this response does not take into account the fact that homeopathic remedies work in a way completely different from the workings of conventional medicine. Homeopathic remedies work directly on the body's immune system, and only indirectly on the symptoms. The effectiveness of a homeopathic remedy lies in its ability to initiate a response from the immune system.

How is it possible that a solution with no medicinal molecules can stimulate the immune system into action?

According to an article by homeopath Dr David Lilley, the 'cure' is triggered by an encoded electromagnetic signal impressed on the solvent (be it alcohol or water) during sucussion. This impression is improved by the molecules of the solvent, amplified by each successive dilution.

Lilley draws the analogy of a radio transmission. The curative properties of the medicinal substance are changed into a pattern of frequencies which is carried or transmitted as an encoded signal in the solvent. The patient whose immune system has projected a matching mental and physical picture in response to the disease is the "tuned" receiver, able to decode the specific medicinal image and respond to it.

The result is an enhancement of the immune system. Homeopathic remedies, in other words, do not counteract disease symptoms themselves — they stimulate the body's own resources to combat disease.

Battle to change attitudes to complementary healing

SOUTH 20/6 - 24/6/92

(97)

IN SOUTH AFRICA, as elsewhere in the world, homeopathic healing had to battle for recognition against a sceptical medical establishment

"The theoretical underpinning of homeopathy remains the major block," says Dr Peter Smith, one of the few medical doctors to use homeopathic methods. "The scepticism is mainly dishonest as no study or discussion is done before discussing it."

Scepticism extends beyond medicine, with many lay people believing homeopathy is linked to a religious cult, that it is the same as herbalism, or that it is more closely related to magic than to science. Homeopaths are quick to refute all of these misinformed assumptions.

A rigorous six-year training course at the Natal Technikon is the only academic course offered in homeopathy in South Africa. Practising homeopaths must receive professional accreditation from Associated Health Professions, an autonomous statutory body.

In the early 70s, South African homeopaths began campaigning for official recognition. A law passed in 1982 acknowledges homeopathy as one of the healing professions, but as yet, state health services do not make use of homeopathic healing.

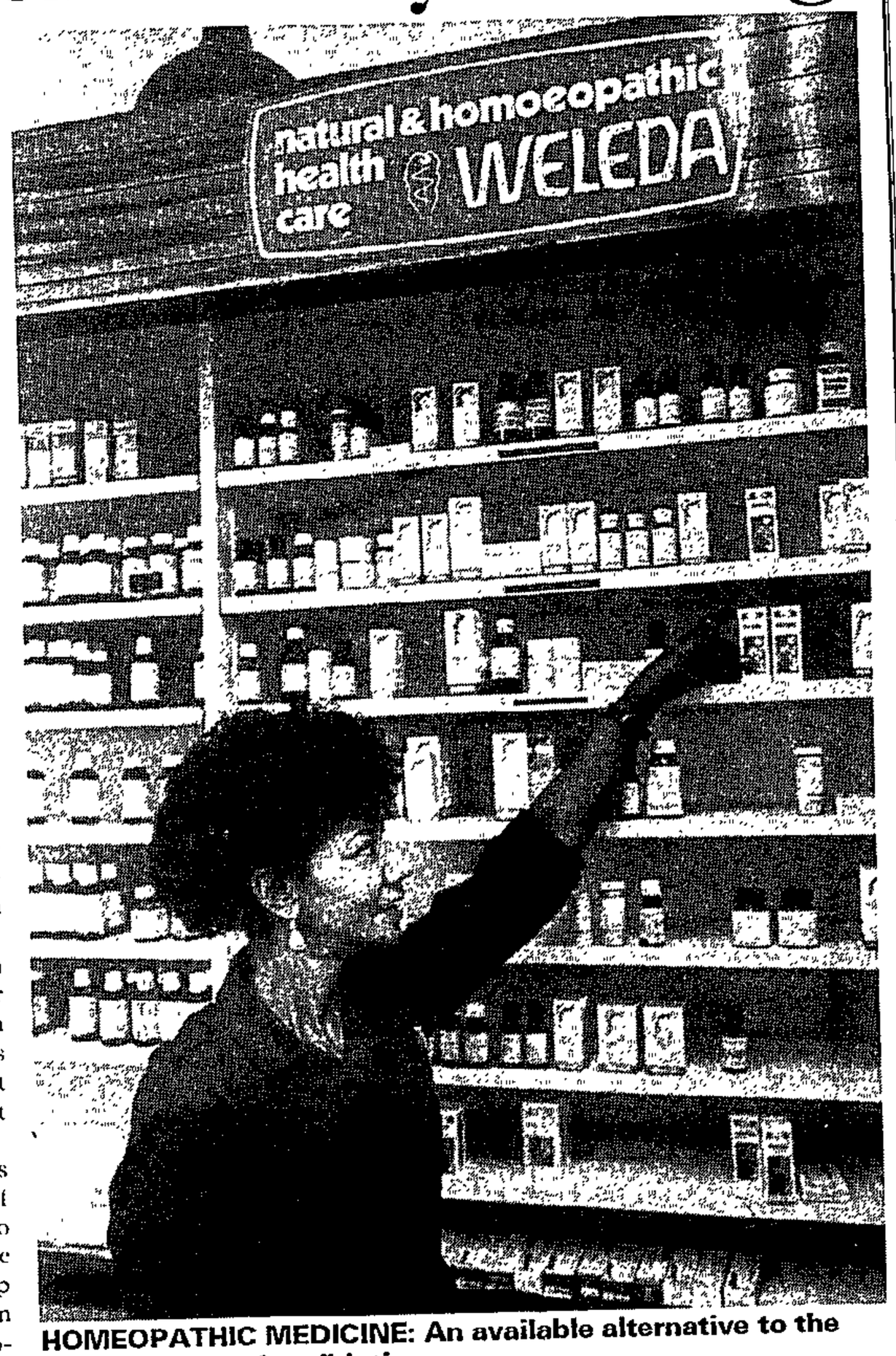
It has been left to the homeopaths themselves to ensure the benefits of their discipline are not confined to people who can afford private medicine. Homeopaths have set up clinics in rural areas at their own expense in order to bring homeopathic healing to people there.

Homeopath Dr Florence Kerschbaumer believes this is a better plan than homeopaths working in the established state institutions such as hospitals,where the nursing staff know nothing of homeopathic principles and methods.

Most homeopaths and a minority of doctors believe the two disciplines are complementary. "Each system needs the other," says Smith. "Thank heavens for the many vital aspects of conventional medicine — effective anaesthesia, intensive-care facilities, and so on.

"But the same system needs the clarity to be able to ask itself questions like: 'Are there other approaches to the three-year-old who has just received a sixth course of antibiotics in seven months?'"

Justin Pearce



HOMEOPATHIC MEDICINE: An available alternative to the excessive use of antibiotics

SOUTH 20/6 - 24/6/92

Doctors at state hospitals pick sides as strike deadlock possesses picket

HELEN GRANGE

HOSPITALS are braced for disaster as an increasing number of medical staff countrywide join the hospital strike — and disputing parties draw even further apart in the crippling dispute.

State-paid doctors' fear the strike will result in patient deaths next week.

They have however voiced their sympathy with the strikers, calling for an urgent reopening of negotiations over wages, maternity leave, worker status and methods of dispute settlement.

The Transvaal Provincial Administration has meanwhile delivered an ultimatum to the strikers, ordering them to commence their duties within three working days and to give reasons why disciplinary actions should not be taken.

The sensitivity of the strike is keeping helpers away. Doctors are unable to keep the hospitals in a hygienic condition.

There are only 38 nurses at the Hillbrow Hospital, which has closed its out-patient section and discharged as many patients as possible. At Tembisa Hospital, 30 nurses are attending to 300 patients.

Johannesburg Hospital has also prematurely discharged many patients and has introduced strict access control. Only bona fide visitors will be admitted and visitors are requested to bring some form of identification. Visiting is permitted only from 3 pm to 5pm daily.

The TPA said yesterday that widespread intimidation was continuing at various hospitals. "Nurses at the Tembisa Hospital are phoned in wards and threatened that if they do not stop working, their homes would be burnt down. Nurses at Witbank Hospital are intimidated by being told not to do any tasks apart from their usual daily tasks," the TPA said. "It is clear the current strategy is to make sure that the nursing and professional personnel are hindered in providing services so that the hospitals cannot function at all."

Patients needing operations have either been discharged or told to return when the strike is over which may place lives in danger.

The National Education, Health and Allied Workers' Union (Nehawu) has called for a national hospital strike from Monday, which authorities expect will lead to a sharp increase in absenteeism.

A trickle of volunteers have come forward to help, but hospital sources say the sensitivity of the strike is keeping would-be helpers away. Doctors are attempting to do basic cleaning, but are unable to keep hospitals in a hygienic condition.

Patients needing operations have been either discharged or told to return when the strike is over, a situation which may place lives in danger, doctors have confided.

However, Baragwanath Hospital medical and allied workers have stated that they will not join Monday's strike action — following a ballot among 300 professional workers at the hospital yesterday.

A statement by Baragwanath's Dr David Jacobs, on be half of the professionals, said although they would not strike, they sympathised with the strikers' complaints.

"We recognise that wages, salaries and working conditions in the provincial health services are poor, not only for general workers, but also for all health professionals."

Dr Jacobs said the professional workers felt Nehawu and the Government's negotiating body, the Commission for Administration, should go to arbitration immediately to end the industrial action.

Nehawu called for nationwide strike at provincial hospitals on Wednesday after a deadlock in talks with the TPA.

Nehawu wants a minimum wage of R724 and an across-the-board increase of 15,3 percent, six-months' paid maternity leave, a 40-hour working week, and temporary appointments to be made permanent.

The Commission for Administration has offered a R708 minimum wage and a 9,2 percent increase.

The union asked for an urgent meeting with Commission for Administration Minister Org Marais, but he allegedly refused to meet Nehawu.

Conflicting views of the hospital dispute

STAR 20/6/92.

PATIENTS' lives are once again in peril at Transvaal hospitals during the ongoing power struggle over health services. BRENDAN TEMPLETON spoke to the two men heading the opposing sides to find out why they are fighting.



Interview with Fanie Ferreira, TPA MEC for health services

HOW has the strike affected hospital services? Is emergency health care still available?
Yes, definitely. Patient numbers have been reduced, naturally, at the hospitals affected by strike action, but all the emergency trauma cases are being taken care of.

It seems as if almost every year Transvaal hospitals are being hit by strike action. What do you see as being the reason for this?
In May 1990 the major issue was the recognition of trade unions as legitimate bodies to negotiate on behalf of employees. Strike action ended with the establishment of a negotiating body between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union (Nehawu). But now, unfortunately, one cannot escape the fact that we live in an atmosphere of mass action which makes it difficult to negotiate about pure labour relations.

One of Nehawu's major complaints is that temporary workers can be dismissed on 24 hours' notice. Have there been steps taken to address this complaint?
The use of the word "temporary" is unfortunate. In the ment of one month's notice of termination of service.

The problem at the moment seems to be that both parties, Nehawu and the Government, recognise the need for change. But since 1990, that change has not taken place and frustrations have been building up. How are you going to go about preventing these frustrations from continuing until such laws can be changed?
Since Mr de Klerk's announcements in 1990, things have taken a different course, but it's a huge ship and when you make political decisions and take them on the road, you have to get this ship around. The Cillie Commission has made recommendations that

locks?
I don't know, that will have to be discussed at a higher level. I will be frank with you — I haven't applied my mind to that yet. We have reached deadlock and we will have to look at some or other way to reopen the situation. But we will have to bring down the temperature to address the health issues and I'm afraid that the other issues will overrule them.

Which other issues are these?
Well, the big political issues such as mass action.

Do you seriously see the Nehawu strike as being part of the mass action?
Well, I read you that document. The thing is this: if I say all Nehawu strikers are part of

Interview with Nehawu general secretary Phillip Dexter

EVERY year strikes break out at Transvaal hospitals. What are the fundamental reasons for this?
There are a number of reasons: atrocious working conditions and low wages. Hospital workers have no real staff facilities basic things like protective clothing, things one would imagine the health sector would be geared up on. In addition there are the conditions of employment: many do work that does not strictly fall under their job description. Many general assistants dou-

For general assistants, the average is around R500 a month, although there are people earning less than that.

But are these factors enough to warrant putting patients' lives in danger?
The combination of all those factors, plus the Government's refusal to have a system of governing the relationship between employer and employee, means there is no other dispute resolution mechanism.

What about the ethics of health workers going on strike? Are they justified in downing tools at the expense of patients?
The moral argument that health workers should not go on strike is totally incorrect. The Government is blackmailing people by saying "you are prov[illegible]e- ivin service

tiations failed, Nehawu drew up an agenda for pressuring the State. Does this mean that Nehawu is actually trying to manufacture a strike?
No, the pressure for a strik has been there for a long time The union decided to try t avoid a strike. We tried to channel that frustration an anger through mechanisms like demonstrations, go-slow — symbolic acts of defiance But it was the response by the TPA which sparked strike.

What do you think about the TPA's response to strike?
In every case, the union has fered to provide emergency services but the TPA has refused — it's quite clear the Government simply does not care about patients at all They are trying to discred the union.

There have been allegation by the TPA that intimidation is taking place on wide scale. Is this so?
Tension is high and it's unavoidable, but I don't be it's happening anywhere the scale that the TPA s Also, I firmly believe t most of the intimidation ha pens on behalf of the Gove ment through the use of de squads — three members assassinated last week.

Every year you seem have a particularly difficu relationship with the TP Every year ugly scenes d velop, yet not much news similar circumstances i other provinces emerg What sort of relationship d you have with the TPA?
There are other cases (of i dustrial action) in the oth provinces, but we have acute problem with the TP There is a willingness on t part of other provinces a ministrations to listen to t demands of workers, but t TPA literally dismisses o claims out of hand once t procedures have been fo lowed.

Have there been any i provements in relations b tween Nehawu and the TP since 1990?
No, because of their intrah

once again in peril at Transvaal hospitals during the ongoing power struggle over health services. BRENDAN TEMPLETON spoke to the two men heading the opposing sides to find out why they are fighting.



Interview with Fanie Ferreira, TPA MEC for health services

HOW has the strike affected hospital services? Is emergency health care still available?

Yes, definitely. Patient numbers have been reduced, naturally, at the hospitals affected by strike action, but all the emergency trauma cases are being taken care of.

It seems as if almost every year Transvaal hospitals are being hit by strike action. What do you see as being the reason for this?

In May 1990 the major issue was the recognition of trade unions as legitimate bodies to negotiate on behalf of employees. Strike action ended with the establishment of a negotiating body between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union (Nehawu). But now, unfortunately, one cannot escape the fact that we live in an atmosphere of mass action which makes it difficult to negotiate about pure labour relations.

One of Nehawu's major complaints is that temporary workers can be dismissed on 24 hours' notice. Have there been steps taken to address this complaint?

The use of the word "temporary" is unfortunate. In the past, temporary workers did not have access to pension, medical aid, leave or housing benefits. Now our temporary workers are entitled to all of these. On the question of dismissal, our temporary workers are appointed with an agreement of one month's notice of termination of service.

The problem at the moment seems to be that both parties, Nehawu and the Government, recognise the need for change. But since 1990, that change has not taken place and frustrations have been building up. How are you going to go about preventing these frustrations from continuing until such laws can be changed?

Since Mr de Klerk's announcements in 1990, things have taken a different course, but it's a huge ship and when you make political decisions and take them on the road, you have to get this ship around. The Cillie Commission has made recommendations that certain changes take place and all I can say at this point is that those recommendations must get into the system.

Is there a possibility that you could, during the interim period, bring in an arbitrator in the event of deadlocks?

I don't know, that will have to be discussed at a higher level. I will be frank with you — I haven't applied my mind to that yet. We have reached deadlock and we will have to look at some or other way to reopen the situation. But we will have to bring down the temperature to address the health issues and I'm afraid that the other issues will overrule them.

Which other issues are these?

Well, the big political issues such as mass action.

Do you seriously see the Nehawu strike as being part of the mass action?

Well, I read you that document. The thing is this: if I say all Nehawu strikers are part of the mass action, I am making a wild statement which I cannot substantiate. But if you read this pamphlet, you can come to no other conclusion than that it is part of the total action to ask the Government to go.

Interview with Nehawu general secretary Phillip Dexter

EVERY year strikes break out at Transvaal hospitals. What are the fundamental reasons for this?

There are a number of reasons: atrocious working conditions and low wages. Hospital workers have no real staff facilities: basic things like protective clothing, things one would imagine the health sector would be geared up on. In addition there are the conditions of employment: many do work that does not strictly fall under their job description. Many general assistants double up as nursing assistants. Workers who have been there more than 20 years still only have temporary status and can be fired with just 24 hours' notice.

What sort of wages are usual in the health sector?

For general assistants, the average is around R500 a month, although there are people earning less than that.

But are these factors enough to warrant putting patients' lives in danger?

The combination of all those factors, plus the Government's refusal to have a system of governing the relationship between employer and employee, means there is no other dispute resolution mechanism.

What about the ethics of health workers going on strike? Are they justified in downing tools at the expense of patients?

The moral argument that health workers should not go on strike is totally incorrect. The Government is blackmailing people by saying "you are providing a life-giving service and you are not allowed to go on strike". The International Labour Organisation has pointed out that responsible management as well as responsible trade unionism is required.

After the May wage negotiations, the State is pressuring the state. Does this mean that Nehawu is actually trying to manufacture a strike?

No, the pressure for a strike has been there for a long time. The union decided to try to avoid a strike. We tried to channel that frustration and anger through mechanisms like demonstrations, go-slows — symbolic acts of defiance. But it was the response to [illegible] by the TPA which sparked [illegible] strike.

What do you think about the TPA's response to the strike?

In every case, the union has offered to provide emergency services but the TPA has refused — it's quite clear [illegible] the Government simply does not care about patients at all. They are trying to discredit the union.

There have been allegations by the TPA that intimidation is taking place on a wide scale. Is this so?

Tension is high and it's unavoidable, but I don't believe it's happening anywhere [illegible] the scale that the TPA s[illegible] Also, I firmly believe that most of the intimidation happens on behalf of the Government through the use of dead squads — three members were assassinated last week.

Every year you seem to have a particularly difficult relationship with the TPA. Every year ugly scenes develop, yet not much news of similar circumstances in other provinces emerge. What sort of relationship do you have with the TPA?

There are other cases (of industrial action) in the other provinces, but we have an acute problem with the TPA. There is a willingness on the part of other provinces' administrations to listen to the demands of workers, but the TPA literally dismisses our claims out of hand once the procedures have been followed.

Have there been any improvements in relations between Nehawu and the TPA since 1990?

No, because of their intransigence and medieval attitude towards labour relations. We believe we have moved a long way and matured in terms of the way we perceive taking industrial action. This maturity is not matched by the State.

accounts of was killed

RIDAY morning, Mr Moloi told CHARIS INS:

as getting ready to go on Wednesday night I heard a commotion my shack.

ent outside and saw n attacking a woman o young children with rightening pangas.

oke Maria and told re was a family fight

n I realised the men rearing white head- They were saying in et's kill these dogs.' white men were g behind them with s aimed at me.

wife and I jumped e and fled into the different directions. e ran, the men with red a shot at another

in the veld until

I came back, I my wife was dead."

Moloi, 28, was shot the chest and arm, body was backed gas.

llions

rred 80 percent of ms to Michael of Asseskor, and assessor.

ing to Mr Justice t, Mr Knouwds e habit of sending nts a bottle of Chi- l whisky on their while women eceived flowers. wds justified his being the only uld advertise his

stice Melamet t gifts and other ven by assessors, nd attorneys to ff members — ly as a permiss- ice" — included ottles of whisky trips to Sun City, rips and boat

on a week-long Lake Kariba in- Coertzen, Mr Mr Gawie van of Guardian and Witbank at- r Jan Marais, rranged hunting guests including Cape Town nager, Mr Philip and his col- George Nimb arl Marais.

Marais acted as representative ats in a number ty claims.

s rule

ilors will soon o serve aboard acht Britannia time.

Hospital strike surprised us, says union boss

ST Times 21/6/92. (97)

PHILIP DEXTER, the 29-year-old strike boss to several thousand hospital workers at more than 30 hospitals nationwide, has no real home.

He has not yet moved to Johannesburg since his election as National Education and Health Workers Union general secretary in March, and commutes between Johannesburg and Cape Town.

His wife, Morgana, a Brazilian, and his one-year-old son, have also not yet joined him in South Africa, while they wait for his life to settle on an even keel. It could be a while.

His office has a bright, glass-framed view of downtown Johannesburg, but except for two rickety visitors' chairs, his desk and some posters, it is cold and empty.



PHILIP DEXTER

Philip Dexter has an open face behind round glasses. He is disarmingly frank. The strike, he says, caught the union "unawares".

"The truth is that the union was not behind the strike. The new leadership was only appointed in March. We knew workers were unhappy. They were angry there had been no improvement in wages and working conditions since the 1990 strike. We believed a programme of action could defuse a strike.

"However, the response of management at Baragwanath to a workers' demonstration was to lock them out. That incensed the workers, who called for a strike."

Mr Dexter says only the rich are unaware that the health-care system is collapsing.

Murdered

"The clinics in Soweto are little better than pill dispensaries. Few have syringes, some don't even have bandages.

"Strike balloting only began last week, but the results all supported a strike. Next week, on Monday, between 60 to 80 public sector institutions including laundry workers, forestry workers, road workers, water workers and others will go on strike. Some doctors and nurses are already on strike."

The union has recruited in the public sector since its formation in 1987 and has 80 000 signed-up members.

A fortnight ago, three of Nehawu's shop stewards were murdered on the East Rand. Mr Dexter says the state feels threatened by the envisaged public sector union.

The resolve of strikers, most of them elderly or middle aged women, has had an impact on him.

"When I saw people the age of my mother or grandmother make militant speeches at Baragwanath hospital, saying they had had enough, I knew we were looking at a national strike.

"There are 59-year-old women breadwinners earning R410 a month. How does anyone live on that? When we began negotiations in March we asked for R1 300 minimum and worked that down to R724 — but the government never moved from its proposal of a 6,4 percent increase.

"Fanie Ferreira (Transvaal Provincial Administration spokesman) says they are now prepared to pay only R16 less than what we demand. That R16 he spends at the cafe buying cigarettes and bread is food for our workers for three or four days.

"This week the State President had his salary increased to R190 000 a year, plus he gets a R69 000 allowance for living expenses. Our workers read that, and about all the government corruption. They want to know why they can't have that R16."

Exile

Until July last year when he became an organiser for Nehawu, Mr Dexter was a waiter at a Cape Town grill house, while completing the philosophy degree he interrupted almost eight years earlier when he went into exile.

At university he sang and wrote songs in a band. Politically active, he left the country after being called up for military service and worked for the ANC abroad.

The government and the TPA are refusing to meet Nehawu because it — and five other employee organisations — walked out of talks on May 19.

And while no one talks, people may die — and perhaps already have — for the sake of R16. It is clear who the victims will be, but who is to blame?

D-Day for the hospital strike

By THEMBA KHUMALO and ELIAS MALULEKE

MEMBERS of the National Education and Health Workers Union and the Transvaal Provincial Administration are heading for a showdown tomorrow after they failed to resolve a wage dispute strike.

After talks between the two parties collapsed this week Nehawu called for a national strike from tomorrow while the TPA has warned the 300 striking health workers to return to work tomorrow or face dismisssal.

As the two brace themselves for what could be a bruising battle, there are fears that professionals could be dragged into the dispute. The union has asked all medical staff, including doctors, nurses and paramedics, to down tools in solidarity with the strikers.

The strikers – general staff and clerks – from 15 hospitals in the Transvaal and Free State are demanding a R724 minimum wage and a 15 percent across-the-board increase.

Impasse

The strike began two weeks ago at Soweto's Baragwanath Hospital and spread to other Reef hospitals.

The impasse has forced some of the 16 affected provincial hospitals to refuse new patients while those already admitted are being transferred to hospitals not affected by the strike.

Only emergency cases are dealt with and outpatients sections have been scaled down because there are no workers to process papers. Some wards in several hospitals are reported to have been closed.

Hardest hit are Baragwanath, Natalspruit, Thembisa and GaRankuwa hospitals.

Pickets were preventing ambulance personnel from bringing patients into hospitals and the dispensary, cleaning, food, laundry and auxiliary services have been seriously affected.

Casualty and emergency services were also under severe strain. Administrative services had collapsed and there was no control on patients' movements in and out of the hospitals.

Fanie Ferreira, MEC for hospital services with the TPA, said yesterday: "We cannot allow the situation to continue. If the situation has not normalised by Monday (tomorrow), we will give instructions within the ambit of staff regulations so that those who have not returned to work by the end of the week will face dismissal," he said.

Health Minister Dr Rina Venter has charged that the strike is part of the mass action campaign initiated by the ANC and its supporting organisations.

"The organisers of the ANC's mass action campaign have made it known that one of their objectives is the initiation of rolling mass action, including strikes. Their ultimate goal is the imposition of their political agenda on the rest of the country and the unconstitutional removal of the government from power. This despite their participation at Codesa.

"The tragedy is that, in pursuit of its political bojectives, Nehawu is seriously jeopardising the interests of patients and, in some cases, endangering their lives.

"The ANC and Nehawu are holding sick people of all races hostage to their demands. It is primarily black patients, who are dependent on treatment at State hospitals, who will suffer," Venter said.

Nehawu said in a statement that the deadlocked meeting between union and TPA representatives was a last-ditch effort to resolve the dispute.

"Our wage demands are basic and fundamental. We offered them a compromise in an earnest effort to save what is clearly an escalating situation with more workers coming out in support of the strike," the statement read.

The deadlock centres around the TPA's refusal to acceed to Nehawu's demand that the TPA arrange a meeting between the Minister of Administration and Tourism and Nehawu as a starting point.



LIVES IN BALANCE . . . Patients are caught in the crossfire of the hospital strike. ■ Pic: THULANI SITHOLE

Hospital strike set to spread throughout SA

STEPHANE BOTHMA 97

THE Transvaal hospital workers' strike is set to reach crisis point this week as the National Education, Health and Allied Workers' Union (Nehawu) calls out workers throughout the country and the TPA threatens to fire workers who do not return to work. B/Day 22/6/92

Wage talks deadlocked last week.

Late last week the TPA issued written orders to striking administrative and cleaning staff at 14 hospitals to return to work within three days, while the union called for a countrywide strike.

Sapa reports Administration Minister Org Marais said that, at the insistence of the union representing the striking hospital workers, negotiations would be held tomorrow with all parties.

Incidents of intimidation have been reported from some Transvaal hospitals, and these have been described by the TPA as a strategy to hinder professional personnel in rendering services, with the aim of bringing hospitals to a standstill.

The TPA told strikers to give reason why they should not be dismissed or why steps should not be taken against them if they did not resume normal duties.

Nehawu assistant general secretary Neal Thobejane called for a national strike by the union's health sector members because he said Marais had been reluctant to meet union representatives.

A TPA spokesman said earlier that Marais felt Nehawu's demands had already been addressed.

The national strike would be in support of Nehawu's demands around wages and conditions of employment, Thobejane said.

The wage demands included a minimum monthly wage of R724 and a 15,3% across-the-board increase backdated to April 1.

Government's current offer is a minimum of R708 from August 1 with an average 14% annual increase for workers not yet at the top of their salary scales.

Thobejane earlier said medical staff who sympathised with Nehawu members had promised to join the strike in the event of a complete deadlock.

Thobejane said union members would, however, provide emergency services.

National strike call by Nehawu

Sowetan 22/6/92

THE National Education, Health and Allied Workers' Union has called on its members to go on a national strike from today to force the Minister of Administration and Tourism to meet them to settle the raging wage strike.

In a statement at the weekend, the union's assistant general secretary Mr Neal Thobejane said the alleged reluctance of the Minister of Administration, Dr Org Marais, to meet with the union had led to the calling of the

97

By ISAAC MOLEDI

This is the outcome of a ballot among 300 professional workers at the hospital on Friday.

A statement by Baragwanath's Dr David Jacobs, on behalf of the professionals, said although they would not strike they sympathised with the striking workers' complaints.

"We recognise that wages, salaries and working condi-

National strike call by Nehawu

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In a statement at the weekend, the union's assistant general secretary Mr Neal Thobejane said the alleged reluctance of the Minister of Administration, Dr Org Marais, to meet with the union had led to the calling of the national strike.

"We have called on all State workers in hospitals, road and works, home affairs, agriculture, education, Government garages and all other State departments to go on a national strike.

"This is the only alternative available to workers, whether members of Nehawu or not; strike action is the only way to force Marais into a meeting," Thobejane said.

The strike is in support of Nehawu's demands of R724 minimum wage and a 15 percent across-the-board increase. The Government is offering a minimum of R708 from August 1 with an average 14 percent annual increase for workers not yet at the top of their salary scales.

However Baragwanath Hospital medical and allied workers will not join today's strike action called by the National Education, Health and Allied Workers' Union.

By ISAAC MOLEDI

This is the outcome of a ballot among 300 professional workers at the hospital on Friday.

A statement by Baragwanath's Dr David Jacobs, on behalf of the professionals, said although they would not strike they sympathised with the striking workers' complaints.

"We recognise that wages, salaries and working conditions in the provincial health services are poor, not only for general workers, but also for all health professionals."

Jacobs said the professional workers felt Nehawu and the Government's negotiating body, the Commission for Administration, should go to compulsory arbitration immediately to end the industrial action.

The TPA however responded by issuing a stern warning that all strikers would be dismissed by the end of this week if the strike had not been resolved.

Only Baragwanath Hospital in Soweto and Natalspruit Hospital strikers were given the ultimatum of work dismissal last week.

Dr Rina Venter, Minister of National Health and Population Development, said the strike was part of mass action campaign initiated by the ANC and had little to do with the workers' interest.

'ANC' raiders kill five in Dobsonville hostel

Sowetan 22/6/92

FIVE people - two of them women - were killed during a raid by armed men on the Dobsonville Hostel in Soweto early yesterday morning.

Soweto police spokesman Captain Govindsamy Mariemuthoo said two men and a woman were shot dead and a man and a woman were stabbed to death with sharp objects in a raid at about 2.45am.

Mariemuthoo said police were investigating.

An eerie silence was disturbed only by the din of a Casspir which drove around the hostel when the *Sowetan* visited the area yesterday.

Small clusters of hostel inmates brandishing traditional weapons could be seen from a distance.

Nearby houses, some with shattered windows and broken doors, were virtually deserted. A block away, residents leaning against gate posts and yard fences stared at us with suspicion as we drove out of the township.

By MZIMASI NGUDLE and Sapa

Inkatha Freedom Party official Mr Humphrey Ndlovu said the five dead were Inkatha members who had been attacked by armed members of the African National Congress.

He said one of the men had told hostel dwellers that the ANC would continue their attack on the hostel.

"You won't hear calls for township houses to be searched as a result of this attack," Ndlovu added.

"You won't see churchmen visit this hostel to offer comfort to the inmates. We have a Church in South Africa that takes sides and it's usually with the ANC," Ndlovu charged. No one prays for us . . . for the IFP and for hostel residents . . . these people are nothing to our Church in South Africa".

More State hospitals hit by strike

STAR 23/6/92.

Staff Reporters

The hospital strike has spread to more State hospitals countrywide — although the percentage of absenteeism showed last week's call for a full-scale national strike action to begin yesterday was not well heeded.

Today the strike organisers — the National Education, Health and Allied Workers' Union — will, along with other trade unions, meet Minister of Administration Dr Org Marais. Nehawu assistant general-secretary Neal Thobejane said the union would stick to its original demands at the meeting.

Nehawu's demands are:

- A R724 a month minimum wage and a 15,3 percent across-the-board increase with effect from April 1.
- Permanent status for temporary workers.
- An interim dispute resolution mechanism.

Nehawu is one of 11 trade unions representing public service workers at a negotiating forum. The Commission for Administration (CFA) represents the Government.

Nehawu, along with other unions, quit the forum on May 19 when wage negotiations deadlocked. The CFA's offer was a 9,2 percent increase with effect from August 1.

Subsequently, Nehawu has been calling on Dr Marais to meet it to discuss the deadlock. Dr Marais responded he could not meet with any one union out of the forum. On Friday, the minister announced he had invited the 11 unions to a meeting today to discuss the situation.

Transvaal Provincial Administration MEC for health services Fanie Ferreira, saying there was widespread intimidation at hospitals, said 19 Transvaal hospitals were now affected by strikes. They were: Kalafong, Baragwanath, Willem Cruywagen, Tembisa, Hillbrow, Medunsa Dental, Sebokeng, Witbank, Natalspruit, Ga-Rankuwa, Paul Kruger Memorial, Johannesburg, A G Visser, Far East Rand, Pholosong, Boksburg-Benoni, South Rand, H F Verwoerd and Middelburg.

Meanwhile, the SA Health and Public Service Workers' Union has warned Nehawu to stop "assaulting and intimidating" its members, threatening legal action against Nehawu if its members continued to harass SAHPSWU's members for not taking part in the strike.

SAHPSWU secretary-general Silas Baloyi said, however, that although it had decided not to take part in the strike, the union sympathised with Nehawu's fight.

Talks aim to end strike

Sowetan 23/6/92

THE National Health and Allied Workers Union meets the Minister of Administration today in a bid to break the impasse which has affected more than 20 hospitals nationally.

The meeting takes place in Pretoria amid fears of the strike escalating to include professionals.

The strike has largely been confined to general assistants whose demands are a R724 minimum wage, a 15 percent across-the-board increase and an end to temporary employment.

Hospitals in Kroonstad in the Free State were hard-hit by the strike yesterday and appeals have been made for voluntary workers to help.

Solidari

Nehawu memb at the Red Cross Childr s and Groote Schuur hospitals in the Cape began striking yesterday in solidarity with their colleagues in other parts of the country.

The labour unrest at the Universitas and other hospitals in Bloemfontein has improved slightly, according to the Free State Provincial Administration.

A Natal Nehawu spokesman said things were "normal" at Natal hospitals and explained that the union wanted to ensure workers in northern Natal were organised before striking.

Other reports said about 300 nurses and radiographers at Baragwanath Hospital in Soweto marched to the hospital's administration building and presented a list of demands to management.

Nurses join hospital strike

MORE than 300 nurses and radiographers at Baragwanath Hospital in Soweto went on strike yesterday and marched on the hospital's administration in support of demands for wage increases.

The National Education, Health and Allied Workers' Union (Nehawu) strike that has crippled 14 hospitals in the Transvaal has until now been supported almost exclusively by general assistants.

The strike spread yesterday to four Cape Town hospitals, including Groote Schuur and Red Cross Children's Hospital. But Sapa reports the call for a nationwide strike was not widely heeded.

Nehawu assistant general secretary Neal Thobejane said an estimated 2 000 workers in the western Cape had gone on strike.

KATHRYN STRACHAN

Nehawu spokesman Welcome Mseka said 10 000 Natal Provincial Administration workers would go on strike next week, but Natal hospitals were operating normally yesterday, our Durban correspondent reports.

At Hillbrow Hospital, more nurses arrived for work yesterday than on Friday, when only half were present.

At Johannesburg Hospital, none of the professional workers were absent.

In Port Elizabeth and East London, strike ballots were still being counted, Thobejane said.

□ To Page 2

Strike spreads

□ From Page 1

Kroonstad hospitals were hard-hit by the strike yesterday, with stayaways ranging between 61% and 76%.

The stayaway at Bloemfontein's major hospitals was less successful than previously. Yesterday 62% of Universitas general assistants were out on strike.

Baragwanath spokesman Annette Clear said nurses handed over a petition which included a demand that a court interdict against the strikers and threats of dismissal be withdrawn. Strikers are demanding a minimum wage of R724 and a 15% across-the-board increase.

Clear said the hospital continued to provide only emergency services with the help of 110 volunteers, who were "being intimidated" by strikers.

In an effort to break the deadlock between Nehawu and the health authorities, union delegates would meet Manpower Minister Piet Marais in Pretoria today, Thobejane said.

Meanwhile, the TPA published an open letter "to all strikers" in a daily newspaper yesterday, warning them that their actions were unlawful.

The TPA said that even if strikers resumed their duties before Thursday they were still liable for disciplinary action. Strikers were given until Friday to submit written representations on why they should not be fired.

□ The SA Red Cross and trade unions have reached agreement that volunteer workers would assist in hospitals purely on humanitarian grounds.

No-show dashes hopes of end to hospital strike

STAR 24/6/92

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Staff Reporters

Hopes that the spreading hospital strike would end were dashed yesterday after the National Education, Health and Allied Workers' Union (Nehawu) failed to attend a meeting with Minister of Administration Dr Org Marais.

The day was marked instead by a march by hundreds of Nehawu members on the Union buildings in Pretoria to present a memorandum to Dr Marais's office at the Commission for Administration.

Nehawu spokesmen said union representatives had planned to attend the meeting at 11 am, but due to the march being delayed by police intervention, it had been impossible to keep the appointment.

The strike spread yesterday to more State hospitals and related institutions countrywide.

Nehawu said in its memorandum yesterday that attempts by the Government to persuade the public that the strike was part of an "ANC-led conspiracy" was "an insult".

Last night Nehawu released the text of a letter it sent to Dr Marais after the failed meeting, in which it accused the "unrepresentative" Government of negotiating in an arrogant and deceitful manner.

Nehawu claimed in an accompanying statement that the meeting lacked an agenda and was not the sort of meeting it had asked for.

Last night Mr Marais said in a statement that Nehawu, alone out of 11 employee organisations, had failed to pitch up for a meeting on "problems presently being experienced" with regard to improvements in public-service salaries.

Dr Marais said it was pointed out at yesterday's meeting that the State, as employer, could only grant salary improvements to the extent that they were affordable, and that more favourable salary adjustments were not possible in the current economic situation.

● The Johannesburg Hospital has called on the parents of all children given bookings for operations at the hospital to call ward 277 urgently at (011) 488-3277/0 because surgery may need to be delayed until the situation has been normalised.

June 24 1992

Baragwanath staff, volunteers assaulted

BDay 24/6/92

STAFF and volunteers at strike-hit Baragwanath were assaulted when they left the hospital's grounds yesterday afternoon, and clerks were hauled out of their offices by angry strikers.

Hospital spokesman Hester Vorster said one of the clerks was kicked so severely that he had to be admitted to casualty.

Vorster said the intimidation of staff had further disrupted services and doctors were concerned at the deteriorating care of patients.

The hospital has been operating on an emergency basis for the past two weeks.

The 300 nurses and radiographers who went on strike at Baragwanath on Monday continued demonstrations outside the administration building yesterday.

Hopes for an end to the strike — which has crippled 19 hospitals in Transvaal — were dashed yesterday when the National Education, Health and Allied Workers' Union (Nehawu) did not attend a meeting with Administration Minister Org Marais.

Nehawu general secretary Philip Dexter said the union called off the meeting because the forum — which involved 10 other trade unions — did not address the central problems facing Nehawu.

Sapa reports that Dexter said he felt the meeting, which continued with the other 10 trade unions representing public service workers, was ineffective as it did not address salary increases.

Two thousand hospital workers instead marched to the Union Buildings in Pretoria to

KATHRYN STRACHAN

deliver a memorandum, which included demands for a R724 minimum wage, permanent status for temporary workers and an interim dispute resolution committee. Dexter and his delegation spoke to Marais after the union meeting and handed over the memorandum.

A statement by Baragwanath's chief superintendent, Dr Chris van den Heever, charged that intimidation of non-strikers had become rife, with some staff being assaulted, while at various clinics in Soweto clerks had been physically removed from their work places.

Optimal patient care was now impossible, Dr Van den Heever said.

"A skeleton staff remained in the wards at Baragwanath. Nurses are organising themselves in emergency teams which means that optimal patient care is impossible," he said.

"The X-ray department is rendering emergency services with skeleton staff only."

In the Cape, more than 800 workers, most of them general assistants, were on strike at various provincial hospitals, the Cape Provincial Administration (CPA) said yesterday.

The hospitals affected are Frere Hospital in East London where 500 workers are on strike, Kimberley hospital (235), Red Cross Children's hospital (45) and Vryburg hospital (46).

Workers are also striking at road depots in the Cape Peninsula, where the number on strike at Kraaifontein is reported to be 200 and at the Paarl Road Unit 120.

"The strike proceedings are peaceful," the CPA said.

Strike sends ailing to private doctors

By Helen Grange
and Staff Reporter

Soweto's private doctors are desperately trying to cope with queues of patients avoiding Baragwanath Hospital, where the ongoing strike is slowly grinding the hospital to a standstill.

Emergency operations at State hospitals are becoming increasingly perilous, and complications are developing in patients whose operations have been postponed too long.

Doctors at Baragwanath are manipulating limb fractures and dislocations without using the x-ray service. Many limb-function-saving procedures have been delayed far too long, and some of these patients may be permanently disabled, doctors said yesterday. Some elderly patients would probably die, they added.

A doctor at a busy private clinic in Soweto said general practitioners were under great strain. Many patients who could not afford private care should be referred urgently to Baragwanath Hospital, but were being sent home.

At Johannesburg Hospital, which is making use of 700 volunteers, only non-emergency operations are being postponed. However, many patients have been waiting months for operations.

Private clinics have been busier than usual, handling medical aid patients who have been redirected from State hospitals.

Meanwhile, strikers are becoming increasingly angered with the TPA's use of volunteers at the affected hospitals.

National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said at a press conference yesterday that some strikers wanted to burn down Johannesburg Hospital.

The union would meet this weekend with other public-sector unions. The entire public service could come to a standstill for a day next week, Mr Dexter said.

Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for part-time employees and an interim dispute-settling mechanism.

● The strike-hit Kimberley Hospital, which used volunteers to battle through a 98 percent week-long stayaway, yesterday announced it would close down services and limit the number of patients from tomorrow.

Hospital superintendent Dr Chris Engelbrecht said the hospital had been forced to limit services to emergencies only from tomorrow due to a stayaway by more than 250 hospital workers and porters which began a week ago.

Earlier this week the hospital said it was "coping quite well" with 60 volunteers, which included 33 soldiers.

But the outpatients department and clinics will now be forced to limit their patients.

Dr Engelbrecht said the hospital's casualty and theatre sections would continue with emergencies.

He added that they would try to accommodate operations which had been booked.

Students protest

By ALINAH DUBE

MEDICAL University of Southern Africa students yesterday marched to Garankuwa Hospital near Pretoria to protest against the employment of casual workers during the hospitals' strike. Sowetan 25/6/92

The students representative council also called on the hospital authorities to "make their stand clear on the crisis", pressurise the Manpower Department to meet workers' demands and terminate the services of all voluntary workers immediately.

The students noted the inadequate health care and the effect the crisis was having on their studies.

"We believe the demands of the workers are legitimate as they are for the betterment of health care in the country," the students said.

Nehawu wants to close down SA

Sowetan 25/6/92

PUBLIC sector unions may "close the country down" next week in solidarity with striking health industry workers, National Education, Health and Allied Workers Union general secretary Mr Phillip Dexter said yesterday.

Despite threats of dismissal by the Free State and Transvaal provincial administrations unless workers returned to work by the end of this week, Nehawu will meet this weekend to consider extending the action to include other unions in the public sector.

"We will have to consider calling other unions to take solidarity action. We will consider closing the country down. We will take action to whatever extremes are necessary," Dexter said at a Press conference in Johannesburg.

He said the weekend conference would finalise the details of the day of action, which would take place next week.

Yesterday's Press conference was attended by representatives of the SA Communist Party, Congress of SA Trade Unions, SA Railway and Harbour Workers Union, Police and Prisons Civil Rights Union and other health unions who expressed their support for Nehawu's actions.

The strike started in the Transvaal and Free State almost three weeks ago and has spread to the Cape, affecting a total of 22 000 nurses, radiographers and non-medical staff at 48 hospitals. Nehawu's Natal members will decide this weekend whether or not to join the strike.

Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees, and the establishment of an interim dispute-settling mechanism.

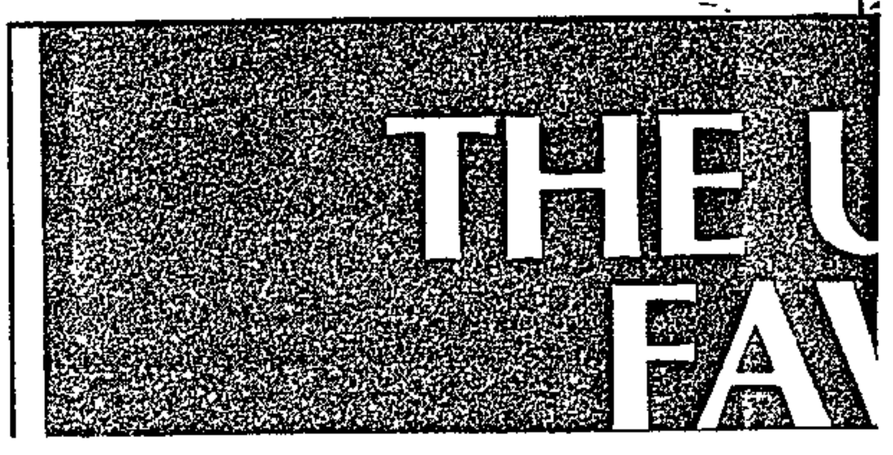
Doctors had so far not joined the strike, but Dr Malefetsane Ngatane of the National Health Unity Forum said drastic measures would be taken if necessary.

"There are other forms of protest that doctors can engage in ... but we don't want to discard the patients."

He said "scab" workers employed by the hospitals were endangering the lives of patients and appealed to employers to consider the union's offer of providing a skeleton staff.

In response to allegations that the union was intimidating non-striking hospital workers, Dexter said: "Feelings are running high and I have no doubt that some acts of intimidation do occur. But the real intimidation is coming from the TPA who are using the courts and the police. We deny we are using it as a strategy."

He added the union would soon have little power to control strikers. He said yesterday morning he had to restrain about 20 workers intent on marching to the Johannesburg Hospital to burn it down. - Sapa.



Bara says patients' lives are in danger

B|D any 25|6|92

(9) (7)

KATHRYN STRACHAN

CARE of patients at the strike hit Baragwanath Hospital had reached "dangerous levels", hospital authorities said yesterday, warning that some elderly patients could die as a result of inadequate treatment.

Hospital superintendent Chris van den Heever said strike action by general assistants and nurses had seriously disrupted services.

Fractures and dislocations had to be manipulated without X-rays, which could result in complications affecting patients for the rest of their lives. Most of the cases admitted during the past three weeks were past the point where limb function saving proceedures were of any use. Crippled children with congenital conditions and chronic conditions in adults could not be treated.

At a news conference yesterday National Education, Health and Allied Workers' Union (Nehawu) general secretary Philip Dexter said strikers' emotions were "running high". Union officials had had to stop a group of strikers who were intent on burning down the Johannesburg Hospital yesterday.

Dexter said union officials had intervened when they received reports of intimidation. The state had been provocative in paying volunteers wages far higher than those offered to staff, he said.

Baragwanath doctor Malefetsane Ngatane said volunteers who did not know what they were doing could be a danger to patients, especially during emergencies.

Dexter said the Transvaal Provincial Administration had to take the blame for conditions in hospitals because it had rejected Nehawu's offer to alleviate the situation by working shifts.

He said the union would decide at a meeting planned for the weekend whether to call on other unions in the public sector to join the strike. A national day of action next week was aimed at bringing the state sector to a halt was also being considered by the ANC, SACP and Cosatu.

LINDA ENSOR reports from Cape Town that 1 262 Nehawu members had gone out on strike by yesterday at 10 Cape provincial hospitals in Cape Town, Kimberley and East London. A Cape Provincial Administration spokesman said only emergency cases were being admitted to Groote Schuur Hospital.

Valkenberg Hospital stopped admitting patients and community clinics were closed. Arrangements had been made to admit new patients to Lentegeur and Stikland Hospitals.

Sapa reports that Valkenburg Hospital discharged more than 70 mentally ill patients into the care of their families as strike action began to bite.

Meanwhile yesterday four of six Hillbrow Hospital workers allegedly assaulted by strikers were admitted to the hospital.

Police said three women on their way to work were attacked and assaulted by strikers. One sustained a cut above the eye, a second was stabbed and the third was pulled out of a bus, kicked and trampled. One was admitted to Hillbrow Hospital. Three more were admitted to the hospital after strikers allegedly attacked them.

● Comment: Page 8

Hospital strikers face dismissal from today

STAR 26/6/92

By Helen Grange 25/6/91

Thousands of hospital strikers face dismissal from today after most of them ignored yesterday's deadline to return to work.

And relations between strikers and the Government were frozen further yesterday when Health Minister Dr Rina Venter said the strike had shown that some hospital departments could function with a smaller staff.

The Transvaal Provincial Administration will, from today, decide on disciplinary action to be taken against the strikers, but thousands will be summarily dismissed for not providing reasons by yesterday for their refusal to work.

The strike by National Education, Health and Allied Workers' Union members has degenerated into violence at several hospitals.

The TPA said yesterday that two sisters at Hillbrow Hospital were hurt and needed medical treatment.

"At Natalspruit Hospital, a petrol bomb was thrown at the house of one of the matrons. Stones were thrown at houses of other personnel.

"At the Johannesburg Hospital, a bus was stormed and personnel thrown out. Armed intimidators were seen on the premises of Baragwanath Hospital," the TPA said.

Nehawu has accused the TPA of trying to break the strike through having its members arrested. Police said 249 strikers at Tshepong Hospital in Klerksdorp were arrested for trespassing yesterday.

Nehawu said another six were arrested in Pretoria, but this could not be confirmed.

Armed security guards have been deployed at Baragwanath Hospital to control "intense and volatile intimidation by armed perpetrators", the hospital said.

The strike, which is grinding hospital services to a standstill, has also affected disability allowance applications at Baragwanath, Hillbrow, Johannesburg and Leratong hospitals.

Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees, and the establishment of an interim dispute-settling mechanism.

The union is to meet at the weekend to discuss expanding the strike to other public-service sectors.

Minister Venter reported last night to President de Klerk on the strike.

Armed guards protect Baragwanath staff

B/Day 26/6/92 97

KATHRYN STRACHAN

PRIVATE armed security guards were deployed at Baragwanath Hospital in Soweto yesterday to counter intense intimidation by armed strikers, hospital authorities said.

A Johannesburg Hospital department head said yesterday delays caused by the strike had led to the deaths of several accident victims.

Hospital spokesman Annette Clear said strikers were armed with firearms, knives and sjamboks and superintendent Chris van den Heever said the "anarchy" reigning in the hospital had lead to a further deterioration of services. Urgent decisions had to be taken.

At Johannesburg Hospital Dr K Boffard, head of accident casualties, said his unit had been unable to save the lives of "a few" patients because too much time had been lost in transporting the patients to his unit instead of to the nearest hospital. Without the delays, those lives would probably have been saved, he said.

Because of the reduction of facilities it had become difficult to cope with emergencies in his unit.

Boffard said outpatients had to wait in queues for up to six hours before they got attention. A hospital gynaecologist said only patients with acute problems were being admitted, and that he had to turn away patients with malignant diseases.

Touring Johannesburg Hospital yesterday, National Health Minister Rina Venter attacked the National Education, Health and Allied Workers' Union (Nehawu) for using patients and hospitals as "hostages" in their blatantly political battle.

She condemned the union for using hospitals as "soft targets". Venter said Nehawu's labour grievances had been addressed and the state did not have the funds to offer a higher increase. She added that Nehawu had refused to continue negotiations — an allegation which union officials have denied.

Sapa reports Venter said the strike had shown that some hospital departments could work with smaller staff complements and that the strike could result in retrenchments.

In Cape Town, two more hospitals were affected, taking the number of hospitals affected to 13, and day hospitals to five. There were reports of intimidation by strikers.

Allowances

Today authorities at Baragwanath and Natalspruit hospitals will decide on the future of their striking workers.

The strike has made it impossible for hospitals to process applications for disability allowances. TPA spokesman Willie van Niekerk said about 10 people a day applied for disability allowances in Johannesburg and Soweto.

To receive a disability allowance, people required a medical assessment. Taking into account people with temporary disability allowances who needed reassessment, 1 000 people were affected by this every month, he said. Until the strike was ended, no new applications could be considered.



National Health Minister Rina Venter holds a newborn baby in Johannesburg Hospital's obstetrics ward during an inspection of conditions at the strike-torn facility yesterday.

Picture ROBERT BOTHA

Lawyers sure strikers will be cleared of baby deaths

STAR 27/6/92

JO-ANNE COLLINGE

LAWYERS are confident :hat no court will con-/ict Ga-Rankuwa Hospi-.al strikers for the leaths of 10 babies dur-ng the 1990 strike be-:ause it can be shown hat there is a strong ikelihood that contaminated drips caused hese deaths.

The evidence of a ause of death beyond he strike centres on rips supplied by the ontroversial Sabax rug company. Earlier his year Sabax was leared by a Johannesurg inquest magistrate f responsibility for a ıate of infant deaths in arious private clinics in ohannesburg in 1990. he company still faces 'veral civil suits from tter parents who ref-:e to accept the inquest ıding.

In the case of the Gaankuwa strike, expert 'idence that contaminated drips were a likely use of death failed on alance of probabili-s" to convince the Cil-Commission of Inquiinto the 1990 strike.

The commission held at the strike, which rtailed x-ray and laboratory facilities and created such grossly unhygienic conditions that babies became infected, caused 10 out of 23 deaths which occurred in the neo-natal intensive care unit during the relevant period.

The commission decided to refer the baby deaths to the Attorney-General who will decide whether to press criminal charges against the union or individuals.

But attorney Raymond Tucker, speaking for the legal team which represented the National Education, Health and Allied Workers Union (Nehawu) at the commission, noted this week that criminal courts set tougher standards than commissions, requiring proof of culpability beyond reasonable doubt.

Against this requirement, "it is highly improbable that any court could come to the same conclusion as that of the commission", he said.

The commission's evidence on the drip contamination theory was given by Dr Peter Cooper, who is head of the neonatal intensive care unit at Baragwanath Hospital. Like the other two experts, with whom he differed substantially, he based his findings mainly on medical records, as post mortems were not done. Neither were the drips in question ever tested.

Cooper was struck by the fact the 10 babies in question, and five others whose deaths were not ascribed to the strike, appeared to be recovering when they suddenly deteriorated and died soon afterward due to infection.

They were not the sickest babies in the ward. They were not on ventilators and therefore should not have been the first to succumb to infection caused by general unsanitary conditions. But all were on hyperalimentation drips when they died and at least 13 were already on drips when signs of deterioration were first noted.

Cooper and counsel for Nehawu argued that the following factors were among those which supported the thesis of contaminated drips:

- In all 15 cases there were signs of new sepsis — that is, sepsis distinct from the original condition with which the baby was admitted.
- The onset of sepsis was late afternoon and evening, soon after the changing of drips. The period between onset of sepsis and death was a matter of hours, except in two cases where the drips were interrupted and the babies survived for 24 to 48 hours.

Bara infant death rate 'the same'

THE strike at Baragwanath has not resulted in an unusual number of deaths in the neo-natal intensive care unit, according to information supplied by the public relations department at the hospital.

"It is our impression that there has been no increase in the number of deaths in the neonatal unit and particularly within the neonatal ICU thus far," said Dr Peter Cooper, head of the unit. It was not possible to produce accurate statistics, "since we only enter our statistics after discharge or death of the patient and thus we are always a few weeks behind with the final data".

Strike puts patients' lives on the line, say callers

MOST callers to **Speak Out** last night felt that health workers should not be on strike. According to the callers, workers' actions were putting the lives of sick people in jeopardy. Some callers, however, felt the workers had no other option and this was the only way the Government would listen to their grievances.

Today's topic

Thousands of general assistants at hospitals around the country have gone on strike. They are being supported in some instances by nurses and radiographers.

Should people doing jobs on which human life depends be allowed to strike?



Speak Out!

ON SATURDAY

☎ **Joan D'Arcy, Weltevreden Park:** As a nurse I cannot condone health workers going on strike This includes general assistants. Their work is essential in that it allows nurses and doctors to concentrate on healing the sick.

☎ **Russel Sadowsky, Hillbrow:** The poor workers' wages are below the breadline. The poor patients are ill and need care. The State cannot afford to pay better wages, but FW and company have just got a fat salary increase!

☎ **John Mfte, Soweto:** The strikers should carry on striking for what they want. The TPA has the money to pay these people but it doesn't want to. They have volunteer workers who are being paid R34 a day. Where does this money come from?

☎ **Fred Ellis, Springs:** This strike is a like a Russian roulette game using gun barrels filled with hungry, unemployed and sick people.

☎ **Rabbi Phiri, Vosloorus:** The hospital strikers are justified This is the only language the Government understands. Peaceful means have not worked.

☎ **Don Christie, Montgomery Park:** The striking hospital workers, especially the nursing staff, should be ashamed. They all have steady jobs. Think of all the jobless. For the amount of work they do, most are adequately paid

☎ **Henry Kellerman, Pretoria:** Normally, hospital workers should not be allowed to strike The State has, however, failed to compensate them adequately. So under the circumstances I don't blame them.

☎ **Barney Seagal, Berea:** It really is a sorry state of affairs when hospital staff go on strike. If there are grievances they should have them addressed by the authorities without resorting to strike action.

☎ **Derek Weinberg, Bramley:** If they must strike, let them at least strike in shifts and leave essential services working.

☎ **Milly Bester, Edenvale:** Perhaps this question should be directed to the patients, because whatever the outcome, they are the losers. God bless all the volunteers.

☎ **Colleen Sperr, Maraisburg:** These people should not strike because the patients will suffer.

☎ **Jan Sera, Soweto:** The TPA must pay its workers a reasonable wage and stop calling the police with their dogs. They must discuss the matter politely. If they fail to do that, the TPA must get new supervisors to handle people the right way.

☎ **Freda Storger, Dewetshof:** No one connected with the medical profession has the right to jeopardise the lives of patients.

☎ **C Lewis, Blairgowrie:** It's all very well to say that workers in essential services should not be allowed to strike But if you pay them starvation wages and force them to accept appalling conditions of service, what other option do you leave them?

☎ **B Greenberg, Northcliff:** It's a shame and a disgrace that State employees have to strike, when at the same time the President and MPs give themselves a pay rise.

☎ **Alan C Brown, Bloemfontein:** People who withhold their services when others are dying are on a par with those who would shoot an ambulance driver on his way to an accident.

☎ **Lebo Rikhotso, Pretoria:** Under normal circumstances they shouldn't be allowed to strike But SA is not normal. These people are trying to enforce their rights by striking, which is the only weapon available to the worker. I feel sorry for the patients but unfortunately there is no struggle without casualties.

☎ **J W Chambers, Benoni:** Short of martial law, one cannot stop these people raising some kind of protest, since prices have risen as sharply for them as for anyone else. But they must not be exploited or encouraged to strike for political reasons

☎ **John Durbach, Berea:** The entire matter is absolutely sickening. The strikers are acting against people who are really suffering — the sick, injured and disabled. Why do the authorities not call in the army or pay the strikers what they want, just to get something done?

Cape health and state workers come out on strike

HEALTH workers and other state employees began a strike in the Western Cape this week following countrywide dissatisfaction over wages and working conditions.

The National Education, Health and Allied Workers' Union (Nehawu) in the Western Cape has observed the union's call for a national strike since Monday.

The Health Workers' Union (HWU) joined them on Wednesday .HWU spokesperson Mr Dale Forbes said he expected 2 000 members from nine Western Cape hospitals to join the strike.

Nehawu declined to say how many of its members are on strike.

"Because of the failure of the state to re-negotiate with our union, and the brutal attack and repressive measures against our members in the Transvaal, we decided to call a national strike," said Nehawu regional chairperson Mr Wilfred Alcock.

Both unions demand:

- A 15,3 percent salary hike ,
- A minimum salary of R724,
- Temporary workers be reclassified as permanent employees,
- An end to state and violence against striking workers,
- No disciplinary action be taken against striking workers, and
- An increase in the health budget, which would entail a halt to the present cutback in services.

Nehawu's minimum wage demand was reduced from R1 300 to R724. Alcock said Nehawu shop-stewards negotiated regularly with hospital managements to ensure the maintenance of essential services.

JUSTIN PEARCE

JOCELYN MAKER reports from Hillbrow Hospital

The wards of despair

S/Times 28/6/92 S1

IN A ward on the second floor of the Hillbrow Hospital an elderly man hides the septic stump of his amputated right leg under his green-striped pyjamas.

Confined to a wheelchair, Johannes Matsi, 69, has given up on life. He cries unashamedly as he explains how his world, the ward he has been in since early 1991, has collapsed around him. His friends have gone and all that surrounds him now are empty beds. He misses the workers who have gone on strike. They used to cheer him up with casual conversation and jokes.

Just over two weeks ago, workers at the hospital joined the National Education, Health and Allied Workers' Union strike crippling hospitals. More than 22 000 general assistants are on strike at 48 institutions.

For Mr Matsi, the consequence is that nurses, who are battling to keep the hospital alive, are no longer able to take care of him as they used to.

"I am being neglected. My wound is septic and my bandages are not changed three times a day as they used to be. I want my wound covered, not only so that it can get better, but because it is ugly and it shows me that I am not a whole person any more. The nurses just do not have the time. Their hands are full as they try to give medication, write up reports and serve food.

"I am a diabetic and I know that if my stump does not get better it will have to be amputated even further. Within months I will lose the other leg — then my life must come to an end.

"The strikers do not know the pain they are causing us. I sometimes see the dressing trolley standing at the end of the ward and I watch it, and I hope and I hope, but it takes hours before it gets to me.

"Our food is served cold and it sometimes takes so long to get to me. I know if I do not eat I will go into a coma, so I nibble on bread my family buys for me."

Next to him lies Albert Marema, 47, badly burnt when a primus stove blew up in his face in a Kensington backyard room. His hands were also severely burnt as he rescued his seven-month-old son from the fire, which destroyed everything the family owned.

"I cannot use my hands properly, but now I have to feed myself as well as bath. I have been in hospital since late May and I was getting better, but since the strike I feel that everything is too much for me.

"I have to wait a long time for my food, but I cannot complain. The nurses are very kind to me, but I know they cannot cope," he said.

Patrick Makwakwa, 23, sustained back and neck injuries in a car accident four weeks ago and is lying in traction. He is likely to be confined to bed for a number of weeks.

"I cannot even move my head," he said.

"Sometimes, when I desperately need to go to the toilet, I lie for hours waiting because there are not enough nurses to bring me the bottle.

"I would be terribly embarrassed if I wet my bed. It's one of my biggest fears."

Siege

What has hurt him most about the strike is that visiting hours have been curtailed. His sole visitor can come only after 5pm — by which time visiting hours are over.

In another ward of the hospital, which is now under siege by strikers who have attacked and assaulted nurses as they make their way to and from work, patients are stepping in to help alleviate the work load.



INNOCENT SUFFERER ... Johannes Matsi who says his life has turned to misery since the strike started
Picture: COBUS BODENSTEIN

Over a month ago Shadrack Mbewu, 33, had a kidney removed. Now, although still recovering, he is doing the work of the strikers.

He collects milk and fetches food from the kitchen and groceries from the storeroom, an area the nurses are too scared to enter as strikers have been found lurking there.

Shadrack is unable to move at the speed required to get supplies to their destinations, so everything is delayed by at least an hour.

"I do it because I know the staff are tired and they are trying to be so very good to us.

"But they cannot sleep well at night, because they have had threats that their homes will be burnt down if they come to work. They are all very tense and upset."

In the dialysis unit on the first floor, Jeanette Maphoto, 34, who has to [illegible] daily from Friday to Sunday for [illegible] smiles as she washes dishes from the ward.

She says the hospital has become her weekend home and she doesn't mind sweeping the wards or helping other patients. She works with a catheter attached to a bag which she carries around in a plastic bucket.

"I know I will die if I do not come here. The strikers will not keep me out. I wish they could find another way to fight about their salaries. It is not them who suffer, but the sick people who cannot help themselves."

Throughout the hospital, the atmosphere is tense. Many patients have been discharged early and all routine surgery has been stopped. Only emergency cases are admitted. A private company has been called in to clean up the hospital at night.

Medical staff have to circle the hospital before entering to make sure strikers are not lying in wait to assault them.

"It has become a case of them and us. We sympathise with their grievances, but we cannot let our patients die," said one nurse.

"We don't come to work in our uniforms, and we wear track suits and running shoes, just in case we are attacked.

"By Friday, nine nurses had already been beaten and others were held at gunpoint. A minibus with about eight staff members was stopped and strikers tried to pull some of us out, but we managed to get away," she said.

Alert

"We are risking our lives to keep our patients alive. If we stay at home we will be attacked. When we come to work we risk the same thing," a senior matron said.

Staff have found strikers in the corridors of the hospital and now walk around in pairs, ever alert to the presence of strangers. Anonymous telephone callers threaten the lives of the staff daily.

Mr Sephus van Zyl, 62, the only white patient in the orthopaedic ward, says the suffering of patients around him makes him desperately unhappy. He broke his arm after a fall two weeks ago. When he was admitted, doctors had to delay surgery for four days because of the strike.

"I am appalled by what is happening here. I watch the nurses battle to cope. At night I have seen them running around the ward as they try to help the men who are crying out in pain. The food is awful, but what amazes me is that no one complains.

"The black people of South Africa know what suffering is, and they stick together no matter what. I have no family to go home to, but I thank God that I am not a staff member of this hospital who has to face death almost every day."

on the real victims of the strike

Hospitals union offers strike truce

S/Times [Cape Metro] 28/6/92. (9T).

Arbitration pledge sought from govt

By KURT SWART and RAYMOND JOSEPH

THE National Education and Health Workers' Union (Nehawu) has offered to end the hospitals strike and reopen talks if the government promises to send issues on which they might deadlock to arbitration.

At the same time, the union is to step up its pressure on the government by extending the action to hospitals in more conservative areas in the Free State, northern Cape and the Transvaal Platteland this week.

Afford

It is also to call on workers in other government departments to join the strike.

The offer of a truce has been made by Nehawu's central executive, which is meeting at the University of the Western Cape this weekend to discuss strategy, says union vice-president, Mr Vusi Nhlapo.

"We have decided to ask the government for an urgent meeting to try to thrash out the issues. If it is prepared to give an undertaking that anything that cannot be resolved will be sent to arbitration, we will call off the strike," Mr Nhlapo said yesterday.

The number of Western Cape hospitals affected by the stayaway increased to 22 on Friday when staff at the Mowbray maternity hospital and the Langa day hospital joined the strike.

"So far the people most affected by the strikes have been blacks and poorer whites who cannot afford private health care," said Mr Philip Dexter, Nehawu's general secretary.

"From the beginning, we have been conciliatory in our attempts to settle the strike, but the government's attitude — like the statement by the Minister of Health, Dr Rina Venter, that the strike has proved that hospitals can run on smaller staffs — has not helped."

Mr Nhlapo said the union would approach the government again with certain proposals to try to end the strike.

"Our main aim is to end the strike as soon as possible — it is in no one's interests to prolong the dispute."

The strike, which began in the Transvaal, arose from a wage dispute. The union is demanding an overall increase of 15,3 percent and a minimum wage of R724 a month for health workers. The government has offered R708,50 and 9,2 percent. The union also wants all temporary positions to be made permanent.

A heart patient awaiting a donor for a transplant died at Groote Schuur Hospital yesterday morning, but Dr John Hewitson of the cardio-thoracic unit said her death was not attributable to the health workers' strike.

Heart and lung specialists at Groote Schuur have disputed the hospital administration's decision to bar transplant operations and have warned that patients could die because of it

The administration has blamed support staff shortages arising from the health workers' strike.

Transplants

On Friday, a Groote Schuur patient, Mrs Aletta Malan, was transferred to the City Park Hospital where she had a successful emergency heart transplant. The operation had been disallowed at Groote Schuur.

"We don't understand why the decision to bar heart, lung and liver transplants was made. Kidney transplants are still being allowed," Dr Hewitson said.

Fourteen heart and three lung patients were awaiting transplants. Another four patients were awaiting liver transplants.

If the ban was still in force when donors became available, doctors would ask other hospitals for the use of their facilities. Initially Tygerberg Hospital had refused to admit Mrs Malan, but it was reconsidering its stance, Dr Hewitson said.

"We are still discussing the matter. The decision to stop transplants has not been finalised," a Groote Schuur spokesman said.

Hospital strike chaos grows

By THEMBA KHUMALO

PATIENT care is gradually deteriorating at Soweto's Baragwanath Hospital where more than 1 500 general assistants, clerks and nurses are on a wage strike. C/Press

The action is part of a national action called by the National Education and Health Workers Union (Nehawu) to pressure hospital authorities to increase workers' salaries. 28/6/92.

At least 19 Transvaal hospitals and several others in the Free State and the Cape are entering their fourth week without any sign of resolution to the strike in sight.

Baragwanath chief superintendent Dr Chris Van den Heever expressed concern about the crisis. He said an orthopaedic surgeon had told him that intimidation brought an orthopaedic workshop to a standstill after it was deserted by the workers.

The surgeon claimed the losers were disabled people because no artificial limbs, orthopaedic appliances or footwear would be manufactured during the strike period.

The surgeon had warned that cases admitted during the past three weeks were being delayed so long that many procedures to save limb function could not be performed.

On Monday about 300 nurses, student nurses and radiographers marched on Baragwanath Hospital and presented a list of demands to the authorities.

Van den Heever said a skeleton staff of trained technicians were doing their best in the medical equipment workshop to fetch, repair and return life equipment required for emergency treatment.

Principal communication officer for Baragwanath Hospital, Hester Vorster, said the aim of the protest march was "unclear".

She said it was not clear how many nurses were on strike, but the majority of them reported for duty after Monday's march (97 [redacted]).

The nurses action was seen by many as putting pressure on neutral nurses to take a stand. ([redacted])

In terms of the South African Nursing Council rules, nurses are not allowed to go on strike, although there are new moves to unionise the nursing fraternity.

However, the strike has spread to the Orange Free State and the Cape Province where 800 general assistants have joined the strike.

Other affected hospitals in Pretoria are GaRankuwa, HF Verwoed, Medunsa and Pretoria West. In the Cape, Groote Schuur, Kraaifontein, Paarl Road Unit and East London's Lady Frere.

Others are Kimberley Hospital, Red Cross Children's Hospital and Vryburg.

The Free State Provincial Hospital said strikers who did not return to work by June 30 would be fired.

D-Day for strikers as hospitals battle

STAR 29/6/92

Staff Reporter

Thousands of striking Transvaal hospital workers face dismissal this week after most of them ignored last week's ultimatum to return to work.

The Transvaal Provincial Administration will decide from today on what disciplinary action to take against the defiant strikers.

Last weekend, the TPA posted an open letter to all strikers, urging them to return to work by Thursday.

Investigations into each case to determine appropriate disciplinary steps, including the possibility of dismissal, began on Friday.

The strike follows a demand by the National Education, Health and Allied Workers' Union (Nehawu) for a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees and the establishment of an interim dispute-settling mechanism.

The union met other public-sector unions at the weekend to try to persuade them to strike in support of Nehawu's demands.

The results of the meeting were not known at the time of going to press.

Baragwanath Hospital reported yesterday that more than 350 volunteers had helped to improve the situation at the hospital.

Chief superintendent Dr Chris van der Heever said the volunteers had assisted with supporting services, allowing professional staff to carry on with their normal duties.

All nursing staff and doctors reported for duty. But radiographers were able to maintain only emergency services with a skeleton staff, Dr van der Heever said.

He said that since the deployment of private security guards on the hospital premises last week, no reports of intimidation had been received.

"Management express their concern for medical patients as it was noted that patients admitted to the medical section are seriously ill.

"Since only emergency cases could be treated at the hospital with the commencement of the strike by general assistants more than three weeks ago, it seems that medical patients delayed their visit to a doctor for too long.

"This now results in their being admitted to the hospital in a very serious condition," he said.

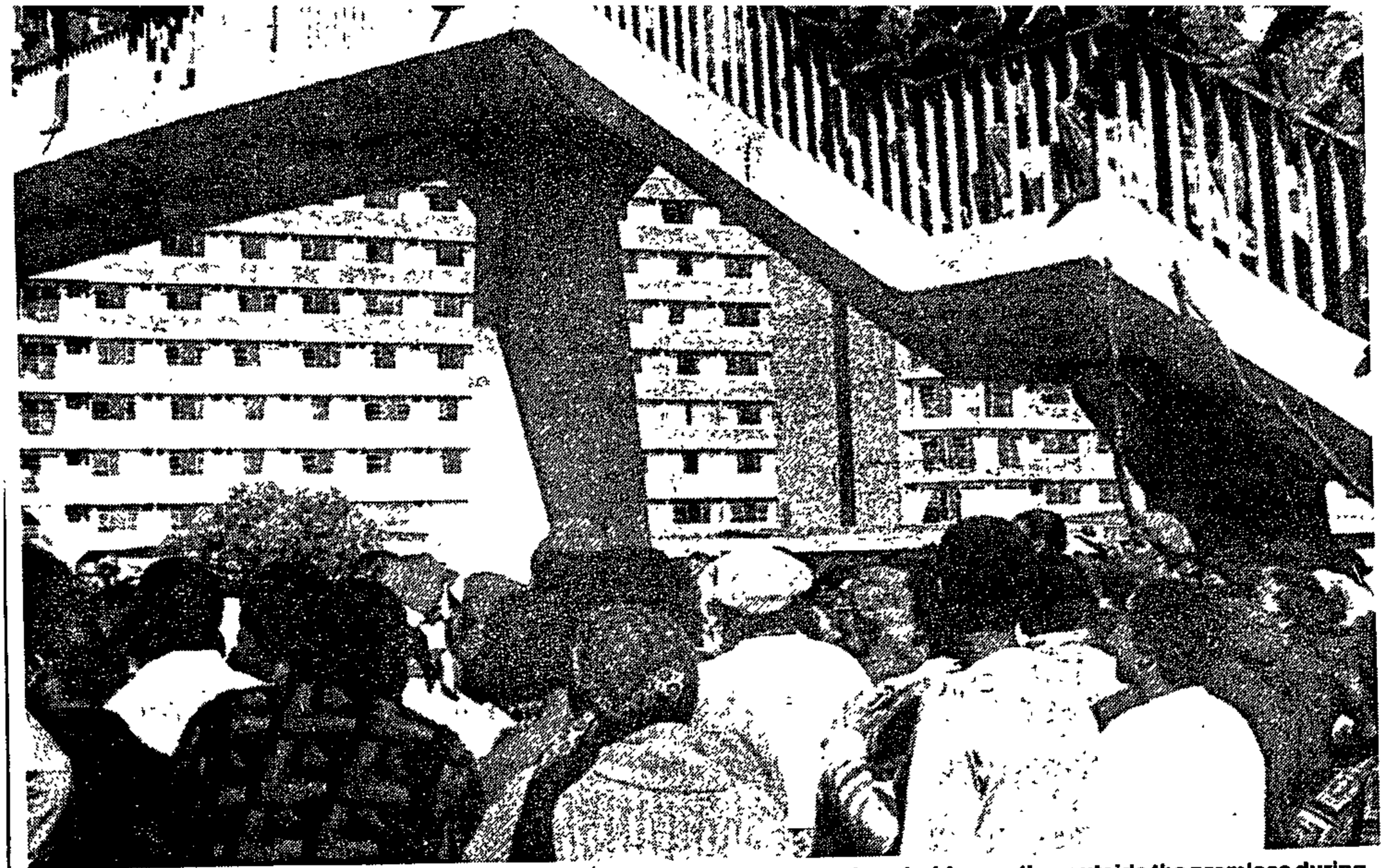
A spokesman for Hillbrow Hospital said the situation was the same as last week, despite the help of a few volunteers.

He added that the hospital was only treating emergencies.

A spokesman for Johannesburg Hospital expressed concern at the deteriorating situation at the hospital since the strike began.

A Natalspruit matron refused to comment, and spokesmen were not available at other affected hospitals.

The strike by Nehawu members has degenerated into violence at several hospitals.



Police keep watch from a bridge outside Baragwanath Hospital as striking workers hold a meeting outside the premises during their action which enters its fifth week today. Baragwanath is among several hospitals throughout the country which have been hard hit by strikes.
Pic: PAT SEBOKO

Strikers at hospital may bar emergencies

Sowetan 29/6/92

By ALINAH DUBE and Sapa

GENERAL Workers at Garankuwa Hospital have threatened to stop the admission of emergency cases.

Sources told *Sowetan* yesterday that the refusal by hospital authorities to accede to the demand for the dismissal of voluntary workers has led to renewed calls for a total ban on admissions.

A call for the immediate dismissal of part-time workers and members of the South African Defence Force was issued last week by Medical University of South Africa students.

They complained that the use of volunteers might jeopardise the position of the striking National Education, Health and Allied Workers Union members.

It was alleged yesterday that strikers, students and professional workers were working out a strategy to bring the hospital operations to a halt.

Doctors, nurses and paramedics are also likely to stop performing duties other than those within their scope of employment in a bid to pressurise management to meet the Nehawu demands.

Dr JJ Cros, chief medical superintendent at the hospital, could not be reached for comment.

Meanwhile, workers at Kalafong Hospital have ended their strike.

More than 350 weekend volunteers took on the duties of striking Baragwanath Hospital workers and improved patient care, the hospital's chief superintendent, Dr Chris van den Heever, said yesterday.

Van den Heever said the volunteers assisted with supporting services allowing professional staff to carry on with their normal duties.

He said private security guards had been effective and no reports of intimidation had been received.

"Because only emergency cases could be treated since the start of the strike by general assistants more than three weeks ago, some patients delayed visits to a doctor for too long.

"They are now being admitted to the hospital in a very serious condition," he said.

like-minded

Health workers threaten to exacerbate hospital strike

B Day 29/6/92. (97)

Business Day Reporter

THE National Education, Health and Allied Workers' Union (Nehawu) yesterday threatened to escalate its three-week strike to "hurt the more priviliged sectors of the population".

Nehawu general secretary Philip Dexter said yesterday the union's national executive committee had decided it would this week meet other public sector unions in an effort to "shut this government down". However, it was also decided that Nehawu would end the strike if government agreed to arbitration or mediation.

Dexter said the strike was particularly affecting black communities. It was felt that whites and the state should feel its effects.

Meanwhile yesterday, Baragwanath Hospital chief superintendent Dr Chris van den Heever said more than 350 weekend volunteers had taken on strikers' duties and improved patient care, Sapa reports.

Volunteer assistance had allowed professional staff to carry on with normal duties.

All nursing staff and doctors reported for duty, but radiographers were able to maintain only emergency services with a skeleton staff.

Private security guards, hired last week, had been effective. No reports of intimidation on hospital premises had been received, he said.

Patients being admitted to the medical section tended to be seriously ill. "Because only emergency cases could be treated at the hospital since the start of the strike ... it seems medical patients delayed visits to a doctor for too long. As a result, they are now being admitted to the hospital in a very serious condition."

☐ The Cape Provincial Administration (CPA) at the weekend undertook to call on Administration and Tourism Minister Org Marais to reopen negotiations with strikers.

The Health Workers' Union (HWU) said the CPA also promised "not to conduct itself" in the same way as other provincial administrations. This followed a meeting between the CPA and the unions on Friday.

About 1 200 striking hospital workers marched to Parliament on Friday to hand a memorandum to Marais.

The memorandum, which slated government for its "intransigence and arrogance", also accused the Commission for Administration of "negotiating in bad faith".

☐ Heart transplant patient Aletta Malan was reported to be in satisfactory condition after she was operated on at a private clinic in Cape Town on Friday. Groote Schuur heart surgeons performed the emergency transplant at City Park Hospital because their hospital, hit hard by strike action, denied them permission to perform the operation. It was the first heart transplant performed at a private hospital in SA.

Bid to stop dismissals

STAR 30/6/92

By Helen Grange

A total of 5 244 striking hospital workers have been dismissed with effect from tomorrow, and more letters of dismissal or intention to take disciplinary actions are on the way to scores more.

The Transvaal Provincial Administration (TPA) action comes after workers ignored Friday's deadline to return to work or provide written reasons for their absence during the protracted wage strike.

Despite this, lawyers for the National Education, Health and Allied Workers' Union (Nehawu) are making last-minute representations to the TPA, hoping to reverse the dismissals before they take effect tomorrow.

The union yesterday softened its position, saying it would call off the strike if the Government agreed to go to arbitration and withdrew disciplinary action against members.

Meanwhile, Nehawu is holding a meeting with other public sector unions today to discuss action the unions can take in support of hospital workers.

Nahawu said in a statement yesterday that arbitration was a fair offer and would be accepted by any reasonable employer.

The Government and Nehawu should enter into arbitration as soon as possible, Baragwanath Hospital medical advisory committee chairman D J Gelderen said in a statement yesterday.

TPA fires striking workers

97

Sowetan 30/6/92.

MORE than 5 000 striking hospital workers have been fired by the Transvaal Provincial Administration.

This was disclosed yesterday by the TPA's chief director of administration, Mr PW van Niekerk.

The dismissals would be effective from July 1, he said.

National Education, Health and Allied Workers Union assistant general secretary Mr Neal Thobejane said the union would discuss the dismissals with its lawyers.

He pointed out the dismissals did not address the issues for which the workers went on strike.

Van Niekerk said members of his department had been considering individual cases of striking workers who had not reacted to the TPA's ultimatum since Friday.

"Factors being taken into account are working record, disciplinary record, period of service, age, reaction to the ultimatum, involvement in violence or crime during the strike, (and) the degree of intimidation," he said.

Last week the TPA warned strikers to report for work by last Tuesday and provide written explanations why they should not be disciplined by last Thursday.

Thobejane said last week Nehawu's lawyers sent a collective letter to the TPA on behalf of its striking members. Sowetan 30/6/92

Van Niekerk said copies of the dismissal letters would be available at pay points from today.

● At least 20 workers held a one-hour protest at the Victoria Hospital in Wynberg, Cape Town, yesterday to press demands by the Nehawu for a R724 minimum wage.

Careers in health

Sowetan 30/6/92.

So you want a career in health? And you do not have the money and time to study medicine to become a doctor surgeon.

All is not lost. There are a number of health related careers you can follow after matric.

You can be a dental assistant. It entails relaxing patients relax before going for examination.

She prepares instruments, fillings and impression material, assist in taking dental X-rays and developing the films. You also do some clerical job like recording patients particulars.

Entrance to the field can be through a one year technikon course or on-the-job training by working with or for a dentist.

To qualify, a person must be neat, accurate and able to communicate clearly.

There are more women dental assistants than men. The conditions are good with normal hours.

There are no promotion prospects but there is security.

Since there is a reasonable demand for dentists in South Africa, there is a need for dental assistants.

For more information contact your local Technikon.

Electro-Encepalograph (EEG) Technician

He works in a hospital laboratory. He attaches the EEG - an apparatus to measure the activity in the human brain to find out the nature and severity of the disease - on the patient's head to the machine with electrodes.

He also orders and maintain all the lab equipment.

A Standard 10 certificate and good passes in maths, physics and biology is the minimum entry requirement.

A person may train for a year at a hospital or do a two-week course with Division of Neurophysiology at the NIPR plus four years of practical work.

A student must also register with the SA Medical and Dental Council

Patience and understanding are needed to deal with difficult and often scared patients.

An EEG technician can study further in the field of neurophysiology to become a clinical technologist although there are few posts available.

For information contact the neurophysiology department of any teaching hospital or the Division of Neurophysiology, NIPR, Box 10319, Johannesburg, 2000.

A Medical Laboratory Technologist

He does tests to find out the nature of disease which may be found in blood, urine or tissue specimens. The results are used by doctors and pathologists for treatment. Lab technologists work in four branches of clinical pathology.

1. Chemical pathology to measure the chemical imbalance in body fluids to help show diseases at early stages.

2. Microbiology to study bacteria and viruses extracted from infected patients, water or food under the microscope to develop medicines to fight infections in people or living cells.

3. Haemotology - the study of blood. technologists use microscope to count red and white cells in a drop of blood. Too few or too many can mean illness.

4. Histopathology is the study of patient's tissue during an operation. The tissue is dyed for the cell culture to stand out under the microscope Certain kinds of cancer, for instance, are discovered by these technologists.

Aspiring technologists need a Standard 10 certificate and a good pass in maths and science to be accepted for a four-year National Diploma in Medical Technology at all technikons except the RSA.

The first three years are theory and practical and the last year is spent training in an approved hospital. After graduating, a technician must register with SAMDC.

There is an increasing demand for medical technologists.

The ability to concentrate and be alert is a must.

For more information contact your nearest technikon or the Department of Health, Private bag X88, Pretoria 0001.

Audiometrician

An audiometrician, also called a neurological technician, tests hearing using electronic equipment. He also tests the organs of balance in the ear, supplies and fits hearing aids for those with problems.

A higher grade pass in maths, biology and physical science in matric are required

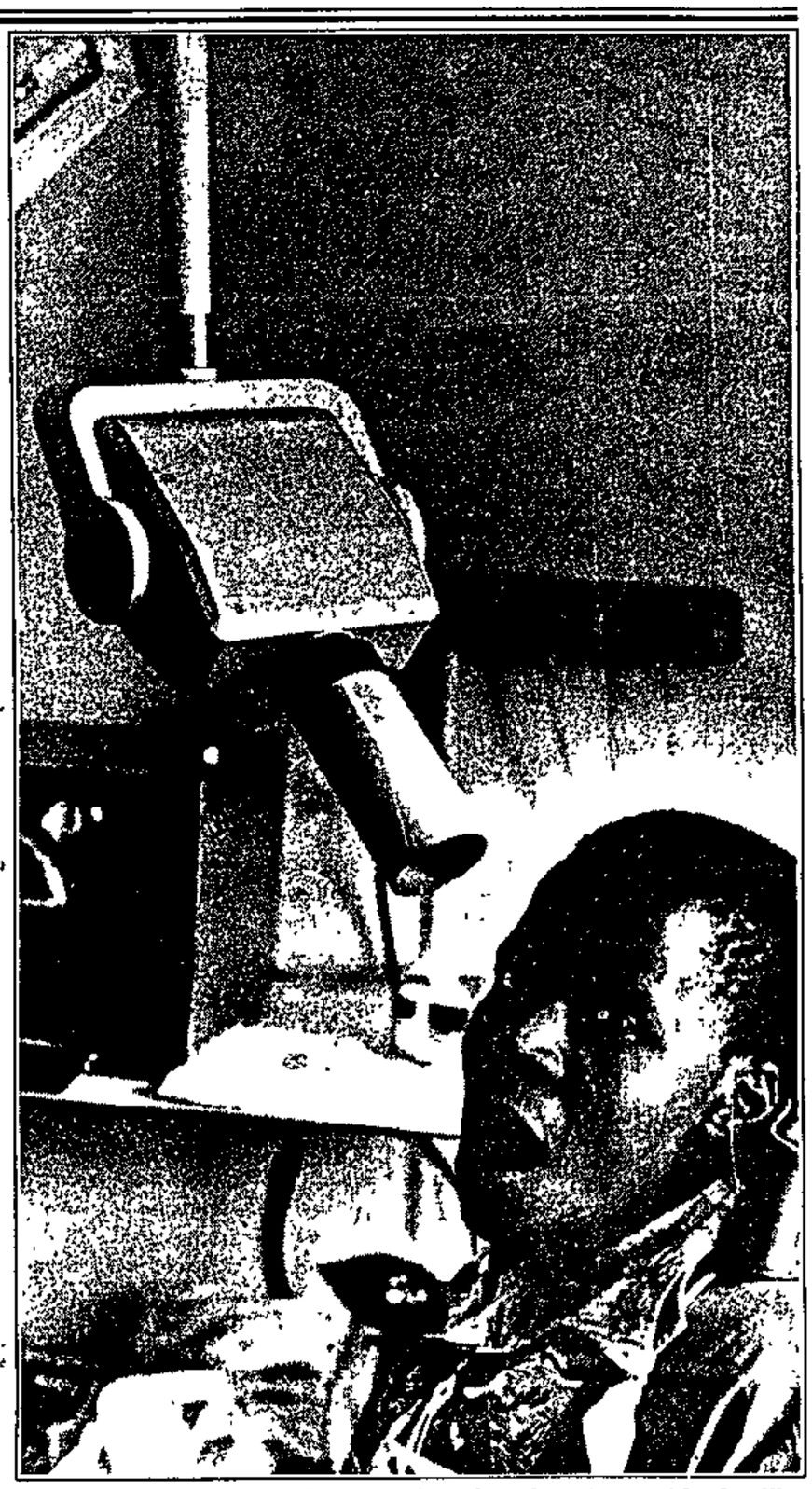
Groote Schuur Hospital, in Cape Town, is the institution that offers training in audiometry locally.

It is a two year course with an optional two more years. A certificate of competency is issued after theory and practical training. Trainees are paid as they train.

It is a fairly new career but audiometricians work closely with the ear, nose and throat specialists in private practice, clinics and hospitals.

There is a reasonable demand for this service in hospitals although Groote Schuur guarantees a two year position after completing studies.

For more information contact The ENT Department or Audiology Unit of any large hospital or write to The Head, Department of Otolaryngology, Groote Schuur Hospital, Observatory 7925.



A sophisticated tooth X-Ray that dental assistants must be familiar with. It enables dentists to detect if a root of a tooth has anything wrong.

System analyst

A system analyst is responsible for planning and developing appropriate computer applications for the medicine field.

In hospitals, computers are used to improve patient care by reducing administration tasks, speed up communications between the service departments and plan for the efficient use of resources such as operating theatres, hospital beds, nursing staff and transport.

A matric certificate with maths and physical science is important to study a Bachelor of Science or Computer Science - which are minimum requirements for in-service training. Graduates can get in-service training at Groote Schuur, Tygerberg and Red Cross hospitals.

The use of computers in medicine is a new and fast growing field. There is an increasing demand for computer application in medicine.

For more details contact Computer Society of South Africa , Box 1207, Johannesburg 2000 or a Computer Department of Groote Schuur, Tygeberg and Red Cross hospitals

BUILDING A DEMOCRATIC NATION

Prominent South Africans speak out

Transvaal hospitals fire 5 000 strikers

KATHRYN STRACHAN

THE Transvaal Provincial Administration (TPA) fired more than 5 000 striking hospital workers yesterday.

TPA administrative services chief director P.W. van Niekerk said in a statement yesterday that letters of dismissal had been posted to strikers and dismissals would be effective from July 1.

Van Niekerk said the TPA had considered the individual cases of striking workers who had not reacted to the ultimatum. Factors that were taken into consideration included working record, disciplinary record, period of service, and involvement in violence or crime during the strike.

The filling of vacancies would receive attention as soon as possible.

TPA spokesman Piet Wilken said 8 000 cases had been looked at and indicated that more dismissals could be expected soon.

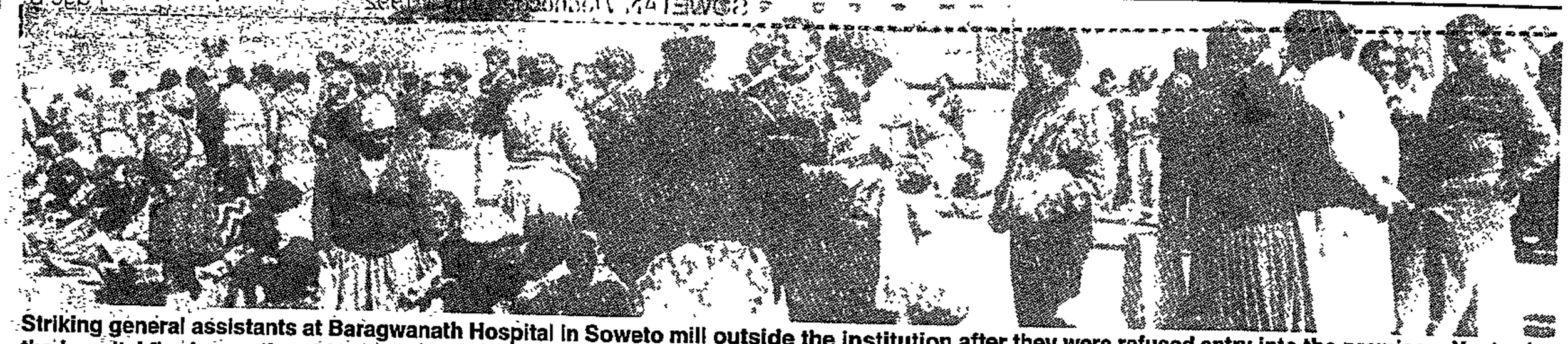
National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said the dismissals only deepened the crisis, and warned that the TPA's move would lead to action this week that would "bring the country to a standstill".

Thobejane denied that the strike was politically motivated, but said the protests were aimed at government because it was "ultimately responsible for setting wages".

Strikers could not be fired without being given fair hearings and the union's lawyers would oppose the dismissals, he said. A collective representation would be made today on behalf of all fired workers.

More than 1 600 health workers were still on strike at 22 Cape hospitals yesterday, reports Sapa, but the Cape Provincial Administration would not, at this stage, take a hardline stance.

Meanwhile, the DP has called for government to accept Nehawu's call for arbitration if this would end the hospital strikes, manpower spokesman Robin Carlisle said yesterday.



Striking general assistants at Baragwanath Hospital in Soweto mill outside the institution after they were refused entry into the premises. Yesterday the hospital fired more than 900 of the workers because of their strike action.
Pic: LEN KUMALO

Nehawu on strike in Natal and Cape

Sowetan 1/7/92.

Sowetan Reporters and Sapa

ABOUT 20 000 National Education Health and Allied Workers' Union members in Natal and the Cape go on strike today in an action that could affect 47 hospitals and clinics.

Cape hospitals affected include Livingstone, Provincial, Dora Nginza, Donkin, Empilweni and Kwazakhele, Motherwell Health Centre and Cape Provincial Administration regional stores.

Meanwhile, more than 900 workers at Baragwanath Hospital in Soweto were fired yesterday, joining the 5 244 Transvaal provincial hospitals workers who have already lost their jobs.

Baragwanath chief superintendent Dr Chris van den Heever said all professional staff reported for duty, but radiographers continued to provide emergency services only.

In Natal about two-thirds of the staff of the Hospital Services Board will go on strike and the Provincial Administration will bring contingency measures into effect to provide essential treatment.

A spokesman for Nehawu said Natal members decided yesterday to go on strike today for better pay and improved working conditions.

He said the Natal strike would make the action nationwide and, unless the authorities were prepared to meet demands, the workers would not return to work.

The Natal strike would hit three major Durban hospitals - King Edward VIII, King George V and Addington.

Nehawu Eastern Cape spokesman Mr Vuyani Dlabantu said the decision had been made at a meeting on Monday.

He said the union was not intimidated by the TPA's decision to dismiss more than 5 000 hospital workers.

The strike would involve general assistants and medical staff at hospitals throughout the region, including other hospitals such as those at Cradock, Somerset East and Graaff-Reinet, he added.

CPA regional director of hospital and health services Dr Rex Simpson was not available for comment yesterday.

At Garankuwa Hospital in Pretoria professional workers including doctors and nurses yesterday held demonstrations in protest against the dismissal of general workers.

Speaking on behalf of a committee which later handed a memorandum to Dr JJ Crous, chief medical superintendent, spokesman Dr Nkaki Matlala said the decision to embark on yesterday's action was because the "appalling situation" prevented them from delivering "even basic health care".

Further 2 000 hospital workers are dismissed

By Helen Grange STAR 1/7/92

Hopes of resolving the hospital strike faded yesterday as 2 000 more workers were dismissed and the Government indicated that the "already completed" wage negotiations could not be referred to arbitration as demanded by the National Education, Health and Allied Workers' Union (Nehawu).

About 7 000 striking hospital workers in the Transvaal have been dismissed with effect from today. At the same time, about 20 000 hospital workers in Natal are due to strike today.

Nehawu has slammed the dismissals and called for a nationwide strike by general assistants and provincial administration workers from today.

The union was in discussions last night to determine what action other public-sector unions could take in solidarity with strikers.

However, the Transvaal Provincial Administration has told dismissed workers they have seven days to "provide acceptable reasons" for why they should not be dismissed.

Nehawu's stance remains: it will call off the strike if disciplinary action is reversed and its dispute over salaries is referred to arbitration.

Baragwanath Hospital reported more than 900 dismissals. At Hillbrow Hospital about 500 staffers were dismissed.

Last night the TPA said about 700 strikers had not been discharged, as they had made representations.

Threat to escalate hospital strike

ABOUT 7 000 striking workers at Transvaal hospitals had been dismissed by yesterday, TPA administration services chief director P W van Niekerk said last night.

Yesterday National Education, Health and Allied Workers' Union (Nehawu) branches around the country said they were preparing to join and escalate the strike.

Sapa reports that Van Niekerk said letters of dismissal had been posted to striking employees. Dismissals were effective from July 1.

About 700 striking employees had not been discharged "due to various reasons". About 300 of these would receive final warnings and the remainder required "further consideration".

KATHRYN STRACHAN reports thousands of TPA hospital workers will march through the streets of Johannesburg today to protest against their dismissals.

Nehawu assistant general secretary Neal Thobejane said they would be joined by other organisations, including the ANC Youth League, the Civics Association of Southern Transvaal (Cast), and the ANC health department.

Other unions in the public sector were expected to join the strike early next week in an attempt to "bring the country to a standstill".

Our Durban correspondent reports that union officials said about 20 000 Nehawu members employed by the Natal Provincial Administration were expected to down tools today in support of their wage demands.

The union has organised workers in all major towns in Natal, including Durban and Maritzburg.

Sapa reports from Port Elizabeth that the eastern Cape branch had decided to join the strike.

TV debate breaks deadlock

HOPES for the resolution of the hospital workers' strike were raised yesterday when the National Education, Health and Allied Workers' Union (Nehawu) and the TPA agreed to enter into mediation following an acrimonious TV debate.

TPA deputy director Deon van Loggerenberg said the three-week deadlock was broken yesterday afternoon when representatives of the two parties met to discuss the details of the mediation.

He said the agreement followed a heated discussion between TPA MEC Fanie Ferreira and Nehawu general secretary Philip Dexter on SATV's Agenda programme on Tuesday, after which both parties realised the situation would not be resolved unless they agreed to resume talks.

Earlier yesterday Cosatu sent a memorandum to President F W de Klerk demanding mediation to settle the disputes.

Cosatu spokesman Sipho Binda said if De Klerk did not respond by tomorrow the 12 Cosatu public service unions would adopt "other strategies".

Van Loggerenberg said the 5 730 fired workers had seven days to make written appeals against their dismissals to their own hospitals. The fate of 1 299 other strikers was still under consideration.

KATHRYN STRACHAN

Nehawu assistant general secretary Neal Thobejane said the union's lawyers would also make a collective representation on behalf of the dismissed workers.

In the Free State 600 general assistants were dismissed yesterday when they failed to respond to ultimatums to return to work. Nine institutions are still affected.

Earlier in the day thousands of strikers marched from the centre of Johannesburg to the TPA regional offices in Braamfontein in protest against the mass dismissal, Thobejane said.

Meanwhile, general assistants at Natal hospitals began their strike yesterday.

According to Natal Provincial Administration (NPA) director-general N E Howes, no general assistants came to work at King Edward VIII and Osindisweni hospitals in Durban, while at three other institutions between 25% and 50% of the workforce were on strike.

NPA MEC for Health Services Peter

To Page 2

Hospitals

From Page 1

Miller warned that the strike in the Natal/KwaZulu situation would heighten tension and increase the potential for violence. The lives of hospital secretaries had been threatened and there were reports of widespread intimidation, he said.

Thousands of unemployed men and women turned up at the gates of Baragwanath Hospital early in the morning to apply for the vacancies left by nearly 1 000 general assistants who had received their letters of dismissal.

Hospital spokesman Annette Clear said the vacancies could not be filled during the appeal period, but added that many had been taken on as voluntary workers. The hospital underwent a spring clean yesterday with the assistance of hundreds of voluntary workers, and the hospital was slowly returning to normal.

A Groote Schuur Hospital spokesman said late yesterday patients were being given cold food and support services were unable to do their normal work.

Operations at Port Elizabeth hospitals were being cancelled and patients not requiring constant attention were sent home yesterday. However, in other parts of the eastern Cape workers reported for duty as usual.

TPA agrees to mediation

By Helen Grange

The Transvaal Provincial Administration has agreed to mediate with hospital strikers — but insisted that crucial wage demands at the centre of the debilitating wage dispute will remain off the agenda.

Meanwhile, thousands of unemployed men and women are seeking to fill the vacancies left by about 7 000 workers dismissed by yesterday.

Hospitals have turned the prospective employees away, having resolved not to hire labour until the TPA has made a final decision on workers' continuing representations against dismissal.

The cases of 1 299 workers were still being considered, and 325 strikers had been warned of dismissal, the TPA said last night.

The National Health, Education and Allied Workers' Union yesterday held a march through central Johannesburg to deliver a memorandum to TPA officials. They demanded that the dispute be referred to arbitration, that the TPA withdraw all interdicts and disciplinary action, and that all dismissed workers be reinstated.

Hospital workers in Natal and the eastern Cape joined the strike yesterday, but low stayaway figures were reported in both regions.

The Free State Provincial Administration dismissed 600 hospital workers yesterday after strikers failed to respond to an ultimatum to return to work and explain in writing why they should not be disciplined.

Nine health institutions in the province were still affected by the strike on Tuesday. Strikers at Botshabelo Hospital returned to work on Monday.

TPA agrees to mediation

Sowetan 21/7/92.

THE Transvaal Provincial Administration has agreed to mediate with hospital strikers - but insisted that crucial wage demands at the centre of the dispute will remain off the agenda.

Meanwhile, thousands of unemployed men and women are seeking to fill the vacancies left by about 7 000 workers dismissed yesterday.

But the hospitals have turned them away, after having decided not to hire people until the TPA has made a final decision on workers' continuing representations against dismissals.

The cases of 1 299 workers were still being considered, and 325 strikers had been warned of dismissal, the TPA said last night.

In addition, a seven-day period - beginning yesterday - has been granted to dismissed workers to supply written representations over why they should not be fired.

The National Health, Education and Allied Workers Union yesterday held a march through central Johannesburg to deliver a memorandum to TPA officials.

They demanded that the dispute be referred to arbitration, that the TPA withdraw all interdicts and disciplinary action, and that all dismissed workers be reinstated.

Several unions affiliated to the Congress of South African Trade Unions have pledged their support for Nehawu's strike, warning that they will consider solidarity action should the union's demands not be met by tomorrow.

The Conservative Party has urged the Government to dismiss all provincial hospital strikers countrywide, adding that the strikes "are obviously politically inspired and part of the ANC's mass action plans".

Hospital workers in Natal and the Eastern Cape joined the strike yesterday, but low stayaway figures were reported in both regions.- *Sowetan Correspondent.*

Hospitals strike spreads to Natal

Sowetan 2/7/92.

THE hospitals strike spread to Natal yesterday, but the Natal Provincial Administration reported low stayaway figures after a plea by the province's MEC for health services.

Mr Peter Miller appealed to strikers not to jeopordise their jobs or patients' lives. "Come back to the negotiation table - let us talk not fight," he said in a statement.

Meanwhile, the NPA's director general Dr Neville Howes said although some hospitals had reported stayaway figures, there was no indication of a provincial strike.

He said the hardest hit hospitals were King Edward VIII and Osindisweni in Durban, where no general assistants had turned up yesterday. In other hospitals and health service institutions in the city, strike figures ranged between 25 and 50 percent.

Sowetan Reporters and Sapa

The strike revolves around wage demands by the National Education, Health and Allied Workers' Union of a minimum monthly wage of R724 and a 15 percent accross-the-board increase.

In Johannesburg thousands of hospital strikers, joined by media workers on strike, marched through the city yesterday morning to Hillbrow Hospital.

They handed a memorandum to Transvaal Provincial Administration officials at the hospital demanding that the hospital wage dispute be referred to arbitration to normalise the situation. The workers also demanded that the TPA withdraw all interdicts and disciplinary action, and reinstate all dismissed workers.

At Baragwanath Hospital in Soweto, thousands of people have already applied for the jobs of the nearly 1 000 strikers dismissed over the past two days, hospital superintendent Dr Chris van den Heever said yesterday.

Staff members who had remained at their posts, aided by vounteers, were gradually returning patient care to normal, he said.

In Port Elizabeth, operations were cancelled and patients not requiring constant attention were sent home.l

● See page 4

Hospital strikers warned on bid to occupy TPA buildings

STAR 3/7/92

By Helen Grange
and Own Correspondent

Police have warned hospital strikers — who are planning to occupy Transvaal Provincial Administration buildings — that they will act against them if they break the law.

Police spokesman Captain Eugene Opperman said the police had learnt of a National Education, Health and Allied Workers' Union (Nehawu) meeting where it was suggested that TPA property should be damaged or burnt down and that workers not taking part in the nationwide strike be assaulted.

An angry Nehawu spokesman denied that such suggestions had been made, saying that only the occupation of TPA buildings, as part of the "intensification" of strike action, had been agreed on at a meeting on Monday. Occupation of TPA buildings was still being discussed, he added.

"Police are using cheap propaganda against us," the spokesman said.

The Government and Nehawu are due to meet in Pretoria today to decide whether the current national wage dispute should be referred to arbitration or mediation.

The strike by general assistants began at Soweto's Baragwanath Hospital four weeks ago and slowly spread to other Transvaal hospitals and provinces. Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for all part-time employees, and the establishment of an interim dispute-settling mechanism. The TPA has offered a minimum wage of R708 and a minimum salary increase of 9,2 percent.

Meanwhile, the TPA has reiterated that its agreement to mediate with Nehawu does not affect dismissals or disciplinary action against strikers.

About 7 000 strikers have been dismissed, but they have until Tuesday to submit final representations on why they should not be dismissed.

Nearly 1 000 strikers have escaped dismissal because of good service records and no evidence of misconduct during the strike, a TPA spokesman said yesterday. Most of these workers had returned to work.

● Thousands of unemployed men and women are queueing at several hospitals seeking to replace the dismissed workers, but the TPA has promised that it will not begin hiring until after all representations have been considered.

Govt and striking hospital workers' union hold talks

BD Day 3/7/92

97

KATHRYN STRACHAN

THE National Education Health and Allied Workers' Union (Nehawu) and the Commission for Administration will meet this morning following an apparent turnaround in government's stand on negotiations with thousands of striking hospital workers.

Sapa reports a commission spokesman declined to comment why it was meeting the union individually after Administration Minister Org Marais earlier said the commission would meet the 11 public sector unions collectively only.

Nehawu general secretary Phillip Dexter confirmed the meeting.

The meeting will discuss the possibility of mediation.

The TPA and the union agreed ealier this week to take their dispute to mediation, but the strike could not be resolved unless the commission — which set the wages — joined the agreement.

TPA deputy director Deon van Loggerenberg said 972 strikers would not be dismissed because of good service records and because they were not guilty of misconduct or intimidation during the strike.

So far 5 953 workers had been dismissed and 307 cases were still under review.

The strike went into its second day in Natal with almost half the general assistants at the King Edward VIII, King George V and Wentworth hospitals in Durban staying away.

Meanwhile, the houses of three Tembisa Hospital workers were petrol-bombed on Wednesday night after they refused to go on strike, police said.

East Rand Police said property was damaged but no one was injured. A man had been arrested.

Earlier police claimed they had information concerning disruptive actions decided on at a Nehawu meeting, which would include the burning of TPA property. It was also suggested that certain steps, including physical assault, be taken to intimidate workers who refused to strike.

Dexter dismissed the claims as "a less sophisticated police smear tactic".

Nehawu is prepared to call of strike

Sowetan 3/7/92 97

THE National Education Health and Allied Workers' Union has agreed to call off the hospital strike if the Commission for Administration commits itself to arbitration or mediation.

The union also demanded that the commission withdraw disciplinary action against the strikers.

Nehawu president Mr Neal Thobejane said yesterday the union had agreed to call off the strike depending on the response of the CFA.

The two parties are scheduled to meet today to discuss withdrawal of disciplinary measures the Transvaal Provincial Administration intends to take against the strikers.

However, the TPA yesterday said while it had agreed in principle with Nehawu to enter into mediation, "this has no effect on the process of disciplinary action against striking workers and those already dismissed.

"Nehawu still demands arbitration on several issues which do not fall within the ambit of the statutory functions of the TPA," TPA said in a statement.

By ISAAC MOLEDI

The TPA said it was concerned about conditions of patients at the strike-affected hospitals as well as intimidation and brutality on its workers and volunteers.

Eight homes of Tembisa Hospital employees were set alight in the past two days.

Meanwhile Nehawu cancelled its meeting with management at Groote Schuur Hospital yesterday while another Cape hospital, Karl Bremer, joined in the strike - but with only one person - the Cape Provincial Administration reported.

Strike suspended

THE National Education, Health and Allied Workers Union has suspended its strike action at two of the three Northern Cape hospitals, the Cape Provincial Administration said in its daily strike bulletin yesterday. (92) 97

About 285 Nehawu members at Kimberley Hospital and 67 at the Wes-Einde Hospital, also in Kimberley, returned to work on Wednesday. Sowetan

Thirty-nine Nehawu strikers at Vryburg Hospital were set to return to their jobs today, the CPA said.

Officials at Nehawu's Johannesburg and Kimberley offices could not be contacted to confirm the suspension of the strike in the Northern Cape. 23/7/92

About 535 members of the Health Workers Union remain on strike at eight hospitals and at the central laundry in the Cape Peninsula.

FM 3/7/92 (92) (91) (95)

HOSPITAL STRIKE (97)

The primitive way

The short-sighted decision of the Transvaal Provincial Administration (TPA) to sack more than 5 000 striking hospital workers — which could provoke sympathy strikes and nourish the ANC's mass action campaign — brings into focus the larger question of how to deal with employee dissatisfaction in essential services. FM 3/7/92

It is clear that State employers are far behind their private sector counterparts when it comes to regulating industrial conflict in general, let alone the special case of essential services. Look, for example, at the Nursing Amendment Act.

While this dubious new law, enacted in February, gives nurses the right to strike, it in fact emerges as a nonsolution to the real issue at hand: "That the appalling working conditions of nursing staff have begun to outweigh nursing ethics," according to Professor Adolph Landman, writing in the April edition of *Contemporary Labour Law*, which he jointly edits.

Strikes by nurses are increasing, Landman noted. While criminal sanctions are not a solution to the problem — one does not jail nurses — "the authorities have, however, come up with a nonsolution" by giving nurses the right to strike.

His remarks apply equally to hospital workers such as the kitchen, laundry and general ward staff who began their strike at Baragwanath Hospital on June 6 after weeks of limited, hour-long placard protests.

What parliament should do, advises Landman, is address the root of the problem: the dissatisfaction among nurses — and health workers — with working conditions and the channels for expressing this.

A more appropriate solution, he said, would be to declare the nursing profession an essential service in terms of the Nursing Act of 1978.

If the health sector were defined as an essential service, nurses and health workers would not be entitled to strike or take other forms of industrial action. But, because the right to strike would then have been removed, the Act should provide for "compulsory arbitration" where disputes are declared over wages or conditions.

"As in other arbitrations, the parties would agree on the appointment of an arbitrator or, if they cannot agree, one would be appointed for them by an appropriate or neutral body. The award of the arbitrator is final and binding on the parties."

Compulsory arbitration fits in with standards set out by the International Labour Organisation, whose guidelines Cosatu invoked against the highly controversial Labour Relations Amendment Act two years ago.

The ILO's Committee on Freedom of Association, which has declared the hospital sector to be an essential service, says: "The principle whereby the right to strike may be limited or prohibited in essential services would become meaningless if the legislation defined essential services too broadly. The prohibition should be confined to services whose interruption would endanger the life, personal safety or health of the whole or part of the population."

Moreover, the committee adds, if strikes are restricted or prohibited in essential services, "appropriate guarantees must be afforded to protect workers who are thus denied one of the essential means of defending their occupational interest."

A rethink of the SA situation is therefore essential, says Landman, adding that there are ways of achieving a prohibition on strikes in the private nursing sector even after passage of the new Nursing Act. It is also possible to institute compulsory arbitration without amending legislation.

In terms of the amended Nursing Act, nursing staff who fall under the Labour Relations Act will commit a criminal offence if they strike without following the statutory procedures for a legal strike. They could also be disciplined if they leave patients unattended. But he asks: "Would an unprocedural — that is, technically illegal — strike influence the nursing council to impose a harsher sanction if a patient is left unattended than it would in the case of a legal strike? Probably not.

"The Bill (as it then was) does not only concern both public and private hospitals and the nursing profession; the general public also has an interest in the working environment of nursing staff. It is suggested that the internationally accepted solution proposed by the ILO should be adopted and enacted in SA."

In the dispute between Cosatu's health and allied workers' union, Nehawu, and the TPA, whose negotiating arm is the Commission for Administration, the approach of both parties has been unsophisticated. The dispute has been a throwback to the days before the 1979 Wiehahn Commission institutionalised labour conflict and the right of blacks to take legal strike action.

However, the union at least has been calling for arbitration as a solution to the dispute. The sacked strikers' original demands were: a minimum wage of R1 100 a month, paid maternity leave and a 40-hour working week. The authorities had offered a 9,2% increase on the minimum wage of R643. The union has also called for the setting up of an interim dispute-settling forum.

Following the dismissal of the strikers, the union was discussing its next step with lawyers. It said the dismissals did not address the issues for which the workers went on strike.

Rand Water Board — an essential service — and the Municipal, State, Farm & Allied Workers' Union (not a Cosatu affiliate), recently agreed to arbitration in their dispute.

Hospital authorities would do well to follow this example. ■

Fury over firing of hospital staff

wlmail 3/7-9/7/92

By FERIAL HAFFAJEE

THE Transvaal Provincial Administration (TPA) this week dismissed more than 5 000 general workers, but finally agreed to go into mediation with the National Education, Health and Allied Workers' Union (Nehawu).

The fate of about 1300 workers still hangs in the balance. The country faces the possibility of sister unions in the public sector coming out on sympathy strikes.

Nehawu general secretary Phillip Dexter this week called the mass dismissal "malicious and short-sighted".

About 22 000 workers are on strike around the country in 19 hospitals; the Cape Provincial Administration has said it will not dismiss workers at the five hospitals on strike in the Cape. The Free State Provincial Administration this week began interdicting striking workers.

Workers in the Transvaal were selectively dismissed. According to the TPA, "the case of each individual striker was reviewed on merit", but the union believes this may be a process of weeding out active union members. New workers will be employed after the seven days allowed for workers to make representations. Meanwhile, volunteer workers at strike hit hospitals are holding the fort and being paid R3,25 an hour.

The strike highlights the need for expediting legislation in the public sector, says Dexter. Last year, the Public Servants Association (PSA), Nehawu and the Commission for Adminis-tration (which deals with human resource development in the public service) started negotiations towards drawing up legislation. wlmail 3/7-9/7/92

The PSA submitted draft legislation while Nehawu urged the commission to seek a wider mandate from the government which would give it decision-making powers in order to speed up the process, by doing away with the commission having to report to the cabinet on every clause.

Nehawu believes the existing Labour Relations Act should be extended to the public service with additional provisions for emergency service workers.

Shamima Mayet, the union's attorney says: "We have not had a response from the Commission for Administration. The legislation is a long way away because we have not started work on the first clause".

But she is hopeful draft legislation will be tabled in October.

The Commission for Administration says the legislation is "under consideration".

Health care bodies unite

By BEATHUR BAKER

PROTRACTED attempts to unite health care organisations are set to bear fruit at the launch this weekend of the South African Health and Social Services Organisation.

Sahsso will bring together five major bodies, including the National Medical and Dental Association (Namda), the Organisation for Appropriate Social Services in South Africa (Oasssa) and the South African Health Workers' Congress.

A politically non-aligned organisation, its chief aims will be to provide primary health care to communities and to lobby for improved health services.

Unity talks, which began several years ago, are known to have been complicated by the differing character of the organisations. The constituent organisations have been duplicating services.

Melvyn Freeman, an Oasssa member from the Wits Community Health Centre, says the uniting of health care and social services under one umbrella allows the organisation to look not only at the provision of medical services for illness, but also at the social conditions in which disease occurs.

Sahsso membership will make it possible for health professionals such as doctors to join the same organisation as other workers in the health sector. Previously unorganised workers, such as those in mental health, can also be represented.

Mediation holds the key to hospital strike

STAR 4/7/92

SHARON SOROUR

THE crippling hospital strike by thousands of health workers countrywide could end next week — if the Government agrees to refer the industrial dispute to mediation.

In an important breakthrough, the Government's public sector negotiating forum — the Commission for Administration — agreed to consider a mediation proposal by the National Education, Health and Allied Workers' Union (Nehawu) at a meeting in Pretoria yesterday.

"If the Government agrees to mediation, the strike ends on Monday. We will be able to get our workers to go back to work," Nehawu general-secretary Phillip Dexter said.

The Government has agreed to give the union an answer when the parties meet on Monday. But Dexter was not very hopeful that the strike would end soon, given the forum's "intransigence" and "negative attitude".

"We spent four hours trying to get the Commission members to agree to consider the proposal to refer the dispute to mediation. I am not hopeful that they will agree to mediation."

He felt the Commission wanted to prolong the dispute to hurt the union, which had shifted its position, made proposals and had come up against "a wall of bureaucracy".

Dexter warned that the union was seriously considering leaving the forum because it was a waste of time.

"We will then have to devise other ways of having our demands met ... and this would most definitely include prolonged industrial action," he said.

The union proposal includes that the following issues be referred to mediation: Salaries, the status of temporary employees, interim dispute resolution mechanisms and the dismissal of strikers.

Dexter said the union agreed that the mediator's recommendations would be referred back to the negotiating forum.

The Commission declined to comment.

Mediation key to strike

THE nationwide hospital strike could end next week if the government and 10 public service trade unions agree to proposals made at Friday's meeting between the Commission for Administration (CFA) and the National Education, Health and Allied Workers' Union (Nehawu) in Pretoria.

Nehawu general secretary Phillip Dexter said if the CFA and the negotiating forum of unions accepted the proposals, Nehawu would ask its striking members to return to work.

Both the CFA and the negotating forum had to agree that a mutually-agreed arbitrator would mediate on Nehawu's demands, which included: wages, the status of temporary employees, interim dispute resolution mechanisms, and the dismissal of strikers.

He added that all parties in the forum could participate in mediation.

But Dexter said he was not hopeful that the CFA would respond positively when they meet again on Monday, as it had taken the union four hours to convince them to consider the proposals.

The CFA had argued it could not make decisions without all the unions present. Agreement had been made with only five unions after the other six walked out of negotiations on May 19.

The CFA declined to comment on Thursday's meeting.

Dismissed Transvaal hospital workers were not responding to the Transvaal Provincial Administration's invitation to apply for reinstatement, according to TPA health services MEC Fanie Ferreira.

Dexter said dismissed workers would not make appeals until the CFA promised to agree to mediation.

The Free State Provincial Administration said fired workers had to apply for reinstatement before July 11, while the Natal Provincial Administration obtained a court interdict preventing strikers from inciting others to strike. Strikers were also interdicted from interfering with non-strikers.

Dexter said though cases of intimidation had been reported nationwide, there was no evidence that Nehawu members were responsible, adding that the union's members were being harrassed, bullied and assassinated.

Nehawu is demanding a wage increase of R724 a month and an across-the-board increase of 15,3 percent.

The CFA has offered R708,50 a month. – Sapa.

Health strike off if mediation allowed

STRIKING Western Cape health workers are optimistic that the countrywide strike will be called off tomorrow following a meeting this weekend between the government and the National Education Health and Allied Workers Union (Nehawu).

Nehawu regional chairman Mr Wilfred Alcock said the union was optimistic after the meeting with the Commission of Administration in Pretoria on Friday.

"There will be a general meeting tomorrow to receive the reportback from the meeting with the government and to decide on our next course of action. We believe the strike will be called off if the state responds positively to our proposal to refer the dispute to mediation and arbitration."

Solidarity

Union general secretary Mr Philip Dexter was less optimistic. The government had agreed to give its answer tomorrow on the mediation proposal but Mr Dexter said on Friday that he was not hopeful that the commission would change its "intransigence" and "negative attitude".

If the government failed to give a positive reply the union would be compelled to "intensify the struggle".

Mr Alcock said this could entail calling on all other public sector workers to engage in solidarity action from tomorrow and bringing out on strike union members in the private sector, "especially at private hospitals and creches used mainly by so-called whites".

The Transvaal Provincial Administration (TPA) has dismissed more than 7 000 striking workers to date, but no workers have been sacked in the Western Cape.

By KURT SWART

"The Cape Provincial Administration (CPA) has distanced itself from the actions of the TPA," said Mr Alcock.

"The relationship between ourselves and the CPA right now we can term progressive and we also have a healthy relationship with the hospital administrations."

The union was however, "highly disturbed" when a Groote Schuur heart transplant patient was transferred to City Park for an operation last week after the hospital administration barred its own surgeons from operating at Groote Schuur.

The hospital cited the lack of back-up service because of striking staff as the reason for the bar.

Emergency

"It has been our position from the start that for emergency cases only we would provide service if management requested extra staff. We are highly disturbed that management of Groote Schuur never approached the union before the City Park operation. We could have released staff to render emergency services."

More Western Cape workers joined the strike this week when Nehawu members joined Health Workers Union (HWU) members already on strike at Tygerberg Hospital, bringing the total number on strike to about 2 400.

Doctors flee death threats at hospital

ST Times 5/7/92

By RYAN CRESSWELL

ALL six doctors at a country hospital have fled after being terrorised by a string of anonymous death threats.

The intimidation campaign, which has also chased away some nurses, is slowly bringing the 180-bed Appelbosch Hospital, near New Hanover in the Natal Midlands, to a grinding halt. The hospital was once one of Kwazulu's most efficient, serving a rural population of 300 000.

The doctors, three of them British immigrants, left in the past three weeks. The last two left last weekend. But an unknown number of nurses and other staff have left the hospital and its clinics since the campaign began late last year.

The area is predominantly Inkatha Freedom Party territory and is not one of the most violent parts of the fiery Midlands region, although there have been clashes between the IFP and the African National Congress in the New Hanover area.

Dr Peter Evans, regional superintendent for Kwazulu hospitals in the Midlands, said although a campaign of intimidation against staff at the hospital had been going on since late last year, the doctors began receiving calls near the end of June.

The anonymous caller said: "If you don't leave you will be wiped out." Two women doctors received the calls first.

Dr Evans said: "The whole situation is disgraceful. They were excellent doctors providing a very good service. Now the patients will suffer."

'If you don't leave we'll wipe you out'

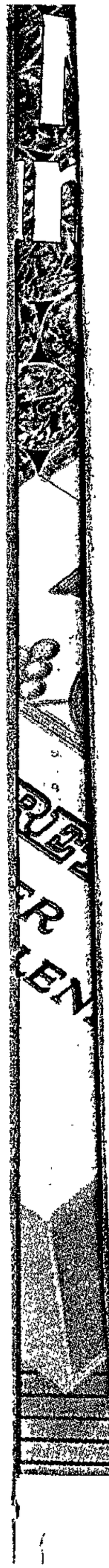
Greytown said an investigation was under way. Nobody had been arrested.

Inkatha spokesman Kim Hodgson said: "We condemn these threats and the IFP will investigate.

"This kind of thing has happened in other areas. Whether these threats are of a political nature we just don't know, but it seems likely this is a political



WEALTHIER FEELING . . . jubilant Coenrad Mertz, the latest Viva million-rand winner, and his wife, Louise



best of times , but now it would be even more difficult.

One of the doctors who fled the hospital, asking not to be named, said the caller seemed to be black, spoke in English and appeared serious.

"He said: 'I'm telling you, you have to go and work somewhere else or we will wipe you out,' " the doctor said.

"I asked who was speaking and he said: 'It doesn't matter. You must go or we will wipe you out.' He repeated this three times.

"I was very shocked when he said: 'We know you have children and we will wipe them out too.'

"I do not have children, but a colleague has. That really worried me," the doctor said.

He added that 17 of the staff, including a transport manager, an administrator and a number of nurses had been threatened with death since November.

Some of the staff, besides those threatened, had left since the threats began because they could not stand the tension.

One of the threatened doctors said: "We had a wonderful hospital when I came out from England two years ago. We had lots of plans and were training doctors. I hoped that would continue."

Discharged

The doctors have all moved to other Kwazulu hospitals — some in northern Zululand.

The Appelbosch Hospital is still running, with nurses trained in primary health care and other staff members doing what they can for patients. Many of the less serious patients were discharged before the doctors left. Now all emergency cases and more serious patients have to travel 60km to Edendale Hospital, near Maritzburg.

About 58 of the staff are looking after 120 hospital patients, three residential clinics, three rural clinics and several mobile clinics.

A resident said people "are very worried" about not having doctors.

The SAP district commissioner, Colonel Tyrone Davis, has visited the hospital accompanied by Kwazulu officials in connection with the threats.

Colonel JM du Plessis of

was a peaceful campaign to bring Kwazulu hospitals under the jurisdiction of the Natal Provincial Administration because they were badly run by Kwazulu.

Wounded

"But we do not have a plan to destabilise hospitals. If they (the IFP) say this they are making false accusations because they have no proof."

● On Monday night an ambulance driver from Edendale Hospital was shot and wounded while going to fetch a patient. A car pulled up next to the ambulance and the occupants shot Mr Anton Luswayo, 31, before pulling him from the vehicle. The ambulance was later set alight.

Several drivers from the hospital have been shot and stabbed and their ambulances hijacked in the past two years. Last July driver Mr S Phungula was shot dead and the ambulance service to the Edendale Valley was suspended for some time.

Dear E

an amb

By CAS St LEGER

EVITA BEZUIDENHOUT h offered a top-notch job by th Frene Ginwala.

In a letter written on Frida Ginwala of the ANC women's pation committee said ambas Evita, alias satirist Pieter-Di should quit being "Pik's pret pet" and join the Women's N Coalition.

She said the new and exci would offer a challenge f Bezuidenhout's "not inconsi diplomatic skills".

Miss Ginwala, convenor of alition, said Evita's present would be affected by the chan ing place in the country.

"A new democratic South would no longer recognise Ba weti as a foreign country to has to send an ambassador."

Although there would be countries which would accep African ambassadors, she w that after Evita's "very hecti the frenzy of diplomatic activ would find any other post "v and boring".

There has so far been no res the offer from Evita, who is a the arts festival in Grahamst

Strike 'until country at standstill'

STAR 6/7/92

There will be "no retreat and no surrender" for the striking hospital workers, who will continue their industrial action until they bring the country to a standstill, National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said yesterday.

He was speaking at the launch of the SA Health and Social Services Organisation at Wits University.

Mr Dexter said this week would see the escalation of occupation of workplaces.

He pointed out that the strikes were provoked by the Government, which had promised to address some of the workers' present demands in 1987.

Speakers from other organisations expressed their support for the strike.

Congress of SA Trade Unions general-secretary Jay Naidoo pointed out that hospital cleaners were as vital as doctors conducting surgery.

He said the needs of the workers, such as reasonable wage increases, were being ignored, yet they were expected to maintain the system.

Mr Naidoo also warned that South Africa would be brought to a standstill when mass action began on August 3.

Earlier, ANC president Nelson Mandela described the strikes as a national disaster, saying the Government did not appreciate the seriousness of what was going on. He said Nehawu's demand for an independent mediator to settle the disputes was an acceptable solution in democratic countries.

● The situation at Baragwanath Hospital was stable and continued to show signs of normalising at the weekend, chief superintendent Dr Chris van den Heever said yesterday.

Patient care, he said, was improving, with all professional staff, including radiographers, on duty. Although the hospital was still using voluntary workers for support services, conditions had "much improved" and had resulted in less dependency on these workers.

● A Supreme Court interdict preventing strikes at Natal Provincial Administration hospitals, clinics and laundries was granted in Maritzburg on Friday, according to a statement by the NPA.

The inderdict was brought by the Administrator of Natal, Con Botha, against Nehawu in Natal as well as employees of the NPA.

The interdict follows strike action at seven hospitals in the Greater Durban area since last Monday. — Sapa.

n the hospital strike

the nation in brief

Sowetan 6/7/92

Vow on hospital strike

THE National Education, Health and Allied Workers Union has re-affirmed its commitment to ending a nationwide hospital strike if the proposals it made at Friday's meeting with Commission for Administration are met.

Nehawu president Mr Neal Thobejane yesterday said that the status of temporary employees, interim dispute resolution mechanisms, salaries and dismissal of strikers were the demands which formed the "bottomline" to call off the strike.

Nehawu, ten public service trade unions and CFA are to meet again today to resolve the logjam.

Boycott set for Vaal

A CONSUMER boycott is set to hit four Vaal towns today after local organisations suspended the work stayaway, which started 12 days ago.

The public relations officer for the Vaal Civic Association, Mr Paul Sithole, said the consumer boycott was aimed at white-owned businesses in Sasolburg, Vanderbiljpark, Vereeniging and Meyerton, and that Indian-owned shops had been exempted. Sowetan 6/7/92

SABC strike end in sight

THE resolution of the six-week-old strike by SABC employees may be in sight with further talks between the two parties set for tomorrow.

The workers, all members of the Media Workers Association of South Africa, are locked in a wage dispute with management. - *Sowetan Reporters.* Sowetan 6/7/92

Police eject four union leaders from sit-in

B/Day 7/7/92

(97)

KATHRYN STRACHAN

NATIONAL Education, Health and Allied Workers' Union (Nehawu) officials began a sit-in at the Pretoria offices of the Commission for Administration yesterday, after the commission rejected mediation to end the month-long hospital strike.

However, Sapa reports Nehawu general secretary Phillip Dexter and three officials were removed by police and charged after "refusing to leave the building", Commission for Administration spokesman Corrie Smit said.

Hospital workers who marched to the commission's head office in protest were dispersed by police, said Nehawu assistant general secretary Neal Thobejane.

Thobejane said the union's meeting with the commission had ended in deadlock. The only option left was an intensification of the current action, which would "bring the government to a standstill".

A Nehawu statement said it would meet all public sector unions today to discuss the programme.

The union had repeatedly committed itself to calling off the strike if the commission agreed to mediation, Thobejane said.

Smit said the request was rejected because Nehawu had given the impression it would continue its action regardless of agreements reached.

"There have been indications that it was part of the political mass action campaign," Smit said.

The state could not negotiate with Nehawu on any issues raised by the union outside the official negotiating forum, which consisted of 11 employee organisations, or on issues that had been finalised within the forum. It would be unfair to give in to the demands of one party in the forum because it was the only one prepared to strike, he said.

"The state has made it clear it cannot afford to grant better increases in the pre-

☐ To Page 2

Sit-in

B/Day 7/7/92

(97)

☐ From Page 1

sent economic climate," he said.

Nehawu and the Health Workers' Union embarked on their strike when the commission signed a wage agreement with five of 11 public sector unions — effectively making the wage agreement applicable to all public service workers.

Thobejane said Nehawu would continue to urge the commission to agree to mediation, because it was not prepared to back down on its demands.

Other unions in the public sector had agreed to join Nehawu's strike if yesterday's meeting failed, he said.

Thobejane said the fate of the 7 326 hospital workers fired last week depended on yesterday's proceedings. A statement issued by TPA chief director P W van Niekerk last night said workers had until 4pm today to appeal against their dismissals. Hospitals would start filling the vacant posts tomorrow. Van Niekerk said Nehawu had created a wrong impression by saying the deadline would be extended.

Meanwhile, the Natal Provincial Administration reported yesterday the Natal strike, which began last week, had ended. Thobejane confirmed Natal workers had suspended their strike pending the outcome of yesterday's meeting.

Sapa reports that more than 400 workers, including nurses, joined the strike at Livingstone Hospital in Port Elizabeth. About 3 000 Cape hospital workers were still on strike yesterday.

Although the strike at Baragwanath Hospital, the first hospital to be affected, was continuing, hospital authorities reported yesterday that nurses had returned to work and the hospital was slowly returning to normal.



Here are the winners of the Miss Rose '92 Beauty Show which was held at Club 707I in Orlando West, Soweto, at the weekend. From left, second princess Mmabatho Ramoupi, first princess Jahanna Ramalefo and the queen, Rethabile Matseke.
PIC: FANI MAHUNTSI

Unionists in sit-in after talks fail

Sowetan 7/7/92

Four National Education, Health and Allied Workers' Union officials yesterday staged a sit-in at the Transvaal Provincial Administration's offices after talks to resolve the hospital strike ended in a deadlock in Pretoria.

The four are Nehawu first vice-president Mr Vusi Nhlapho, secretary-general Mr Phillip Dexter and shop stewards Mr Siphiwe Mabaso and Mr Matthew Siko.

The sit-in followed a stalemate reached by Nehawu, 10 public service trade unions and the Commission for Administration (CFA) during negotiations to defuse the continuing hospital strike at more than 75 state hospitals countrywide.

Nehawu president Mr Neal Thobejane blamed the CFA for the break down of the negotiations.

He said the CFA's failure to take part in mediation proceedings - agreed earlier - was the cause of the deadlock.

He said part of the Nehawu delegation, which staged the sit-in in the TPA's offices, would continue until mediation is agreed upon.

A CFA statement said "the employer representatives could not agree to the appointment of a mediator - demanded by Nehawu - regarding matters which had already been concluded, or should be dealt with, within the forum.

"Funds for the improvement of conditions of service have to be voted by Parliament."

Sit-in after hospital strike talks deadlock

STAR 7/7/92.

By Helen Grange
Pretoria Bureau

Four members of the National Education, Health and Allied Workers Union (Nehawu) staged a sit-in at the Government's Commission for Administration offices last night — following a deadlock in talks aimed at ending the hospital strike.

Nehawu has decided to step up strike action in the wake of the commission's insistance it cannot enter mediation, as this year's negotiations on public service conditions have been finalised.

The Transvaal Provincial Administration (TPA), which dismissed about 7 000 hospital strikers, has warned that today is the deadline for dismissed workers to make representations

Meanwhile, deep concern has been expressed by the Bonitas Medical Aid Fund to which dismissed strikers' belonged that they and their dependents would go without any health care.

Nehawu is demanding a minimum wage of R724 per month, 15 percent salary increases, permanent status for all employees and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9,2 percent.

● Strike hit Kimberley Hospital yesterday announced it could only admit emergency cases.

Nurse critical after axe attack at hospital

STAR 8/7/92.

PORT ELIZABETH — A nurse was attacked with an axe, other nurses were assaulted, and a volunteer was chased away as rumours mounted that a hospital in Port Elizabeth was closing yesterday.

Nurses were attacked at Dora Nginza and Livingstone hospitals.

At Dora Nginza on Monday night six nurses — either leaving or arriving for duty — were assaulted.

One was struck with an axe and is in the intensive care unit at Livingstone. Another had to receive stitches.

Others were assailed with sticks and fled to neighbouring houses.

Yesterday a general assistant was accosted at Livingstone by a number of men while removing rubbish. He suffered head injuries.

A volunteer worker at the hospital was chased away.

The National Education Health and Allied Workers Union said yesterday they had heard unconfirmed rumours from members that Dora Nginza Hospital in Zwide was to close.

Striking hospital workers in the Western Cape are to embark on more militant action today and will disrupt services at hospitals and government institutions. However, emergency services will be maintained.

Nehawu regional spokesman Wilfred Alcock said yesterday that because of the Government's failure to agree to mediation or to resolve the strike issues, the union was forced to engage in further action.

"We want to arrive at a transfer of power and kick this Government out," he said.

About 600 Health Workers' Union members attended a meeting yesterday at which a proposal to block hospital entrances was overruled.

The decision to step up action was taken at a joint strike committee meeting between the HWU and Nehawu after the HWU meeting. — Sapa.

● Nehawu seeks private industry help — Page 3

Strike: union seeks industry aid

By Helen Grange
Pretoria Bureau

The National Education, Health and Allied Workers' Union (Nehawu) is seeking the assistance of private industry in facilitating talks with the Government in an attempt to end the countrywide hospital strike.

Nehawu spokesmen indicated that at a meeting yesterday between the Congress of SA Trade Unions (Cosatu) and the SA Consultative Committee on Labour Affairs (Saccola), Nehawu's position was brought up with the hope that Saccola could enter the dispute.

Sources from Saccola — a body representing several large private industries — were tight-lipped over the outcome of yesterday's meeting, but confirmed the organisation had discussed union requests to mediate in the wage dispute.

Talks between Nehawu and the Commission for Administration deadlocked on Monday after the commission stated it could not mediate with Nehawu individually on an issue which affected all public servants.

Negotiations on public service salary increases had already been finalised for the year, the commission said.

Four Nehawu members were charged in the Pretoria Regional Court yesterday with trespassing following a sit-in at the commission's offices after the deadlock. Their cases were postponed to July 28.

The Transvaal Provincial Administration's deadline for 7 326 dismissed strikers to make representations against dismissals passed yesterday with only a handful of workers having used the opportunity. Hospitals begin recruiting replacement workers from today. The TPA said volunteer workers had rendered a "highly productive" service during the strike, and at Baragwanath Hospital, cleaning services had improved.

Kimberley Hospital has appealed for voluntary assistance, and is only admitting serious emergency cases.

Nehawu is demanding a minimum wage of R724 a month, 15 percent salary increases, permanent status for all employees, and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9,2 percent.

● Police last night removed about 15 Nehawu members from the Natal Provincial Administration headquarters in Maritzburg. The demonstrators handed a memorandum of demands to NPA officials, but were denied a formal meeting.

Health workers to march in protest

Bldy 8/7/92

HOSPITAL workers were to stage marches in major cities this week to protest against government rejection of proposals for mediation in the health sector wage dispute, unionists said yesterday.

But Cosatu general secretary Jay Naidoo said the federation, in conjunction with employer organisations, would do all in its power to try to resolve the dispute.

Naidoo said mass dismissal was not the solution. "It will only inflame the situation and compel Cosatu to involve all its public sector members in the dispute."

He said the strike was over industrial issues, and criticised TPA attempts to politicise the issues. He said if there was one area that needed to remain calm "in these turbulent times" it was the public sector.

There were reports of violence and intimidation at hospitals across the country yesterday, and the TPA said it would start hiring new workers to replace the 7 326 it fired last week.

Sapa reports that a nurse was admitted to intensive care after being attacked with an axe, and other nurses were assaulted in Port Elizabeth as rumours mounted that a hospital was closing down.

National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said the union condemned the attacks and he suspected they were perpetrated by agents intent on fuelling the situation.

KATHRYN STRACHAN and DIRK HARTFORD

Our Durban correspondent reports a sit-in by 17 hospital workers in the Natal Provincial Administration building in Maritzburg ended last night when police evicted them and charged them with trespassing.

LINDA ENSOR reports a group of about 400 Groote Schuur Hospital workers marched on the hospital administration building yesterday where they were addressed by Nehawu officials.

Nehawu general secretary Philip Dexter said the ANC, SACP, Civics Association of Southern Transvaal and Cosatu had decided yesterday to join today's marches in the PWV.

Dexter said the union would ask Cosatu to put forward hospital workers' demands as part of its campaign of mass action.

Unless the TPA reversed its decision to fire strikers Nehawu would "mobilise the community into chasing TPA hospital management out".

TPA deputy director Deon van Loggerenberg said hospitals would begin filling vacancies today.

Fired workers had until 4pm yesterday to appeal against dismissals, but only about 400 of the 7 326 who had been dismissed had done so.

Fired hospital workers throw bricks at applicants for jobs

STAR 9/7/92 (97)

Staff Reporters and Sapa

Dismissed hospital workers from Baragwanath Hospital threw bricks at candidates for their jobs yesterday morning, hospital chief superintendent Dr Chris van den Heever said in a statement.

Transvaal Provincial Administration spokesman Piet Wilken claimed that "at least three petrol-bomb attacks, as well as bomb threats and the threatening of lives and property of hospital staff" had taken place yesterday.

The petrol-bomb attacks were on the homes of three hospital workers, while two radiographers were allegedly attacked by 10 men at a taxi rank at the Hillbrow Hospital, Mr Wilken said.

At Baragwanath, 600 workers who joined the strike were finally dismissed yesterday. Hundreds of people queued up to fill the vacancies, but no appointments will be made until paperwork on the dismissals has been completed, Dr van den Heever said.

He accused the strikers of "gross intimidation" and said seven people were injured when one of the houses was petrol bombed.

'Fairly normal'

Health services MEC Fanie Ferreira visited Baragwanath Hospital yesterday and described the situation as "fairly normal".

He said the hospital now carried 65 percent of its normal patient capacity.

The National Education, Health and Allied Workers' Union (Nehawu) yesterday denied intimidation by strikers at Baragwanath.

Patrick Sibeko, Nehawu's branch chairman, said: "Tempers are high because our demands have not yet been met by management. And this is also complicated by the fact that new workers are being recruited by the hospital. If there is intimidation, it has not been brought to our attention."

Interviewed by The Star at the hospital, some health workers said there had been intimidation but would not elaborate.

Asked if the TPA would meet a minimum wage demand of R724, Mr Ferreira said: "We cannot go beyond our offer of R708. The TPA has dismissed strikers after giving them notice (which expired on Tuesday) to apply for re-employment."

In Cape Town, striking hospital workers blocked all entrances to Groote Schuur Hospital between 6 am and 8 am yesterday.

In the eastern Cape, Nehawu has ended the week-long strike for mainly "humanitarian grounds", according to the union.

NEWS Hospital strike takes ugly turn ● Talkback Show on ice

7 hurt in attack

By Joe Mdhlela and Sonti Maseko

(97) (102) (188)

SEVEN PEOPLE - including a toddler - were seriously injured during a petrol-bomb attack on their home in Soweto on Tuesday night as the current hospital strike took an ugly turn.

In Port Elizabeth a nurse was attacked with an axe and other nurses were assaulted and a volunteer chased away at the Dora Nginza and Livingstone hospitals.

Four of the victims of the Soweto attack were yesterday battling for their lives at Baragwanath Hospital's Burns Unit, where they are being treated for severe burns.

A 63-year-old granny, Mrs Sanah Madikane, was also injured in the attack.

UGLY TURN Hospital strike becomes a terrifying nightmare as criminal elements launch attacks in Soweto and Port Elizabeth: Sowetan 9/7/92

This is the third attack in the past three days on houses belonging to hospital employees in Soweto.

Speaking from her hospital bed, Madikane said two petrol bombs were hurled through the kitchen window about 8.30pm, while she and 13 members of her family sat around the stove in their two-room house.

"We heard two loud explosions and the next moment we were in flames," said Madikane, whose face was badly swollen and her arms swathed in bandages.

"I tried to take off my clothes which had caught fire and were clinging to my skin while, at the same time, putting out flames on the head of my four-year-old great-grandchild.

"The others ran out into the yard and rolled themselves on the ground in an attempt to put out the flames. I could see pieces of burnt cloth falling off them," she said.

Police suspect that the attacks might be linked to the hospital strike and were targeted at non-striking workers.

Four of the injured were in a critical condition, hospital authorities said yesterday. They were not able to speak and could not be visited by their relatives as the danger of infection was high.

Madikane said her daughter-in-law, who was no longer living with them, was employed as a clerk at Johannesburg Hospital. Her daughter-in-law was not on strike.

"I could see pieces of burnt cloth falling off them"

Mrs Sarah Madikeane, from her hospital bed.

She said she and her daughter-in-law were card-carrying members of the African National Congress and the SA Communist Party. She was also a member of the Soweto Civic Association.

Police said no-one was injured in the attacks on the other two houses in Mofolo and Zola.

Meanwhile *Sapa* reports that the National Education, Health and Allied Workers' Union (Nehawu) has ended the week-long hospital strike in the Eastern Cape.

Criminal elements were responsible

Nehawu spokesman Max Madlingozi said the strike had been called off mainly for humanitarian reasons.

However, this decision had still to be confirmed at a meeting of representatives of the hospital workers.

Earlier, Nehawu sharply criticised the intimidation and violence at the Dora Nginza and Livingstone hospitals in the Port Elizabeth area and said criminal elements were responsible.

Seven hospitals in the Eastern Cape have been affected by the strike.



Survivors of petrol bomb attacks at Naledi Extension 2, Soweto, Lucky Khatledi (15) and younger brother Sibusiso (4). PIC:PAT SEBOKO.

Ugly turn in strike

Sowetan 9/7/92

97

HOSPITAL STRIKE HORROR Seven injured in attacks on houses belonging to non-strikers:

THE strike by hospital workers took an ugly turn when three Soweto houses belonging to non-strikers were petrol- bombed.

Seven people were injured, four of them seriously, in the attack which took place on Tuesday night.

Police have confirmed that the houses belonged to non-striking hospital employees.

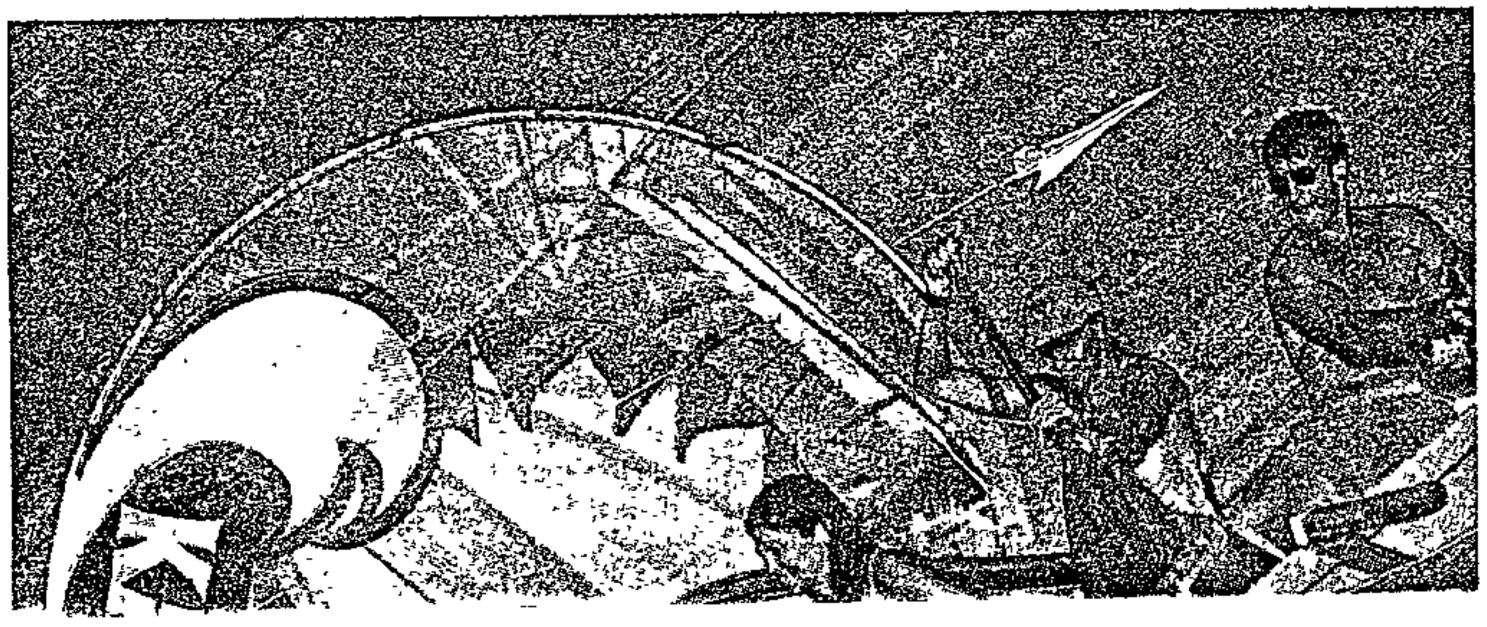
According to a Baragwanath Hospital spokesman, the four injured people were in a "critical condition" and could not receive visits.

Attacks in other parts of the country have also been reported. A month ago two shop stewards were killed in Katlehong.

See the main story on page 2



BOMB VICTIM: Mrs Sanah Madikane, whose Soweto home was torched in an incident believed to be linked to the hospital strike. See Page 2 PIC:PAT SEBOKO



Hospital strikers attack job seekers

B1Day 9/7/92 (97)

KATHRYN STRACHAN

STRIKING hospital workers were finally dismissed yesterday, but people who went to hospitals in the hopes of filling vacant posts were attacked by strikers, government authorities said.

Baragwanath Hospital superintendent Chris van den Heever said fired workers threw bricks at candidates queuing at the gates. "Hundreds of people seeking safety then barged through the security gate causing mayhem on the premises," he said.

He said the houses of three hospital workers in Soweto were petrol bombed on Tuesday night. Seven women and children were injured and four were in a critical condition, he said.

Workers leaving Baragwanath on Tuesday night were attacked with knobkieries, and three had to receive treatment in casualty.

Van den Heever said no new appointments had been made, as work involving the 600 dismissed workers was still being completed.

TPA spokesman Piet Wilken said there were three bomb threats at Ga-Rankuwa Hospital and job applicants were stoned and attacked.

Two radiographers were attacked by 10 men at the Hillbrow Hospital taxi rank. Workers leaving Tembisa Hospital were also stoned.

In a major shift from its previous position, the National Education, Health and Allied Workers' Union (Nehawu) said it would now be prepared to call off the strike if the fired workers were reinstated.

Nehawu vice president Vusi Nhlapo said that at its meeting yesterday with the TPA, Cosatu and Saccola, the union said the TPA was to give its answer to the offer at another meeting scheduled for tomorrow.

Earlier yesterday TPA chief director P W van Niekerk said only 663 of the 7 326 dismissed workers had appealed against their dismissals. In relevant cases, dismissals would be disregarded and interruption of service would be seen as unpaid leave.

Strikers who were guilty of misconduct during the strike would not be reappointed, he said. If a dismissed worker's application was reconsidered it would be treated as a new appointment, which would mean rejoining at the bottom of the salary scale.

Meanwhile, Cosatu said yesterday it would organise marches to hospitals tomorrow in support of the Nehawu strike, Sapa reports.

Health group launched

■ Bringing together the widest range of progressive health workers

Sowetan 9/7/92

Staff Reporter

THE South African Health and Social Services Organisation, an amalgamation of health groups, was launched in Johannesburg yesterday.

Sahsso is the unification of the South African Health Workers' Congress, National Dental Association, Organisation for Appropriate Social Services in South Africa, the Health Workers' Organisation and the Overseas Medical Graduates' Association.

At the end of its inaugural meeting at the University of the Witwatersrand, Sahssco said in a statement: "This new structure locates itself as an independent organ of civil society, bringing together the widest range of progressive health and social services workers, who, by their calling, have charged themselves with the noble responsibility to defend . . . from the excesses of the government of the day."

Spirit behind the strike

STAR 10/7/92

Who is Phillip Dexter, the young firebrand leading the striking hospital workers in their protracted and sacrificial battle for higher wages? HELEN GRANGE spent some time with the secretary-general of the National Education, Health and Allied Workers' Union to find out.

A YEAR ago, he was out of work and living on the breadline. At the moment he is one of the largest and most persistent flies in the Government's ointment.

Such has been the destiny of Phillip Dexter, secretary-general of the National Education, Health and Allied Workers' Union.

Things have moved so fast lately that he sometimes feels a little "weird" when he has time to reflect on his position as head of a fledgling union which has brought hospitals countrywide to a near standstill.

The fact that the 29-year-old firebrand was elected as Nehawu's secretary-general only in March this year, and that he has become an indispensable inspiration to thousands of hospital workers whose actions have got them dismissed, does not appear to shake his confidence.

Yes, he has doubts every day about the union's strategies in the strike, but as far as justification for the industrial action is concerned, he is utterly convinced.

Mr Dexter doesn't mince his words when talking about the State and its hospital managers: "Hospital managements are made up of National Party *apparatchiks*, a clique of racists who want to be patted on the back when they tell you that workers' salaries have been increased by enormous percentages, conveniently forgetting how low the salaries were in the first place, and the fact that workers are still earning below a living wage," he says.

"They would rather promote a white with a Standard 6 than a well-educated black. Basically, the State sector is corrupt."

Mr Dexter feels the hospital strike has brought this point home to workers, whose focus has expanded from the issue of wages to the "problem of State corruption".

"The membership has realised that to get improved wages is to sweep the Government from power, to crush the State."

A daunting battle, and one the hospital workers would appear to be fast losing ground in. But Mr Dexter is convinced that even if the strike is broken and workers return to their posts, their plight will remain a catalyst for future industrial action until their demands are met.



Tough talking . . . the union membership has realised that to get improved wages is to sweep the Government from power, to crush the State, says Phillip Dexter. Picture: Peter Mogaki

Despite Mr Dexter's hard talk, he did not expect that the hospital workers' dissatisfaction would escalate into the massive confrontation it has

"Initially, we thought demonstrations and protests would be enough. But it became clear that the Baragwanath Hospital workers felt strongly enough to strike after management locked them out.

"Once the Baragwanath workers went on strike, it just spread at an unbelievable rate. We were quite shocked at how it spread."

And according to Mr Dexter, the fact that the strike has lasted more than three weeks at most hospitals has not undermined the will among union members to continue.

"The spirit in the union is still high, even though the State has reacted by dismissing workers. I can't believe the callousness of that, but in a sober mind, one has to remember who these people (the State) are."

So what now?

"We'll mobilise to get the dismissed workers their jobs back, but if the State refuses to reinstate the workers, Government departments concerned will become private targets of the union.

"We won't let them rest until they address our demands."

What is clear is that Mr Dexter holds an unshakable conviction that Nehawu is on the moral high ground, which, despite his lack of experience in handling the heat of a national strike, keeps his spirit buoyant.

He has been up against the State before, but not as directly.

His involvement in politics in the early 1980s caused him to go into exile in London for seven years.

When he returned in 1990, he worked as a waiter, but this was shortlived, as — true to form — he became a union organiser and was fired.

At the time, Nehawu, only a year old, was looking for a branch secretary in Cape Town. Mr Dexter took the job, a little worried about his lack of union experience.

The rest is history.

Being in a union battle with the State may be the biggest challenge of Mr Dexter's life. His morality has never been so ardently attacked.

"Communist baby-killer!" was the loud accusation he had to field on visiting the supermarket the other day.

"From being a lowly waiter, I've become public enemy number one," he smiles.

Mr Dexter has an escape from it all. He is studying philosophy and politics at the University of Cape Town, a course of study he plans to complete this year after several abortive attempts to get through his degree over the years.

In fact, far from being a hardline unionist, Mr Dexter thinks of himself as a philosopher.

And indeed, meeting him, that's exactly what one could easily assume. □

Ill and dying are pawns in a sick game

BIDAY 10/7/92

Soweto's health care system will take years to recover from the hospital strike, says Baragwanath's PROF CYRIL VAN GELDEREN

IF YOU were to wander round the wards at Baragwanath Hospital during the hospital workers' strike, you would not see a great deal of disorder or disruption. Indeed, in many of the wards formerly the most overworked, the reduced numbers may even give an impression of an improvement in facilities.

This is, however, the bland mask over the ravaged features of a health service in crisis.

Invisible to the casual observer, and even to those who, although employed at the hospital, do not live in Soweto, are the many who have delayed their efforts to seek medical care until driven to do so by the increasing severity of their illness. There is a large number of people who have had elective procedures delayed, so that booking lists are now extending to the end of the year. And there are those who never make it to the hospital.

There are, of course, visible effects of the strike, too. We, the crisis committee of the medical and allied staff of Baragwanath Hospital, believe that the public must be aware of these effects.

The outpatient services of all departments have been severely curtailed. Most departments estimate a 50% or greater reduction in patient attendances. Follow up is poor, or at times impossible, because records of previous visits cannot be obtained, and only the scantiest notes on the current visit are kept.

All elective procedures have been postponed or cancelled. This particularly affects departments like surgery and all its divisions, orthopaedics, gynaecology and anaesthetics. How the ensuing backlog is to be dealt with can only be imagined.

Departments such as medicine and paediatrics have, in addition, the impression that patients with acute illnesses are reporting later than usual, so that their disease is more severe at the time of admission than has been the case in normal times. This is also the view held by the staff of the casualty department, where numbers have dropped dramatically but severity of illness has increased.

In general, intake numbers have markedly diminished, duration of hospital stay has been reduced and follow-up, never easy, has become virtually impossible. Diagnostic services such as radiology have been limited by a lack of transport and of sterile equipment. Emergency services have been maintained as far as possible. Rehabilitative activity, such as that provided by the departments of speech therapy and physiotherapy, has become severely curtailed and less effective.

The Soweto community health centres have had difficulty in referring patients. There has been a loss of continuity of care and a marked destructive effect on the co-operative aspects of the function of the health care team.

We cannot measure the deleterious effect on the community that this deterioration in health care has had and will continue to cause. What is certain is that we will be reaping the harvest of the past few weeks for many years to come. We cannot give back what has been lost, and we cannot redress the suffering that has been caused.

Let no one believe the hospital is functioning in a manner approaching normal, and let no one assume the community is unaffected. Can we ever regain the trust?

We reiterate our call to both involved parties to settle their dispute by the most expeditious means possible. It is intolerable that the disagreement should continue while the ill and dying remain pawns in a sick game which can have no winner.

We demand not only that immediate settlement be reached, but that a legally enforceable mechanism be set in place to ensure that an impasse such as the present one never again occurs in the health sector.

Do not doubt that patients are suffering, and will continue to do so until normal work is permitted to resume. Prolongation of their woe for the sake of point-scoring cannot be tolerated. If settlement causes some discomfort to either or both of the negotiating parties, then so be it.

☐ Van Gelderen is Professor of Obstetrics and Gynaecology at Baragwanath and Wits University.

RAADSKENNISGEWING 174 VAN 1992

MUNISIPALITEIT VAN RANDFONTEIN

Ingevolge die bepalings van artikel 80B (8) van die Ordonnansie op Plaaslike Bestuur, 17 van 1939, soos gewysig, word hierby bekendgemaak dat die Stadsraad van Randfontein by "Spesiale Besluit" die tariewe ten opsigte van deposito's betaalbaar vir die verwydering van bouerspuin, afgekondig by Plaaslike Bestuurskennisgewing 4894 van 1991, gedateer 18 Desember 1991, met ingang 1 Julie 1992 soos volg gewysig het:

1. Deur subartikel (1) (a) van artikel 6 deur die volgende te vervang:

"(1) (a) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, nie 35 vierkante meter oorskry nie—R70-00.".

2. Deur subartikel (1) (b) van artikel 6 deur die volgende te vervang:

"(1) (b) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, meer as 35 vierkante meter tot en met 114 vierkante meter is, per vierkante meter van sodanige totale vloeroppervlakte—R2-00.".

3. Deur subartikel (1) (c) van artikel 6 deur die volgende te vervang:

"(1) (c) Waar die totale vloeroppervlakte van 'n gebou, buitegeboue ingesluit, meer as 114 vierkante meter is, ongeag die grootte of aard van die gebou—R230-00.".

L. M. BRITS,
Stadsklerk.

Burgersentrum
Pollockstraat
Posbus 218
RANDFONTEIN
1760.

29 Junie 1992.

(Kennisgewing No. 45/1992)

(10 Julie 1992)

BOARD NOTICE 174 OF 1992

TOWN COUNCIL OF RANDFONTEIN

In terms of the provisions of section 80B (8) of the Local Government Ordinance, 17 of 1939, as amended, it is hereby notified that the Town Council of Randfontein has by special resolution, amended the charges payable as deposits for the removal of building rubble, published under Local Authority Notice 4894 of 1991, dated 18 December 1991 with effect from 1 July 1992 as follows:

1. By the substitution of subsection (1) (a) of section 6 of the following:

"(1) (a) Where the total floor area of a building, outbuildings included, does not exceed 35 m^2—R70-00.".

2. By the substitution of sub-section (1) (b) of section 6 of the following:

"(1) (b) Where the total floor area of a building, outbuildings included, exceeds 35 m^2, up to and including 114 m^2, per m^2 of such total floor area—R2-00.".

3. By the substitution of sub-section (1) (c) of section 6 of the following:

"(1) (c) Where the total floor area of a building, outbuildings included, exceeds 114 m^2, irrespective of the size or nature of the building—R230-00.".

L. M. BRITS,
Town Clerk.

Civic Centre
Pollock Street
P.O. Box 218
RANDFONTEIN
1760.

29 June 1992.

(Notice No. 45/1992)

(10 July 1992)

RAADSKENNISGEWING 175 VAN 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby die reëls, in die Bylae hiervan uiteengesit, uit kragtens artikel 32 (1), gelees met artikel 61 (4), van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974).

BOARD NOTICE 175 OF 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The South African Medical and Dental Council hereby, in terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), makes the rules set out in the Schedule hereto.

BYLAE

1. In hierdie Bylae beteken "die Reëls" die reëls betreffende die registrasie van fisioterapeute soos afgekondig by Goewermentskennisgewing R. 815 van 20 April 1979, soos gewysig.
2. Die reëls word hierby gewysig deur die toevoeging van die volgende kwalifikasies:
   (a) Onder die subhoof "Verenigde Koninkryk":

EKSAMINERENDE LIGGAAM EN KWALIFIKASIE	AFKORTING VIR REGISTRASIE
Universiteit van Dublin Trinity Kollege—	
*Baccalaureus Scientiae (Honneurs) Fisioterapie	B.Sc. (Hons) Physiotherapy TCD

EKSAMINERENDE LIGGAAM EN KWALIFIKASIE	AFKORTING VIR REGISTRASIE
Nasionale Universiteit van Ierland, Universiteits Kollege Dublin—	
**Baccalaureus In Fisioterapie	Physiotherapy UCD

* indien verwerf na 1986.

** indien verwerf na 1987.

(b) Onder die subhoof "Die Nederlande":

EKSAMINERENDE LIGGAAM EN KWALIFIKASIE	AFKORTING VIR REGISTRASIE
Academie Fysiotherapie Tim van der Laan, Utrecht—	
Sertifikaat in Fisioterapie	Gert Phys Academie Tim van der Laan

(c) Onder die subhoof "Verenigde State van Amerika":

EKSAMINERENDE LIGGAAM EN KWALIFIKASIE	AFKORTING VIR REGISTRASIE
Touro Kollege, New York—	
Magister Artium Gesondheidswetenskappe (Fisiese Terapie)	MSc Phys Touro

SCHEDULE

1. In the Schedule "the Rules" shall mean the rules for the registration of physiotherapists promulgated under Government Notice R. 815 of 20 April 1979, as amended.

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

(a) Under the sub-heading "United Kingdom":

EXAMINING AUTHORITY AND QUALIFICATION	ABBREVIATION FOR REGISTRATION
University of Dublin, Trinity College—	
*Bachelor of Science (honours) Physiotherapy	B.Sc. (Hons) Physiotherapy TCE
National University of Ireland, University College Dublin—	
**Bachelor of Physiotherapy	B. Physiotherapy UCD

* If obtained subsequent to 1986.

** If obtained subsequent to 1987.

(b) under the Sub-heading "The Netherlands":

EXAMINING AUTHORITY AND QUALIFICATION	ABBREVIATION FOR REGISTRATION
Academie Fysiotherapie Tim van der Laan, Utrecht—	
Certificate Physiotherapy	Gert Phys Academie Tim van der Laan

(c) under the sub-heading "United States of America":

EXAMINING AUTHORITY AND QUALIFICATION	ABBREVIATION FOR REGISTRATION
Touro College, New York—	
Master of Arts Health Science (Physical Therapy)	MSc Phys Touro

(10 Julie 1992)/(10 July 1992)

E Cape hospital strike ends but tension rises elsewhere

Staff Reporter STAR 10/7/92

Hospital strikers in the eastern Cape returned to work yesterday after deciding to break their strike — although hospitals throughout the rest of the country continue to suffer strike action.

The National Education, Health and Allied Workers' Union (Nehawu) ratified the decision by eastern Cape workers to return to work, but has stepped up industrial action in the Transvaal.

Talks between Nehawu and the Government over the wage dispute broke down on Monday, and more than 7 000 hospital strikers have been dismissed.

At Baragwanath Hospital, four people injured in petrol bomb attacks on hospital workers' homes on Tuesday night were still in a critical condition last night.

A Baragwanath Hospital spokesman said about 100 job seekers queued outside the gates yesterday to apply for the posts left vacant after the dismissal of 600 general assistants.

However, no appointments were made as the dismissals were still being processed.

Two hospital strikers were arrested at Cape Town's Conradie Hospital yesterday when police moved in on a 200-strong group of picketers who allegedly prevented an ambulance carrying a patient from entering the hospital.

According to police, the strikers, who gathered outside the hospital at about 6 am, were also preventing non-strikers from going to work.

The strikers had then moved to the Cape Provincial Administration's (CPA) central laundry where they prevented about 80 non-strikers from going to work.

Intimidation has been reported at places of safety and children's homes in the Cape. The strike is having a devastating effect on children, a CPA spokesman said yesterday.

Intimidation had increased at the Paarl and Kraaifontein hospitals where more than 1 200 workers were on strike.

Nehawu is demanding a minimum wage of R724 a month, 15 percent salary increases, permanent status for all employees and the setting up of a dispute resolution forum.

The Commission for Administration has offered a minimum wage of R708 and a minimum increase of 9,2 percent.

Fired workers and job-seekers in clash

Sowetan 10/7/92

Sowetan Reporters

■ **Confrontations as police increase security as tempers flare in hospital strikes:**

POLICE have stepped up security around Soweto's Baragwanath Hospital following clashes between 600 dismissed workers and job-seekers queuing daily to apply for jobs.

Brigadier Jack de Vries of the Soweto police said yesterday that "police will do everything we can" to protect people under threat.

The announcement follows police investigations which have linked three petrol-bomb attacks at houses in Soweto to the hospital strikes.

In one of the attacks, seven people were burned - four of them are in a critical condition - when two petrol bombs were hurled at a house in Naledi Extension 2 in Soweto.

In another attack, also on Tuesday, two men and a woman were assaulted with knobkerries at the taxi rank outside Baragwanath Hospital by people believed to be dismissed strikers.

Police said security would be stepped up near the hospital at peak hours and particularly at the change of shifts. This would be in addition to patrols around the clock.

At Garankuwa Hospital near Pretoria members of the National Education, Health and Allied Workers Union (Nehawu) who were dismissed from the hospital following a strike have launched attacks on non-striking workers and part-time labourers.

Men and women, some armed with sticks and sjamboks, manned roadblocks along the hospital route used by taxis yesterday. They said they were looking for "sellouts" who have taken up jobs at the hospital.

A spokesman for the Northern Transvaal police said yesterday that members of the National Stability Unit would be deployed around the affected area to guard against acts of intimidation.

Health workers

In Pinelands, Cape Town, hundreds of striking health workers blocked the main gate to Conradie Hospital yesterday, preventing other employees and an ambulance with a patient from entering the hospital.

The strikers then moved to the Cape Provincial Administration's central laundry at Epping where they prevented about 80 non-strikers from entering.

According to the CPA's latest update the situation has returned to normal at the Port Elizabeth Provincial Hospital, Empilweni, Elizabeth Donkin, Dora Nginza, Fort England in Grahamstown, and the Livingstone Hospital and Laundry in Port Elizabeth.

A delegation of about 200 Nehawu members yesterday presented a petition to the office of State President FW de Klerk objecting to the Government's health policy.

They handed over a memorandum stating Nehawu wanted De Klerk and his Cabinet to display "true statesmanship and show the world you care about the public service, especially health services".

Meanwhile, more than 150 000 workers are expected to take part in a march organised by the country's two major labour federations today.

The marches, which are organised by the Congress of South African Trade Unions (Cosatu) and the National Council of Trade Unions (Nactu), will be in support of the striking media and hospital workers.

In another development, the Pan Africanist Congress has threatened to organise a consumer boycott against companies advertising on the South African Broadcasting Corporation (SABC). The names of the companies and products to be targeted are to be revealed today.

Earlier, the PAC had demanded that SABC sponsors and advertisers contact it "to explain their intentions".

TPA 'will not give in' to union

Bday 10/7/92

KATHRYN STRACHAN

THE TPA will respond today to the National Education, Health and Allied Workers' Union (Nehawu) offer to call off the hospital strike on condition that all fired workers be reinstated.

But TPA spokesman Piet Wilken indicated yesterday that the TPA would not give in to the demand.

Nehawu general secretary Phillip Dexter said the strategies of other public sector unions and Nehawu depended on the TPA's decision.

More than 600 hospital workers, joined by local civic associations, plan to march on Baragwanath Hospital today to protest against their dismissal. In a separate march Nehawu workers and Media Workers' Association of SA (Mwasa) strikers are to march on the TPA Johannesburg offices and on the SABC.

Meanwhile reports of widespread violence and intimidation against workers continued yesterday.

Hillbrow Hospital superintendent Dr Trevor Frankish said hospital shop stewards abducted a worker who was travelling to work by train.

Frankish said the worker was taken to the Nehawu branch office, where she was assaulted and threatened. He said it was the third such incident at the hospital.

In a statement, TPA health services MEC Fanie Ferreira said an unsigned pamphlet issued by Nehawu's Pietersburg branch threatened workers with death if they did not join the strike.

Dexter said the branch had not issued the pamphlet and blamed it on trouble makers.

Ferreira said police had to use teargas yesterday to disperse striking workers from Medunsa. A guard was seriously assaulted by workers at a strikers' meeting, he said.

Baragwanath Hospital spokesman Annette Clear said the situation at the hospital had become calmer, possibly due to the police presence. She said hundreds of people had arrived at the hospital to apply for vacant positions, but no new appointments had been made.

Natal Provincial Administration spokesman Dave McGlew said all strikers had returned to work and hospitals were operating normally.

LINDA ENSOR reports from Cape Town that the Cape Provincial Administration (CPA) said 1 574 workers at seven hospitals in the eastern Cape returned to work yesterday.

About 3 030 workers were still on strike in the Cape.

The CPA alleged that "gross intimidation" had taken place at the Red Cross Hospital in Cape Town where one of the supervisors had been assaulted.

At the Pinelands laundry 150 workers were on strike. "The strikers blocked the gates this morning and barred the workers from entering. The police were called and the crowd dispersed," the CPA said.

FOCUS: *Is alternative medicine a real alternative?*

Not all healers are quacks

wlmcal 10/7 – 16/7/92. 97

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid



ACUPUNCTURE, homoeopathy, medical herbalism, chiropractice ... Do they help? Or are they the province of cranks?

Doctors of the type who charge a great deal of money to throw an expensive brand-name antibiotic (often inappropriately) at your viruses frequently decry any type of health help consumers may look to unless it has been ratified by their own training.

Often, of course, charlatans masquarade as healers and may either be of little or no help, or actually do damage.

But many forms of health help have persisted for centuries and millions of consumers swear by the help they have received. The Consumers Association's *Which? Way to Health* has put together a report on many of these disciplines to give its normally conservative and well-respected views on these issues.

Most "ordinary" doctors will require proof that alternative or complementary medicine works. But a great deal of the evidence available is word of mouth — and this can be powerful. The Consumers Association conducted a survey among its members in 1986 in which 31 percent of the respondents said they had been cured by alternative medicine and another 51 percent said they had been helped.

Locally, the figures are likely to be significantly higher if one takes traditional healers into account.

Some doctors use two standard arguments against these figures: the patients, they say would have got better anyhow without any treatment; and the patient believed it would help so it did (this is known as the placebo effect).

Which? Way to Health questions whether the usual way of proving medical efficacy — clinical trials — is always the right kind of test. The magazine points out that fewer than one in five medical procedures used today were tested in that way.

"So complementary therapies are being asked to pass a stiffer test than most orthodox treatments," the magazine comments.

The magazine notes that some traditional forms of clinical trials would not necessarily lend themselves to "proving" the efficacy of complementary medicine: it is difficult to imagine constructing what is known as a double blind trial (where the patient does not know what he or she is getting) for a treatment like acupuncture, where it is obvious whether or not the patient is being pricked with needles.

But they do argue than even some traditional double blind trials have come up with convincing evidence that some herbal medicines have benefits. They cite chamomile for wounds and ginger for sea-sickness among others.

Which? Way to Health also quotes therapists querying: what is wrong with placebos anyway? "Placebo literally means in Latin 'I will please'. The placebo effect describes benefits from a medicine or treatment which can't be explained by its chemical or physical properties ... And it's not just in the mind: the placebo effect has been shown to cause many physiological changes in the body such as reducing blood pressure, healing of ulcers, and reduced facial swelling."

The magazine quotes a study showing that four out of 10 patients who believed the shot of salt and water they had been given after an operation was morphine also believed their pain had been reduced. And placebos, according to *Which? Way to Health*, can override the real effects a drug should have and can imitate side effects.

It notes that the considerably longer time complementary practioners tend to spend with patients can also increase the placebo effect of the type of treatment.

Some scientists reject what they can't explain, the magazine says, giving the example of Doctor Ignaz Philipp Semmelweiss in 1847 who demonstrated that when doctors washed their hands in chlorinated lime after examining corpses and before going on to examine pregnant women, the incidence of women dying from childbirth fever was dramatically reduced. But the method was opposed vigorously at the time by doctors, as it could not be explained according to scientific principles then accepted.

Which? Way to Health suggests that it may be more useful to use a system of "medical audits" where doctors' success rates are compared as well as the differences in their treatment. It recommends, too, "consensus conferences where many practioners come together and pool their observations and experiences of a given treatment or technique".

Meanwhile, the Consumers Association sets out several ways a consumer can check on whether the person consulted is a quack or someone who will be of assistance:

●Is the practioner registered with an association?

●What qualifications and training, if any, does the practioner have and did he or she undergo to get there?

●How long has the person been in practice?

●Has the practitioner some form of indemnity insurance so consumers can sue if something goes badly wrong?

●Check if the registering body has a code of ethics with disciplinary procedures for practioners who break the code and a complaints system for dissatisfied consumers.

'Barricades if strike not settled'

STAR-11/7/92

BRENDAN TEMPLETON

TRANSVAAL civic associations have threatened to shut down strike-hit hospitals by barricading entrances and exits if the Government does not meet the demands of striking hospital workers by next Saturday.

The blockade would signal the full incorporation of the strike, which has paralysed scores of hospitals across the country, into the ANC's rolling mass action campaign, said Civic Association of the Southern Transvaal (CAST) vice-president Khabisi Mosunkutu.

Escalation

He also announced that the strike at the SABC by the Media Workers' Association of South Africa (Mwasa) had been incorporated into the mass action and called on all township residents to refuse payment of licence fees.

Despite the escalation of threats, the Transvaal Provincial Administration is refusing to budge on the strikers' demands, which include the reinstatement of dismissed strikers.

At a tense meeting outside Baragwanath Hospital yesterday, Mosunkutu told strikers that CAST would mobilise thousands of township residents and close down hospitals if authorities did not meet workers' demands. Similar action would be taken up by civic associations nationwide to force the Government to give in to the demands.

Before handing over a memorandum to the hospital management, he said residents in their thousands would barricade the hospital. "We will come here in our thousands and thousands and we will close the entry streets to Bara.

● TO PAGE 2

P.T.O.

Hospitals to lock out staff in strike threat

New prescription needed for hospital strike?

SOUTH 1117-15/7/92. (97)

By Quentin Wilson and Mluleki Gantsho

IF THE attitudes of striking hospital workers in the Western Cape are anything to go by, those writing prescriptions for the health care industry would be well-advised to drop the idea of sitting out the strike and ignoring union demands.

After interviews with many of the 2 000-plus strikers in Cape Town revealed a general feeling that continued industrial action was the only path to a higher standard of living.

Mr Bouter Yusuf, on strike at Groote Schuur Hospital, summed up the mood: "I just can't accept pathetic wages any more. Continuing the strike is the only way left for us and we will not stop until our demands are met.

"My rent goes up, the price of food goes up, my electricity and phone bills go up — but my pay stays the same. Something has to be done.

"I have been working at Groote Schuur for 22 years and I have still not obtained permanent status."

Yusuf is paid R600 a month and has to support six children ranging from four to 15 years.

For extra money, he hawks at the weekend.

Ms Ruth Botha, on strike at Somerset Hospital, was just as determined.

"We are not going to turn back until our demands are met. I have been working as a char at Somerset since I was 25 years old. I am now 48 and I have not been promoted once. Every time there is a new post, they give it to someone who has just arrived at the hospital. All we want is a decent living wage and to be treated like human beings," Botha said.

At a Health Workers' Union (HWU) meeting in Salt River this week, more than 700 strikers committed themselves to "intensifying the strike".

But amidst the determination to carry on, fears were raised about the ability of both the HWU and the National Education, Health and Allied Workers' Union (Nehawu) to step up the pressure in the region.

Because strike action in the Western Cape started as a solidarity venture with striking hospital workers in the Transvaal, unionists admitted they didn't have enough time to draw in more support from hospital staff.

HWU member Mr Patrick Twala said: "It is true we didn't prepare properly for the strike and our forces are not as strong as they could be but it is our duty to convince other workers the strike is justified."

Nehawu strikers go back to work

C/Pres
12/7/92

HEALTH services at Port Elizabeth hospitals should be back to normal in a few days, according to the CPA. (97)

Nehawu decided this week to call off the strike following the intimidation and assault of nurses at the Dora Nginza hospital and elsewhere. (45)

The CPA said workers at East London's Frere hospital and the Fort England hospital in Grahamstown had agreed to continue striking as there had been no reports of violence or intimidation.

CPA spokeswoman Maryna Bradshaw said PE hospitals were busy "re-organising and conditions are returning to normal".

In a statement released this week, Nehawu spokesman Max Madlinkosi said general assistants, administrative staff and nurses would return to work today.

Nehawu, the Public Servants League, the Port Elizabeth Peoples' Civic Organisation and the CPA met this week to discuss the demands of the strikers.

Nehawu is demanding a minumum wage of R724 a month to be backdated to January and a 15 percent wage increase. — Pen

Human cost of hospital strike

SANNA MADIKANE sits on her hospital bed, pus oozing from her badly burned face, her eyes half-closed and her hands bandaged. She is a victim of the hospital strike propaganda war.

In the bed next to her is her daughter Portia, 17, who has burns to her neck and arm. Nearby, in Baragwanath hospital's burn unit, Mrs Madikane's three daughters, Adelaide, Victoria and Zodwa, and 13-year-old grandson Jewel, are fighting for their lives with 90 percent burns.

This week the Transvaal Provincial Administration and police said the Madikane family — who had two petrol bombs thrown through their kitchen window on Tuesday night as they sat around the table — were hospital workers attacked because they had not taken part in the strike.

But no one in the family is, or has been, a hospital worker. Mrs Madikane is a retired domestic worker, active in her local branches of the Soweto Civic Association, the SA Communist Party and the ANC.

Mrs Madikane said: "I'm confused. I can't imagine who attacked us, or why."

On Saturday afternoon, executive members of the National Education, Health and Allied Workers Union, who are behind the five-week hospital strike, visited her.

General secretary Philip Dexter told her: "I can assure you that none of our workers were involved. If we can help you with anything, we will."

By CHARLENE SMITH

Allegations of violence and intimidation have been flying on both sides in the bitter strike. The TPA again suspended talks on Friday and is refusing to accede to Nehawu demands for third-party mediation.

Nehawu says striking hospital workers will occupy hospital administration and Transvaal and Free State provincial buildings if their demands are not met by July 17.

Threats

These demands include the reinstatement of about 7 000 sacked workers and a R16-a-month minimum wage increase.

Yesterday the TPA said it would not reinstate the workers despite Nehawu threats.

The Civic Association of Southern Transvaal has threatened to barricade hospitals from next Saturday if Nehawu demands are not met.

Reinstate workers

THE National Education, Health and Allied Workers Union (Nehawu) has set aside Friday as the deadline for the reinstatement of the dismissed hospital workers.

Nehawu general secretary Mr Phillip Dexter said yesterday that his union would replace the hospital management with "peoples" leadership if they failed to meet its demands.

Dexter also refuted claims that Nehawu members were responsible for the spate of attacks on the so-called "non-striking" hospital workers.

Union boycotts hospital talks

BIDAY 14/7/92

CHARLIE PRETZLIK

HEALTH union Nehawu boycotted negotiations with the public sector negotiating forum yesterday and instead led marches by striking hospital workers in Cape Town and Johannesburg.

Police also said yesterday that a hospital worker killed an assaillant with a broken bottle in an incident they indicated was connected to the strike. However, police refused to supply further details or say where the attack took place.

Sapa reported that three sisters injured in a petrol bomb attack related to the strike died in Baragwanath Hospital in Soweto at the weekend.

Hospital chief superintendant Dr Chris van den Heever said the sisters were among seven people injured in one of three petrol bomb attacks on the homes of non-strikers last week.

"A 13-year-old boy ... remains on the critical list, while the remaining three patients are still serious but stable."

Sapa reports that 1 000 Nehawu supporters marched to the TPA's Braamfontein offices in Johannesburg yesterday, while in Cape Town striking hospital workers demonstrated outside the headquarters of the Cape Provincial Administration.

In a statement yesterday Nehawu said it might boycott all further meetings of the public sector negotiating forum as these had been made futile by constant bickering.

The forum is made up of 11 employee associations, including Nehawu and the Health Workers Union, and negotiates with government's Commission for Administration on pay and benefits.

Nehawu's position has been hardening, its secretary-general Phillip Dexter said yesterday.

"Until the weekend we were calling for mediation, but now that has changed. We have to get rid of the TPA."

RAY HARTLEY reports that TPA spokesman Piet Wilkens said yesterday hospitals had become soft targets in the ANC's mass action campaign since the Civics Association of Southern Transvaal (Cast) had threatened to barricade them in support of Nehawu's demands.

The TPA knew from the beginning that the hospitals strike was linked to the mass action campaign, he said.

Alexandra fears brushed aside

WILSON ZWANE

THE need to settle homeless people in Alexandra's Far East Bank area outweighed concerns of nearby residents about property depreciation, Alexandra Civic Organisation (ACO) official Richard Mdakane said yesterday. B1DAY 15/7/92

East Bank homeowners have reportedly said they would boycott their bond repayments if squatters were settled on their doorsteps.

Reacting to complains that East Bank residents were not consulted, Mdakane said they had until recently not regarded themselves as part of Alexandra. But that was changing, he said, and the East Bank Residents' Association had now applied to join the Joint Negotiating Forum.

Alexandra administrator Andre Jacobs said shacks would not be erected on the 7 000 sites, of which 1 700 had already been serviced.

Meanwhile, STEPHANE BOTHMA reports that an application by the Laezonia Landowners Association to prevent the TPA from resettling Zevenfontein squatters in their area was struck off the Pretoria Supreme Court roll yesterday.

Judge J M C Smit removed the matter with costs on the grounds the squatters were not joined as parties to the application.

In a similar action lawyers representing the Diepsloot Residents Association yesterday afternoon argued the legalities of having the squatters joined as parties to their application. A finding is expected today.

FW to get petition on hospital strike

B1DAY 15/7/92

CHARLIE PRETZLIK

LEADING medical academics from Wits University and Baragwanath Hospital said yesterday they would petition President F W de Klerk and Health Minister Rina Venter to intervene in the six-week-old strike.

They said 75 hospitals and 40 000 workers had been affected by the strike, a backlog of semi-urgent cases was building up and patients were being prematurely discharged.

The dean, deputy-dean and subdeans of the Wits medical faculty and the chairmen of the Medical Advisory Committees of the PWV area's main hospitals said the strike had become a "national crisis".

"The ability of the medical and allied staff to continue under these cicumstances is extremely doubtful," they said in a statement.

It called for a halt to dismissals until the crisis was resolved, even if this meant compulsory arbitration. The dismissal of workers would "almost certainly place hospitals, staff, students and patients at further risk".

The SAP warned yesterday that plans by the National Education, Health and Allied Workers' Union (Nehawu), which is leading the strike, to occupy hospitals and government buildings would be illegal and "would invariably lead to confrontation with the SAP". Nehawu secretary-general Phillip Dexter said that "if the police get involved then our membership will have to defend themselves".

Sapa reports that the Inkatha-aligned United Workers' Union of SA has expressed its support for the strike, as had postal workers at Soweto's Power Park Telecommunications Yard. They have decided to stop installing and maintaining telephones at Baragwanath Hospital.

Amid new rumours of assaults and intimidations by strikers, Baragwanath's chief superintendent Chris van den Heever said that a fourth victim of last week's petrol bomb attack had died. The 13-year-old boy was the son of one of the three who died last week.

Dexter said an agreement which was reached yesterday afternoon in Cape Town between the Commission for Admininstration and employees organisations to give general assistants permanent status was "not concrete enough".

The commission also agreed to consider claims that public servants in the education sector had received over R1m more than they ought to have done and that other public servants might be reimbursed accordingly. Dexter, however, said that such a sum was totally insufficient.

ANC army on peace committee agenda

B1DAY 15/7/92

WILSON ZWANE

THE continued existence of the ANC's armed wing Umkhonto we Sizwe is expected to be high on the agenda of today's national peace committee meeting.

A source close to Inkatha said yesterday Umkhonto's existence was a breach of the national peace accord, which outlawed private armies. The source said since talks between government and the ANC had broken down, the "unresolved MK issue" should be referred to arbitration in terms of the accord.

Inkatha had asked peace committee chairman John Hall to place the issue on the agenda for today's meeting of the committee executive.

It is understood Inkatha has also urged the committee to discuss statements by ANC Youth League officials, which it regards as violations of the accord.

League president Peter Mokaba was quoted by a newspaper as saying the intention of his organisation's mass action was to return townships to the era of "ungovernability", which characterised the mid-'80s.

Ploy to make burials a lever

B1DAY 15/7/92

WILSON ZWANE

ANGER at continuing political violence has shifted into high gear, with township civic organisations threatening to bury victims in white areas.

The civics are also threatening to stage marches through white surburbs unless government ends the violence.

Civics Association of Southern Transvaal (Cast) general secretary Dan Mofokeng said yesterday civic organisations needed to carry "the struggle in all its forms" into the white suburbs because whites were apathetic about the violence.

"We are sick and tired of the ongoing violence ... and unless government acts and puts an end to it, we are going to bury victims in the white areas," Mofokeng said.

He said when the cemeteries were full, civics would have "to find space anywhere in the white areas".

"If they see us burying our people in their areas, the whites are bound to bring pressure to bear on people they have elected to power to do something about the carnage," Mofokeng said.

☐ A policeman died in an attack yesterday, bringing the total number who have died this year to 109.

Sapa reports acting regional police commissioner Maj-Gen Gert May said the attack occurred during an investigation of an assault in Mailulapark, Vosloorus.

Two men armed with AK-47 rifles burst into the house, shooting dead Const F R Rikhotso, 33. A second constable was seriously injured while a third escaped unhurt.

A shooting incident in Zone 11, Sebokeng, in the Vaal Triangle claimed the lives of two men on Monday night, a police unrest report said yesterday.

Two men were gunned down in Boipatong on Monday evening, said PAC national executive member Mark Shinners, but police were unable to confirm it.

Union offers to end hospital strike

STAR 15/7/92.

(97)

Staff Reporters

The National Education, Health and Allied Workers' Union yesterday offered to call off its five-week-old hospital strike if the authorities reinstated dismissed strikers by Friday.

Nehawu general-secretary Phillip Dexter said that if strikers were given their jobs back, the union would seek other ways to fight its unresolved wage battle with the Commission for Administration (CFA).

If workers were not reinstated, Nehawu, with the help of civic associations and other organisations, would mobilise to intensify strike action. Entrances to Transvaal Provincial Adminstration institutions would be barricaded and TPA buildings occupied.

The Nehawu offer came as yet another victim of the strike, Joel Khatledi (13), died at the Baragwanath Hospital as a result of injuries sustained from a strike-related petrol-bomb attack in Soweto at the weekend.

His mother, Adelaide Khatledi (40), also died at the weekend. Three remaining family members are in a serious but stable condition at the hospital, a hospital spokesman said yesterday.

Nehawu has also criticised the media for sensationalising violence related to the hospital strike, saying there was no evidence of union involvement. "Unknown agents" were responsible, Nehawu said.

The union did not attend the two-day meeting between the CFA and 10 other employee organisations which ended in Cape Town yesterday.

Demands

Nehawu said it had boycotted the meeting as it focused on next year's issues while the union's wage demands had not yet been addressed.

A CFA spokesman confirmed that the meeting was aimed at addressing, among other issues, next year's non-financial matters and conditions of service.

Nehawu said it was not satisfied with the agreement reached between the CFA and the Public Service Caucus — an umbrella body of 11 public-sector employee organisations — that public servants would get an average 9,2 percent increase with effect from August 1 this year.

Nehawu is demanding a minimum wage of R724 and an across-the-board increase of 15 percent.

Meanwhile, Reef hospitals plagued by the five-week-old strike are handling only emergency cases.

Services at provincial hospitals in the Cape Peninsula were yesterday reported to have been so seriously disrupted that defence force members were called to intervene.

● The Inkatha-aligned United Workers Union of SA yesterday expressed sympathy with striking hospital workers, but said those who continued to work had the right to do so.

An Uwusa statement called on officials of Nehawu to "pay attention" to attacks on Uwusa members and those who were still working.

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NEWS Doctors and nurses join dismissed workers



Scenes such as this occur daily at hospitals around the country as the strikes go on with no end in sight. There was a new development yesterday when doctors, nurses and paramedics at Garankuwa Hospital near Pretoria joined the strike in support of dismissed general workers.

PIC: PAT SEBOKO

Strike spreads to medics

DRAMATIC TURN Despite official warnings,

Garankuwa doctors and nurses down tools in solidarity with dismissed workers:

Sowetan 15/7/92

By Alinah Dube, Ruth Bhengu and Sapa

DOCTORS, nurses and paramedics at Garankuwa Hospital near Pretoria went on strike yesterday in solidarity with dismissed general workers.

The decision to join the National Education, Health and Allied Workers' Union (Nehawu) strike was taken at a meeting of professional workers at the Medical University of Southern Africa (Medunsa) on Monday.

A spokesman for the superintendent's office yesterday referred all inquiries to the Transvaal Provincial Administration (TPA) who were not readily available for comment.

For the past two weeks the group has been holding two-hourly demonstrations at the hospital protesting against the Government's handling of the strike nationally.

They said conditions under which they worked during the strike were such that they were unable to offer basic health care to patients.

Their decision to strike came after circulars were distributed among workers at the hospital, in which the hospital authorities warned doctors and nurses against striking and said those who did would be "dealt with".

The circulars further said the TPA's decision to dismiss striking employees was final and the recruitment of new staff was underway.

Meanwhile, one of the four survivors of last week's hospitals' strike-linked petrol bomb attack on a Soweto house died at Baragwanath Hospital yesterday.

Joel Khatleli (13) died in the morning, according to Baragwanath superintendent Dr Chris van den Heever.

He said the three remaining family members - Mrs Sannah Madikane (63), Portia Khatleli (17) and Mbali Khatleli (4) - were in a serious but stable condition.

Joel died a day after three other family members injured in the attack on the house at Naledi Extension 2, had died. They were Miss Zodwa Madikane (22), Miss Buyiswa Khatleli (24) and Miss Nomgqibelo Khatleli (40). The three were sisters.

At Pelonomi Hospital in Bloemfontein police arrested 153 people on Monday night after they had occupied part of the hospital.

Ninety women and 56 men, mostly dismissed workers, occupied the administrative section and police were called in when they refused to leave.

Doctors to join strike

Sowetan 15/7/92

IN SOLIDARITY: Health professionals down tools after 6 000 hospital workers lose their jobs:

DOCTORS, nurses and paramedics at Garankuwa Hospital went out on strike yesterday in solidarity with fired hospital workers.

This now brings the hospital, which was recruiting labour to replace dismissed staff, to a virtual standstill.

Professional workers at other Transvaal hospitals where workers have been fired, or are still on strike, will now be under pressure to go on strike.

More than 6 000 hospital workers who had been out on strike over salaries and working conditions have been fired by the TPA.

See story page 2

Nehawu rejects 'cheap rumour' of resignations

Several National Education, Health and Allied Workers' Union members in Johannesburg resigned from the union over the past two days to show their dismay with the strike, the TPA said yesterday.

The claim was, however, immediately dismissed as "cheap, outdated propaganda" by Nehawu vice-president Vusi Nhlapo, who said more workers were, in fact, joining the union.

TPA director of information Piet Wilken said the resignations occurred at the Johannesburg Hospital as well as the P W du Plessis laundry and the Kookvries factory in Rosslyn, Pretoria, but added that intimidation and assaults were creating "considerable problems" for job applicants and temporary and non-striking staff.

Members of the Posts and Telecommunications Workers' Association (Potwa) have resolved not to maintain telephones and related services to Baragwanath Hospital and its satellite clinics in support of the strike, according to Potwa general-secretary Mlungisi Hlongwane.

But a Baragwanath spokesman said the hospital's telephone service was normal.

Also yesterday, the SA Dispensing Practitioners pledged "undivided support" for the Nehawu strike. — Labour Reporter

Masa may help in health dispute

CHARLIE PRETZLIK

THE Medical Association of SA (Masa) looks increasingly like being drawn into helping resolve the dispute over health workers' pay and conditions.

There were indications in discussions last night that Masa, together with the newly formed SA Health and Social Services Organisation and other health groups, would be brought in as a mediator in the dispute between Nehawu and the authorities. The talks continue today.

The parties hope that Masa will be able to encourage intervention "at the highest level". BIDAY A6 7/92.

A solution to the six-week-old hospital workers' strike also appeared closer after a meeting between Nehawu and the Cape Provincial Administration (CPA) in Cape Town yesterday.

Nehawu secretary-general Phillip Dexter said he was "optimistic and hopeful" any agreement reached in the Cape province would influence the outcome of strike talks in other provinces.

The CPA displayed a more progressive approach than the TPA, he said. His union had begun urging strikers in Natal and the Cape to return to work.

The CPA said yesterday that 2 387 hospital, roads, community service and conservation workers were still on strike, LINDA ENSOR reports.

Striking workers marched through the Kimberley Hospital, while at Valkenberg strikers from surrounding hospitals gathered in the hospital and allegedly forced non-striking workers to join them.

Frere Hospital in East London announced that 90% of its work force had resumed work.

Cape health workers call off strike

STAR 17/7/92

By Mckeed Kotlolo
Thabo Leshilo and Sapa

Hospital workers in the Cape have suspended their three-week strike and will return to work today, National Education, Health and Allied Workers' Union western Cape secretary Alistair Charles said yesterday.

The strike could be resumed on July 29 if dismissed workers in the Free State and Transvaal were not reinstated today.

The return-to-work decision followed 13½ hours of negotiations with the Cape Provincial Administration (CPA).

At a press conference, Mr Charles said the CPA had acknowledged the union's key demand for permanent status.

More than 300 strikers at the Kimberley Hospital ran amok yesterday, scattering rubbish.

The action followed the scene at Pelanomi Hospital in Bloemfontein the day before, when strikers occupied the hospital, paraded in the nude and disrupted services before being arrested by the police.

Union spokesmen allege a doctor drove into a crowd of strikers in his car and leapt out brandishing a meat cleaver.

In the Transvaal, the strike has resulted in the suspension of clinical teaching at the Medical University of Southern Africa because of the decreased patient load.

TPA deputy director of communication Deon van Loggerenberg has announced that many people had already been employed at several hospitals in a bid to normalise services.

Inkatha spokesman Ed Tillet has alleged that two IFP members hired by the TPA to fill the posts of fired workers at Tembisa Hospital have gone missing after allegedly being abducted by a group of dismissed workers on Monday.

'State agents killed non-strikers', says union

Sowetan 17/7/92

■ Nehawu secretary denies its members were responsible for attack on Soweto family:

By Joe Mdhlela 91

GOVERNMENT agents, and not the National Education, Health and Allied Workers' Union, are responsible for the killing of community members.

Nehawu general secretary Mr Phillip Dexter said media stories which seemed to indicate that the killing of at least four Soweto family members were linked to the strike were mischievous.

The four victims are the Madikane sisters Zodwa, Buyiswa and Nomgqibelo. The fourth is Joel Khatleli (13) who died in hospital on Tuesday.

They were among the seven, including a 63-year-old grandmother, who were seriously injured and suffered severe burns following a petrol bomb attack on their home in Naledi, Soweto, last week.

Another non-striking Natalspruit Hospital employee, matron Mrs Nandi Ngxoxo, had her house petrol bombed last Friday.

"The whole idea of associating these attacks with the union is to incriminate us. Our people are not responsible for these attacks. The Government and its agents are," said Dexter.

Asked to confirm if they visited the burnt victims at Baragwanath Hospital, he said they only did so to express their sympathy with those killed and attacked in the incident.

Dexter said the recruitment of "scab labour" at Baragwanath Hospital was responsible for the tension.

He said authorities should realise that "workers have the right to protect their livelihood hence the use by the workers of sjamboks and kieries".

"We are quite unhappy about the way the Press goes about believing allegations that our people are involved."

The police have linked the attacks on at least eight people during the past week to the strike action by Nehawu.

Dexter, a final BA student at the University of Cape Town, vowed that if the 7 000 sacked workers were not reinstated, they would take over the running of the affected hospitals.

Pressure is on to end hospital strike

B|DAY 17/7/92

LINDA ENSOR and CHARLIE PRETZLIK

CAPE TOWN — Agreement reached yesterday by the Cape Provincial Administration (CPA) and health union Nehawu to end the strike by 2 500 hospital workers in the Western Cape would put increasing pressure on other provinces to settle the six-week old dispute, the union said.

In terms of the Nehawu-CPA agreement, no worker will be victimised, no disciplinary action will be taken against workers and no worker will be dismissed.

Nehawu (the National Education, Health and Allied Workers' Union) regional chairman Wilfred Alcock said the CPA had also agreed not to take legal action against the union.

The CPA had also agreed to minimise workers' loss of earnings by paying them for the strike period but deducting these wages from their pay over five months.

The CPA undertook to make representations to the Commission for Administration to consider mediation to resolve the dispute and to make representations to the Transvaal Provincial Administration and its Free State counterpart to reconsider their dismissal of workers.

Alcock said the CPA had distanced itself from the dismissals, supported mediation and the demand for internal dispute resolution mechanisms.

He said the union was grateful for the CPA's progressive attitude and that dialogue had resolved the dispute. He said it was not necessary to use force to resolve crises and that the police should not be used in industrial relations disputes.

Alcock said representations would be made to settle the dispute along similar lines elsewhere in the Cape.

But in Johannesburg, Nehawu vice-president Vusi Nhlapo said the TPA was digging itself in very deeply.

He warned that the TPA had until 4pm to reinstate dismissed workers and that unless this demand was met, occupation of hospitals and government buildings would begin.

Representations had already been made to the Goldstone commission in anticipation of confrontations which might result from such actions.

He also warned of possible conflict with workers employed after the dismissal of strikers. Many of them were sympathetic to Inkatha and hostile to Nehawu and Cosatu and, he alleged, some of them had been armed by the TPA. Non-striking Nehawu members at Baragwanath Hospital had already been intimidated by new employees, he said.

Sapa reports that services at seven eastern Cape hospitals were returning to normal as workers returned to their posts, but that at Ga-Rankuwa Hospital near Pretoria all but one of the administrative staff were absent.

beleaguered Baragwanath

'Our aim is to make sure that services are provided and ... to bring both sides to speedy arbitration'

-Doctor at Baragwanath

W\Mail 17\7-23\7\92

"DON'T be fooled," warns a paediatrician as he escorts us around a spotless Baragwanath Hospital ward. The cots are sparkling clean — and mostly empty — and a few children romp happily between the legs of the attending nurses.

"I wish it were always this way," he continues, "a few patients receiving good care. But the truth is that this hospital is nearly empty, not because Soweto is now healthy and peaceful but because patients are not admitting themselves, and because we are discharging all but the most urgent cases."

Baragwanath has the dubious reputation of being one of the world's busiest hospitals. Now, however, only 1 500 of its 3 000 beds are occupied. People requiring non-urgent surgery — like those with hernias — have been asked to come back in a month's time and, like Hillbrow Hospital, Baragwanath has stopped admitting cancer patients.

Asks Professor Ken Huddle, Baragwanath's chief of medicine: "We are only dispensing half the medication we normally do. Where have the others gone?"

The answer is that patients are staying away from hospitals and suffering at home. "This is going to create an enormous problem once the strike is over: we'll be deluged and we'll never be able to cope with the load," the paediatrician says.

"This strike has to end as quickly as possible," Huddle adds. "There is no doubt that patient care is being compromised."

Clearly, some doctors are incensed by the strike by hospital staffers. "The whole thing is undignified and unnecessary," comments principal surgeon Dr Bernard Rabinowitz. "Why should sweepers who work for two hours a day get the same pay as a medical intern? This isn't about the hospital, it's about politics. We are being used by Cosatu and the ANC as a way of challenging the government, and patients are suffering."

Huddle, however, seems to reflect the opinion of most of Baragwanath's doctors when he says, "we appreciate that the strikers have legitimate concerns and we also appreciate that the other side has an overly rigid approach".

The Baragwanath medical staff has sent an urgent memo to the authorities calling for immediate submission of the matter to arbitration and asking the University of the Witwatersrand, which co-administers the hospital as a teaching institution, to intervene.

"Our aim," says occupational therapist Kathy Tyacke, "is to make sure that services are provided and to do whatever possible to bring both sides to speedy arbitration." This has included formal delegations to Minister of Health Rina Venter.

Tyacke, like many of the Baragwanath health professionals spoken to by *The Weekly Mail*, is sceptical of the Transvaal Provincial Administration's sudden concern for patient care: "What value can be placed on patient care when the people supposedly looking after them are so underpaid that they can barely afford to feed themselves? If the TPA really cared about its patients, it would also care about its employees who look after these patients."



'I've got no complaints,' says Vincent Dubazana, about the care he is getting at Baragwanath. He was shot in the spine when his taxi was carjacked. His attending doctor in the trauma ward commented: 'Of course his care is good. We've got so few patients. But ask the people who've been turned away for hernias or cancer and you'll get a different story.'

'I'm just doing my job. I need work like everybody else'

- Strike-breaker at Baragwanath

W\Mail 17\7-23\7\92

A NERVOUS little man, eyes hidden by an oversized woolen cap, wheels a semiconscious patient away from Baragwanath's operating theatre.

"I don't want to talk," he says in broken English when approached. "I'm just doing my job. I need work like everybody else."

The man is one of 464 temporary workers at Baragwanath — euphemistically called "volunteers" by the authorities and angrily branded "scabs" by the picketers outside the gates.

Nurses inside the hospital confirm the accusations of the picketers outside: the majority of these pay-by-the-hour workers are rural Zulu people, and many state Soweto's hostels as their place of residence on their application forms.

Is the hospital deliberately recruiting Inkatha members to replace strikers? "Absolutely not," states Baragwanath public relations officer Seugnet van Niekerk. "Our hospital is in the vicinity of a number of hostels, so of course many hostel-dwellers are applying. But we don't see it as important. We have no recruiting policy. We take whoever needs work."

Perhaps it is true that most township residents are staying well away from the hospital, and that hostel-dwellers, more immune to township politics and antagonistic towards the African National Congress/Congress of South African Trade Unions anyway, are the only volunteers for this work.

Perhaps it is also true that, living in hostels, they feel safer than other residents against retribution.

But the high number of hostel-dwellers doing general work in Baragwanath is making everybody edgy. "I can't help but feel," says one nurse, "that this policy is deliberate. The administration knows they can depend on these people. Of course I appreciate that there are people doing the work — it means that I'm not overloaded myself.

"But I'm keeping my distance from these guys — everyone is."

Behind the barricades at

W/Mail 17/7-23/7/92

'Our moral obligations do require us to remain at work, and there is nothing else we can do'
- Nurse at Bara



Empty wards at Bara ... But the sick are suffering at home

Stories by MARK GEVISSER and pictures by KEVIN CARTER

THEY say: *"Maw'thint' unesi uthint' Inkatha"* If you touch the nurse you touch Inkatha. That, say striking workers at Transvaal Provincial Association hospitals, is the ominous rumour circulating in their picket-lines.

"The nurses have betrayed us," comments a dismissed worker from Hillbrow hospital "Where are they? Don't they realise we are fighting for them too?"

Nchabelene, a registered male nurse at Hillbrow Hospital, is a National Education, Health and Allied Workers' Union (Nehawu) shop steward and one of the few nurses on strike. "Being a nurse," he says, "implies an obligation to heal my people. My people are suffering because of below-breadline wages, so my obligation is to strike.

"I can't abandon my people just because I got a little bit of Bantu Education that propelled me into the middle classes"

Nursing has traditionally been one of the few professions open to black women nurses have long been bastions of African society. Now, some strikers are saying, nurses have sold out to the middle class and have become more preoccupied with their housing subsidies and bonds than with the good of society.

"But we are in a most difficult position," counters a matron, who, like all the nursing sisters interviewed this week, requested anonymity. "We are intimidated from all sides: from the strikers who see us as scabs, from our bosses who threaten to fire us, and from our own disciplinary body, the South African Nursing Council (Sanc), which tells us that we have the right to strike, but which also tells us that if we leave our patients to spend even an hour on the picket-line, we will be struck off the roll."

The problem with nurses, the matron continues, "is that they are indentured to a hierarchical professional structure that gives them no room to speak out".

And nurses are not speaking out clearly, they are terrified. Approach one along the corridors of Baragwanath and she'll look nervously to see if any colleagues or superiors are watching before pulling you into a closet for an urgent and brief consultation. More likely she'll rush off to tea

They have reason to feel besieged: at Hillbrow Hospital. Nurses have bneen assaulted by strikers, two critically; and at Baragwanath, more than 30 student nurses were arrested for joining the strikers on the picket.

But most nurses are not protected by Inkatha. And, says one sister, "most of us are very sympathetic with the workers' demands. But we've done all we can. When nursing students were arrested for sympathising with the strikers, we pressed the administration to secure their release.

"At Nehawu's suggestion, we proposed a skeleton staff to the administration and they refused it We have met the highest authorities, calling urgently for enforced arbitration, but we have been ignored.

"Our moral obligations do require us to remain at work, and there is nothing else we can do."

Every evening, when this sister leaves work through the Baragwanath gates, the striking workers who used to be in her ward greet her Sometimes, she digs into her purse and gives them some cash "I've heard of intimidation," she says, "but I've never felt it myself Some nurses here are indifferent but no-one I know is viciously against the strike."

On the taxis, she continues, "there is often talk about the strike. But nobody ever points a finger at me in my uniform Usually, all they say is that patients are dying at Bara of hunger because there is no food, and I have to laugh to myself, because I know it isn't true I've been feeding the patients myself"

The situation is different at Hillbrow, where striking workers were responsible, according to even the more progressive nurses at the institution, for at least eight assaults on nurses. "There's terror and paranoia and rage at Hillbrow," comments one nurse there, "and the assaults turned an already-suspicious nursing staff firmly against the strikers.

"When one nurse stood up at a meeting and suggested that we write a letter to show solidarity, as a way of smoothing over the tension, she was actually booed down. 'Let them fight their own battles,' the nurses said Some were even suggesting hiring people to attack the strikers I don't think they meant it but that just shows you the extremes of their anger."

A major part of the problem, comments one senior nurse sympathetic to the strikers, "is that Nehawu has not organised properly among the nurses. We are health workers, and by putting pressure on us to strike, the union is insensitive to the professional obligations we have towards patients' demands. If the union had consulted us better, we might have worked out a way we could support them."

The 1990 hospital strike remains a bitter memory for the generally conservative nurses. Then, many joined the Nehawu strike. "But even though those nurses were promised Nehawu support," comments Sister Eunace, "the union's support did not seem to be forthcoming when the nurses were called before Sanc and disciplined.

"If we were to strike again now, it might facilitate a speedy resolution, and Nehawu might even win But then we'll be left to carry the can when we're faced with Sanc. And who'll support us? Certainly not our own professional association."

Nehawu has remained, perhaps deliberately, vague about nurses' participation: they have not officially been called on to strike, but the union has been putting pressure on them to join the pickets

But, comments Dr Aslam Dasoo, the national publicity secretary for the newly-formed organisation of progressive health workers, the South African Health and Social Services Organisation (Sahsso), "Nehawu has acted completely appropriately according to the International Labour Organisation's guidelines regarding industrial action in essential services".

These guidelines state that health workers do have the right to strike as long as they keep emergency services running "It is the authorities who have been archaic by putting a court interdict on strikers so that they may not enter the premises and provide essential services even if they wish to, and by refusing the option of a skeleton staff," says Dasoo.

The fact remains that — with the exception of Ga-Rankuwa, where doctors and nurses joined the pickets this week — nurses and health professionals have not joined the strike. "If health workers had joined us," comments Nehawu Johannesburg branch chairman Siphiwe Mazibuko, "perhaps this dispute could have been quicker resolved."

But nurses tend to be overwhelmed by their professional obligations, comments a senior sister who is a member of Sahsso. "Much political education is necessary — and much understanding. Rather than alienating nurses, unions like Nehawu should find ways of bringing this very influential segment of black society into the fold of progressive politics"

published in Washington, DC | for his immediate and unconditional charts, said from Lusaka: "Given the with seditious intent.

Bara report details alleged intimidation

By BEATHUR BAKER

THE row over alleged intimidation of non-strikers by striking members of the National Education, Health and Allied Workers' Union (Nehawu) hotted up yesterday with the release of a detailed report by Baragwanath Hospital officials citing numerous incidents of intimidation.

Nehawu has consistently denied the intimidation claims, stressing that not a single striker has been convicted of violent or intimidatory acts.

The six-week wage battle was poised between suspension and escalation, after Nehawu offered to call off the action if the Transvaal Provincial Administration (TPA) reinstated fired strikers by today. At the same time the union warned that it would occupy TPA buildings to force reinstatement — prompting a TPA statement that its court interdict barring unionists from acting illegally on hospital property was still in force.

On Monday, about 1 000 Nehawu members marched to the TPA's offices in Johannesburg to deliver a memorandum demanding the reinstatement of dismissed workers.

Giving details of the alleged intimidation, the Baragwanath authorities said:

●On June 9, transport services were disrupted when drivers were pulled out of their official vehicles by strikers.

●June 10 to 11, a patient with a spinal tumor requiring immediate operation became a paraplegic when doctors were prevented from attending to him; while a hospital bus transporting cancer patients to Hillbrow Hospital for treatment was prevented from leaving the premises.

●On June 12, a group of men attacked and attempted to strangle a hospital worker when he investigated why patients and staff were being chased from one of the Soweto clinics.

●On June 18, nurses leaving work were assaulted when crossing the bridge on the old Potchefstroom Road opposite the hospital. One nurse reported being sjambokked.

●On July 8, job seekers queuing outside the hospital gates were stoned by strikers. On the same day, non-striking workers were assaulted with knobkieries at the taxi rank — three people were injured.

●On July 10, a hospital clerk's house was reported to have been petrol bombed.

In other developments this week, doctors, nurses and paramedics at GaRankuwa Hospital north of Pretoria joined the strike on Wednesday but returned to work later in the day. The superintendent of the hospital alleged that only one of 70 administrative staff members had reported for work yesterday because of intimidation.

In the Free State, Nehawu officials are set to meet three other public sector unions to discuss solidarity action if the public service employer body, the Commission for Administration (CFA), had not resolved the strike by today.

In the Eastern Cape, services at seven hospitals continued without disruption as striking workers resumed work on Thursday.

■On Wednesday, five employee organisations representing 260 000 workers signed a settlement with the CFA for an average pensionable salary increase of 9,2 percent. Nehawu is not party to this agreement, having pulled out of the negotiating forum.

SA plans to bulldoze dunes foiled

State taking sides in health strike?

SOUTH 18/7-22/7/92 (97)

By Justin Pearce

Two incidents during the past week have caused union officials to suspect state complicity in attempting to undermine the National Education Health and Allied Workers' Union (Nehawu) strike.

● On Friday the Cape Provincial Administration's Kraaifontein Roads and Works Depot told strikers the buses which normally carry them to their work would no longer be available to them.

A few moments later police arrived.

"We believe this was a form of orchestrated provocation," said Nehawu organiser Mr Allistair Charles. "It was too coincidental that police with their Casspirs could be on the scene at such shortnotice."

The CPA denied having called in the police.

The situation was defused by ANC members from the adjacent Bloekombos squatter settlement who formed a human barrier between police and workers.

The squatters and the local ANC branch are currently negotiating with the CPA over threats to evict the squatters from their present homes, and threatened to pull out of negotiations if the police or the CPA took action against the workers.

The entire workforce of 429 people at the Kraaifontein depot is on strike.

● On Monday Nehawu planned to protest outside a meeting between the Commission for Administration (CFA) and various organisations in the health sector.

Nehawu itself had declined to participate in the meeting for the reason that "the CFA is a toothless organisation", according to spokesperson Mr Wilfred Alcock, and had decided rather to stage the protest.

The meeting was originally planned for DF Malan airport, Alcock said. Nehawu obtained permission both from the Regional Services Council and from the South African Police to demonstrate at the airport.

However, at 11am, two hours before the meeting was to begin, Nehawu was told the venue for the meeting had been changed to the CPA building in Wale Street.

A CFA spokesperson told SOUTH DF Malan was never considered as a venue for the talks, and that Nehawu had been "timeously informed" about the meeting.

Nehawu applied to the Chief Magistrate for permission for the protest in Wale Street. The union's legal representatives were still negotiating with the Chief Magistrate when the march was due to start, and the protest went ahead.

Over three hundred workers marched from Cape Town station to Wale Street where they were met by armed riot police. The marchers sang and toyi-toyied outside the CPA building for approximately 15 minutes while the police informed union officials the march was illegal.

The officials secured permission from St George's Cathedral to hold a meeting in the Cathedral Hall, and the workers went there. After being briefed by the officials, they decided the short demonstration had been effective and there was little point in demonstrating further, and left to go home.

"We know that they changed the venue of the meeting to try and confuse us," Alcock said at the meeting.

He said Nehawu had asked the Medical Association of South Africa to put pressure on the government "so that we can normalise health services".

● Meanwhile the Health Workers Union, present at the meeting with the CFA, believes the talks "made headway in breaking the deadlock in wages and other conditions of service".

The HWU said in a statement there was "a new flexibility informing the CFA on issues where previously they had offered stern resistance."

Nehawu and the CPA spent Wednesday in negotiations which continued late into the evening. A large crowd of workers waited all day for consultation in the main hall of Industria House in Salt River while talks proceeded elsewhere in the building. No decision had been reached at the time of going to press.



POSTER ON PARADE . . . a tin-hatted protestor standing next to a poster saying "Wanted for apartheid crimes" depicting the face of President FW de Klerk just before an ANC mass action march on Witwatersrand Command yesterday in Johannesburg **Picture: GARTH LUMLEY**

Bara march erupts

Sunday Times Reporter

TENSIONS ran high yesterday when a group of demonstrators pushed, kicked and struck a police van, denting the driver's door, as about 2 000 protesters — some armed with sticks, sharpened metal rods and pangas — were about to leave Baragwanath hospital after marching there.

Although angry marshals pushed the unruly marchers away, dozens of soldiers with rifles — some with bayonets fixed — advanced towards the protesters.

The marshals, trying to avert further eruptions, led the marchers back into Soweto.

There was a heavy police presence inside the hospital grounds, while at least eight SA Defence Force armoured vehicles followed the marchers on their route.

Prescription to tackle apartheid

STAR 20/7/92 (99)

The South African Health and Social Services Organisation, which aims to unite progressive health groups into a powerful component of civil society, was launched virtually unnoticed earlier this month amid the ongoing hospital strike, reports PAULA FRAY.



People's power . . . the new national health and social service says it will have as its principal pillars accountability, affordability and accessibility.

WHILE media attention was focused on the ongoing hospital strike, a broad range of professional and community-based health and social service workers joined forces to launch a unique and potentially powerful group on July 4.

The unification of various progressive health organisations follows the emergence of a number of small groups during the past decade — with similar aims but divergent approaches — to fight the effects of apartheid in health.

The progressive health and social services organisations had a political, not labour, approach, says SA Health and Social Services Organisation (Sahsso) publicity secretary Dr Aslam Dasoo.

"The move to unity has been a long process, particularly because of the differing political backgrounds of the organisations. The first act in the unity process actually took place in March 1989 when health and social service workers' associations and organisations merged nationally to form the Health Workers' Association.

"There was an acceptance of the principle of unity in action ... that the organisations would take apartheid on jointly but would each retain their autonomy."

A closer relationship was urged and unity was finally endorsed at a meeting in the western Cape last year. Groups which have already joined include the SA Health Workers' Congress, the National Medical and Dental Association, the Organisation for Appropriate Social Services in SA, the Overseas Medical Graduates' Association, and the Health Workers' Society.

"What we saw (officially) launched on July 4 this year is possibly the third largest force of the emergent independent organs of civil society," says Dr Dasoo. "If one accepts that the labour sector will be an independent organ of civil society alongside the national civic sector, then this forms the third most organised formation in civil society."

Dr Dasoo belives the notion of civil society is one borne out of decades of struggle and the need for civil society to be protected from the government ... whichever government that may be.

It will need its own, independent, organs in order to empower the people. This is what is emerging in South Africa, says Dr Dasoo.

"Cosatu has given notice to the tripartite alliance of the ANC-SACP-Cosatu that in the instance of a democratic government, Cosatu will remove itself from that alliance formally and constitute itself again to take care of the interests and demands of the workers and therefore of civil society."

In this, says Dr Dasoo, lies the biggest strength of the organs of civil society: "They don't become bland, toothless tools. They must remain organs of people's power, and therefore the principal aim and demand of Sahsso is the empowerment of our communities — the political, social and economic empowerment of our communities."

The launch of Sahsso, says Dr Dasoo, means that the struggle in the health and social services sector has moved to a qualitatively higher level. "Whereas before, in the 1980s particularly, the accent was on the politics of protest, now the accent is, and should be, the politics of development and empowerment."

In this light Sahsso has already begun a process of establishing the organisation at grassroots level. "Once the community is in control it can effectively act as an organ of people's power. It forms, together with the trade unions and civic movement, the shatter-belt which will protect civil society from any government of the day, whoever that government might be."

But, without political empowerment, even the "most fancied, most advanced health policy will be meaningless and worthless".

"Sahsso sees itself as an independent organ of civil society which will seek to empower our communities in the health and social service sector through the establishment of a nonracial, non-sexist and a democractic national health service in the country.

"This national health and social service will have as its principal pillars accountability to the communities it serves, affordability and accessibility." □

Minister wants to ban hospital strikes

B|DAY 20/7/92

HEALTH Minister Rina Venter — in only her third public statement on the hospitals strike since it began almost two months ago — said at the weekend she planned to ban strikes at hospitals.

She said she would do "everything in my power to make it against the law but at the same time to make sure that proper negotiations mechanisms are set up". She wanted hospitals declared an essential service to make strikes "impossible".

However, in terms of existing legislation, the strike is illegal because state workers are not covered by the Labour Relations Act.

Venter said she got the idea from Kenyan President Daniel Arap Moi when he visited SA recently.

She said at the weekend: "If I had had any news then I would have made a statement, but there is nothing new." Negotiations were solely a matter between the provincial administrations and the unions. The salaries issue would not be reopened. "There is no more money," she said.

National Education, Health and Allied Workers' Union (Nehawu) vice-president Vusi Nhlapo said Venter was "one of the most inept ministers ever to come out of the NP".

He said an attempt to ban strikes would lead to a strike against a ban. If she wanted to protect essential services she should set up a mechanism for compulsory arbitration, Nhlapo said.

CHARLIE PRETZLIK

Venter defended herself, saying she had persuaded Administration Minister Org Marais to attend a forum with employee bodies last week which Nehawu had boycotted.

Venter would meet Marais today.

Attempts to resolve the strike will continue this week. Nhlapo said Nehawu wanted Saccola intervention and attempts were being made through the employer body to meet the TPA again.

Hundreds of doctors, nurses and paramedics marched within the Baragwanath Hospital grounds on Friday. On Saturday, about 2 000 people marched on the hospital and handed over a petition demanding normalisation of hospitals, reinstatement of dismissed workers, an end to hiring "scab" labour and that the TPA stop harassing and intimidating dismissed strikers.

Police and SADF troops locked the hospital gates to prevent marchers from trying to occupy the administration building. The marchers said they would return a week later if the demands were not met.

The march took place the day after Nehawu's deadline for the reinstatment of about 7 000 dismissed workers at Transvaal hospitals expired.

The TPA said on Friday intimidation by strikers was continuing and that almost 100 Nehawu members had handed back membership cards.

Nehawu 'takeover'

THE National Education, Health and Allied Workers Union (Nehawu) has set next Saturday as the "takeover" day of Baragwanath Hospital in Soweto. Nehawu's assistant general-secretary, Mr Neal Thobejane, said yesterday: "That seems to be the only action the TPA will understand."

Meanwhile, the union signed an agreement with the Cape Provincial Administration last week allowing workers to return to work on Friday, according to Thobejane.

Sowetan · 20/7/92

State blamed for hospital strike

By Paula Fray (97) STAR 20/7/92

Dismissed hospital strikers should be reinstated and the continuing dispute paralysing State hospitals should be referred for independent arbitration, according to the recently launched SA Health and Social Service Organisation (Sahsso).

The organisation, which incorporates a broad range of medical professionals and health care workers' groups, was launched in Johannesburg this month.

Laying the blame firmly on the Transvaal Provincial Administration, Sahsso publicity secretary Dr Aslam Dasoo said the strike had all the hallmarks of a long and bitter dispute not being resolved because of entrenched positions.

"We believe the union has been flexible in that the initial demand of a R1 300 minimum wage has now dropped to R724 a month with a 15 percent across-the-board increase." The second demand was for an end to temporary employment.

These demands, which were legitimate, had been ignored by the TPA, he said.

Intransigence

"Our demands are that the dismissed workers be reinstated and that the matter be resolved through arbitration so that health services can now be provided adequately. Certainly patients have suffered — not as a result of the union's actions but because of the intransigence of the State in failing to address the demands of the workers."

The international guidelines for strike actions made clear that industrial action could not be a tools-down approach in the health sector.

Dr Dasoo said workers accepted that because they were providing an essential service, emergency services were required. "But the TPA took out a court interdict and locked them out and then went on a moral crusade against them for jeopardising patients' lives. To this day, the workers are still prepared to provide emergency services."

● **Prescription to tackle apartheid — Page 13**

Rival union to target health workers

BIPAG 21/7/92

CHARLIE PRETZLIK

THE Inkatha-aligned United Workers' Union of SA (Uwusa) would begin a recruitment drive among 900 hospital workers appointed to replace dismissed strikers, Uwusa national PRO Duke Senakgomo said yesterday.

Senakgomo said that by Thursday a strategy would be drawn up to attract new workers to Uwusa ranks.

Baragwanath Hospital obstetrics and gynaecology professor and Medical Advisory Committee chairman Cyril van Gelderen warned the recruting drive "will almost certainly cause disharmony, maybe even worse".

SA Health and Social Services Organisation (Sahsso) general secretary Dr Rafik Bismilla said "while other workers are on strike it would be incorrect for other unions to move in".

By employing new workers, he said, the TPA was "sowing the seeds of future conflict".

Nehawu officials were yesterday expecting a response from the TPA on the union's demand that workers be reinstated. Saccola had agreed to act as a mediator between the two parties.

The PAC also joined the fray yesterday by calling for an urgent resumption of negotiations between Nehawu and the TPA, Sapa reports.

A spokesman for the PAC's West Rand region said it supported Nehawu's demand for a living wage and had decided to establish contact to help end the deadlock in the negotiations.

"We are mainly concerned with the suffering of black patients in Baragwanath and other hospitals," the PAC spokesman said. "Both sides must realise blacks are suffering and their attitudes, and particularly the TPA's, are not helpful."

Meanwhile, the three-week strike at Cape provincial hospitals showed no sign of letting up by yesterday as members of the Health Workers' Union (HWU) continued their protest over wages and service conditions.

Most Nehawu members had returned to their posts, but about 300 remained on strike at three hospitals.

In a statement yesterday, the Cape Provincial Administration said HWU members remained on strike at the Groote Schuur, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria and Brooklyn Chest hospitals in Cape Town.

The CPA said 292 Nehawu members were on strike at Kimberley Hospital.

Nehawu, whose members spearheaded the national strike, suspended its action in the western Cape last Thursday pending the reinstatement of fired workers by the Transvaal and Free State provincial administrations.

The situation at Pelonomi Hospital, at Mangaung near Bloemfontein, was tense yesterday after strikers overturned garbage cans and food in the wards.

Bara 'hiring Inkatha men'

STAR 21/7/92 (97)

By Montshiwa Moroke

Baragwanath Hospital has recruited Soweto hostel inmates and workers from Natal to fill jobs vacated by fired strikers, members of the National Education Health Workers Union (Nehawu) said at a press conference yesterday.

A Nehawu member — who wished not to be identified — said some employees at the hospital and clinics were concerned about their safety because they believed the men were members of Inkatha, hired to "deal" with strikers.

They had been recruited from the Merafe, Diepkloof, Nancefield, Mzimhlophe and Jabulani hostels.

Hospital nurses have confirmed the men were hired to clean floors and run errands. Nursing sisters said information from the men was that they came either from hostels or from Natal.

One Nehawu member said she had been warned by the recruits that if anything happened to non-strikers she would be blamed.

Deputy-director of community services at the Transvaal Provincial Administration Deon van Loggernberg yesterday denied the Nehawu accusations.

"If a group or groups from hostels came to the hospitals on their own to do voluntary work, it would not be correct for the hospitals to show those people away.

"That would be to discriminate against them just because they are hostel dwellers. You cannot turn them away on the grounds that they have a tendency towards violence. They may not be involved in the violence," he said.

● The Star's Pretoria correspondent reports that four members of Nehawu yesterday appeared in the Pretoria Regional Court in connection with alleged intimidation at Ga-Rankuwa Hospital.

No charges were put to Betty Mabavu (29), Ernest Mothabela (32), Joseph Msize (30) and Samuel Moekena and they were not asked to plead.

The hearing was postponed to August 18.

We don't give preference to hostel dwellers — Bara

STAR 22/7/92

Baragwanath Hospital yesterday categorically denied giving preference to hostel dwellers to fill positions of dismissed strikers or by using them as volunteers.

National Education, Health and Allied Workers' Union members claimed at a press conference on Monday that the hospital had recruited Soweto hostel dwellers and workers from Natal to fill jobs left vacant by dismissed striking workers.

Baragwanath superintendent Dr Chris van den Heever said rumours that the hospital was hiring hostel dwellers "could be part of discreditation propaganda".



Dr Chris van den Heever . . . it's propaganda.

No specific efforts were made, said Dr van den Heever, to take on volunteers who lived in hostels. — Staff Reporter.

Hospital protests go on as vacancies are filled

PROTESTS at hospitals continued yesterday as hospital administrations began the process of employing new workers.

More than 7 000 vacancies were left after strikers were dismissed.

About 450 people were arrested while demonstrating outside the Hillbrow Hospital yesterday, said National Education, Health and Allied Workers' Union (Nehawu) regional secretary Bongani Tsimo. Police confirmed strikers were arrested for disrupting the flow of traffic.

On Monday Tsimo and four other union officials were arrested when they staged a two-hour sit-in at Hillbrow Hospital.

Tsimo said yesterday the TPA's decision to dismiss strikers would only escalate the action.

Hospital authorities said health services were still operating on an emergency basis, but the situation would return to normal once new staff had been employed.

KATHRYN STRACHAN

Cape hospitals were still being hit by the Health Workers' Union (HWU) strike. The Cape Provincial Administration (CPA) last week reached an agreement with Nehawu that its members would return to work on condition that no disciplinary procedures would follow.

TPA deputy director Deon van Loggerenberg said yesterday it would not be possible for the TPA to follow this example.

CPA spokesman Melanie Dedekind said yesterday attempts were being made to bring the CPA and HWU together this week to reach a similar agreement.

CHARLIE PRETZLIK reports that an agreement on the return to work of almost 2 000 striking hospital workers in the northern Cape was on the verge of being concluded last night.

There is also hope of a resolution to the dispute between Nehawu and the Provincial Administration of the Free State.

NEWS Union tells Goldstone Commission that it knows nothing about pamphlet

Teachers join mass action

Sowetan 23/7/92

■ In solidarity with colleagues suspended by Ciskei:

FOUR months before the final examinations, there is no proper schooling in the Ciskei after teachers joined the ANC-led mass action.

The teachers are demanding the reinstatement of colleagues suspended by the Ciskei education department. The SA Democratic Teachers Union (Sadtu) said 29 teachers were suspended in Mdantsane alone.

The teachers have the support of pupils and local community organisations. Pupils said they have had no teachers since schools reopened on July 14.



Nehawu denies an intimidatory pamphlet

Sowetan 23/7/92

■ INTIMIDATORY LETTER

TPA asks Goldstone Commission to investigate:

TWO SENIOR OFFICIALS of the National Education, Health and Allied Workers Union have denied before the Goldstone Commission that an intimidatory pamphlet had been issued by the union.

The chairman of the commission, Mr Justice Richard Goldstone, said yesterday that the Transvaal Provincial Administration had furnished the commission with a pamphlet in Northern Sotho, which purported to have been published by Nehawu's Pietersburg branch.

"The pamphlet contains unambiguous threats to take the lives of workers who do not participate in the hospital workers strike," said Mr Justice Goldstone.

The contents of the pamphlet amounted to serious and unlawful intimidation and the commission decided to ascertain from Nehawu whether it was responsible for the pamphlet and its attitude to it.

At the request of the commission, Nehawu's general secretary, Mr Philip Dexter, and the organiser of the Pietersburg branch, Mr CP Mahlo, met the commission on Tuesday.

"The commission was informed by Messrs Dexter and Mahlo that Nehawu did not publish the pamphlet and that the letterhead on which it was typed did not come from a Nehawu office. They are unaware of its origin."

Dexter and Mahlo informed the commission further that neither they nor Nehawu supported violence or intimidation of workers.

The contents of the pamphlet were contrary to the policy of Nehawu and they disassociated themselves and Nehawu from the pamphlet. - *Sapa*



Saying goodbye . . . little Zanele Khahleli (6) pays her last respects to her grandmother, Nomgqibelo, who was among the four Madikane and Khahleli family members buried at Avalon cemetery in Soweto yesterday after their home in Naledi Extension was petrol-bombed.
Picture: George Mashinini

Rise in deaths at Bara blamed on strife, strike

STAR 24/7/92 97

Staff Reporter

Thirteen patients died in a 24-hour period last week in the medical admission ward of Baragwanath Hospital, probably due to increased township violence combined with industrial action, hospital superintendent Dr Chris van den Heever said yesterday.

Under "normal circumstances", an average of three patients a day die in the ward.

The number of patients treated for bullet wounds had risen from 984 in 1987 to more than 2 000 last year, he said.

He described violence-related statistics at Baragwanath as "astronomical" and said 51 000 trauma patients were treated last year.

During the recent unrest, many patients with respiratory tract infections, diabetes and heart problems had delayed visiting the hospital "out of fear and apprehension".

Hospitals remain on alert TPA

BIDAY 24/7/92

KATHRYN STRACHAN

THE hospital strike was over but hospital authorities would remain on guard until after August's general strike, TPA officials said yesterday.

TPA chief director, administrative services, Pieter van Niekerk said hospital services would be returned to normal only once the threat of a general strike was over.

The TPA had instructed hospitals not to fill beds so that they were prepared for another wave of protest action next month, Van Niekerk said. They would continue to operate on an emergency basis, discharging patients as soon as possible.

Almost 4 000 new appointments had been made to fill the positions left when about 7 500 strikers were dismissed, and a further 1 000 applications were being processed. The full quota would be made up once services had returned to normal.

Although general assistants were fired from 25 hospitals, the situation had normalised relatively quickly at most of the smaller hospitals in the province. Services at 11 larger hospitals remained affected.

National Education Health and Allied Workers' Union (Nehawu) secretary-general Philip Dexter said the TPA had not discussed the situation with the union. Nehawu would be part of the general strike, but staff would offer to work on a skeleton basis so that services would not be disrupted.

But Baragwanath Hospital superintendent Chris van den Heever said yesterday many patients, who normally came early for treatment, were afraid to go to the hospital during the strike.

"The result is that extremely ill medical and paediatric cases have been admitted lately, many with complications of respiratory tract infections, neglected diabetics and cardiac patients," he said.

Last week 13 patients died in a 24-hour period in the medical admission ward, compared with two to four cases under normal circumstances, he said.

Van den Heever said the hospital had been inundated with critically ill and seriously injured patients in cases directly related to township violence and the hospital strike.

Violence-related statistics at Baragwanath had soared, with more than 51 000 trauma patients treated in the past year, mostly with stab wounds, he said.

Intermediary

CHARLIE PRETZLIK reports that despair has fallen on Nehawu as it awaits a response from the TPA a week after the union attempted to enter into negotiations with the body through employers' association Saccola.

Last week Saccola sent a request from Nehawu to the TPA for the reinstatement of dismissed workers. A response had been expected on Monday. The move was an attempt to involve Saccola as an intermediary between the two parties.

Dexter said: "We've pursued all the avenues, but they won't even listen to big business.

"We just do not know what to do next," he said.

Politics in the wards

Weekly Mail Reporter

THE hospital strike is increasingly moving into the political arena, as provincial administrations continue to stonewall union demands for the reinstatement of 8 000 fired workers.

In the latest development, the Soweto Civic Association (SCA) is threatening to "take over the running" of Baragwanath Hospital on Saturday if the Transvaal Provincial Administration (TPA) fails to move towards resolving the strike by the end of the week.

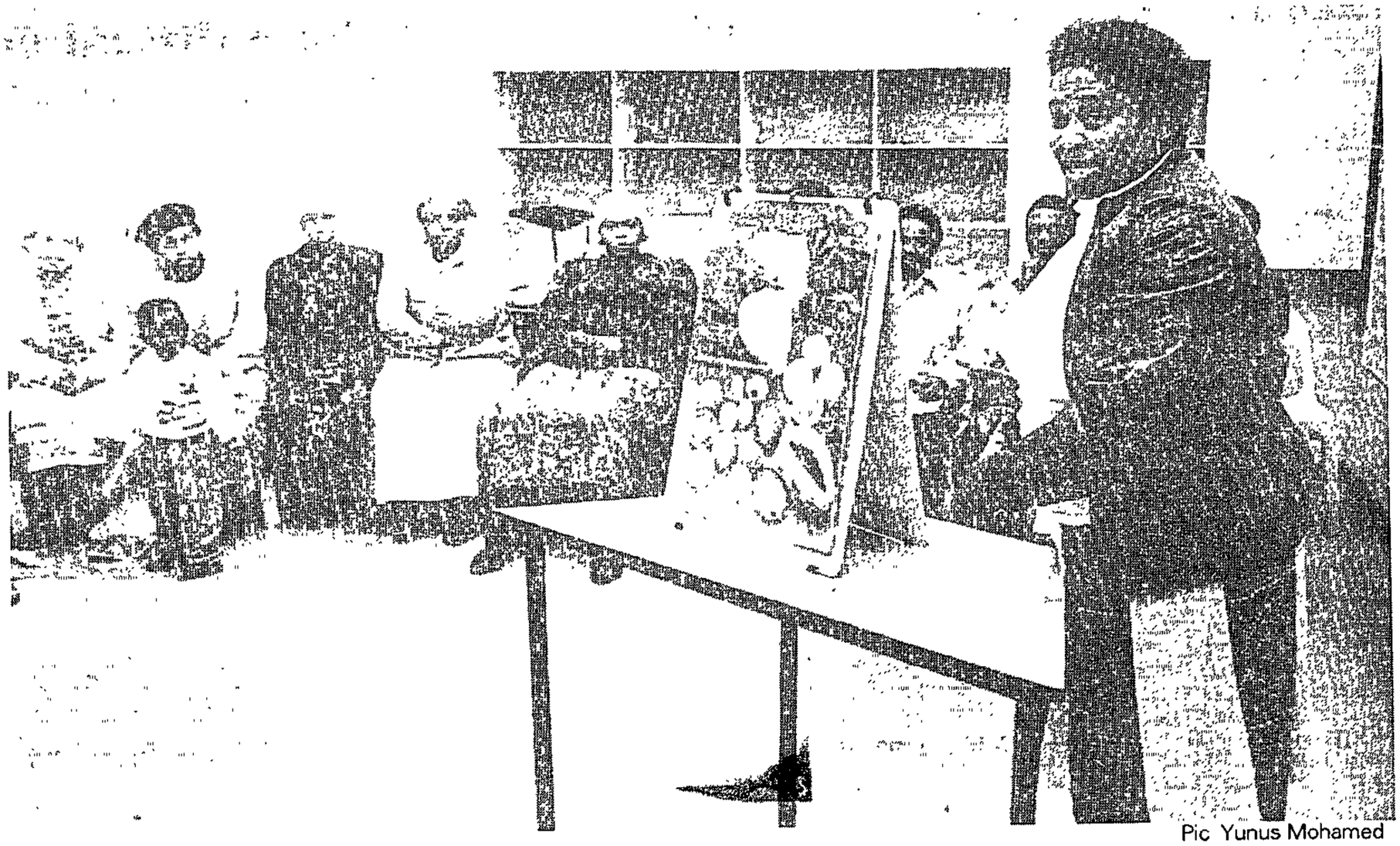
And the Congress of South African Trade Unions, to which the National Education, Health and Allied Workers' Union (Nehawu) is affiliated, has resolved to include demands for the resolution of the strike as part of its mass action platform.

In solidarity this week, the SCA and the Cosatu-affiliated South African Municipal Workers' Union joined Nehawu in a marches on hospitals in Soweto and Ga-Rankuwa.

health

Novel scheme takes health to the people

Distrust has been put aside as state funders and community groups work together on a new health project, writes **Justin Pearce:**



Pic Yunus Mohamed

HEALTH STARTS HERE: Trainer Ms Keli Xorile teaches new health workers the skills they will disseminate at home.

A NEW project that is pioneering the training of community health workers in the Western Cape hopes to see 120 trainees pass through its doors each year.

The scheme — a training centre for people chosen by their communities to serve as health workers — is the first systematic effort to develop the skills of community health workers. Once the project is running at full speed, the plan is to teach eight groups of 15 trainees each year.

Another novel aspect of the project, which started this month, is that it is providing a model of co-operation between community-based organisations and state funders.

The founders of the project were at first suspicious about embarking on a venture that involved state sponsorship — in this case the Western Cape Regional Services Council (RSC).

Said senior trainer Ms Keli Xorile; "When we drew up the contract with the RSC we were careful that it did not allow them to make the rules."

Now the founders believe they have been fortunate in dealing with individuals at the RSC who have acted in good faith.

But Dr Bob Mash, of the SA Christian Leadership Association's (Sacla) health project, warned that this goodwill had not yet been put to the test. The scheme has not reached the stage where communities have initiated their own health care projects and approached the RSC for funding. From the trainers' point of view this is the ideal situation, but it remains to be seen whether the RSC will comply.

The training centre is located at the Uluntu Community Centre in Guguletu — but only for now, since the project is still in the experimental stage.

"We didn't want to spend money on a fancy building and then find it was not what we needed. Once the project is under way we can look at future needs," said Xorile.

She describes a primary health care worker as "a jack of all trades who is on duty 24 hours a day".

Community health workers are the solid base which a health care system needs to survive. Working mostly with impoverished and under-educated people, they ensure that people know how to see to their own health needs and reduce the pressure on medical services by preventing illness and injury.

'A primary health worker is a jack of all trades who must be on duty 24 hours a day to attend to the community's needs'

(97) SOUTH 25/7-29/7/92.

The training scheme originated when the Progressive Primary Health Care Network (PPHC) was approached by the RSC, which had funding to train 20 community health workers to work in Site C Khayelitsha.

The PPHC felt that in the Western Cape, Sacla was best suited to run the training scheme as it had trained workers for its own health projects in the Cape Flats.

The first 10 workers for the RSC initiative were trained last year. The RSC then came forward with a proposal and funding for a further 60 trainees, who would work in the Macassar and Harare districts of Khayelitsha.

Ms Xorile said: "Sacla did not have the capacity to train so many people — and anyway it is not our job. We need to develop a culture where health workers are responsible to their communities and not to the government."

The PPHC then suggested a training centre for trainees chosen by their communities to serve as health workers. Sacla was asked to help start the scheme.

Several of the present trainees are nominated by Sacla, but the focus of the project is not to train new workers for this organisation.

"Sacla is big enough and we want to consolidate our operations rather than open up in new areas," said Mash.

Instead, other organisations and communities are asked to nominate trainees.

To be accepted on the training course candidates must be nominated by their communities with the backing of a health organisation operating in the area.

Communities must find sponsorship to pay for the course, the health worker's wages and to work out a support network and referral system for the community health project.

Sacla requires health care workers to live in the communities in which they work and to be based in their own homes. There they can expect to attend to people at any time of the day or night, occasionally making house calls if necessary.

The health workers are responsible for educating their community about how to stay healthy, advising on nutrition and preventative medicine.

They need to be able to carry out basic curative tasks such as dressing wounds and administering medicines, but refer patients to a doctor for more specialised care.

Eighty percent of people in the areas served by Sacla have used the services of a community health worker at some time, according to a survey conducted by Sacla last year.

Health workers may find themselves acting as facilitators for community development projects. If a community decides that it needs a creche or some other amenity, the health worker is usually the first person to be approached and may have to take the request to the relevant authorities.

Trainers are keeping an open mind about the project's future direction.

"We are serving the Western Cape and don't want to go national while we are still at the experimental stage," said Xorile.

"We don't want to raise people's hopes too much but we do want to make the project work. Primary health care is a matter of life and death."

Volunteers fill Soweto health care gap

STAR 27/7/92

By Paula Fray
Medical Reporter

Volunteer medical workers have given up their free time to run an emergency clinic in Kliptown to cope with the growing number of people unable to afford basic medical care.

The clinic, started by the Society of St Vincent de Paul, has been running for only two Sundays, but long queues have already started forming after news filtered through the township by word of mouth.

The Catholic society, which normally distributes food to the poor, hopes to bring spiritual and physical upliftment to those who need it most.

The society's Victory Park branch, which usually distributes food in Meadowlands, Orlando East and Kliptown, started the clinic after it saw a dire need for basic health care — not just basic foods.

"There is an incredible need for the service," says Simon Gore, who helped found the clinic. "This is the second week we've been running it and the queues have just doubled. If we had the facilities we would run a double clinic."

Two doctors and 12 nurses have volunteered their services.

Barbara Harris, chairman of the Eldorado Park branch of the society, ascribes the increasing numbers of people seeking help to growing unemployment and the continuing hospital strike.

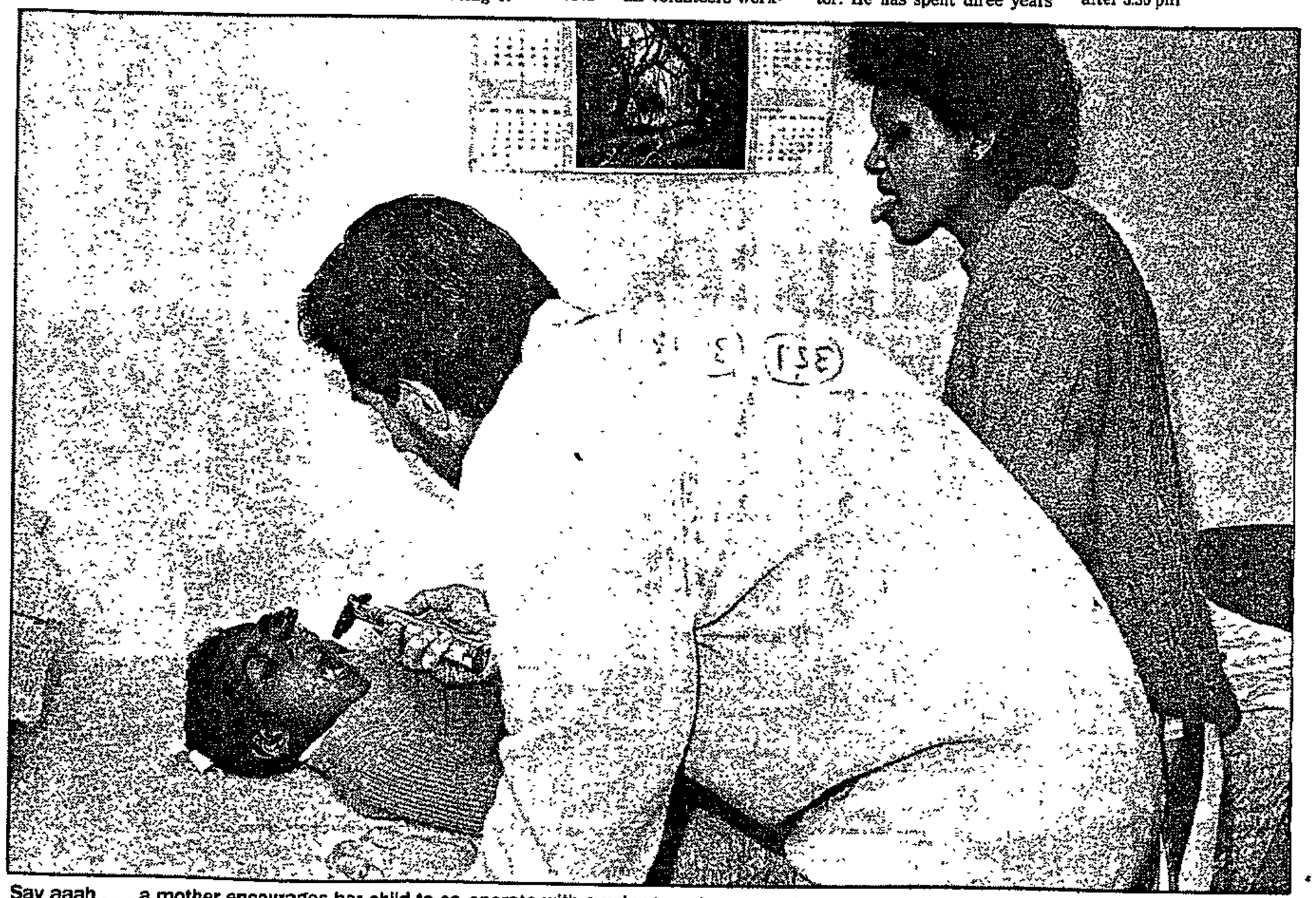
Inside the Kliptown clinic, a table covered with a blanket serves as an examining bed. There are a doctor and three nurses — all volunteers working on their days off.

According to the doctor, who cannot be named as he is in private practice, ailments range from injuries to flu, bronchitis and worms. Only 30 families arrived on the first Sunday. Yesterday, about 80 families waited patiently for medical care. No fees are charged, in line with the society's constitution.

"So far we've managed with the medicines, but if we continue the way we haye, we are going to run out," said the doctor. He has spent three years working at a mission in Swaziland, and described the work in Kliptown as rewarding but also frustrating in view of the large number of people who needed help.

Medical disposables and financial help are two of their needs. If the project takes off, the society would like to set up clinics at other feeding points, as well as go into the people's homes.

Anyone who can help the clinic should telephone Dolores Hubbard at (011) 888-3818 after 3.30 pm



Say aaah . . . a mother encourages her child to co-operate with a volunteer doctor conducting a check-up at the emergency clinic in Kliptown.
Picture: Stephen Davimes

Outcry over Vaal health services

STAR 27/7/92

CAPE TOWN — The degradation of health services in Vaal Triangle townships will not be allowed to continue, Minister of Health Dr Rina Venter said in a statement from Cape Town on Saturday.

Township violence, particularly in the Vaal Triangle, led to health hazards.

An urgent inquiry by the Department of National Health and Population Development showed that:

- The lack of refuse removal posed health hazards.
- The maintenance of an otherwise effective sewerage system was being sabotaged by radical elements.
- Maintenance personnel were being intimidated.
- Health personnel were prevented from moving freely and essential immunisation could not be undertaken.
- Essential emergency medical services, such as transporting maternity patients, could not be rendered.

"These conditions cannot be tolerated. It is the Government's responsibility to ensure that basic health services are rendered uninterrupted," she said. — Sapa.



Warning . . . Dr Rina Venter.

Hospital strike was avoidable – Masa

By Paula Fray

The tragic consequences of the ongoing labour disruptions at hospitals could have been prevented if adequate dispute resolution mechanisms existed, Medical Association of SA (Masa) federal council chairman Dr Bernard Mandell said yesterday.

Masa called for the urgent establishment of a negotiation structure in accordance with accepted international labour relations practice.

The call came as the Transvaal Provincial Administration (TPA) said in a statement that all dismissals of strikers were final.

National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said the union was "obviously disturbed, but not surprised" at the TPA action. "It just means we will have to intensify our actions," he said, adding that Nehawu's programme of occupation of hospitals would continue.

The TPA yesterday reported several violent strike-related events in the Transvaal at the weekend. It said dismissed Ga-Rankuwa Hospital workers threatened to burn down the houses of several hospital employees.



Phillip Dexter . . . disturbed, but not surprised.

Two hospital workers were treated for burns on Saturday after their houses had been petrol-bombed, the TPA said.

● A 44-year-old Johannesburg man underwent an emergency heart transplant operation at Cape Town's Groote Schuur Hospital at the weekend, despite pressure on resources due to the strike.

● About 600 members of the health workers' union were still on strike at eight Cape Peninsula hospitals yesterday.

CP softens stance to hold talks with Vance

B10A4 28/7/92

RAY HARTLEY

US SPECIAL envoy Cyrus Vance would meet CP leader Andries Treurnicht and other officials today, a UN source said yesterday.

The meeting represents a dramatic about-turn by the CP which previously rejected Vance's mission out of hand because it said it constituted meddling in SA's domestic affairs.

The encounter, which has been confirmed by the CP, will probably discuss the CP's refusal to participate in formal negotiations at Codesa.

Vance would also meet a Cosatu delegation and Boerestaat Party leader Robert van Tonder today, the source said.

Arrangements were still being finalised for meetings with ANC president Nelson Mandela and business leaders.

Vance met renegade former CP MP Koos van der Merwe, Afrikaner Freedom Foundation head Carel Boshoff, the Labour Party, the Natal Indian Congress and several prominent lawyers yesterday.

A memorandum handed to Vance by Van der Merwe called on the UN to force the ANC back to negotiations.

Van der Merwe described the ANC's mass action campaign as "graveyard politics" and called on the UN to ask the organisation to call it off.

"I am an Afrikaner and I am representative of the modern Afrikaner who rejects racism and apartheid and is keen to be part of the solution rather than part of the problem," he said in the memorandum.

In an interview after the meeting, Van der Merwe warned of possible right-wing violence if a new constitution was not drawn up speedily.

"Under the right-wing umbrella hides a military power of many hundreds of thousands of trained soldiers with an intimate knowledge of every aspect of modern warfare," he said.

Van der Merwe described Vance as well-informed and open minded.

Among the legal experts Vance met were John Dugard of the Independent Board of Inquiry and Brian Curren of Lawyers for Human Rights.

Hospital strike 'unnecessary'

B1DA4 28/7/92

KATHRYN STRACHAN

THE tragic consequences of the hospital strike could have been averted if adequate dispute resolution mechanisms existed in the public sector, the Medical Association of SA (Masa) said yesterday.

In a statement Masa chairman Dr Bernard Mandell said an urgent meeting between Masa representative groups over the weekend resolved to call for the immediate establishment of a negotiating structure in accordance with international labour standards.

"Every possible effort must be made to avoid deadlocks, as nobody benefited and thousands of people have suffered," Mandell said.

He said public sector employees' rights and obligations should also be entrenched in appropriate labour legislation.

The call for a dispute resolution mechanism was among key demands made by the National Education, Health and Allied Workers Union (Nehawu) during the two-month hospital strike.

As vacancies in hospitals were filled and health services returned to normal, dismissed hospital strikers continued with their protest action yesterday.

Nehawu regional secretary Bongani Tsimo said about 600 dismissed workers marched on the Manpower Department's regional office in Johannesburg.

The union plans to march on John Vorster Square at midday today in protest against alleged police victimisation during the strike.

Nehawu members who occupied the superintendent's office at Natalspruit hospital on Friday were joined by ANC NEC member Winnie Mandela.

Over the weekend several reports of intimidation amd crime were received from GaRankuwa and Natalspruit hospitals, a TPA statement said.

At Natalspruit a nurse's husband was shot dead on his way to work, while another employee was attacked with a knife.

Dismissed workers at Ga-Rankuwa Hospital threatened to burn down the houses of several hospital employees. On Saturday two hospital workers were admitted and treated for burn wounds after their houses were petrol bombed, the TPA said.

Top US team to train black health workers

STAR 2917192.

By Hugh Roberton
Star Bureau

WASHINGTON — Medical Education for South African Blacks (Mesab), an American organisation which this year alone has provided more than 400 scholarships to black South Africans to study medicine at South African universities, has launched a new project — a volunteer corps of black American and Jewish American medical specialists who will go to South Africa to teach and work.

The new project is to be officially launched later this week at a reception in the US Senate hosted by some of the most influential members of Congress, among them Senator Paul Simon, Senator Nancy Kassebaum, Senator Edward Kennedy, and Senator Orrin Hatch. Some of the most distinguished medical specialists in the US have either agreed to serve in the corps, or have indicated a strong interest.

Among the first volunteers, who will spend between six weeks and six months in South Africa, will be Dr Gary Dennis, chief of neurosurgery at the Howard University Hospital in Washington, Dr Theodore Steinman, a kidney specialist at Harvard Medical School, his wife Dr Carol Steinman, a psychiatric social worker, and Dr Arthur Yancey, a specialist in emergency medicine at Johns Hopkins University in Baltimore.

The first group will work in the Cape Town area, where Mesab organisers say the influx of blacks from desperately poor rural areas has put a heavy strain on medical services, and they will join efforts by the University of Cape Town and the University of the Western Cape to improve training for community service among blacks.

Mesab hopes to expand the project in South Africa.

A Mesab spokesman said the new project was being funded by a grant from the Marjorie Kovler Fund, which has a particular interest in promoting better relations between blacks and Jews. The fund has also provided support for Mesab scholarships and training projects. Mesab's major role is in providing financial aid to black students in the health sciences in South Africa.

Civil service may face new wave of protest

Staff Reporters (97)

The Commission for Administration has until noon today to reinstate dismissed health workers, or face a new wave of protest in the public sector, the National Education, Health and Allied Workers Union (Nehawu) warned last night.

However, the Transvaal Provincial Administration remained adamant yesterday that hospital worker dismissals were final, saying it considered the strike over.

It did however wish to negotiate with trade unions a formal dispute resolution mechanism.

Yesterday, about 2 000 Nehawu members marched through Johannesburg to protest against alleged police involvement in the hospital strike.

Nehawu Johannesburg branch chairman Siphiwe Mazibuko said police — under the pretext of enforcing court interdicts — were assisting the TPA to thwart efforts by striking workers to demonstrate for a living wage.

Sowetan 29/7/92

Talks with Nehawu

THE Transvaal Provincial Administration yesterday announced that it wished to open talks with the National Education and Health and Allied Workers Union.

Mr Fanie Ferreira, MEC for Health Services, said yesterday the TPA agreed that the temporary status of hospital workers and the amendment of the Labour Relations Act deserved attention and that it would hold further negotiations "to bring about a permanent solution".

The move is expected to provide mechanisms to settle future labour disputes in the public sector.

Kids fight for their lives

■ Third petrol-bomb attack on Garankuwa hospital non-strikers as violence spirals to new heights

Sowetan 29/7/92

By Alinah Dube

TWO children aged three and 12 years are fighting for their lives at Garankuwa Hospital following a pre-dawn petrol bomb attack on their home in the township yesterday.

This was the third such attack on non-striking workers at the hospital in less than three days.

The latest victim is a middle-aged mother of two, who is a cleaner at the hospital and a non-member of the National Education, Health and Allied Workers' Union (Nehawu).

She suffered severe hand burns in a frantic attempt to save her children from the burning house.

The hospital's chief medical superintendent, Dr JJ Crous, confirmed yesterday that the children suffered third-degree burns.

For fear of reprisals, the woman's name and those of her children are being withheld at the family's request.

Speaking on condition her identity was not disclosed, the woman said she was awoken by a loud bang about 1.30am.

Going up in flames

"As I struggled to work out where the sound came from, I saw my curtains going up in flames. The bed I shared with my son and daughter also caught fire," she said.

"There was panic everywhere. I did not know what to do when I saw my defenceless kids and the entire room engulfed in flames," she added.

The three - trapped in the burning house - were rescued by a relative who was sleeping in an adjacent room who was wakened up by screams. He smashed the bedroom door and whisked the children outside.

"Although he managed to rescue us, the children were already severely burnt. We were rushed to hospital in a neighbour's car," she cried.

The incident is one of spiralling attacks on non-strikers by alleged Nehawu members since the strike started.

The Transvaal Provincial Administration announced on Monday that two Garankuwa Hospital employees were treated for burns after their houses were petrol-bombed at the weekend.

A spokesman for the TPA said the incidents took place on Saturday after dismissed workers from the hospital had threatened to burn down houses of non-strikers. Names of the victims were not available.

Private hospitals now the target of health protesters

By Paula Fray STAR 30/7/92

The hospital labour dispute will be taken to private hospitals from today in a "symbolic" gesture, National Education, Health and Allied Workers' Union (Nehawu) assistant general secretary Neal Thobejane said yesterday. (97)

Workers would march on Johannesburg's Park Lane Clinic today, he said.

At a press conference in Johannesburg yesterday, the union reiterated that, despite Transvaal Provincial Administration statements to the contrary, the strike by hospital workers had not ended and moves to have strikers reinstated would be intensified.

Yesterday, TPA health services MEC Fanie Ferreira said the administration was prepared to consider re-employing dismissed workers on merit, depending on vacancies. However, it was not normal policy to reinstate dismissed workers fired for misconduct.

SA Health and Social Services Organisation (Sahsso) publicity secretary Dr Aslam Dasoo said numerous efforts to secure meetings with Government ministers on the issue had been fruitless. Sahsso would therefore discuss calling for the reimposition of the international academic boycott.

Cosatu spokesman Sipho Binda said affiliated unions had thrown their weight behind Nehawu and would ask companies going to hospitals not to cross picket lines, and call for hospitals and other TPA institutions to be the target of occupations and demonstrations.

Yesterday, a few hundred workers at Pelonomi Hospital in Bloemfontein returned to work after a brief stoppage in support of 18 dismissed strikers.

Dr Dasoo said several nurses from Soweto clinics — including senior Sahsso official Aubrey Senne — were arrested while marching to Baragwanath Hospital in support of strikers.

A small crowd of Nehawu members marched on Weskoppies Hospital demanding their jobs back.

● **Boy dies after home bombed — Page 5**

Dismissed workers battle on

STAR 30/7/92

The Transvaal Provincial Administration may consider the hospital strike over, but for the angry and bitter dismissed hospital workers who demonstrate daily outside Soweto's Baragwanath Hospital, the dispute is far from resolved.

They arrive at the start of the normal working day — about 7.30 to 8 am — and leave promptly at 3.45 pm.

They refuse to accept that they no longer work at Baragwanath Hospital.

So far, their almost two-month-long strike has brought the National Health, Education and Allied Workers' Union members no success.

No hospital official has come outside the gate to speak to them, nor to chase them away.

So they just carry on demonstrating, armed only with persistence and determination to get their jobs back.

Other hospitals in Johannesburg, by contrast, were quiet yesterday. — Staff Reporter.

Strikes are not over, says union

Sowetan 30/7/92

Sowetan Correspondent

■ An official of Nehawu rejects a statement by the TPA on stoppages in Transvaal provincial hospitals:

THE strikes at provincial hospitals have not ended, National Education, Health and Allied Workers' Union assistant general secretary Mr Neal Thobejane cautioned in an interview yesterday.

He rejected the Transvaal Provincial Administration's statement yesterday which indicated the strike was over.

The TPA's health and services spokesman, Mr Fanie Ferreira, said earlier yesterday that the strike had ended and only about 500 posts of general assistants were still vacant as far as the TPA was concerned.

"As long as workers are not doing their work, they are on strike. That they are no longer employed is irrelevant," Ferreira said.

An estimated 7 000 health workers have been dismissed for strike action which started at Soweto's Baragwanath Hospital at the beginning of June. The action soon spread to other Transvaal hospitals and has affected hospitals countrywide.

Thobejane admitted Nehawu had lost control over some of its dismissed members who were "angry".

He was confident, however, that the workers were supportive of the union's hardline action which led to their dismissal.

Workers did not want a repeat of the 1990 hospital strikes when workers were "sold out" by the unions who negotiated a lower increase to get them back to work, said Thobejane.

The Transvaal Provincial Administration said it was prepared to consider re-employing dismissed hospital workers.

"Bona fide applications for re-employment will be considered on merit and depending on the availability of vacancies," Ferreira said.

Meanwhile, a few hundred striking workers at Pelonomi Hospital in Bloemfontein returned to work yesterday morning after a brief stoppage.

The workers went on strike in the morning insisting 18 strikers who had been dismissed be reinstated.

● A small group of Nehawu members yesterday marched on the Weskoppies Hospital in Pretoria demanding their jobs back.

They presented a memorandum to hospital superintendent Dr JJ Grove threatening that if a set of demands was not met within seven days, they would take back their jobs by force.

Grove said the memorandum would be passed on to the Transvaal Provincial Administration. He received the memorandum from the Nehawu delegation leader Mr Sello Moetjie.



Police watch as members of the National Education, Health and Allied Workers' Union protest outside the Park Lane Clinic in Johannesburg yesterday. The clinic was one of six private institutions whose workers joined the hospital strike yesterday.

Picture: ROBERT BOTHA

Jo'burg clinic workers join hospital strike

BIDAY 31/7/92. 97

WORKERS at six private hospitals in Johannesburg joined the two-month-long National Education, Health and Allied Workers' Union (Nehawu) strike yesterday.

The general assistants began their strike by marching on the Park Lane Clinic yesterday morning. A group of six union officials handed a list of grievances to the management of Clinic Holdings — which controls the six private hospitals.

However, our Cape Town correspondent reports that Nehawu's plan to disrupt private clinics in that city fizzled out yesterday with no institutions reporting buildings occupied, demonstrations or sit-ins, despite an announced campaign.

About 600 health workers' union members are still on strike at Groote Schuur, Mowbray Maternity, Valkenberg, Woodstock, Somerset, Conradie, Victoria, and Brooklyn Chest hospitals and the Central Laundry in Pinelands.

In Johannesburg, Nehawu officials occupied the Park Lane Clinic until Clinic Holdings director Graham Anderson agreed to fax the memorandum to the Department of Manpower, as a symbol of the private sector's support for the union's demand that 7 500 dismissed workers be reinstated. Anderson said later he had added a covering letter dissociating the company from the memorandum.

KATHRYN STRACHAN

Nehawu assistant general secretary Neal Thobejane said the union had targetted private hospitals because the strike, until yesterday, had affected only the black community.

The private sector strike also showed the union had the resources to bring health services to a standstill.

Anderson said the six clinics were left with only skeleton staff, but services had been kept running with the help of volunteers. He said it was unacceptable for the union to bring its political frustrations into the sensitive arena of health.

TPA MEC for health services Fanie Ferreira said yesterday the workforce at state hospitals could be cut if a TPA investigation found there were more workers than necessary. Fewer numbers would allow hospitals to set higher wages.

Sapa reports at least three health workers have been admitted to hospital after assaults and intimidation, which were still taking place on hospital premises and in residential areas, the Transvaal Provincial Administration said yesterday.

Meanwhile, the TPA announced that a minimum salary of R708,50 a month for employees in rural areas and R783,50 in certain urban areas would come into effect on August 1.

Protests stop schooling

KATHRYN STRACHAN

SCHOOLING in Soweto and Alexandra came to a halt yesterday as teachers protested against the dismissal of a colleague. BIDAY

Department of Education and Training (DET) spokesman Sol Mashokoa said almost all of the 68 high schools in the region were affected. 31/7/92.

An SA Democratic Teachers' Union (Sadtu) spokesman said more than 3 000 teachers and thousands of pupils protested.

The DET said it was not responsible for dismissals at state-aided schools.

kaging
nts Limited

No. R. 2145 **31 Julie 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP ARBEIDSTERAPIE OMSKRYF

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 33 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. Die volgende handelinge word hierby bepaal as handelinge wat by die toepassing van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974), geag word handelinge te wees wat by die beroep arbeidsterapie tuishoort, naamlik die handelinge wat die evaluering, verbetering of instandhouding van die gesondheid, ontwikkeling, funksionele werkverrigting en selfhandhawing van diegene by wie dit aangetas of in gevaar is, ten doel het deur die voorskrywing en leiding van die pasiënt of kliënt se deelname aan normale bedrywighede, tesame met die toepassing van gepaste tegnieke voor of tydens deelname aan normale bedrywighede ten einde sodanige deelname te vergemaklik.

2. By die toepassing van regulasie 1 beteken "normale bedrywighede" ook die bedrywighede van gesonde kinders en volwassenes in die loop van hulle spel, werk, sosiale aktiwiteite, vermaak, huishoudelike bedrywighede en persoonlike versorging.

3. Die regulasies afgekondig by Goewermentskennisgewing R. 2291 van 3 Desember 1976, soos gewysig by Goewermentskennisgewings R. 1834 van 16 Desember 1977 en R. 446 van 10 Maart 1978, word hierby herroep.

No. R. 2161 **31 Julie 1992**

WET OP VOEDINGSMIDDELS SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET 54 VAN 1972)

REGULASIES BETREFFENDE MELK EN MELKPRODUKTE: WYSIGING

Die Minister van Nasionale Gesondheid is voornemens om kragtens artikel 15 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet 54 van 1972) die regulasies vervat in die Bylae hiervan uit te vaardig.

Belanghebbendes word versoek om binne drie maande na die datum van publikasie van hierdie kennisgewing gemotiveerde kommentaar oor of vertoë in verband met die voorgestelde regulasies in te dien by die Direkteur-generaal: Nasionale Gesondheid en Bevolkingsontwikkeling, Privaat Sak X828, Pretoria, 0001 (vir die aandag van die Direkteur: Voedsel, Kosmetika, Ontsmettingsmiddels en Gevaarhoudende Stowwe).

No. R. 2145 **31 July 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. The following acts are hereby specified as acts which shall for the purposes of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act 56 of 1974), be deemed to be acts pertaining to the profession of occupational therapy, namely those acts which have as their aim the evaluation, improvement or maintenance of the health, development, functional performance and self-assertion of those in whom these are impaired or at risk, through the prescription and guidance of the patient's or client's participation in normal activities, together with the application of appropriate techniques preceding or during participation in normal activities which facilitate such participation.

2. For the purposes of regulation 1 "normal activities" shall include those activities performed by healthy children and adults in the course of their play, work, social activities, recreation, domestic activities and personal care.

3. The regulations promulgated by Government Notice R. 2291 of 3 December 1976, as amended by Government Notices R. 1834 of 16 December 1977 and R. 446 of 10 March 1978 are hereby withdrawn.

No. R. 2161 **31 July 1992**

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 54 OF 1972)

REGULATIONS RELATING TO MILK AND MILK PRODUCTS: AMENDMENT

The Minister of National Health intends, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), to make the regulations contained in the Schedule hereto.

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

LABOUR BRIEFS

Wage deal at Implats

■IMPALA PLATINUM circumvented Bophuthatswana's anti-union laws this week and concluded a wage agreement with National Union of Mineworkers representatives. Implats and members and Central Council of Worker Representatives — composed mainly of NUM officials — agreed on a 14 percent wage increase for Implats employees. South Africans union are banned in Bophuthatswana, but in order to avert wildcat strikes employers have recently been willing to deal with them on the provision that they adjust their names.

No end to hospital woes

■WHILE the National Education, Health and Allied Workers' Union continues to organise assistance for striking hospital workers, the Transvaal Provincial Administration insists the strike is over. The TPA has begun hiring new employees and claims only 1 000 of the 7 000 fired strikers' jobs have yet to be filled. Nehawu says its members are still on strike and has set up food halls, a strike fund and arranged free transportation for strikers.

No end to hospital woes

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Weekend Argus 3/7 - 6/8/92

New target in hospital dispute

504TH 1/8-5/8/92

By Justin Pearce

STRIKING hospital workers have launched a campaign to make whites aware of the predicament faced by state health sector workers.

The National Health Education and Allied Workers' Union (Nehawu) on Wednesday started to occupy private hospitals.

The new tactic was adopted after the union decided that the strike in the state health sector had affected black patients more than whites, and that taking the strike into the white community would force the government to notice workers' demands.

Cosatu regional secretary Mr Jonathan Arendse announced Cosatu's endorsement of the strike.

At City Park Hospital on Wednesday, six Nehawu members staged a sit-in at the office of the manager, Mr Allan Matthews.

Nehawu regional secretary Mr Wilfred Alcock said later Matthews had undertaken to contact the owners of City Park and request that the hospital's directors make representation to the government in support of resolving the dispute.

The Nehawu delegation then proceeded to the Vincent Pallotti Hospital in Pinelands where they spent an hour in consultation with management.

Nehawu emphasised however that the campaign was not intended to victimise patients.

Hospitals brace for ac

Johannes
August 1
R1,00

Ignore strike call or dismissals are possible, health authorities warn

STAR 1/8/92 (9T)

BRENDAN TEMPLETON and SAPA

PRESSURES on health services still recovering from the nationwide strike are set to intensify with next week's two-day mass action.

Health organisations sympathetic to the ANC have indicated that they intend to take part in the stayaway.

Health authorities have warned that some of members could expect dismissal if circumstances warranted it.

The Transvaal Provincial Administration (TPA) asked personnel to ignore the stayaway.

All health and social service students were called on to take part in the stayaway.

Private health and social service practitioners were also encouraged to close for four hours in solidarity with the action.

The call was made by Cosatu, the ANC, the National Education, Health and Allied Workers' Union (Nehawu), SA Health and Social Services Organisation, SA Students' Congress (Wits Medical School) and the SA Dispensing Practitioners.

In Cape Town, only emergency operations would be carried out at Groote Schuur and certain other state hospitals during the stayaway, a hospital superintendent said yesterday.

Dissatisfaction over the dismissal of workers is continuing, especially at GaRankuwa Hospital where fired workers and security guards have clashed several times this week.

A delegation of community leaders and workers from the beleaguered hospital are due to meet State President F W de Klerk on Monday, according to Medunsa vice-principal Professor Gillian de Korte.

Nehawu has offered to maintain skeleton staff at all hospitals, but provincial authorities insist this is unsatisfactory.

"Tremendous service backlogs which are detrimental to the community have already developed," a spokesman said.

"Furthermore, additional emergencies could occur which could leave hospitals in dire straits," the Cape Provincial Administration (CPA) said in a statement yesterday.

TPA spokesman Piet Wilken said hospitals could not work on skeleton staff because they needed supporting services.

Nehawu has said intimidation of workers would not be tolerated.

An estimated 150 Health Workers' Union (HWU) members and their families occupied the administration block of Groote Schuur Hospital yesterday because they had not been paid.

The HWU has been on strike since June 24 and the CPA has adopted a policy of "no work, no pay".

Scores of protesters were arrested while demonstrating in support of dismissed workers near the Johannesburg and GaRankuwa hospitals yesterday.

During a march to TPA offices in Johannesburg, ANC secretary-general Cyril Ramaphosa warned that a future democratic government would "remember" the dismissals of the hospital workers.

He pointed out that Toyota had sacked 6 000 workers and then entered bona fide negotiations with their union to resolve the dispute.

The workers were later reinstated.

In response, Wilken said the TPA had followed all procedures, including warnings, before the workers were dismissed. The administration was now being made out to be "the bad guy". What worries us is that hospitals are being used as a targets for political ends," he said.

"What worries us is that hospitals are being used as a targets for political ends," he said.

At the TPA offices a memorandum was handed over demanding the reinstatement of the dismissed workers and the resolution of the issues which sparked the strike.

The demands are a minimum wage of R724 a month; permanent status for temporary workers; and the establishment of an interim dispute resolution mechanism.

No end in sight to the . . . open 2/8/92

WAR OF WARDS

By THEMBA KHUMALO (97)

THE crisis in Transvaal hospitals looks far from being resolved as both trade unionists and Transvaal Provincial Administration authorities continue to engage in a war of words.

TPA spokeswoman Elsabe Ferreira this week said at least 7 500 general assistants who participated in the strike called by the National Education and Health Workers Union (Nehawu) had lost their jobs.

"We have appointed 3 000 new employees, some fired during the strike, and the situation is fairly calm in most hospitals – almost back to normal," Ferreira said.

She said intimidation was still rife at Baragwanath, GaRankuwa and Natalspruit hospitals where non-strikers were sjambokked and their houses set alight.

A TV 1 news bulletin showed footage of a group of sjambok-wielding men stopping taxis and subsequently assaulting non-strikers who were going to work at GaRankuwa.

Several suspects have been rounded up and have appeared in court on charges of intimidation and assault.



SOLIDARITY ... Strikers gather outside GaRankuwa Hospital. Doctors, nurses and medical students joined the march in solidarity with dismissed Nehawu members. ■ Pic: JONAS MANKGA

Nehawu general secretary Phillip Dexter, who is at the forefront of the strike action, has repeatedly denied that the assailants were members of his union.

Dismissed strikers at Baragwanath have not lost hope of being taken back to their jobs. They normally assemble outside the hospital at 10 am until 4.30 pm from Monday to Friday while union leaders brief them on the latest developments. Some of them are beginning to be worried because of their financial commitments.

Nehawu has canvassed enough moral support from various trade unions and political organisations to keep workers' hopes alive.

At a press conference in Johannesburg this week, Nehawu spokesman Neal Thobejane said the union members would take the strike to the private clinics in white areas.

In a new twist related to the two-month-old strike, a spokesman for the South African Health and Social Services Organisation (Sahsso), Dr Aslam Dadoo, on Wednesday announced plans to enlist foreign assistance to end the strike.

Nehawu vice-president Vusi Nhlapho said the fact the Cape and Natal provincial administrations had entered into agreement with the union showed they were more reasonable than their counterparts in Transvaal and the Free State.

■ The Vaal branch of Nehawu took to the streets this week in protest against the dismissal of 8 000 employees at the Sebokeng hospital.

■ Police fired teargas when doctors, nurses and Medunsa students joined a protest march outside the GaRankuwa Hospital on Friday morning. After the disruption of the march one Medunsa student was reported injured and another was held by police.

Residents and local organisations resolved to march from GaRankuwa's Freedom Square tomorrow morning to the hospital where they intend staging a sit-in.

The Medical Association of SA has called on all parties concerned to ensure that health services are not placed under further pressure during this week's planned mass action.

KATHRYN STRACHAN

Hospitals braced for more disruption

SERVICES at provincial hospitals, which have slowly returned to normal during the past two weeks, are expected to be disrupted again today as workers join the mass action campaign.

National Education, Health and Allied Workers' Union (Nehawu) secretary-general Philip Dexter said despite the dismissal of 7 500 general assistants, the union still had a lot of support in hospitals.

Demonstrations began on Friday when SA Communist Party chairman Joe Slovo, ANC secretary-general Cyril Ramaphosa and Cosatu general secretary Jay Naidoo led hospital workers in a march on the TPA regional offices in Braamfontein to demand the reinstatement of dismissed workers.

Workers later marched on the Johannesburg Hospital where 190 people, including union officials, were arrested and charged with violating a court order preventing them from entering hospital premises. The strikers were released on R100 bail each on Saturday morning.

Police reported an assistant nurse at Johannesburg Hospital was killed on her way to work on Friday night — possibly in a road accident.

Police spokesman Lt-Col Dave Bruce said the body was found at Nasrec, near Soweto.

National Peace Secretariat chairman Anthony Geldenhuys said last week the hospital strike had become a matter of great concern, particularly because of the violence involved, and added a Peace Committee delegation would be sent to try and mediate to end the violence.

Six private clinics in Johannesburg, hit by the Nehawu strike on Thursday, returned to normal the following day. But Clinic Holdings (CHL) MD Jeffrey Hurwitz said he expected services to be disrupted again today when hospital workers joined the general strike. He said a list of grievances put forward by CHL workers would be addressed.

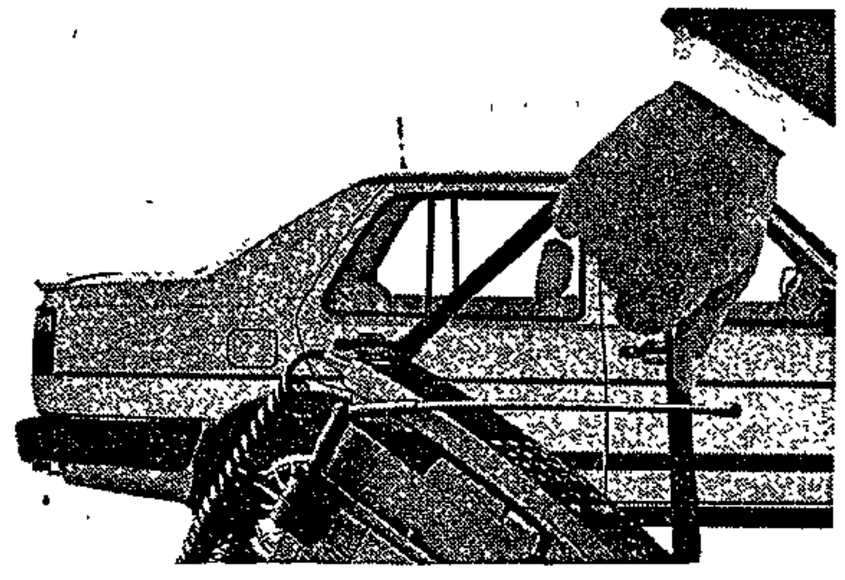
About 1 000 professional staff at Baragwanath Hospital, including almost 100 doctors, marched on the administration building on Friday morning after hospital authorities banned a meeting.

SA Health and Social Services Organisation spokesman Refik Besmilla said the demonstration lasted less than an hour and all facilities were manned by skeleton staff.

TPA spokesman Piet Wilken said Ga-Rankuwa Hospital remained the focus of the strike.

SIEMENS

If you're a workhorse, you need to do things with a dash of speed



Siemens C30 Flavinbane

Mabeoana high schools.

Winnie 'won't take orders'

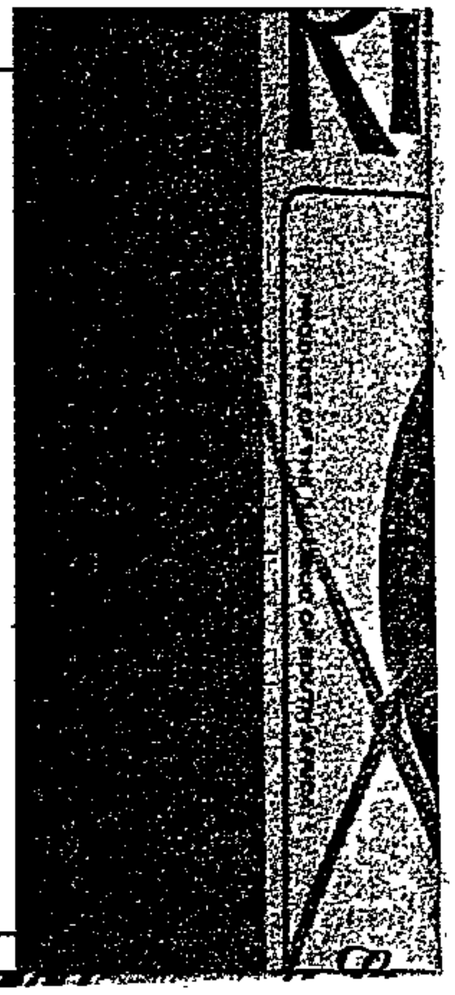
MRS Winnie Mandela, estranged wife of ANC leader Mr Nelson Mandela, yesterday heaped abuse on the superintendent of Garankuwa Hospital and angrily said she would not take orders from him.

Mandela, who led a march of residents to call for the reinstatement of dismissed hospital workers, shouted at Dr JJ Crous after he had turned down the residents' delegation's request to discuss the memorandum he was presented with.

Crous told Mandela he was unable to respond to their demands because he acted under the TPA and would have to report to it first.

Pointing a finger at Crous, Mandela said: "Don't you dare tell us you don't have a final word in this matter. We are saying to you politely, let's discuss this memorandum in privacy.

"We are here as the people's representatives - the African National Congress - and you must be respectful enough if you are the head of this hospital. You are these people's servant."



the nation in brief

Sowetan 5/8/92

Alliance on the march

THOUSANDS of ANC/SACP/Cosatu followers marched on Tembisa Hospital on Monday to demand the reinstatement of dismissed hospital workers. At Embalenhle, Secunda, a local trade union leader, Mr Thabo Mokoena, claimed the mass action was "forced down the throats of residents''.



VOICING DEMANDS . . . Health workers embark on action to improve their pay and upgrade working conditions in hospitals.

7 000 fired – but still hope for hospital strike solution

By THEMBA KHUMALO

Citizen 5/7/92

THE Transvaal Provincial Administration's belated decision to enter into mediation with the National Education and Health Workers' Union (Nehawu) to try and resolve the wage dispute has restored the hopes of 7 000 strikers who were fired by the TPA this week.

TPA authorities agreed to resolve the strike through mediation after a last-minute meeting with union lawyers in Pretoria to salvage the hospital crisis.

Union officials said the decision by the TPA was directly linked to the mushrooming strikes by workers in Natal and eastern Cape hospitals who responded to the dismissal of their Transvaal colleagues by downing tools on Wednesday.

Nehawu assistant general-secretary Neil Thobejane said about 18 000 general assistants had joined the latest strike action. Employees at QwaQwa Hospital were reported to have taken similar action, Thobejane said.

A joint statement issued after the meeting said the parties would decide the details of the meeting at a later stage.

The dismissals at Baragwanath prompted thousands of work-seekers to queue for employment at the hospital on Wednesday. The dismissed workers were allegedly angered by those who applied for their vacancies and incidents of assault were reported to the hospital authorities.

However, hospital spokesman Seugnet van Niekerk said there was no cause for alarm because none of those who applied had been been employed.

Downed tools

The matter was subject to mediation and besides, the dismissed workers had been given until July 10 to put their cases individually to the authorities.

The decision to go for mediation is the culmination of a series of strikes by thousands of general assistants and clerks in about 25 hospitals in the Transvaal, Cape and Free State.

They downed tools last month to demand a 15 percent wage increase and R724 across-the-board rise. They also demanded that all the casual staff, some of whom have been regarded as temporary workers for over 15 years, be appointed to permanent positions.

Two weeks ago the strikers were joined by 300 student nurses and radiographers at Baragwanath and marched to the administration building to present demands.

The strike threatened to become dangerous after the killing of two shop stewards and a porter who were attending a meeting in a private house in Katlehong on the East Rand three weeks ago.

A nursing sister who was on strike was assaulted and her car damaged allegedly by the anti-strike elements at the Far East Rand Hospital in Boksburg.

Thobejane promised to unleash the might of the union's 80 000 membership if mediation failed to yield concrete results.

He was particularly angered by the dismissals.

"The TPA is applying the dirtiest tricks I've ever known to resolving a labour dispute," Thobejane said.

He alleged that authorities at Baragwanath were bussing in scabs from the nearby Diepkloof Hostel and were paying them R35 a day.

This was clearly aimed at setting the strikers at loggerheads with the hostel-dwellers who are predominantly IFP supporters, Thobejane alleged.

Sowetan 7/8/92

Mediation in health strike

A MEDIATION meeting to revive talks between the National Education, Health and Allied Union and the Transvaal Provincial Administration is underway.

The chairman of the National Peace Secretariat, Dr Antonie Gildenhuys, said although the Peace Secretariat was not dealing with labour matters, the committee was committed to ending an impasse between Nehawu and the TPA. (97)

He said Witwatersrand/Vaal Local Dispute Resolution Committee and the Western Transvaal LDRC had a meeting with the Minister for National Health and Population Development, Dr Rina Venter, last Tuesday on the hospital strike. The outcome of the meeting would be disclosed at a later stage.

Strike talks 'on track'

CHARLIE PRETZLIK

TALKS to resolve the nine-week health workers' strike were back on track, SA Health and Social Services Organisation (Sahsso) spokesman Dr Aslam Dasoo said at the weekend.

He said Health Minister Rina Venter met the Peace Accord's Wits/Vaal regional dispute resolution committee last Tuesday.

Dasoo also said staff from the Medical University of SA (Medunsa) and workers from GaRankuwa Hospital had met Venter and the Transvaal Provincial Administration (TPA). The outcome of neither meeting is known. Dasoo said the strike and mass action had led to a "new climate of reconciliation".

There were indications the TPA might discuss the status of the 7 000 dismissed workers.

Talks last week involving "a number of parties" were held "out of the public eye" to help break the deadlock between the TPA and the National Education Health and Allied Workers' Union and prevent anyone losing face, a source close to the negotiations said.

TPA spokesman Piet Wilken denied any knowledge of mediation.

ANC 'frustrating' govt council plans

ADRIAN HADLAND

GOVERNMENT plans to amalgamate white and black local authorities into a "one city, one tax base" system by July next year had been frustrated by political differences between the ANC and the SA National Civics' Organisation (Sanco), Local Government Minister Leon Wessels said at the weekend.

During a Council for the Co-ordination of Local Government Affairs meeting in Bloemfontein on Friday, Wessels said the ANC had "excluded itself from negotiations at local level in an effort to hide its fundamental differences with Sanco".

Hampered

Local Government Ministry spokesman Johan Smit said Wessels believed "specific differences" existed between the ANC and the civic associations which had precluded the ANC's participation in future plans for local government.

Recent ANC criticism of Sanco's bond boycott initiative was given as an example of the differences of opinion which had hampered local government negotiations.

Wessels said the ANC had walked away from the negotiating process after consensus had already been reached on the formation of a transitional subcommittee for regional and local government affairs — a body intended to restructure local government — and he accused the ANC of "running away from the burning issues confronting local government".

Wessels' comments followed an ANC statement last week rejecting the deliberations of the council as a continuation of government attempts to unilaterally restructure local government.

The ANC statement said recent meetings of the council had produced initiatives such as the Interim Measures for Local Government Act of 1991 and the Local Authority Affairs Amendment Act of this year. "Both pieces of legislation have seriously and negatively affected local government negotiations throughout the country," the statement said.

"It is clear to the ANC that the results of the current trends of unilateral restructuring will be a priority for an interim government to deal with and remove."

In his reply, Wessels said restructuring initiatives had not been unilateral as all parties at a local level had been invited to participate. He said the ANC's critical statement bore "witness to their envy of not being part of the important debate concerning the establishment of amalgamated local authorities".

Wessels said negotiations on amalgamated councils or joint administrations, which were expected to be completed by July next year, were in progress in 207 regions around the country.

SOWETAN Tuesday August 11 1992

to re-instate workers

Tough stand on strikers (97)

■ Workers won't be reinstated:

Sowetan 11/8/92 .

MORE than 7 000 hospital workers who have been dismissed by the Transvaal Provincial Administration will not be reinstated.

In an interview yesterday, vice-chairman of the Wits/Vaal Regional Dispute Resolution Committee, Mr Rupert Lorimer, disclosed that Health Minister Dr Rina Venter had said the Government would not budge on the issue.

"The Minister said they were not going to change their minds," Lorimer, who is also the Democratic Party MP for Bryanston, said.

was injured in the attacks.

sons for staying away.

Call for halt to public land sale

6104 11/8/92

LINDA ENSOR

CAPE TOWN — The SA National Civic Organisation (Sanco) has called for a moratorium on the sale of all public land until an interim government is installed and a housing and development policy formulated for metropolitan and regional development.

Sanco is to form a coalition with the ANC and other land and environment organisations to look at issues relating to the future development of SA.

"We can no longer look at land issues as isolated problems.

"They must form part of a housing strategy aimed at investigating the land question and its implications in the greater metropolitan context," western Cape regional vice-chairman John Neels said yesterday.

"A critical part of this initiative would be the question of affirmative action and redistribution of land to communities historically deprived by apartheid."

Minister launches bid to help sacked hospital staff

6104 11/8/92

CHARLIE PRETZLIK

HEALTH Minister Rina Venter said yesterday she had launched a major initiative aimed at resolving problems involving the 7 000 hospital workers dismissed by the Transvaal Provincial Administration (TPA).

She said negotiations had begun on Friday between the TPA and the National Education Health and Allied Workers' Union (Nehawu) after requests from the Wits/Vaal regional dispute resolution committee which met Venter last week.

The negotiations were continuing yesterday.

Venter also said she had set up two committees to investigate aspects of the hospitals crisis.

One was to "see what we can do to provide social assistance for dismissed workers". She said she was considering some sort of assistance in kind, such as food provision, but not financial assistance.

The committee would also look at how demands for the reinstatement of the 7 000 workers could be considered without firing workers since employed by the TPA.

The second committee would examine ways of normalising "the atmosphere" at the Medical University of SA (Medunsa) and its adjoining teaching hospital.

Representatives from Medunsa told Venter last week the situation at the hospital remained volatile, which was affecting training.

A committee similar to the one dealing with Medunsa had been set up in Johannesburg at the instigation of the Wits/Vaal regional dispute resolution committee, she said.

Venter reiterated her commitment to outlawing strikes in the public sector, but said "we will institute a dispute resolution mechanism to ensure a similar strike never occurs again.

"Draft legislation is currently being negotiated between the Commission for Administration and the 11 public sector unions, except Nehawu, which boycotted the talks."

IS IT DIFFICULT TO SELECT A JURY?
HERE'S SOMETHING I'VE ALWAYS WANTED TO ASK
Charles Schulz

TPA, union to discuss fate of hospital workers

BIDAY 12/8/92. (97)

THE Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union will discuss the reinstatement of 7 000 dismissed hospital workers tomorrow.

Sapa reports Nehawu assistant general secretary Neal Thobejane said yesterday the union was still lobbying for its members' jobs. TPA spokesman Sonia de Wet said the TPA viewed tomorrow's meeting as an attempt to normalise the situation at Baragwanath Hospital specifically.

At Baragwanath yesterday, police used teargas to disperse a crowd of dismissed workers after they apparently threw stones and disrupted traffic.

Nehawu's fight could reach the Supreme Court if an application is lodged later this week, according to a Cheadle, Thompson and Haysom lawyer.

Thobejane said the union was hoping to meet the Free State Provincial Administration next week to discuss reinstatements of dismissed workers there.

CHARLIE PRETZLIK reports that Thobejane said yesterday Health Minister Rina Venter's offer this week of assistance to dismissed health workers was "not enough" and "too late".

However, he was "very optimistic" that common ground could be found on the reinstatement of the 7 000 dismissed workers.

But he emphasised that the question of wages and conditions of labour had still not been addressed by the Commission for Administration, which had still not agreed to mediation. Negotiations between Nehawu and the TPA began on Friday and continue this week.

The Nehawu strike in the Cape ended on Monday when workers at East London's Frere Hospital returned to work. Action in Natal was suspended some weeks ago.

In the Cape Peninsula, however, 716 hospital workers — members of the Health Workers' Union — are still striking at 10 hospitals after the union and the CPA failed to reach an agreement.

Police teargas 200 protesters at Bara

STAR 12/8/92

By Charmeela Bhagowat

About 200 dismissed Baragwanath Hospital workers, protesting outside the hospital's main entrance, were teargassed by police yesterday after allegedly preventing delivery trucks from entering the premises.

The protesting National Education, Health and Allied Workers' Union (Nehawu) members were dismissed last month and are demanding their own reinstatement as well as that of 7 000 members countrywide.

Baragwanath Hospital spokesman Annette Clear said doctors complained yesterday morning that protesters had stoned their cars and refused them entry to the hospital.

The workers prevented delivery trucks with important medical supplies from entering the premises. "They protest at the gate every day. But the moment they prevent deliveries and disrupt services, we have to take action," she said.

Baragwanath superintendent Dr Chris van der Heever said: "The police monitored the situation and after some stone-throwing took place, the area in front of the main entrance was cleared."

However, the protesters claimed they did not stone doctors' cars or prevent delivery trucks from entering.

Alina Molefe (57) said: "We did not do anything. I was just sitting down with all the other elderly women when the police announced that we had 10 minutes to disperse. When we refused, they teargassed us.

"One policeman stood right in front of me and sprayed the teargas into my eyes and mouth.

"When one of the women asked a policeman why they were teargassing us — because we had done nothing wrong — he said Dr van den Heever had ordered them to."

The protesters dispersed peacefully an hour later.

The reinstatement of the dismissed workers will be discussed at a meeting between the Transvaal Provincial Administration and Nehawu tomorrow, reports Sapa.

Nehawu assistant general-secretary Neal Thobejane said yesterday that the union was still pressing for their members' jobs, but TPA spokesman Sonia de Wet said the TPA viewed the meeting as an attempt to normalise the situation, specifically at Baragwanath. The TPA did expect the issue of reinstatement to be raised.

Cops fire teargas at strikers

Sowetan 12/8/92

■ Police act after stone throwing:

POLICE used teargas to disperse a crowd of dismissed hospital workers outside Baragwanath Hospital in Soweto yesterday.

Police spokesman Captain Govindsamy Mariemuthoo said the incident happened about 1pm.

Baragwanath spokesman Mrs Seugnet van Niekerk said police were called to the scene after some staff members who included doctors reported that they were prevented from entering the hospital premises.

She said delivery trucks bringing goods to the hospital were also stoned.

"Police first warned the strikers who had been demonstrating and picketing outside the hospital's gate to disperse before they took action," van Niekerk said.

The hospital's chief superintendent, Dr Chris van den Heever, said the crowd had thrown stones before the police took action.

Van den Heever said the protesters had also disrupted traffic entering the hospital and "attempts were made to dissuade trucks from entering the hospital with much needed provisions and medical supplies". "Even medical staff were interfered with," Van den Heever said.

Halt sale of State land, urges ANC

STAR 13/8/92

By Jo-Anne Collinge

The ANC is gearing up for battle over the proposed auction of 53 parcels of Government land in prime residential areas across the Reef.

Yesterday the ANC released a statement calling on the Government to suspend the auction on August 26 at the Carlton Hotel in Johannesburg.

Sources close to the ANC said the organisation viewed the auction as a test case, and would fight the Government with all its resources.

"The offer of this land to speculators and developers completely ignores the enormous land and housing crisis in the country, particularly in the PWV," the statement read.

The ANC demanded that the sale be halted "in order to provide the opportunity for a more socially responsible approach to be formulated — an approach more in keeping with the future of our cities than with their past".

Protested

The ANC said its demand for a halt to State land sales extended to provincial and local authorities.

Recently the Department of Public Works suspended the auction of several agricultural properties in the Queenstown and Tarkastad areas of the eastern Cape The auction was due to have taken place yesterday, but land rights groups and communities uprooted by forced removals protested against the sale.

In rural areas the demand for a moratorium on the sale of State land relates largely to the fact that the Government still holds many areas from which "black spot" communities were removed.

Since the appointment of the State President's Advisory Commission on Land Allocation, several communities have lodged claims for the restoration of this land



Filling empty bellies . . . the headmaster of Dirkie Uys Laerskool in Norwood, Christo Lodder.

Helping hand for hungry Norwood schoolchildren

STAR 13/8/92

By Anna Cox

In the heart of the upmarket suburb of Norwood, Johannesburg, there are children who go to school hungry every day.

And if it were not for the efforts of Christo Lodder, headmaster of Dirkie Uys Laerskool, who runs a feeding scheme at the school, many would go home hungry.

"We have our own twilight children at this school. It is one of the last few Afrikaans schools in the northern suburbs, and when Joubert Park Laerskool closed we got many children from Hillbrow and Berea," said Mr Lodder.

"I found out by accident that certain children were coming to school hungry when a Grade 1 pupil was found stealing a classmate's lunch. She was caught red-handed, with a sandwich in her mouth

"She had taken nothing except the food and when I asked her why she had done it she answered very simply that she was hungry," said Mr Lodder, who took over as principal in April.

He began investigating all the suspected cases of hardship and personally visited each family to see what conditions they were living in.

"Some families are sleeping on blankets on the floor of unfurnished flats in Hillbrow. Husband and wife are often unemployed and there is no income. Some parents are even struggling to pay bus fare to school," he said.

After appeals for help from the local community failed, Mr Lodder asked the O'Connor Foundation for assistance. Forty food parcels a month are now being sent to the school for the children to take home.

"It is not enough We need money to get these children proper school uniforms, tracksuits and clothes for the cold winter days, but not many people are prepared to help"

Anyone who can assist should telephone Mr Lodder at 728-6307.

New HIV and hepatitis test to be launched soon

STAR 13/8/92

Medical Reporter

A new test for the HIV and hepatitis virus — a 10 minute "tongue-tip" saliva test — will soon be launched in Johannesburg.

British dental consultant Dr Marsh Midda, who is involved in clinical trials and the launch of the new test, arrived in South Africa this week to attend the Dental Association of SA congress.

Developed by Oracle Diagnostics of California, the saliva test is reportedly as accurate as the Elisa international standard test on blood but has the convenience of being quick, painless and affordable, and can be done in the privacy of one's home.

National Institute of Virology director Professor Barry Schoub said the test was still under evaluation and so he could not comment fully.

"If it is proved to be reliable then certainly it would be a very useful facility," said Professor Schoub.

However, he strongly cautioned against people checking themselves in the absence of professional advice.

According to Dr Midda the home test-kit has met with some controversy in the UK and US as any patient undergoing an HIV test must have full professional counselling as well.

"In some cases, however, it would be better to have a quick diagnosis as some patients who were negative committed suicide before receiving the results of their blood tests," he said.

Arsonists set school bus alight

A bus belonging to a school for the handicapped was set on fire early yesterday, causing R50 000 damage, said Soweto police liaison officer Captain Govindsamy Mariemuthoo.

"There have been problems lately at the J C Merkins School for the Handicapped in White City, Soweto," Captain Mariemuthoo said.

In July, 36 of the school's teachers were arrested after a sit-in demanding the reinstatement of a colleague.

Yesterday at 3.30 am the tyres of the bus were slashed and the bus was set alight.

The arsonists could expect strong action from the police, Captain Mariemuthoo warned. — Sapa.

Several hurt as hospital workers, protesters clash

STAR 13/8/92

By Thabo Leshilo
Labour Reporter

Several people were injured in a clash between sacked hospital workers and those on duty at Hillbrow Hospital in Johannesburg yesterday.

The confrontation took place at about 2 pm when 200 National Health, Education and Allied Workers' Union (Nehawu) members gathered for their daily picket. The SAP, Nehawu and the hospital gave different accounts of how it started.

A Witwatersrand police spokesman said hospital workers on duty "decided they had had enough of the shouting and noise of the protesters".

Hospital senior superintendent Dr Trevor Frankish said fighting started after two workers on their way to work were stabbed by strikers.

However, Nehawu's Johannesburg branch secretary Bongani Tsimo claimed the attack was unprovoked He said three Nehawu members were admitted to hospital in a serious condition.

● The Transvaal Provincial Administration said yesterday it would meet the Soweto Action Committee for talks on restoring Baragwanath Hospital services to normal.

Fanie Ferreira, MEC for health services, said reinstating sacked workers would be discussed at the committee's request. Of the more than 7 000 sacked, just over 1 000 had given reasons why their dismissals should be reconsidered, he said, and about 400 had been re-employed.

Govt slates marches by ANC alliance as illegal

B|DAY 13|8|92

WILSON ZWANE

GOVERNMENT yesterday accused the ANC of violating the law by staging 58 illegal marches earlier this month.

The Justice Department said yesterday the staging of marches by the ANC-SACP-Cosatu alliance on August 3 and 4 contravened laws and was contrary to the national peace accord and the agreement which the alliance reached with police last month.

The matter would be referred to National Peace Secretariat chairman Antonie Gildenhuys, it said.

The department's statement came a day after QwaQwa's ruling Dikwankwentla Party pulled out of the peace accord, citing the ANC's "attitude and behaviour" as a reason.

Party leader Kenneth Mopeli said the ANC was "making a mockery of the whole spirit of the peace accord".

The Justice Department said the peace accord stipulated that signatories should inform appropriate authorities in good time about the "date, place, duration and route of each march" they organised.

There was also an interim agreement between police, the ANC, SACP and Cosatu on how mass demonstrations should be conducted.

The Goldstone commission's Judge Richard Goldstone said on July 23 that police, the ANC, Cosatu and SACP had agreed that "proper notice and bona fide negotiations are preferrable to applications for permission to ensure that public demonstrations are held and conducted peacefully".

The department stressed that the peace accord and the interim agreement between police and the ANC-SACP-Cosatu alliance did not amend or supersede existing legislation.

The 58 marches staged by the alliance were, therefore, unlawful.

ANC spokesman Gill Marcus said the department's statement showed how unchanged its attitude was regarding control.

Marcus said instead of "crying foul", the department should work on the implementation of the Goldstone commission's recommendations on the handling of demonstrations.

Meanwhile, Gildenhuys told the Bophuthatswana national executive council yesterday the 30 UN observers expected in SA should be able to "inhibit any inclination among ANC supporters to violent actions", Sapa reports.

A Bophuthatswana government statement said he was referring to last week's largely peaceful mass action campaign when 10 UN observers managed to ensure no violence occurred at all the major events and most of the smaller ones.



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(Wood-mellowed Sauvignon Blanc)

Hospital staff accused of attacking protesters

B|DAY 12/8/92

CHARLIE PRETZLIK

FOUR people were seriously injured yesterday after being attacked while picketing outside Hillbrow Hospital. They have been hospitalised.

Dismissed health workers picketing outside the gates alleged they were attacked by hospital workers.

Johannesburg National Education, Health and Allied Workers' Union (Nehawu) branch secretary Bongani Tfimo said about 30 people armed with knives, pangas and spears were let out of the gates by a hospital official.

"We lay the blame squarely at the feet of the hospital's chief superintendent Dr Trevor Frankish because he gave the instructions for the workers to be allowed out and looked on as the attack took place," Tfimo said.

Nearby police had not intervened and the attackers returned to the hospital, he said.

Frankish last night "categorically denied" that he was in any way involved. The attack was "spontaneous". He promised an immediate internal investigation.

Sapa reports talks aimed at normalising the situation at Baragwanath Hospital will be held between the Transvaal Provincial Administration and the Soweto Action Committee in Johannesburg this morning.

The Cape Provincial Administration announced agreement had been reached with the Health Workers Union. Its members would return to work by noon today.

Goniwe inquiry shifts to Pretoria

PATRICK BULGER

THE focus of the investigation into the murder of Cradock political campaigner Matthew Goniwe has moved to Pretoria.

Eastern Cape attorney-general Michael Hodgen said yesterday he was in Pretoria in connection with the Goniwe investigation. He would not name those he had questioned.

He said only that he was following various leads.

Hodgen confirmed that he had received a file from the SADF on the disappearance of a signal document linking the State Security Council to Goniwe.

He said the police had also been given copies of certain documents.

Hodgen said he had yet to come to a decision on whether charges would be pressed in the case of the missing signal document.

He could not comment on the Goniwe investigation itself.

Meanwhile, the SADF said yesterday an investigation report on the disappearance of the document had been given to Hodgen.

SADF spokesman Col John Rolt said the SADF was not looking for former Military Intelligence official Col Gert Hugo.

According to an affidavit from a former police agent Jennifer du Plessis, Transkei's military ruler Maj-Gen Bantu Holomisa had acquired the documents from Hugo.

Rolt said that as the SADF had completed its investigation, it had no need to question Hugo now.

Holomisa, who was not available for comment yesterday, has said previously that the document arrived at his office in a plain envelope.

Boipatong policeman 'threatened by captain'

KATHRYN STRACHAN

A POLICEMAN who claimed he saw police in Boipatong during the June 17 massacre in the township told the Goldstone commission yesterday he was intimidated by police who tried to make him change his statement.

Special constable Ntietsa Xaba, who is also a Boipatong resident, said a captain from the Vanderbijlpark police station had tried to make him change some facts on his statement, including the time at which he saw the police Casspirs.

Xaba said the captain became angry when he refused to change the facts, and threatened to assault assault him.

Counsel for the SAP, Flip Hattingh, put it to Xaba that he feared for his safety in the township and made the allegations to gain the approval of the ANC.

A dispute arose in the inquiry yesterday over Hattingh's cross-examination of the witness, which lasted seven hours.

Commission chairman Judge Richard Goldstone said he was concerned about the length of cross-examination, but added Xaba was one of the inquiry's most critical witnesses, and counsel should be given time to test his credibility.

Counsel for the ANC, Arthur Chaskalson, said the tedious cross-examination was ultimately "bludgeoning the witness into a state of confusion and exhaustion", and asked for a time constraint to be placed on questioning.

The first session of the inquiry, which focuses on allegations of security force involvement in the attack on the night of June 17, was expected to end today. But the inquiry has not been able to hear evidence from all the witnesses put forward, and the session is expected to continue in November.

Commission members visited Boipatong late last night to examine the visibility in the area during full moon. Witnesses have claimed they could see events more clearly on the night of the attack because it was full moon.

Talks stall on reinstatement of hospital workers

CHARLIE PRETZLIK

NEGOTIATIONS were stalled yesterday between the Transvaal Provincial Administration (TPA) and the Soweto Action Committee, which includes the National Education, Health and Allied Workers' Union (Nehawu).

The parties failed to agree on the reinstatement of fired Transvaal hospital workers.

Nehawu assistant secretary-general Neal Thobejane said Nehawu had offered to impose a temporary moratorium on strike action even though demands on wages and service conditions had still not been addressed by the Commission for Administration.

TPA MEC for Health Services Fanie Ferreira said last night the dismissed workers "cannot be reinstated since vacancies have already been filled by new employees".

Talks go on and so does hospital strike

Weekend 14/8 - 20/8/92

(151) (152) 97

By MONDLI MAKHANYA

IT may have moved off your television screens but the hospital strike drags on.

The three-month strike by Transvaal hospital workers is now being waged not only by National Education, Health and Allied Workers Union members, but also by township communities and political movements. Strike support groups have been established by civic associations and political structures in the strike hotspots of Ga-Rankuwa and Soweto. It is these structures, together with Nehawu, that are now negotiating with the Transvaal Provincial Administration and central government.

Whether this pressure will win the reinstatement of 8 000 fired strikers is a moot point. Insisting that the strike is over, the TPA has already hired about 4 000 new employees. It has told dismissed workers they can individually re-apply for their jobs.

Negotiations have, however, been continuing, at the behest of the Vaal/Witwatersrand Dispute Resolution Committee, alarmed by the high levels of violence associated with the strike.

The Independent Mediation Service of South Africa has been refereeing the talks since last Friday and both sides say a solution may be found. Nehawu is also seeking legal advice with a view to challenging the dismissals in court.

While Nehawu has joined the Soweto negotiations with the TPA over the sacking of the strikers at Baragwanath and other southern Transvaal hospitals, it has not taken part in the Ga-Rankuwa talks.

"Health Minister Rina Venter refuses to talk to the union. She ... has problems with the present leadership," Nehawu's Neal Thobejane explained.

Venter also said this week she would expedite legislation aimed at outlawing strikes in the public service and institute "a dispute resolution mechanism to ensure a similar strike never occurs again". The meaning of her threat is unclear — the Public Service Act, which governs labour relations in the sector, does not provide for lawful strike action.

NEWS ROUND-UP

Cosatu gets tough on hospital strike

97

ST Times 16/8/92

COSATU and the government are poised for a showdown over the nine-week hospital strike. After an unsuccessful meeting with Minister of Health Rina Venter on Friday, the union federation has thrown down the gauntlet.

Cosatu — which has in recent times focused on recruiting in the public sector — says the strike is now a Cosatu strike. A day of solidarity will be held with striking hospital workers on August 31 and will include nationwide lunch-hour demonstrations.

Direct pressure will be placed on hospital administrations. "If the strike has not been resolved by September 1, Cosatu's executive committee will discuss more drastic measures at its meeting on September 3 and 4," Cosatu said in a statement.

The union federation sees the government's refusal to negotiate an end to the strike as a deliberate attempt to crush Cosatu's attempts to organise government employees into unions.

Man on fast losing vision

253

RIGHT-WING hunger striker Leonard Veenendaal received vitamin A

AK-47 gift from PW

FORMER State President PW Botha has been

Cosatu to help fired strikers

Saweton 17/8/92

"Day of solidarity" on August 31:

By Ike Motsapi

THE Congress of South African Trade Unions (Cosatu) has called for a "day of solidarity" on August 31 in support of 7 000 dismissed hospital workers.

A number of protests - including lunch-hour factory demonstrations - will take place on that day.

Cosatu said in a statement that the decision to launch the protests was taken at its national executive committee meeting last Friday.

Cosatu has devised a programme of action aimed at putting pressure on the authorities.

- A "strike solidarity committee" involving all Cosatu affiliates as well as health organisations was being set up.
- Lunch-hour demonstrations would be held at the workplace on August 31.
- Cosatu would continue discussions with employers aimed at putting pressure on the Government to negotiate in good faith.
- The federation said if the strike was not resolved by September 1, its executive committee would discuss more drastic measures at its meeting on September 3 and 4.

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News in brief

Sowetan 18/8/92

Boycott continues

STUDENTS at the Medical University of Southern Africa continued their lecture boycott yesterday, demanding the reinstatement of dismissed workers at Garankuwa Hospital.

SRC spokesman Kwena Mabotja said yesterday a return to classes depended on the normalisation of employment at the hospital. At Transvaal provincial hospitals affected by strikes, patient care is returning to normal, according to TPA spokesman Elsabe Ferreira.

Our man

THE general m... Rory Wilson, h... eral manager ... Town.

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Union and TPA discuss impasse

KATHRYN STRACHAN

NEGOTIATIONS between the TPA and the National Education, Health and Allied Workers' Union (Nehawu) resumed on Sunday at a high-level meeting convened by the national peace committee.

A statement by the Wits/Vaal regional dispute resolution committee yesterday on behalf of the TPA, Nehawu and Cosatu, said the meeting was held in an attempt to find a way out of the impasse between the parties.

The parties agreed to continue discussions later this week.

It was also agreed that future talks on the resolution of the hospital strike would be held exclusively in the new forum, and to give the discussions every chance of success, no "confrontational positions" would be adopted.

The meeting focused on the fate of 7 000 dismissed striking workers, and the future relationship between the parties. A working group was established to develop a proposed code of conduct.

● Comment: Page 8

Soweto's essential services 'are heading to a standstill'

ADRIAN HADLAND

ESSENTIAL services to Soweto's 3-million residents would grind to a halt within the next three weeks unless additional funding could be found, Soweto City Council spokesman Mojalefa Moseke said yesterday.

Moseke said if an extra R3m a month could not be found to make up the council's monthly shortfall, "everything will come to a standstill in Soweto".

Details of the likely breakdown emerged yesterday after TPA MEC Olaus van Zyl said last week that a total collapse of services in Soweto was likely. He said less than 20% of Sowetan residents paid services tariffs.

Moseke said that while water supplies to Soweto from the Rand Water Board were unlikely to be halted, some areas would experience cuts due to a lack of maintenance and repairs staff.

"One way or the other there will be no water in some areas of Soweto," he said.

Refuse collection in the township would end at the beginning of September as available funds would be used to pay for contractual fees in arrears, Moseke said.

With a bankrupt council unable to pay its workers, sewage services were also likely to be disrupted, he said.

Addressing the Central Witwatersrand Metropolitan Chamber last week, Van Zyl said the TPA and other government agencies provided 77% of Soweto's expenditure and had limited funds available. He appealed to white local authorities to help Soweto in the provision of services.

Johannesburg City Council utilities committee chairman Paul Asherson said Johannesburg would not provide Soweto with funds or expertise until a political and financial solution had been found.

"Johannesburg will not be seen as an occupying force, propping up the regime in Soweto," Asherson said.

He said a precondition for Johannesburg's help was the dismantling of the black local authority system and the implementation of new local government structures.

"Until there is a political solution, we cannot guarantee the safety of our staff and that is paramount," he said.

He said a collapse of Soweto's services would force the TPA to speed up the local government restructuring process.

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Masses drifting to anarchy — De Beer

Political Staff

CAPE TOWN — The mood among the unemployed, poverty-stricken, starving masses in South Africa was moving closer and closer to anarchy, DP leader Zach de Beer said last night.

He told the Institute of Architects he saw President F W de Klerk's "brave new SA seemingly disintegrating in a cacophony of recriminations between those who were to have been partners in creating it.

"I see blood everywhere. I see the investors unwilling to commit their resources in a land which threatens to become a morass of conflict."

However, De Beer said he believed that the leaders of both the ANC and the NP had been "quite badly frightened by the consequences of their own errors".

The new SA would however arrive "after a year or two or three.

"Even if the businessmen and the churchmen and the academics and others must shame the politicians into working for the nation instead of themselves and their friends, we must and shall find reconciliation and agreement."

The three priorities facing the country were health, education and housing, he said.

the nation in brief

Bid to end strike

AN attempt to resolve the hospital strike will be made at meetings under the auspices of the Wits/Vaal Regional Dispute Resolution Committee, the National Peace Secretariat said in a statement yesterday.

The statement was released after a meeting between the Transvaal Provincial Administration, Cosatu and the National Education, Health and Allied Workers Union on Sunday night. Sowetan 18/8/92

w/mail 21/8-27/8/92

BRIEFS

drawn up by Cosatu. It includes the establishment of a strike solidarity committee, the holding of lunch-time demonstrations on the August 31 Day of Solidarity and pressing private sector employers to lobby government to settle. Cosatu has set a deadline of September 1 for the strike to be resolved whereafter the executive committee will discuss "drastic measures".

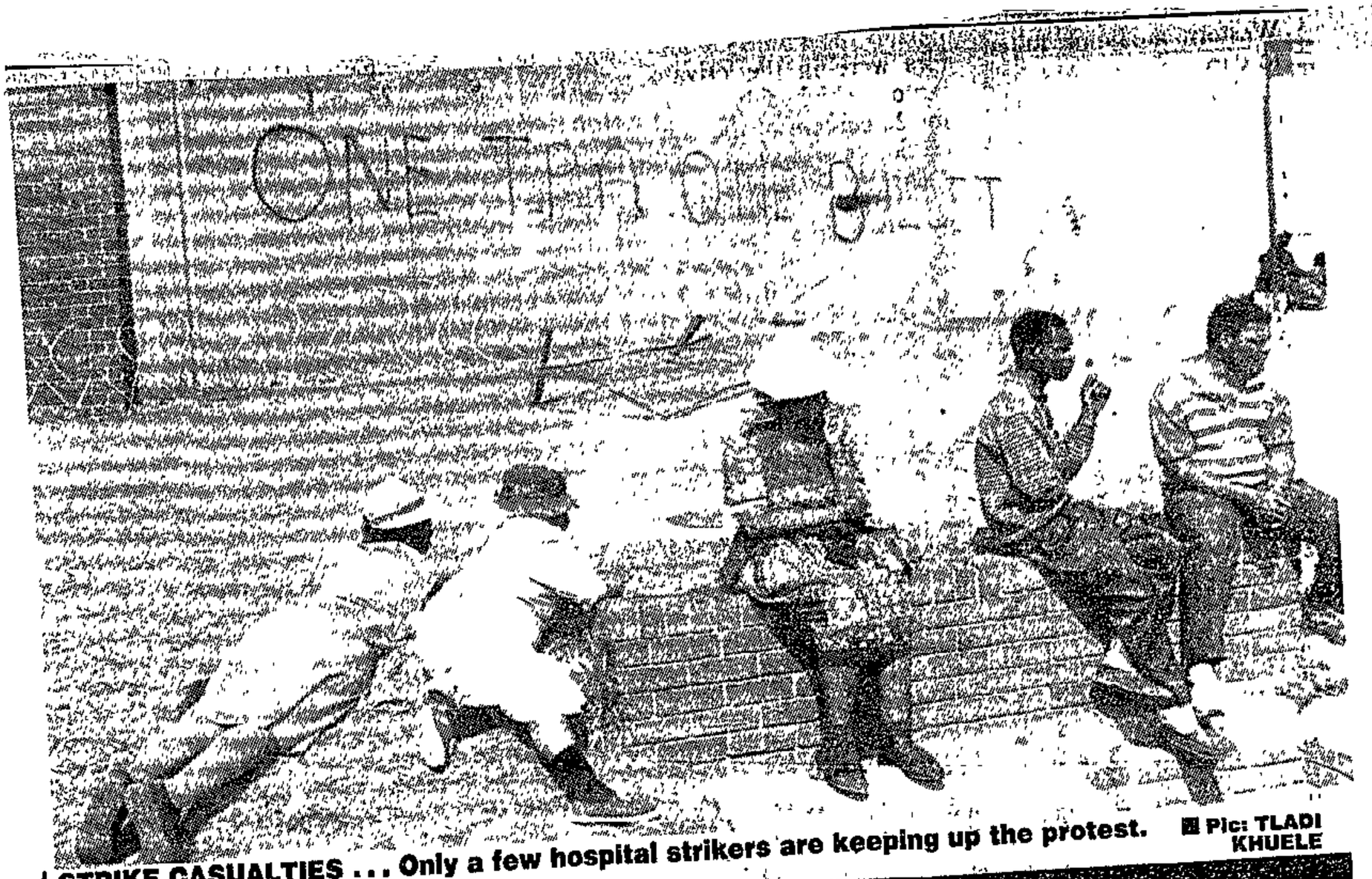
Meanwhile, the authorities remained steadfast that dismissals are final and has encouraged workers to apply for UIF payments and food parcels being arranged by the Department of Health and Welfare. Talks between the two parties nonetheless continue under the supervision of the National Peace Secretariat's Andre Lamprecht.

Hospital conflict grows

■THE Congress of South African Trade Unions resolved to involve itself fully in the hospital general assistants' strike and make it a "Cosatu strike". The federation's central executive committee noted that a decision had been taken by hospital authorities "at the highest levels" not to give in to the strikers.

The National Education, Health and Allied Workers' Union is to ballot its members in private hospitals and clinics in preparation for "an all-out strike". w/mail 21/8-27/8/92

A five-point programme has been



STRIKE CASUALTIES ... Only a few hospital strikers are keeping up the protest. ■ Pic: TLADI KHUELE

Hospital strikers may lose homes

By THEMBA KHUMALO

DOZENS of dismissed strikers at Transvaal hospitals are facing eviction from their houses unless they pay up to R4 000 each to their building societies within 30 days.

Speaking outside Baragwanath Hospital where they stage daily pickets, the strikers said they had received threatening letters ordering them to pay the money as security for their loans after hospital authorities withdrew their loan guarantees.

The strikers said the building societies recently evaluated their homes.

The TPA fired 7 500 general assistants last month. C/Press 23/8/92

A 56-year-old woman, who has worked for the hospital for 18 years, said she received a warning letter telling her to pay R1 006 within 30 days.

As the authorities dig in their heels, morale is gradually sagging among the strikers. Only a few strikers are continuing the daily vigil outside Bara.

A fired driver who worked for the hospital for 14 years and has a loan on his house, said: "I haven't paid my bond premiums since last month.

My wife is the sole breadwinner and we have two children. 97

"They are not aware that I've lost my job and I'm not prepared to tell them because I still have hopes of being re-employed."

WEST ISN'T ALWAYS BEST

Cipren 23/8/92 (97)

By FRED KHUMALO

Inyangas, sangomas may be full medics in new SA

SANGOMAS and other traditional healers could soon be officially recognised as medical practitioners if the ANC has its way.

This scenario was outlined during a debate on "The Future Health System in SA" by the southern Natal ANC Women's League chairperson, Dr Nkosazana Zuma, who is also a reseacher with the Medical Reseach Council.

In a new political dispensation the ANC would lobby for the integration of inyangas into the mainstream medical establishment because "we can't ignore the fact that thousands of our people still primarily rely on traditional healers for their medical needs".

Moreover, the University of Liverpool-educated medic said, there are some ailments which Western medicine failed to cure.

"For example, Western medical practitioners can't handle mental illness as well as our own traditional healers," Zuma said.

As the country moves towards transition, bonds of mutual trust between Western medical practitioners and their traditional African counterparts should be established.

"Traditional healers would have to be made aware of their limitations and the things that Western medicine can best handle," said Zuma.

She said the ANC put great emphasis on a national health care service that would ensure that services would be accessible and affordable to all.

Half the country's doctors were in the private sector, which only caters for 22 percent of the population, she said.

Another glaring imbalance cited by Zuma was the distribution of doctors. The ratio of doctors to population in urban areas is approximately 1:800, while in rural areas which suffer malnutrition, lack of clean water and poor sanitation, the ratio is approximately 1:4000.

"Rural health services will be given priority. The community will have a say in the national health policy and its implementation and in the location of clinics," said Zuma.

Another controversial issue which would have to be addressed under a future dispensation was whether to legalise abortion.

Zuma said that because of their socio-economic conditions, many women had to deal with unwanted pregnancies. Because they lacked money and education they often ended up opting for backyard abortions.

"In 1989 at King Edward VIII Hospital (in Durban) there were 1 800 admissions of women who had incomplete abortions. Some 22 of them had their uteruses removed as a result of complications that go with backyard abortions and 14 of them died while 34 were sent to the intensive care unit.

"This could have been avoided if abortions had been legal," she said.

Big business looks at links with sangomas

BIOBY 24/8/92 2889 975

KATHRYN STRACHAN

TRADITIONAL healers and businessmen met near Johannesburg last week to discuss ways of incorporating sangomas into company medical schemes.

Representatives of Anglo American, SA Breweries, AECI, Toyota and other companies listened intently as they were told sangomas often were more effective conduits of information about AIDS and family planning than Western doctors.

At the Indaba Hotel meeting, the corporate world asked questions about the nature of a "tokolosh" and raised concerns about paying for rituals and herbal potions.

The medical world has long recognised the vital role healers play in primary health care. Research indicates they are consulted by about 80% of black people.

The healers proposed that their sick-leave certificates be formally accepted, and that companies provide premises for them to conduct their businesses.

But spokesman for the Traditional Healers' Council, ex-SADF officer Pip Erasmus, said healers could never be accountable to a company MD as they were answerable only to their ancestors.

A new healers' co-ordinating body has agreed to monitor members' activities and enforce a strict code of conduct, which forbids dabbling in witchcraft.

Conference organiser John Durran said the talks had opened up communication and it was now up to individual companies to contact the co-ordinating body.

The Representative Association of Medical Aid Schemes (Rams) has said one scheme has begun accepting claims for traditional treatment and others will implement a similar policy soon.

Matron, nurses are assaulted

Sowetan 25/8/92

97

■ Clerk also attacked outside Baragwanath Hospital in the violence linked to strikes by hospital workers:

By Ike Motsapi

A matron, three nursing sisters and a clerk were stabbed and assaulted outside Baragwanath Hospital last week in the latest violence linked to the hospital strike.

Hundreds of members of the National Education, Health and Allied Workers' Union on strike at hospitals were dismissed by the Transvaal Provincial Administration (TPA) last month.

The names of the victims of violence are being withheld at their request.

The four were attacked last Wednesday. The deadline for the reinstatement of the dismissed workers is September 3.

The Soweto Local Dispute Resolution Committee, in an attempt to resolve the dispute, has chaired meetings between Nehawu and the TPA.

Mrs Seugnet van Niekerk, public relations officer for Baragwanath Hospital, said the clerk, three nursing sisters and a matron were severely assaulted when they reported for duty.

Mr Neal Thobejane, assistant general secretary of Nehawu, said he had no knowledge of the incident, adding "we have told our members not to attack others. Nehawu will act against those responsible if it gets a report".

Cosatu has said it will press the TPA and the Government to resolve the matter. The federation also claims Minister of Health Dr Rina Venter has blocked attempts aimed at resolving the strike.

The federation has also called for lunch-hour demonstrations and pickets at the workplaces on August 31 to show solidarity with dismissed workers.

A meeting of all Cosatu affiliates will be held on September 4 to decide on action if the matter has not been resolved by September 3.

UIF cards will be posted – hospital

STAR 26/8/92

By Paula Fray
Medical Reporter

The Johannesburg Hospital is posting hundreds of Unemployment Insurance Fund (UIF) cards, pension details and service certificates to dismissed workers, a hospital superintendent, Dr Lize Kalmyn, said yesterday.

This follows a complaint from a Star reader that striking workers, dismissed last month, had still not received their pension payouts or their UIF cards.

However, National Education, Health and Allied Workers' Union (Nehawu) assistant general-secretary Neal Thobejane yesterday said the union was still determined to get dismissed workers reinstated.

Nehawu and the Transvaal Provincial Administration are to meet again today under the chairmanship of the Wits/Vaal Regional Dispute Resolution Committee in a bid to resolve the 12-week hospital strike.

According to the reader, one hospital worker who was fired in July had, as yet, received only her final cheque. She had worked for the Johannesburg Hospital for nine years.

According to the reader, who preferred not to be named, he was told by Johannesburg Hospital administration staff that the cards would be posted as about 900 workers had been dismissed.

Dr Kalmyn said that if hundreds of workers had gone in to collect their cards, it would have resulted in delays in processing the documents.

The TPA yesterday said intimidation was still being reported at provincial hospitals.

According to a TPA statement, a Ga-Rankuwa Hospital recruit was stabbed on Sunday, a house belonging to a clerk at Witbank Hospital was set alight, and a senior official at Sebokeng Hospital had his vehicle damaged.

Written intimidatory threats, in which workers were warned of endangering their lives, had been distributed at Baragwanath Hospital, the TPA added.

● Contributors who experience difficulty in obtaining their cards from ex-employers can approach any office of the Department of Manpower for assistance.

in finance charges in the year, covered 1,8 times by net operating profit.

replacement value of the group's assets was in the order of R40bn.

touched 99c earlier this week, and have fallen 10c in the past month.

VAT lifts Safcor's turnover

B/Day 28/8/92

EDWARD WEST

SA Freight Corporation (Safcor) turnover improved by nearly a third in the year to end-June 1992 and, as a result of this, forecasts were met with earnings up a creditable 14% over the previous year.

MD Peter Desilla said the introduction of VAT on imports resulted in the group having to fund importer's VAT commitments. This was reflected in the increase in turnover to R1,2bn from R918m in the 1991 financial year.

However, because of the difficulty of recovering cost escalations in the poor economic environment, profit margins were lower and operating income increased 13% to R34,6m (1991: R30,5m), said Desilla.

After taxation of R15,9m (R14,3m), taxed-profit was higher at R18,7m (R16,1m). Associated companies' share of after-tax profits dropped substantially to R129m (R338m) leaving attributable profits 14% higher at R18,8m (R16,5m).

An extraordinary income of R2m (R1,2m) related to the sale of the trucking company Storm and Company Natal on July 1 1991.

Because of that, net profit after extraordinary items was 18% higher at R20,8m (R17,6m).

The average number of shares in issue increased slightly to 22,5-million from 22,4-million.

Earnings a share, which did not include the extraordinary item, increased to 83,5c (73,5c). The final dividend was raised to 29c (24c) a share, bringing the total dividend for the year to 47c (37c) a share.

Increase lost

B/Day 28/8/92

97

DUMA GQUBULE

GENERAL Optical reported a 4% decline in profit as higher finance charges and a higher tax rate wiped out a 14% increase in sales.

Turnover was not disclosed, but operating income advanced 5% to R7m from R6,7m. Pre-tax profit rose marginally to nearly R4m from R3,9m.

The tax rate increased to 49% from 46% and after-tax profit fell to R2m (R2,1m), equivalent to 73,6c (76,6c) a share. An unchanged dividend of 20c a share was declared.

MPANY LIMITED

4/06

AREHOLDERS

ie six months ended 30 June 1992 are

Half year ended 6/6/92 (R000)	30/6/91 (R000)	Year ended 31/12/91 (R000)
1 498	806	1 249
1 458	1 891	3 611
1 458	1 593	3 128
—	63	—
—	235	483
230	167	323
3 186	2 864	5 183
1 436	1 079	2 719
1 750	1 785	2 464
188	13	1 043
1 938	1 798	3 507
1 263	—	—
3 201	1 798	3 507
9 920	9 920	9 920

Swiss firm to come to SA

B/Day 28/8/92

GAVIN DU VENAGE

SWISS-based fragrance and flavouring company Firmenich would take over operations from its agent Southern Aromatics from October 1, SA MD Jurgen Metzer said yesterday.

Metzer declined to say how much Firmenich would bring into the country. Firmenich is a $400m a year company with offices in 108 countries worldwide. It specialises in producing fragrances for everything from soap to perfume, and also flavouring for a wide variety of foods.

Metzner said Southern Aromatics would now service parts of Africa as well as SA.



Bldmy 28/8/92

Increase lost

97

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Naam van persoon	Aard van beskuldiging waaraan skuldig bevind	Straf wat opgelê is
Mej. E. Greenblatt	***Skandelike gedrag:*** Dienste nie gelewer en rekenings foutief	Geskors vir drie maande voorwaardelik opgeskort vir twee jaar
Spraakterapeute en Oudioloë		
Mev. S. Potgieter	***Onbetaamlike gedrag:*** Advertering	Boete van R1 000 elk.
Mnr. N. M. Ras		

Name of person	Nature of charge on which found guilty	Penalty imposed
Psychologists:		
Mr G. A. Brown	***Disgraceful conduct:*** Unacceptable treatment and physical contact with patient	Suspended for three months conditionally suspended for five years.
Mr R. A. L. du Toit	***Improper conduct:*** Use of title: "Prof"	Reprimanded and cautioned.
Dr N. J. van der Merwe	***Improper conduct:*** Advertising	Reprimanded and cautioned.
Physiotherapists:		
Mr M. P. J. S. Olivier	***Improper conduct:*** Impolite conduct/poor communication and incorrect accounts	Reprimanded and cautioned.
Mrs U. L. Werth	***Disgraceful conduct:*** Accounts incorrect	Suspended for three months conditionally suspended for two years.
Miss E. Greenblatt	***Disgraceful conduct:*** Services not rendered and accounts incorrect	Suspended for three months conditionally suspended for two years.
Speech Therapists and Audiologists:		
Mrs S. Potgieter	***Improper conduct:*** Advertising	Fine of R1 000 each.
Mr N. M. Ras		

(28 Augustus 1992)/(28 August 1992)

RAADSKENNISGEWING 264 VAN 1992

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN STUDENTE IN OPTOMETRIE

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1) (a) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 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 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet toegeken is, daardie betekenis, en, tensy uit die samehang anders blyk, beteken—

"artikel" 'n artikel van die Wet.

BOARD NOTICE 264 OF 1992

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES RELATING TO THE REGISTRATION OF OPTOMETRY STUDENTS

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 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 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.

REGISTRASIE VAN STUDENTE IN OPTOMETRIE

2. 'n Student in optometrie aan 'n universiteit of opleidingsinrigting in die Republiek wat 'n kwalifikasie aanbied in optometrie welke kwalifikasie deur die raad erken word kragtens die bepalings van die Wet, moet ooreenkomstig die bepalings van reël 3 by die registrateur aansoek doen om registrasie as student in optometrie op 'n vorm wat vir hierdie doel van die registrateur verkry kan word—

(1) in die geval van 'n student wat by sodanige universiteit of opleidingsinrigting vir 'n eerstejaarkursus ingeskryf is, binne twee maande nadat hy aldus ingeskryf is; of

(2) in die geval van 'n student wat vrygestel is van die eerstejaarkursus; of

(3) in die geval van 'n student wat op die datum van afkondiging van hierdie reëls reeds aldus ingeskryf is, binne twee maande na die datum van die afkondiging van hierdie reëls.

3. 'n Aansoek om registrasie as student in optometrie moet vergesel gaan van—

(1) 'n geboortesertifikaat; of, indien die student nie 'n geboortesertifikaat kan voorlê nie, 'n doopseël 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; en 'n sertifikaat wat aandui dat die student in Wiskunde geslaag het in 'n eksamen waarvan die peil minstens gelykstaande is met dié van die matrikulasie-eksamen van die standaardgraad;

(3) 'n sertifikaat wat aandui dat die student hom vir 'n kwalifikasie in optometrie ingeskryf het aan 'n universiteit of opleidingsinrigting deur die raad goedgekeur, welke sertifikaat moet aandui in watter studiejaar die student ingeskryf is en die datum waarop hy aldus ingeskryf is;

(4) registrasiegeld van R10:

Met dien verstande dat elke aansoek deur 'n student in optometrie wat in Suid-Afrika nie vir graad- of diplomadoeleindes nie tot 'n universiteit of '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 optometrie, asook bewys dat hy as student in optometrie 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 optometrie wat na 'n onderbreking van een jaar of langer studie in optometrie 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 optometrie 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 optometrie geskrap word nie.

REGISTRATION OF STUDENTS IN OPTOMETRY

2. A student in optometry at a university or training institution in the Republic, offering a qualification in optometry which qualification is recognised by the council under the provisions of the Act, shall in accordance with the provisions of rule 3 hereof submit to the registrar an application for registration as a student in optometry on a form which can be obtained from the registrar for this purpose—

(1) in the case of students commencing attendance at such university or training institution in the first year of study, within two months following such commencement; or

(2) in the case of students who have been exempted from the first year of study, within two months following his commencement of attendance in the second year of study; or

(3) in the case of students who on the date of publication of these rules, have already commenced attendance of courses at a university within two months of the date of publication of these rules.

3. An application for registration as a student in optometry shall be accompanied by—

(1) a birth certificate; or, if the student is unable to furnish a birth certificate, a baptismal certificate or such other evidence with regard to his age and correct names as may be to the satisfaction of the registrar;.

(2) a matriculation certificate of the Joint Matriculation Board or a certificate of exemption from the matriculation examination granted by that Board; and a certificate of having passed an examination in Mathematics of a standard at least equivalent to that of the standard grade matriculation examination.

(3) a certificate indicating that a student commenced study for a qualification in optometry at a university or training institution approved by the council, which certificate shall indicate the year of study in which the student is enrolled and the date on which he was so enrolled;

(4) a registration fee of R10:

Provided that every application by an optometry student who has been admitted to a university or training institution in South Africa in a temporary capacity for a period not exceeding one academic year and not for degree or diploma purposes, need be accompanied only by a certificate of having commenced study of a subject or subjects in a year of study for a qualification in optometry, and proof that he is registered as an optometry student by a registering authority recognised by the council for this purpose in a country of state other than the Republic of South Africa.

4. A student in optometry who resumes study after having interrupted such study for a period of at least one year, shall submit an application for re-registration within two months of resumption of study in optometry; such application shall be accompanied by a certificate of having resumed study in optometry, his original certificate of registration, and a fee of R1:

Provided that, in cases where a student interrupts his studies for a period of more than one year but annually states in writing his intention of continuing with his studies, the name of such student shall not be erased from the register of students in optometry.

REGISTRASIE VAN STUDENTE IN OPTOMETRIE

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Provided that, in cases where a student interrupts his studies for a period of more than one year but annually states in writing his intention of continuing with his studies, the name of such student shall not be erased from the register of students in optometry.

HEALTH STRIKE FM 28/8/92

Time to heal

A settlement to the 14-week-old hospital workers' strike seems to be on the cards. Both the health workers' union (Nehawu) and the TPA are keen to be extricated from their messy dispute, which both sides have handled in an amateurish and shortsighted fashion.

That was until the entry on August 16 of the Wits/Vaal Regional Peace Committee, under its chairman André Lamprecht, as mediator in talks between the TPA (representing Health Minister Rina Venter) and Nehawu and its parent-body Cosatu. Lamprecht became involved after a series of discussions and contacts with the antagonists. After a second session last Friday, he described the meetings as very constructive. Both groups had committed themselves to avoiding "confrontational positions" in what had become a bitter conflict, marked by violence and intimidation. Other interested parties were requested to do the same and give the discussions a reasonable chance.

Central to these negotiations is the future relationship between the union and the hospital administration. A small working group has been appointed to flesh out the terms of a proposed code of conduct. This includes a mechanism for resolving disputes, as well as the fate of some 7 000 dismissed strikers. Their reinstatement is seen by Nehawu as the "crux" of the issue, according to a spokesman for the union, which clearly overreached itself with this strike.



Health Minister Venter ... *time for a new approach*

An important high-level plenary meeting between the parties was due to take place on Wednesday or Thursday.

Nehawu began its action on May 18 when it called out its members at the Klerksdorp and Tshepong hospitals. On June 2 general assistants at Baragwanath Hospital joined in and soon 27 of the TPA's 81 hospitals and health institutions were hit by strikes. On June 12 the TPA got an interdict against Nehawu and its members from the Pretoria Supreme Court.

Among the union's demands was a minimum wage of R724 a month plus a 15,3% increase across-the-board. The TPA has been at pains to point out that it does not have jurisdiction over wages, which are set by the government-appointed Negotiating Forum for the public sector. Nehawu pulled out of the forum on May 19. The forum meanwhile decided to award a minimum wage of R708,50 from August 1 this year. In addition, says a TPA spokesman, there is an area travel allowance of R75 a month, which, for those in certain urban areas, would mean a total wage of R783,50.

On the demand for permanent status with accompanying benefits, the TPA says that general assistants are appointed as temporary government employees in terms of the Public Service Act. However, they receive various benefits, such as immediate pension fund membership, voluntary medical aid benefits and participation in a housing scheme under certain conditions.

It will be particularly interesting to see how the issue of the dismissed workers is resolved. Before the latest round of talks hosted by the regional peace committee, Venter stated that they could not be reinstated because the vacancies have already been filled. But, she added, discussions on grievances could readily continue.

Venter insisted that correct procedures were followed when disciplinary steps were taken. To many labour observers, though, it looked as though the authorities had decided to try to break the union, instead of trying to heal the breach by, for example, going earlier to mediation or arbitration.

Among government's procedures were ultimatums, open letters in the media and an opportunity to make written representations to the TPA. Just over 1 000 of the 7 000 workers fired on July 1 wrote in (within a week, as required) submitting reasons why their dismissals should be reconsidered. About 400 dismissals were set aside. Dismissals had been necessary, government said, in order to prevent the disruptive strike from harming patient care indefinitely.

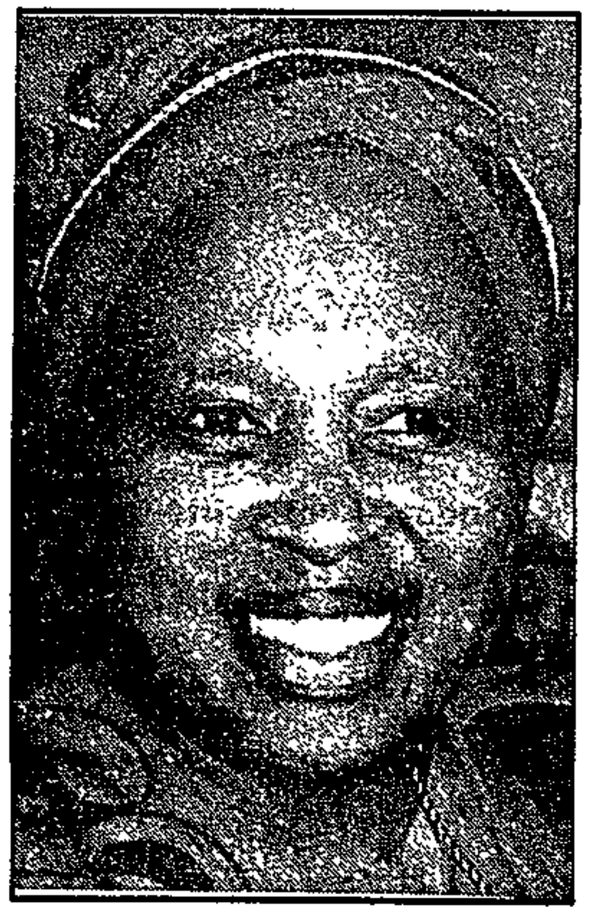
The TPA, in fact, seems to have cut this segment of its workforce, since it employed just over 5 000 workers to fill the vacant posts. Most provincial hospitals seem to have stabilised and some have returned to normal, according to the TPA.

Aware of the hardship facing the dismissed, Venter and the TPA announced relief measures. Those in distress could apply for assistance at the food distribution points run by the Health Department; most would qualify for Unemployment Insurance Benefits from the Department of Manpower and have their pension fund contributions refunded.

Regarding wages and benefits, Venter said these aspects should be dealt with through the forum.

She acknowledged that questions such as the permanent status of general assistants and the establishment of a dispute resolution mechanism in the public sector should be addressed in due course. ■

PEOPLE'S LIVES *Motse was devastated by her mother's death last year after she died of cancer*



Ms Emily Motse.

Symbol of hope

Sowetan 31/8/92

woman of the **Week**

By Pearl Majola

SELFLESS HELPER Emily carries out a weekly pilgrimage to the clinic to help nurses treat the terminally ill.

EMILY Motse has become a symbol of hope to the blind and to cancer victims who attend a weekly clinic at the Thabong hospital in Welkom.

Her involvement with cancer patients began in 1990, after her mother was struck by the disease. Emily volunteered as a health-care worker at the local hospital.

Although she was devastated by her mother's death last year, she continues her weekly pilgrimage to the clinic to help nurses treat the terminally ill.

"I understand the pain and the fear cancer patients go through because my mother was a victim," says Motse. "The least I can do is be there," she adds passionately.

"My past experience as an assistant nurse for private doctors helps."

But Motse just cannot rest until she has seen to it that a person in need receives help. That is why the cancer patients are not the only people she concerns herself with.

A devoted Manyano woman, Motse has also started a sewing project for the aged women in her church. In 1987, she started a feeding and survival skills project for the blind in Welkom.

Skills developer

Name Emily Motse
Age 43
Single
Children Five (three of her own and two foster children)
Projects Skills developer for Gold Fields Society for the Blind; soup kitchen and skills projects for the physically disabled and the destitute in Thabong, Odendaalsrus, Bultfontein, Parys and Theunissen.

Morale boost for strikers

DISMISSED hospital strikers received a morale boost yesterday when thousands of Cosatu members took part in lunch-hour factory demonstrations in a show of solidarity. Sowetan 11/9/92

Cosatu has "adopted" the hospitals strike and is demanding the dismissed workers be reinstated.

Mr Neil Coleman, media officer of Cosatu, said thousands of members took part in pickets and demonstrations inside factories and businesses premises yesterday.

Johannesburg 2000.

(Cosatu) (97)

Cosatu demo for hospital workers

STAR 11/9/92

Scores of Cosatu-affiliated trade unionists took part in shop floor protests yesterday in solidarity with dismissed hospital workers. The protests were aimed at forcing employers to pressure the Transvaal Provincial Administration to reinstate the 7 000 who were dismissed.

Cosatu declared yesterday a day of solidarity with the National Education, Health and Allied Workers' Union.

Cosatu affiliates will meet on Friday to decide on what action to take if the hospital wage dispute is not resolved by Thursday. — Labour Reporter.

Mob sets nurse alight

LOST LIVES Fresh attacks on staff as conditions at strike-hit black hospitals on the Reef deteriorate:

Sowetan 11/9/92 (97)

ATTACKS on nurses, clerks and ward helpers at hospitals by alleged strikers who have lost their jobs have increased in past weeks.

Several people have lost their lives and others have been injured. Meanwhile, conditions at black hospitals are deteriorating rapidly with untrained staff unable to cope.

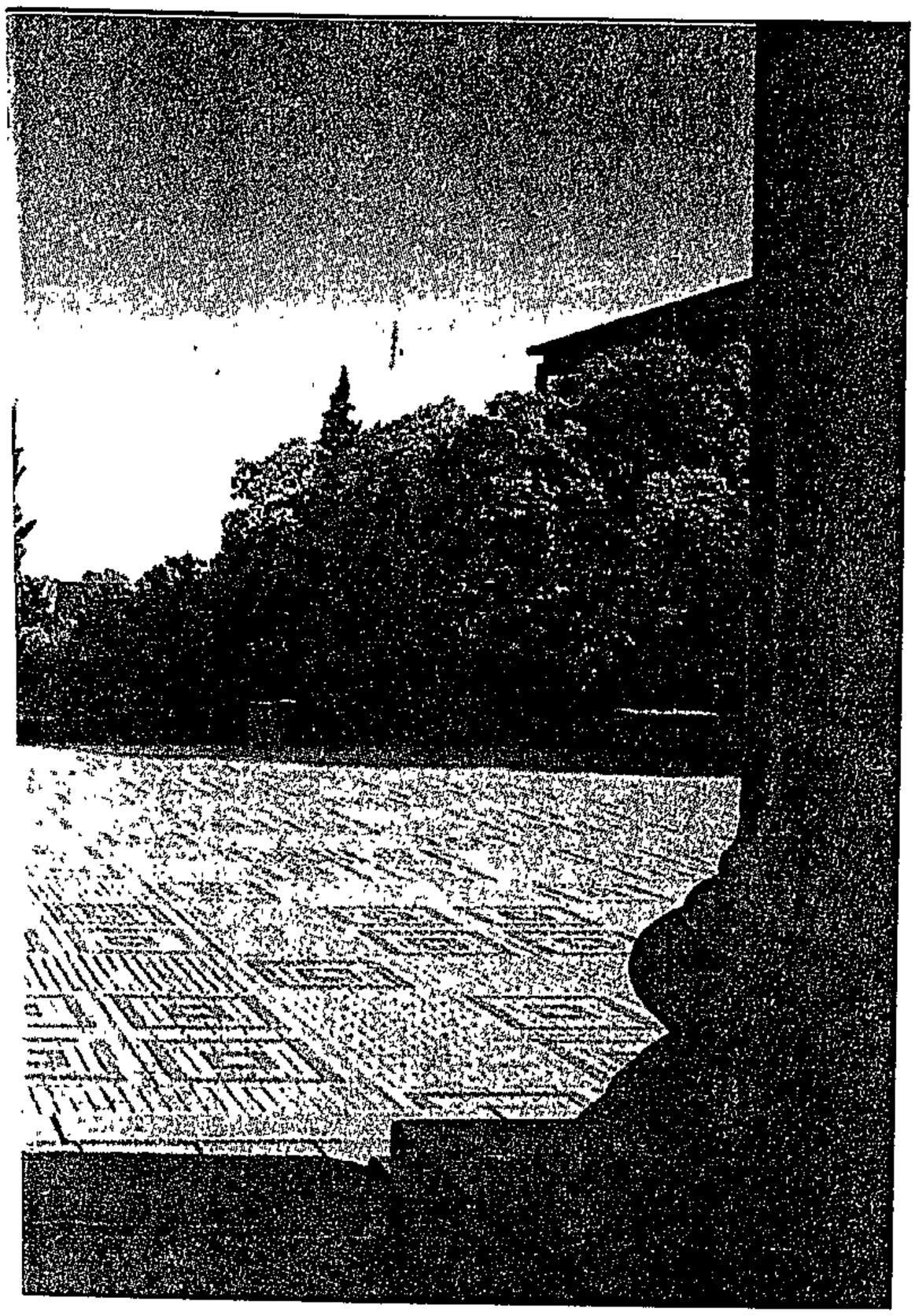
Patients are using washing rags as toilet paper. Critical operations are also being delayed.

A victim of one of the latest attacks, who was doused with petrol and set alight after being stabbed, yesterday described her ordeal at the hands of 30 men and three women.

Speaking from her bed at Baragwanath Hospital, the 32-year-old Soweto woman, a nursing assistant at Hillbrow Hospital, tells of her escape from death.

See story page 2

as possible



nd intimidating. Picture: Paul Culwick

Exploring medical issues at Muldersdrift

The Muldersdrift Health Development Project (MHDP) is nearly 20 years old and has been a valuable resource for sensitising Wits students to community-related health problems in rural South Africa.

The Project (previously called the Muldersdrift Clinic) is about an hours' drive from Wits. Activities include the broad scope of primary health care services: immunisation, family planning and health education. Because there is no hospital nearby, the MHDP has a strong curative component, too.

It was started by students and today much of the input is from medical students. The constitution was changed recently to accommodate community members and academics on the Board of Management.

Bernhard Gaede, chairperson of the student committee at the MHDP, says there are many advantages to getting involved.

"The project gives us a different perspective on health in South Africa. Unlike the academic setting, work there is more hands-on and practical. Students can make their own decisions about their education in Muldersdrift, as they get the chance to pursue fields which interest them personally.

"We are also exposed to non-medical challenges like time and stress management and decision-making skills, which are all things health workers must learn if they are to do their jobs efficiently and adequately.

"We learn to contextualise health problems in the socio-political nature of the community. Exposure to this other reality is vital if health care professionals are to deliver a community-appropriate service."

'Bugger up' ANC – Buthelezi

THE ANC had to be stopped in its tracks before the future was destroyed, Inkatha president Mangosuthu Buthelezi said yesterday.

Addressing the Inkatha Youth Brigade at Emandleni Matleng Camp in KwaZulu, Buthelezi warned the youth that unless they "bugger up the ANC, they are going to bugger up you and your future".

The ANC was totally committed to the seizure of power and the youth would have to take action for survival and democracy in the face of failing peace initiatives.

Buthelezi accused the ANC of trying to seize power clothed in the "superficial trappings of the ANC democratic cloth" and called on the Inkatha Youth to "politically annihilate" the armed wing of the ANC, Umkhonto weSizwe.

Authoritarian parties such as the ANC and SA Communist Party had a new brand of leadership which would "ride on the backs of the impoverished, screaming socialist slogans while they themselves live off the fat of the land".

The ANC was responsible for the campaign to isolate the country as well as for lost markets and lost employment.

Buthelezi also accused the ANC of "manipulating Codesa" in its efforts to seize power.

The ANC's mass-action campaign was aimed at intimidating the government sufficiently to make it a "conniving partner" to be used in the ANC's ascent to power.

"The ANC and its allies will go on to make SA ungovernable and to force the resignation of the State President by the end of the year."

Inkatha leaders were being killed almost every second day in an attempt to break the power of Inkatha as opposition.

"I now say: enough is enough. Let every member of the Youth Brigade hear me when I say that the ANC has to be stopped in its tracks before the future is destroyed," Buthelezi said.

Inkatha was the only party capable of halting the ANC.

The Inkatha youth had a vital role to play in action for survival and democracy by participating in self-protection units. – Sapa

ANC kisses Codesa goodbye

By SEKOLA SELLO

THE ANC this week gave the moribund Codesa its kiss of death.

As the ANC adopts a more hardline position, the organisation has virtually declared negotiations to be between itself (including the Cosatu/SACP alliance) and the government.

As a sop to the other parties, it is suggested that a multi-lateral forum be established. However, this forum must not be allowed to undermine agreements between the government and the ANC alliance.

This new position is contained in a document reproduced in the *SA Labour Bulletin*.

Some of the proposals are already being implemented. Tomorrow sees the opening shots in the attempt to oust Ciskei strongman, Brig Oupa Gqozo.

Brig Gqozo, KwaZulu's Chief Minister Mangosuthu Buthelezi and Bophuthatswana's Chief Lucas Mangope are the three main homeland leaders the alliance aims at unseating.

A boycott of PAYE (Pay-as-you-earn) tax is likely to be launched next month.

The ANC proposals also put paid to any hopes for the revival of a Patriotic Front which includes the PAC and Azapo. The document says the mass-action campaign exposed the "opportunism and ineffectiveness of a number of political formations (PAC, Azapo etc) whose main mission has been to compete with the ANC alliance rather than taking on the regime".

The document also proposes action against banking giant Standard and Anglo American Corporation, which are considered "major financial supporters" of the Bophuthatswana homeland.

More mass actions are also called for, leading to fears that the next three months could see serious social upheavals.

It is unlikely that Azapo and the PAC would form part of any multi-lateral forum whose brief is to rubber-stamp agreements between the ANC and the government.

Seven strikers wounded in hospital clash

By THEMBA KHUMALO

TENSIONS over a three-month healthworkers' strike peaked at Hillbrow Hospital in Johannesburg on Friday when security guards shot striking workers trying to enter the premises.

National Education, Health and Allied Workers Union (Nehawu) officials claim the guards intended to kill the strikers, as none were shot in the legs.

Nehawu shopsteward Siphiwe Mabaso, who was one of seven workers wounded, said the trouble started when a delegation of 15 strikers tried to persuade the guards to open the hospital gates or call a senior hospital official to talk with them.

"We asked the guards to let us in, but they became arrogant and threatened to shoot us if we didn't go away."

About 600 striking workers had come to hear the outcome of a meeting between the Transvaal Provincial Administration and Nehawu, Mabaso said.

After police manning the main hospital gate refused the delegation entry, the group went to another entrance, manned by hospital security guards.

Mabaso said the guards suddenly opened fire, wounding several workers in the head.Mabaso was shot in the head and shoulder.

"When I tried to get treatment at the hospital a white policeman chased me off the premises," said Mabaso.

Hillbrow hospital superintendent, Dr Norman Smith, refused to comment about the incident and referred City Press to TPA headquarters in Pretoria, where a spokesman was not available.

■ Meanwhile, Sapa reports that the TPA is to launch an investigation into the shooting at the hospital. TPA director general Andre Cornelissen said: "I urgently appeal to the relevant parties to remain calm. An attitude of confrontation would benefit nobody."

Police spokesman Capt Piet van Deventer confirmed that a shooting involving a security guard and protesters had taken place at the hospital.

NEWS Cosatu in bid to settle hospital crisis ● Three

Vital talks for Cosatu

■ Trade union federation to decide on programme to solve the hospitals strike

Sowetan 10/9/92

By Ike Motsapi

THE Congress of South African Trade Unions (Cosatu) is to hold a three-day national campaign conference starting Saturday to finalise its programme to resolve the hospitals strike crisis. Also on the agenda is:

- Pay As You Earn campaign.
- The National Education Health and Allied Workers' Union strike.
- Labour legislation in Bophuthatswana and other homelands and;
- Drought, food prices and the rights of farm workers.

The Cosatu executive also supported efforts of people of the Border region and all other regions in their attempts to force the government to allow a climate of free political activity in the homelands.

The trade union federation supported the ANC's refusal to resume talks with the Government and reaffirmed its commitment to negotiations.

Cosatu will be conducting its own investigations to bring private prosecution against those implicated in death squad activities but still is to make a decision whether to take part in the restructuring of the National Manpower Commission.

2 metro

New bid to end hospital strike

STAR 10/9/92

Medical Reporter (97)

Allegations of intimidation and violence related to the protracted hospital strike will be discussed soon when union and TPA representatives meet in an effort to break the deadlock.

Representatives of the TPA, the National Education, Health and Allied Workers' Union (Nehawu) and Cosatu plan to meet under the chairmanship of the Wits-Vaal Regional Dispute Resolution Committee in an effort to end the three-month-old strike.

Negotiations, believed to be in a "delicate stage", have ground to a halt but could resume later this week.

Nehawu spokesman Neal Thobejane said the union was waiting for mediator Andre Lambrecht to set the date.

The TPA did not comment yesterday, in line with an agreement that no public statements would be made.

● Six people were arrested outside Baragwanath Hospital in Soweto yesterday when they allegedly ignored police warnings to disperse.

Police said a group of about 50 people blocked the main entrance to the hospital at 10.45 am and refused people entry.

Those arrested were given the option to pay admission-of-guilt fines of R200 on charges of staging an illegal demonstration. They have until October 9 to pay.

● Nurses at Baragwanath Hospital plan to march tomorrow to the Union Buildings where they will hand over a letter of appeal regarding the situation at the hospital. They are due to meet President de Klerk at 11 am.

● At the weekend two Soweto clinics — Mofolo and Diepkloof — were damaged in arson attacks. A third, Zola, was damaged on Monday.

The TPA said the attacks indicated that hostile individuals or organisations were targeting TPA clinics even though the TPA was trying to resolve the hospital dispute.

The TPA appealed to the community to protect health services and centres from people intent on destroying them and "demoralising the community".

Responding to allegations that union members could have been involved in violence, Mr Thobejane said union policy clearly stated that members must be passive and peaceful.

● Two nurses at Tembisa Hospital were pulled out of a taxi and stoned by a group of men at Makolung Section in the township on Tuesday night, reports The Star's East Rand Bureau. The nurses, who were on their way home, received treatment at the hospital. Police linked the attack to intimidation by staff who had been dismissed from Tembisa Hospital recently.

NEWS Nurse recounts ordeal ● A chance to

Crisis at Reef hospitals grows

■ ATTACKS MOUNT Viscious assault on woman as TPA hospital conditions deteriorate:

By Ike Motsapi and Sapa

A VICTIM OF A HORROR attack this week, who was doused with petrol, set alight and stabbed, yesterday described her ordeal at the hands of 33 men and women.

Ms Gladys Mnguni (32) of Zondi, Soweto, from her bed at Baragwanath Hospital described how she narrowly escaped death.

Mnguni is one of a number of victims of attacks on nurses, clerks and ward helpers, which have increased after hopes of a solution to the hospitals strike crisis were dashed this week.

Hospital staff yesterday also spoke out against deteriorating conditions at black hospitals on the Reef with many seriously patients being discharged untreated.

Mnguni, a nursing assistant at Hillbrow Hospital, was attacked at her home on Monday night.

She said: "I was relaxing at home when 30 men accompanied by three women entered my house. They dragged me outside and ordered my family not to follow.

"They took me to a dark alley where someone in the group stabbed me twice in the back. They then doused me with petrol and set me alight."

Three nurses, among them Thembi Sibeko, were also the victims of the latest attacks on non-striking hospital workers.

Meanwhile, conditions at some Transvaal hospitals are becoming so bad that some patients are using washing rags as toilet paperand critical operatons are being delayed.

A Baragwanath doctor said the situation had not normalised at the hospital as the TPA had claimed.

"Many 'non-urgent' surgery cases have been waitlisted since April... the waiting list extends to certain cancers."

TPA director-general said it was premature to comment. "Negotiations between the TPA, Cosatu and Nehawu are at a delicate stage. We hope to find a solution as soon as possible".

the nation in brief

Plan to end strike crisis

THE Congress of South African Trade Unions has devised a strategic plan aimed at forcing the authorities to resolve the hospital strike crisis.

Cosatu is to release the details of the programme of action today after a three-day conference in Johannesburg at the weekend.

Cosatu official Mr Zwelibanzi Vavhi said some of the proposed action will be for the public to telephone the hospitals where workers were dismissed to demand that they be reinstated. He said talks between Transvaal Provincial Administration and Cosatu Hospitals Strike Action Committee broke after no agreement was reached.

Family links deaths to on-going hospital strike

Nursing sister and her 2 daughters shot dead

Sowetan 15/9/92 (97) 20K

■ Survivor (6) seriously hurt:

By Abbey Makoe

A NURSING sister at the Natalspruit Hospital and her two daughters were shot dead in their home at Katlehong's Maphanga section on Saturday night.

A family spokeswoman, Mrs Evon Matlhare, said Mrs Margaret Mabaso and 14-year-old daughter Matshidiso died instantly.

The other girl, Nomthandazo (11), died later at the Natalspruit Hospital.

The only surviving member of the family was the youngest daughter Mbali (6), who was shot in the throat.

A Baragwanath hospital spokesman said yesterday the child was "conscious but in a vey serious condition".

Matlhare said the family was convinced Mrs Mabaso's death was linked to the hospital strike.

"Only three weeks ago we were urging Margaret to resign because we had seen reports about people being killed for not taking part in the strike - but what would her children eat?"

She said police found spent AK-47 rifle cartridges in the house.

There were also 9mm pistol cartridges.

Witwatersrand police spokesman Captain Eugene Opperman yesterday said the motive for the attack was not yet known. No arrests had been made.

Protest threat over hospitals

97

STAR 16/9/92

By Abel Mushi

The Civic Associations of Southern Transvaal (CAST) yesterday threatened mass action against the Government "like never before" if an estimated 8 000 dismissed hospital workers were not reinstated within seven days.

CAST general-secretary Dan Mofokeng said at a press conference in Johannesburg that the dismissal of workers who had gone on strike because of a wage dispute had resulted in a drop in the standard of health care in black areas — particularly in the PWV region where two East Rand clinics, Benoni and Wattville, had since been closed down.

He claimed the problem was being exacerbated by the fact that thousands of sick people would no longer visit hospitals such as the Baragwanath Hospital in Soweto because they feared the "hostel killers recruited by the Transvaal Provincial Administration" to replace dismissed workers.

"As a community organisation, we are only calling for the normalisation of health services by asking for the reinstatement of the workers. Our trade union movements — Cosatu and Nehawu — are handling the labour problems which caused the strike," he said.

CAST said about 7 000 workers had been dismissed by the TPA in the PWV region and about 1 000 by the Free State Provincial Administration.

Mr Mofokeng said that although the underlying problem was of national concern, specific hospitals would be targeted in the mass action campaign. These were Baragwanath, the Natalspruit and Tembisa hospitals and the Watville Clinic on the East Rand, and the Ga-Rankuwa Hospital near Pretoria.

Mr Mofokeng said CAST was consulting other organisations to prepare for a consumer boycott throughout the PWV region if hospital authorities failed to meet CAST's demands within seven days.

Couple critical after bomb attack

■ Kalafong Hospital clerk and her husband trapped in burning bedroom as attackers strike at 1am:

By Monk Nkomo and Josias Charle

AN Atteridgeville man and his wife are in a critical condition at Kalafong Hospital after petrol bombs were hurled into their home while they were asleep in the early hours of yesterday morning.

Mr Sydney Ntsie (42) and his wife Charlotte (39) of Matlejoane Street were trapped in their burning bedroom after the attack at about 1am, a spokesman for the family said yesterday.

Mrs Ntsie is a clerk at Kalafong Hospital and Mr Ntsie works in a factory at Hammanskraal.

A few minutes before the attack, the house of a neighbour, Mr Johannes Maake, who works at HF Verwoerd Hospital, was also petrol-bombed but nobody was injured.

Both families believe the attacks are linked to the strike at HF Verwoerd Hospital.

There was only a one-day stoppage at Kalafong Hospital during the recent nationwide strike by hospital workers.

In another attack, which has also been linked to the hospitals strike, a nursing sister at Natalspruit Hospital, Mrs Margaret Mabaso, and her two daughters, aged 14 and 11, were gunned down at their home in Katlehong on Saturday night. Another daughter, aged six, was shot in the throat and is in a serious condition at Baragwanath Hospital in Soweto.

The Ntsie and Maake families said yesterday they had identified one of the attackers as a recently dismissed worker at the HF Verwoerd Hospital who was also a shop steward of the National Education Health and Allied Workers Union (Nehawu).

Parties deny health talks impasse

THE Transvaal Provincial Administration, Congress of South Africa Trade Unions and the National Education, Health and Allied Workers Union last night denied negotiations on the recent health workers strike had broken down.

Instead, they announced they had held another meeting under the chairmanship of Wits/Vaal Regional Peace Committee chairman Andre Lamprecht "in an effort to resolve the dispute".

"A further meeting is scheduled towards the end of the week when the parties will seek to finally resolve the dispute," they said in a joint statement issued through Lamprecht by the national peace committee.

An estimated 7 000 health workers in the province were dismissed and replaced in the wake of the weeks' long hospitals strike.

"There have been reports in the media to the effect that the negotiations have broken down," the statement added. "Both parties wish to stress that this is not so. The chairman confirms that the negotiations are continuing."

Nehawu and the TPA noted with regret "that certain (unspecified) incidents have taken place and statements have been made which have bedevilled the sensitive process".

"Both parties call on everyone to desist from actions or statements that contribute to heighten conflict and undermine the negotiation process." — Sapa.

Hospital strikers resort to begging

STAR 16/9/92

By Thabo Leshilo
Labour Reporter

Dismissed Baragwanath Hospital strikers — who have been without income for 15 weeks — have resorted to begging.

Cash-strapped National Education, Health and Allied Workers' Union members armed with collection cans now stand at intersections in the Old Potchefstroom Road, opposite the hospital, asking motorists for money.

The strikers said yesterday that money collected was spent mainly on transport to attend the daily pickets outside the hospital.

The proceeds hardly suffice to pay for meals.

More than 600 general assistants were fired at Baragwanath in July.

Already, attendance at the daily demonstrations has dwindled.

Nehawu assistant general-secretary Neal Thobejane said the union had no resources to support strikers.

The strike relief fund could barely cover shop stewards' transport costs to attend meetings.

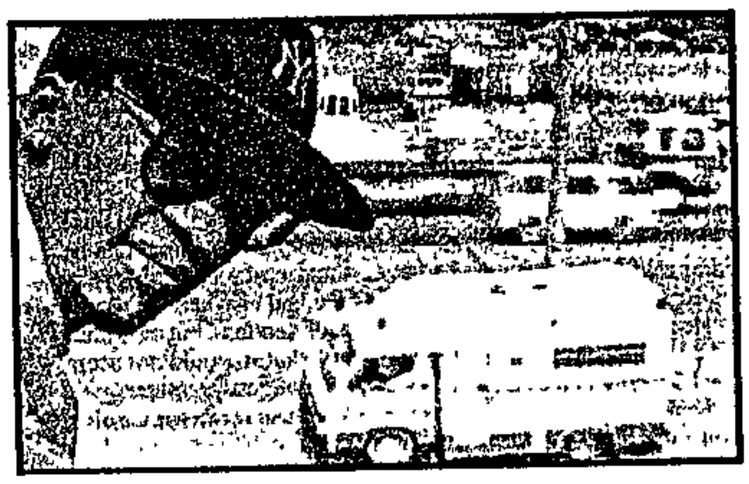
However, about 50 demonstrators found outside the hospital remained hopeful they would return to work.

"Vacancies in the hospitals have not been filled," one of them said.

Another behind-the-scenes meeting aimed at resolving the dispute over pay and having the fired 7 000 Transvaal hospital workers reinstated was held between Nehawu, the Congress of SA Trade Unions, the TPA and the Wits/Vaal Regional Dispute Resolution Committee on Monday.

Shock portrait of a hospital on the edge of collapse

Inside Bara's wards of filth



The man who slipped in: reporter Bafana Khumalo at Baragwanath Hospital this week Photo: GUY ADAMS

W/Mail 18/9-24/9/92. (97)

Strike-hit Baragwanath Hospital is hiding from the world, with squads of security men patrolling perimeters and wards to ensure no unauthorised outsiders get in to see how far conditions have deteriorated. But this week reporter BAFANA KHUMALO managed to slip past the guards and spend five hours observing a hospital in crisis

A NURSE tiptoes through a puddle of urine and water in a ward bathroom. In the corner a dustbin filled with discarded tissue paper and surgical gauze breathes a pungent stench into the ward.

Down the corridor in the ward storeroom, piles of dirty linen litter the floor. They have been there "for some time", says a nursing sister The syringes stored on the shelves above will be used, she says, to give patients medication.

These were some of the images confronting *The Weekly Mail* during an unofficial trip through strike-hit Baragwanath Hospital this week More than 1 000 strikers were fired in July, and although some replacement staff have been hired, the quality of patient care continues to suffer disastrously

The hospital has been turned into a fortress, with a large contingent of security guards on the access gate, further guards posted at the main entrance to the hospital complex and a controlled turnstile in the main adminstration block. All media visits have been banned.

The Weekly Mail, with the aid of the Baragwanath Health Crisis Committee and South African Health and Social Services Organisation activists, smuggled in a journalist, who spent five hours touring the casualty section, the maternity ward, the orthopaedic workshop and a number of the general wards.

In interviews with hospital staff and from first-hand observation, a horrific picture emerged of surgical operations being delayed, filthy conditions, nurses carrying out menial functions such as cleaning and the neglect of patients

Many people spoken to did not want their names mentioned, citing fear of losing their jobs or violent reprisals by the temporary workers hired by the hospital. Even patients were not willing to talk, fearing they might be harmed.

The major problem at Baragwanath is a lack of suitably trained support staff, said one doctor, which means the health of patients is being compromised.

The worst-affected area was surgery. "Last week the whole paediatric surgery list was cancelled," he said Two of the children, with cancer, had their operations this week after a week-long delay — but "who is to dictate the delay of even one day in a child with cancer?" the doctor asked.

As for adults, "many 'non-urgent' surgery cases have been wait-listed since April". The reason was "the lack of staff and not enough linen or sterilised instruments". Before the strike there had been 80 operations a day. That number has dropped to 41.

"On the outside you will not see anything that has not always happened here," the doctor said. "There have always been people carrying their own drips."

Commenting that "patient care was continually compromised", an insider said a patient with wired jaws had not eaten for two and a half days last week because his special puréed meals had not been provided by the kitchen.

There were piles of linen on the floors of the three wards visited. In one of the wards, a student nurse was washing the walls while patients lay unattended. "If I don't do it myself there isn't anyone else to do it," she said She explained that three general workers had been hired, but it was the day off for one of them, another had gone to school and the third had "just not pitched up"

People hired to replace strikers were not much in evidence at Baragwanath. It was common in the hospital to see nurses pushing oxygen cylin-

» Continued on PAGE 3



It was more a carnival than a protest when the Democrats tried their hand at mass action. Among the grey-suited marchers was this man in a hurry.
See Charlotte Bauer on PAGE 28 Photo: KEVIN CARTER

Guardian Weekly

Can Europe bail out its currencies? PAGE 1

Middle East peace hopes keep rising PAGE 14

Peru captures the messiah of terror PAGE 19

Who really did win the Cold War? PAGE 22

Frightened Gqozo's pre-march dithering

RHEMA church leader Ray McCauley, who engaged in an extraordinary dialogue with a frightened and vacillating Brigadier Oupa Gqozo shortly before the Bisho tragedy, has provided new insights into the events leading up to the massacre.

Gqozo, who at the time seemed willing to back down and call a referendum, showed McCauley an exchange of letters with FW de Klerk, in which the state president tried to press him into allowing the African National Congress march to take place.

PAGE 2

No peace in the town of Vrede

THE town may be called Vrede, but there's never been much peace Boeretwis was the local spot ... until the new South Africa provided a common foe and a shared fear.

PAGE 17

Hospital staff to carry guns?

W/Mail 18/9 — 24/9/92 97

By BAFANA KHUMALO

BARAGWANATH Hospital management is to push for police permission for staff to carry guns in the hospital, as an exception to Soweto's emergency regulations.

The Weekly Mail has in its possession a circular from hospital administrator Dr C van den Heever saying that although Soweto had been declared an unrest area, police had agreed that hospital management could apply for "collective permission" for the carrying of weapons.

Approached for comment, the Baragwanath public relations department referred *The Weekly Mail* to Soweto police. Soweto SAP liaison officer Tienie Halgryn was unable to confirm that an application to carry weapons had been received from Baragwanath.

The hospital's move takes place against the background of continuing violence related to the four-month Transvaal hospital strike.

The Transvaal Provincial Administration revealed that on Tuesday this week, a worker was murdered outside the Natalspruit Hospital. Since September 5, five Soweto clinics had been firebombed, causing thousands of rands of damage. Part of the Orlando Clinic was burnt down on Monday this week.

The TPA said a Tembisa Hospital nurse's house had been burnt down in broad daylight and that other workers had been threatened with similar violence. The house of a clerk at the Kalafong Hospital in Pretoria was also burnt down, and the clerk and her husband admitted to hospital with serious burns.

Workers at the Hillbrow Hospital had been assaulted — one being stabbed in his home — while an HF Verwoerd Hospital staffer was thrown from a train.

This week the TPA, National Education Health and Allied Workers Union and the Congress of South African Trade Unions issued a joint statement, under the aegis of the Wits-Vaal regional peace secretariat, urging people not to act in such a way as to intensify conflict and undermine negotiations.

Bara's wards of filth

w/Mail 18/9 - 24/9/92. (97)

From PAGE 1

ders on trolleys or mopping floors. In areas where the personnel were not willing or able to carry out those support duties, they went undone.

In the orthopaedic workshop where, after the strike, not enough cleaners were hired, technicians fitted artificial limbs to amputees in very unhygienic conditions.

There were piles of dirty rags at the entrance of the club-foot clinic section of the hospital and, inside, mounds of plaster of Paris left over from previous operations.

A technician at the workshop said that before the strike there were four workers employed to clean and remove artificial limbs from the workshop. "Now there is only one worker," he said. "The place is supposed to be clean but now there is no one to do that job. None of the technicians has the time to do it."

The sink was blocked; there were marks on the floor where water had overflowed and the floor had not been mopped but instead had been left to dry. The blocked sink had not been reported, said the technician, because "the person responsible for this is on strike, and at the moment there isn't anyone who has been hired to do this job".

A mentally disturbed patient who, according to a staff member, should have been supervised at all times, was lying on his bed unattended as the nurse scrubbed the walls of the ward.

It is not only the patients who are suffering from the lack of support staff. Student nurses have also been affected. "Since the problems started we have not had any practicals," said one student nurse. The senior nursing staff who supervise student nurses have to do "non-nursing duties and therefore do not have the time to supervise us," he said.

One nurse said she had been threatened by new workers after nurses had marched in Pretoria last week. She said the workers had accused the nurses of having gone to "tell De Klerk to take away our jobs".

The only ward in the hospital which seemed to be operating normally was the surgical admissions ward — where, said a health worker, the nurses usually do the job themselves anyway.

One nurse summed up the feelings at the hospital: "They say things are normal but things are far from normal."

Meanwhile, the hospital is still trying to recruit new staff. A hospital clerk this week was putting up an advertisement for porters to work in the maternity section. The requirements: None.

Commenting on what *The Weekly Mail* witnessed at Baragwanath, the hospital's public relations department said the matron in charge had no knowledge of nurses carrying out non-nursing tasks. Bara, it said, had always had a waiting-list for non-urgent surgical cases. It said it had no information from the head of paediatric surgery, a Dr Fonseca, about the cancellation of the entire paediatric surgery list last week.

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dopted "mother",
ture: MIKE BAKER

Hospital strike end in sight

(97)

STAR 19/9/92

BRENDAN TEMPLETON

SETTLEMENT may have been reached in the Transvaal hospital strike which has been racked by violence and threatened health services for over 16 weeks.

The Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) say it is now up to their constituencies to accept or reject the deal which has been struck.

Over 7 000 jobs are on the line and this has been the major stumbling block to a settlement. It is believed a code of conduct for future negotiations may also have been drawn up.

Union leaders were yesterday meeting their members and discussing the deal which was hammered out under the watchful eye of the Witwatersrand-Vaal Dispute Resolution Committee.

● See Editorial on Page 10

Earlier this week, Nehawu assistant-general secretary Neal Thobejane threatened to "politicise" the strike if agreement was not reached. "If the talks fail, battle lines will be drawn ... we will call on all our members in all sectors to ballot and go on strike. All 8 000 dismissed workers will take to the streets.

"The political process in our country will not be able to afford that situation. We will take it to those kinds of extremes," he said.

This week's tentative agreement comes at a time when strike-related violence has started hotting up.

Five clinics in Soweto have been petrol bombed since September 5, the latest being the Orlando East clinic which suffered extensive damage on Tuesday. Other violent incidents during the strike included:

● A union member who was shot dead in cold blood at the entrance of Natalspruit hospital on June 3.

● Two union shop stewards who were gunned down in a private home by unknown assailants on June 5.

● Two people in a non-striker's family perished gruesomely in a petrol bomb attack on their home on July 14. Three other family members were wounded in the attack.

● Another two non-strikers burned to death on July 28 when their home was petrol bombed.

● On July 30, four-year-old Katlego Sebola died when his parents' home was petrol bombed.

● A Johannesbur Hospital nurse was killed on a roadside. Other nurses said her ears had been cut off because she "would not listen".

● On August 13, non-strikers attacked union members outside Baragwanath Hospital. Two were seriously injured in the attack.

● Last week, a Natalspruit nurse, Margaret Mabaso, and her two daughters, aged 14 and 11, were gunned down at their home in Katlehong.

If the workers are reinstated, the TPA will have to find a way of breaking the news to the 5 000 people it recruited in their place.

● TO PAGE 2.

Hospital strike

● FROM PAGE 1.

(97)

26/6/97 24125

Health workers to push state for funding

South 9/9 - 23/9/92 (97)

COMMUNITY health care workers aim to lobby the state for recognition and funds.

This emerged at a conference held in Guguletu recently and attended by primary health care workers from the Western Cape, according to Dr Ivan Toms, national co-ordinator of the National Progressive Primary Health Care Network (NPPHCN).

The gathering, organised by the network, selected a delegation to attend a national conference in Durban this month where health workers from around the country will formulate a national policy regarding their work.

Dangerous working conditions, high job stress and low salaries were among the problems discussed at the conference.

Toms said one result of the national conference could be the formation of a national community health workers' association. This would increase pressure on the state to recognise community health workers.

The state would also be urged to fund non-governmental organisations employing community health workers, he said.

International experience had shown that this was more effective than having the state employ health workers directly.

"Leaving the work to NGOs is more effective in terms of getting the care to the people who need it," said Toms

"This is especially true in a situation where people have been disempowered by apartheid. Community health workers empower people to take care of their own health." — **JUSTIN PEARCE**

Health workers aim to oust Venter

THE South African Health and Social Services Organisation (Sahsso) and the National Health, Education and Allied Workers' Union (Nehawu) were expected to lead a campaign of mass action yesterday. (97) C/Pnews 20/9/92

This follows an announcement made by the Natal Provincial Administration on its proposed cutbacks on health funding in Natal.

Demands made to the government include the resignation of Health Minister Rina Venter.

Soweto hospitals plunged into crisis

By THEMBA KHUMALO

HEALTH services in Soweto have been plunged into a serious crisis following the destruction of at least five clinics which were petrol-bombed over the past two weeks.

Health authorities fear the destruction of more health institutions in the area unless stricter security measures are taken to protect them.

The clinics in Dobsonville, Zola, Mofolo, Diepkloof and Orlando East have been closed temporarily in the wake of a spate of attacks since the beginning of September.

Their closure has forced patients to go to Baragwanath Hospital for treatment, leaving hospital authorities to grapple with the problem of overcrowding.

The surviving clinics are Klipspruit, Chiawelo, Tladi, Orlando West and Meadowlands.

Although it is not known why clinics have been singled out for attacks, the SA Police said they suspected the incidents were linked to the three-month strike by members of the National Education and Health Workers Union (Nehawu).

This was denied by Nehawu's assistant general secretary Neal Thobejane, who said union members would not burn their own clinics which served the black community.

Transvaal administrator Danie Hough has expressed dismay at the the attacks.

"The TPA assumes that the parties concerned are not directly responsible for the incidents, since they have already committed themselves in public to defusing the conflict," he said.

"I find it totally unacceptable that this tendency persists, especially since health institutions are regarded as an essential service and are normally not affected, even in the worst cases of international conflict."

Hough also condemned the killing of an employee outside Natalspruit Hospital on Tuesday afternoon.

On other strike-related incidents, Hough said a clerk at Kalafong Hospital in Atteridgeville and her husband were admitted to hospital for serious burns after their house was petrol-bombed.

Last week two clerks at Hillbrow Hospital were assaulted while on their way to a taxi rank. Another hospital employee was also admitted to hospital after being assaulted and stabbed, Hough said.

He said another hospital worker at HF Verwoerd Hospital was thrown from a train by three men.

"I learnt with dismay about the serious intimidation and assault of health workers and the damaging of their property," he said.

The crisis comes barely a week after health workers expressed concern at the deteriorating health standards at Baragwanath. They alleged that the crisis was caused by the absence of experienced general assistants who were dismissed last month for their part in the strike.

A doctor who did not want to be named said sometimes nurses and doctors had to scrub the floors in the wards because the new recruits were obstinate, not co-operative or not properly trained.

The doctor and three others have formed the Baragwanath Health Crisis Committee to bring the problems at the hospital to the attention of the public.

Health workers under attack

By SOPHIE TEMA

ATTACKS on nurses and health workers by faceless perpetrators of violence were slammed this week by Transvaal administrator Danie Hough.

Violence associated with the strike by hospital workers took an ugly turn last week when five Soweto clinics were attacked in the wake of the ongoing strike.

Natalspruit nursing sister Margaret Mabaso, and her two children, died after their home was attacked by thugs wielding AK-47 rifles. On the same day a worker was killed outside the hospital grounds.

Family spokesman Evon Matlhare said Mabaso and her 14-year-old daughter Matshidiso died instantly, while her second daughter Nomthandazo, 11, died later at the Natalspruit Hospital.

The only surviving member of the family is Mabaso's youngest daughter, six-year-old Mbali, who was shot in the throat and later admitted to Baragwanath Hospital in a serious condition.

In Atteridgeville, near Pretoria, the homes of clerks from Kalafong and HF Verwoerd hospitals were petrol-bombed.

Sydney Ntsie and his wife Charlotte were seriously burnt and their home extensively damaged after unknown persons hurled petrol bombs while they were asleep.

Several homes belonging to hospital workers in Soweto and other areas were torched and a number of matrons and nurses assaulted on their way to or from work.

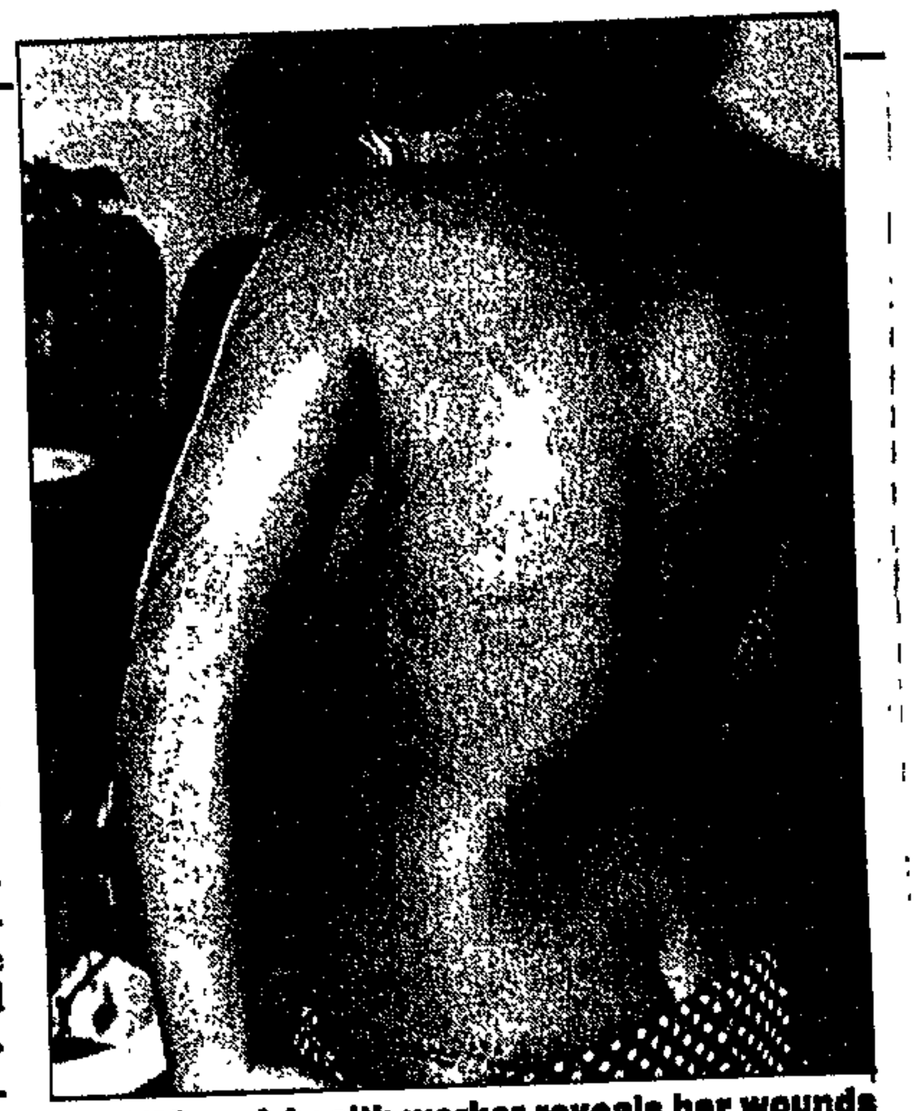
Since September 5, four clinics have been damaged in the Soweto area.

Expressing shock and dismay at the intimidation of hospital staff and the damage of their property, Hough said: "As recently as September 14, the TPA, Nehawu and Cosatu in a joint statement called upon all to refrain from doing anything that would contribute to the intensifying of conflict and the undermining of negotiations.

"Despite the statement, new incidents of violence are still being reported.

"The TPA assumes that the parties concerned are not directly responsible for the incidents, since they have already committed themselves to defusing the conflict.

"I therefore find it totally unacceptable that this tendency persists."



VICTIM ... A health worker reveals her wounds after being assaulted by unidentified assailants.

Doctors finally go public

By THEMBA KHUMALO

MORE trouble is expected at Baragwanath and other Transvaal hospitals this week following shocking revelations by doctors relating to the sharp decline in patient care and health standards.

At a recent media conference, three doctors said they were risking their jobs by exposing "repression and the compromise of health and patient care at Bara and other Transvaal hospitals hit by the strike."

"Behind the facade of normality, hospital authorities are trying to tell the public there is a lot of dissatisfaction among health workers," they said.

They accused the TPA of making a political decision by firing striking members of the National Education and Health Workers' Union.

A Baragwanath doctor said after she told the media "the real happenings in the wards" she was told that her contract would not be renewed at the end of the year as she had defied an order not to attend the media conference.

South African Health and Social Services Organisation national secretary, Dr Aslam Dasoo, said his organisation would do everything to prevent their "brave members" and other health workers from losing their jobs for revealing hospital irregularities.

He appealed to other health workers to tell the public about the problems they experienced after the dismissal of Nehawu members.

He alleged that hospital authorities had no respect for black lives, and the horrifying conditions did not exist in "white" hospitals.

A Baragwanath doctor said because of staff shortages doctors and nurses were forced to scrub floors.

She said that after waiting three weeks, an elderly woman cancer patient was discharged and told she would be called back once the theatres were "back to normal".

Operations which should have been performed on five children were cancelled, and some paediatric surgery patients were told to return in a month.

A radiographer at Thembisa Hospital said a patient died recently after she was discharged prematurely.

The crisis, she said, had forced the authorities to reduce the number of wards from 21 to 14.

TPA spokesman Jan Van Wyk said he would issue a statement later.

Sowetan 21/9/92

Hospital strike may end soon

THE National Education, Health and Allied Workers Union and Transvaal Provincial Administration are today expected to announce details of a settlement of the four-month-old hospital strike which has led to clashes between strikers and non-strikers.

Talks between the TPA and Nehawu were held on Friday in another bid to reach a compromise and end the strike. Violence has mounted and lives have been lost since the strike began. About 7 000 hospital workers have been dismissed since the strike began.
- *Sowetan Reporters and Sapa.*

Cops probe ANC members

A SPOKESMAN for the Department of Law and Order yesterday denied allegations that, by investigating members of the ANC, police were trying to obtain a blanket amnesty for members of the security forces.

Police spokesman Captain BSJ van Rooyen confirmed, however, that 17 senior ANC members were being investigated for various crimes.

Among those police are probing are South African Communist Party general secretary Mr Chris Hani, SACP chairman Mr Joe Slovo, ANC national chairman Mr Oliver Tambo, SACP member Mr Ronnie Kasrils and commander of the ANC's military wing, Mr Joe Modise.

Sowetan 21/9/92

NEWS Victim dies of burn wounds after bomb attack ● Baby killed in axe attack

Man butchers baby with axe

■ Police looking for alleged lover after seven-month-old child bleeds to death in arms of helpless mother:

By Lulama Luti

A SEVEN-month-old baby boy bled to death in the arms of his helpless mother after he was allegedly hacked with an axe by a man said to be her lover in Kagiso near Krugersdorp at the weekend.

A desperate Miss Nthabiseng Mawela, who was severely injured during the attack, got into a taxi to take the baby to hospital but the child died in her arms before they could reach it .

Speaking from her bed at Leratong Hospital, Mawela (22) told of how a man had attacked her and the baby after he had had an argument with a friend.

"I was sitting on a chair feeding the child when the door was suddenly flung open. The man, who was wielding an axe, then started chopping the child.

"I tried to protect the child but I was also hacked," she said.

She went on: "I managed to escape from the room with the baby but the man came after us. The baby, Pogiso, was already covered in blood. He had been hit behind the right ear.

"The man continued to attack us with the axe. I later fell to the ground and the man left us for dead," she said.

When neighbours came to their rescue the man ran away. She was then rushed to hospital.

Nthabiseng said she did not know the reason for the attack because she had had no quarrel with the man.

West Rand police liaison officer Major Henrietta Bester confirmed the incident and said police were looking for the man, who had been identified as a hostel dweller.

Hospital clerk dies after petrol attack

Sowetan 22/9/92

By Josias Charle

■ STRIKE RELATED 12 people have so far died since health strike began:

A PETROL bomb attack victim, Mrs Charlotte Ntsie (39) of Atteridgeville, died at Kalafong Hospital at the weekend.

She received serious burn wounds a week ago when her house was petrol-bombed. Her husband, Mr Sydney Ntsie (43), who was also injured in the attack, has been transferred from Kalafong to a private clinic in Pretoria. He has been reported to be in a stable and fair condition.

Kalafong Hospital public relations officer Mrs Berdene Schoeman said Mrs Ntsie died of her wounds at 10am on Saturday.

She was a clerk at the hospital and the attack on her home has been linked to the ongoing hospital strike. Her husband is a factory worker at Babelegi.

Minutes before their house was bombed, their neighbour, Mr Johannes Maake - also an employee at Kalafong Hospital - had his house petrol-bombed but no one was injured in the attack.

Mrs Ntsie was one of many casualties following attacks on non-striking hospital workers.

A worker was shot dead at Natalspruit Hospital on June 3;

Two union shop stewards were gunned down in a house on June 5;

Two members of a non-striker's family died in a petrol bomb attack on their home on July 14. Three other family members were wounded in the attack;

Another two non-strikers burned to death on July 28 when their home was petrol-bombed.

On July 30, Katlego Sebola (4) died when his parents' home was petrol-bombed.

A Johannesburg Hospital nurse was killed. Nurses said her ears had been cut off because she "would not listen"; and

Last week, a nursing assistant at Natalspruit Hospital, Mrs Margaret Mabaso, and her two daughters, aged 14 and 11, were gunned down at their home in Katlehong.

Health workers to be reinstated

Sowetan 22/9/92

■ Hospital strike to end

97

By Ike Motsapi

ABOUT 7 000 dismissed hospital workers are expected to get back their jobs.

It is expected the 16-week-old hospital strike that has claimed more than 12 lives and resulted in substantial damage to houses and government buildings is likely to end this week.

Sources told *Sowetan* yesterday that the Transvaal Provincial Administration had agreed to the demand by the National Education, Health and Allied Workers' Union (Nehawu) that all dismissed workers be reinstated.

The National Peace Secretariat has been delegated to find solutions to four outstanding issues while the workers are back at work.

These are that workers should be given a R725 across-the-board increase; a 15 percent salary increase; permanent status for workers who have been classified as temporary staff; and maternity leave.

A settlement between Nehawu and the authorities to end the strike was expected to be finalised last night.

This follows last week's behind-the-scenes talks between the two parties.

Hospital strike settlement imminent

By Mike Siluma (97) (98) STAR 22/9/92

A settlement in the four-month-long hospital strike may be announced today after protracted negotiations between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union (Nehawu).

A union source said yesterday that a working committee comprising TPA and Nehawu representatives and their lawyers was likely to make public its decision today.

Negotiations were "at a critical stage".

The talks are chaired by Witwatersrand-Vaal Dispute Resolution Committee chairman Andre Lamprecht.

The proposed agreement centres on the reinstatement of the nearly 7 000 Nehawu members dismissed three months ago in a dispute over pay and working conditions at TPA-administered hospitals, including Baragwanath, Hillbrow and Natalspruit.

Parties to the dispute were reluctant to divulge other details of the proposed agreement. But Mr Lamprecht confirmed that, after talks which continued at the weekend, everything was "on course".

So far, more than 12 people, including non-strikers and their family members, as well as union members, have been killed in strike-related violence. Several have been injured.

At least five TPA clinics in Soweto have been fire-bombed and, in some cases, extensively damaged in attacks linked to the strike.

Hospital dispute nears end

By Thabo Leshilo
Labour Reporter

The much-awaited agreement ending the bloody four-month dispute at Transvaal hospitals — brokered by the Wits/Vaal Dispute Resolution Committee — would only be published at the end of the week, the parties said yesterday.

National Education, Health and Allied Workers' Union (Nehawu) assistant general-secretary Neal Thobejane said: "The parties have reached an agreement ... the finer details of which are not finalised."

He said the "in principle" understanding between Nehawu and the Transvaal Provincial Administration did not mean the parties were capitulating to the other's demands.

TPA director-general Andre Cornelissen said he was "in full agreement with the spirit and content" of Mr Thobejane's statement.

More than 12 people have been killed and scores injured in strike-related violence.

End to hospital strike closer after agreement

BIDAY 23/9/92 (97)

WILSON ZWANE

THE TPA, Cosatu and the National Education, Health and Allied Workers' Union (Nehawu) have reached an agreement on resolving the 16-week hospital strike.

Nehawu said in a statement details of the agreement would be released to the media at the end of the week, after the parties had discussed them with their respective constituencies.

TPA director-general André Cornelissen confirmed that an understanding had been reached, but would not elaborate.

André Lamprecht, chairman of the negotiations between the TPA, Cosatu and Nehawu, said that barring "unforeseen" occurrences, agreement would be reached this week.

Lamprecht cautioned against speculating about the nature of the agreement, saying "parties want nothing to jeopardise the settlement at this late stage".

But it is believed that the agreement will lead to the reinstatement of 7 000 hospital workers, which the TPA dismissed for striking.

Nehawu has repeatedly said it would call off the strike if all dismissed workers were reinstated.

The TPA has, until recently, been adamant it would not give in to the union's demands.

The protracted strike was sparked by the TPA's refusal to meet Nehawu's demands which included better working conditions, permanent worker status and a minimum monthly wage of R725.

The strike has lead to widespread intimidation, which has claimed more than 10 lives.

The latest victim was a Natalspruit Hospital employee, who was gunned down last week as he was leaving the hospital.

Nehawu has distanced itself from acts of intimidation against non-striking workers, saying these were contrary to its policy.

In another development Nehawu said yesterday unilateral cutbacks in Cape Provincial Administration (CPA) health spending would be met by mass action.

Sapa reports from Cape Town that Nehawu regional chairman Wilfred Alcock appealed to the CPA to implement an immediate moratorium on unilateral restructuring and demanded consultation with the union and community-based organisations.

The CPA was reported to be considering drastic spending cuts to curb projected overspending of R100m to R200m.

If the CPA did not respond to Nehawu's demands, the union would rally support from political and community organisations and all Cosatu affiliates.

No accord yet in hospital strike

Sowetan 23/9/92 (97)

■ Negotiations have not been concluded yet:

ALTHOUGH agreement had been reached on a settlement of the strike at Transvaal provincial hospitals, negotiations have not yet been concluded.

This was said yesterday by Director-General of Transvaal Provincial Administration Mr Andre Cornelissen.

Appealing to everyone involved to "remain calm", he said he agreed with the spirit and content of a news release issued by the National Education, Health and Allied Workers' Union earlier yesterday reacting to Press reports that agreement had already been reached on the issue.

In the statement, Nehawu pointed out that the negotiating parties - Nehawu, the TPA and the Congress of SA Trade Unions - had reached understanding on how the dispute may be settled, "finer details of which are not yet finalised as all parties have still to discuss this with their respective constituencies".

Nehawu also said a news conference would be held at the end of the week at which the agreement reached would be fully publicised.

Referring to the statement by Nehawu, the National Peace Secretariat appealed yesterday to the media to refrain from speculative reporting until all details were finalised as the parties wanted nothing that would jeopardise a settlement "at this late stage".

"As soon as these are finalised, full details will be made available to the Press as promised.

"There has been some delay but it will still be this week, unless something untowards happens," the NPS said.

Hospital strike could end today

WITH a settlement to the four-month hospital strike expected today, the National Education Health and Allied Workers' Union (Nehawu) and the TPA yesterday reported that the home of Baragwanath Hospital's senior chief matron had been bombed on Tuesday night. BIDorg

Sapa reported last night that the attack had been referred to the Goldstone commission. 24/9/92

The national peace secretariat's Wits/Vaal regional peace committee said the incident was to be condemned "in the strongest possible terms".

KATHRYN STRACHAN

In a joint statement Nehawu and the TPA said the futility of the incident should be seen in view of the fact that the parties were on the verge of finalising the settlement — details of which would be released today.

The protracted negotiations have been brokered under the chairmanship of national peace committee Wits/Vaal region chairman Andre Lamprecht and centred on the reinstatement of more than 7 000 dismissed strikers.

A separate statement issued by Nehawu and Cosatu said the hospital strike had been characterised by an "unprecedented amount of violence which all parties sincerely regret". (97)

Strike-related violence has claimed the lives of 12 people, including non-striking hospital workers and union officials. Five Soweto clinics have been firebombed and many homes have been extensively damaged in attacks related to the dispute.

The Nehawu and Cosatu statement said both sides recognised that they needed to do "everything in their power to bring the disputes to an end".

Bomb attack on Bara matron

Sowetan 24/9/92

■ FAMILY TERROR Attackers petrol-bomb

Soweto home of Baragwanath's chief matron:

BARAGWANATH Hospital chief matron Mrs Thelma Zwedala is believed to be in hiding following a petrol bomb attack on her Dube, Soweto, house on Tuesday night.

Her husband, Greenland, suffered serious cuts while trying to put out the fire.

Hospital authorities said yesterday Zwedala did not report for work and her daughter Nonceba said they did not know where she was.

Police could last night could not confirm whether any arrest had been made. Extensive damage was caused to furniture, linen and clothing. The family believes the attack could be linked to the current hospital strike.

Baragwanath chief superintendent Dr Chris van den Heever yesterday described the attack as "a despicable deed of cowardice".

Zwedala's daughter Nonceba said yesterday her mother had received several threats to her life since the strike began 17 weeks ago. On the night of the attack they had received a telephone call in which the caller wanted to know whether that was "Dr Zwedala's residence".

"I told him that there was no Dr Zwedala living with us and he hung up. Later there was a knock at the front door and when I looked through the window I saw about 10 men.

"I then called out to my sister to lock the kitchen door. Shortly afterwards there was a loud bang. This was followed by another and we saw that the curtains and furniture had caught fire," she said.

They tried to use the phone but it was dead, apparently having been cut off. They were helped by the neighbours to extinguish the fire.

Since the strike began five Soweto clinics have been burnt down. Among attacks on non-striking workers and family members were:

● Four members of the Madikane family were killed after a petrol bomb attack on their Naledi, Soweto, home on July 7;

● Nursing assistant at the Hillbrow Hospital Miss Gladys Mnguni (32) was stabbed and doused with petrol before being set alight.

The National Education, Health and Allied Workers Union, which represents striking workers, has distanced itself from the attacks.

Nehawu, TPA reach agreement

(97)

■ About 5 000 hospital workers to get their jobs back:

Sowetan 25/9/92

By Ike Motsapi

THE Transvaal Provincial Administration and the National Education, Health and Allied Workers Union reached an agreement on the reinstatement of dismissed hospital workers in Johannesburg last night.

Although details of the settlement were not available at the time of going to Press, Sowetan sources said the deal involved the immediate reinstatement of 5 000 of the 7 000 dismissed workers.

The sources said a decision on the remaining 2 000 will be taken after they had appeared before arbitration as they had criminal cases pending against them. The cases resulted from the strike.

The sources further said about 4 500 scabs who were employed during the strike would be offered voluntary retrenchments or retirements.

The same applies to the 5 000 who will be reinstated in terms of the agreement.

It is expected that the 16-week-old hospital strike will be called off next week.

LABOUR

No winners in bitter hospital strike

W|M cut 25|9-1|10|92

The Transvaal hospital strike has ended—but both sides learnt some hard and bitter lessons. By **MONDLI MAKHANYA**

TRANSVAAL hospital workers have reached the end of their long and bitter battle against the Transvaal Provincial Administration (TPA). Reliable sources say they will return to work next week.

In terms of a deal brokered by the National Peace Secretariat (NPS), the TPA and the National Education, Health and Allied Workers' Union (Nehawu) have agreed on the reinstatement of the 7 700 dismissed strikers. Other outstanding issues, such as the union's demand for a 15 percent wage increase, a R725 minimum salary, maternity leave and permanent status for temporary staff will be dealt with when workers are back at work.

The deal ends a bloody four-month strike which claimed 12 lives and brought Transvaal health services close to collapse. Under the NPS' watchful eye the parties laboured for the past month to hammer out the deal, with the TPA initially offering to reinstate only those fired workers whose posts had not been filled, but ultimately acceding to the reinstatement of all.

The NPS became involved in the dispute when the strike took a violent turn and Inkatha's United Worker's Union of South Africa began recruiting hostel dwellers to fill vacant posts.

Besides pushing for higher wages in the continuing talks, Nehawu will also be watching closely developments on the government's new Public Service Labour Relations Act, which is due to come before parliament in next month's special sitting. The Bill, which will outlaw most public service strikes and enforce arbitration of disputes, has been criticised by the union movement for embodying a vague definition of "essential services".

The dispute has dealt some hard lessons to both parties. Unfortunately for Nehawu — one of the Congress of South African Trade Unions' "problem unions", with a history of poor organisation and weak leadership — the strike coincided with the launch of a restructuring process. It had recently elected a new and relatively inexperienced leadership.

The leadership was caught off guard when workers at Soweto's Baragwanath Hospital went on strike and within days the entire PWV region had downed tools. From there the strike fanned out to hospitals and clinics countrywide.

l strike

(97)

Despite strategic retreats in other regions when it was apparent mass dismissals were imminent, Nehawu failed to heed the warning signals in the PWV, probably because it would have been difficult to sell a compromise in its most militant region.

In the reopened negotiations Nehawu will be bargaining from a position of weakness, seeing that it cannot now call its members out on strike in the event of a deadlock.

The dispute has, however, done little good to the public standing of the TPA and hospital administrations. There is no evidence that black communities blamed the strikers for the catastrophic deterioration of hospital services during the strike.

The strike highlighted the fact that workers' grievances — notably their temporary status, poor pay and the failure to tie up Nehawu's formal recognition — had not been redressed in the two years since the last strike action.

The only party to have emerged with credit from the debacle has been the NPS, which successfully defused an impasse between a militant union and a hardline employer which was fuelling rampant political violence.

Wysiging van regulasie 2 van die Regulasies

2. Regulasie 2 van die Regulasies word hierby gewysig deur—

(a) in subregulasie (2) die woorde "die patologieë van sodanige persone kan insluit" te vervang deur die woorde ' 'sodanige kommunikasieafwykings insluit";

(b) in subregulasie (3) die woorde "gehoor aantasting" te vervang deur die woord "gehoorgestremdheid";

(c) in subregulasie (4) die uitdrukking "gehoorpatologieë, en" te vervang deur die woorde "gehoorgestremdheid en met".

No. R. 2691 **25 September 1992**

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

REGULASIE: ETIKETTERING EN ADVERTERING: WYSIGING

Die Minister van Nasionale Gesondheid 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. 908 van 27 Mei 1977, soos gewysig by Goewermentskennisgewings Nos. R. 1843 van 28 Augustus 1981, R. 2298 van 26 Oktober 1984 en R. 2567 van 15 November 1985.

2. Subregulasie (28) van die Regulasie word hierby gewysig deur—

(a) die bestaande subregulasie te hernommer tot (28) (I); en

(b) die volgende paragraaf by te voeg:

"(II) Die bepalings van paragraaf (I) (b) is nie van toepassing nie op—

(a) reukwerende middels;

(b) reinigingsmiddels in sover dit die verklaring van die persentasies of verhoudings van aktiewe bestanddele betref.".

Amendment of regulation 2 of the Regulations

2. Regulation 2 of the Regulations is hereby amended by—

(a) the substitution for the words "the pathologies of such persons" in subregulation (2) of the words "such communication disorders";

(b) the substitution in the Afrikaans text for the words "gehoor aantasting" in subregulation (3) of the word "gehoorgestremdheid";

(c) the substitution for the word "pathologies" in subregulation (4) of the word "impairment".

No. R. 2691 **25 September 1992**

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

REGULATION: LABELLING AND ADVERTISING: AMENDMENT

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

SCHEDULE

1. In this Schedule "the Regulation" means the regulation published under Government Notice No. R. 908 of 27 May 1977, as amended by Government Notices Nos. R. 1843 of 28 August 1981, R. 2298 of 26 October 1984 and R. 2567 of 15 November 1985.

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

(a) the renumbering of the existing subregulation to (28) (I); and

(b) the addition of the following paragraph:

"(II) The provisions of paragraph (I) (b) shall not apply to—

(a) deodorants;

(b) cleansing materials as far as the statement of the percentages or proportions of active ingredients is concerned.".

DEPARTEMENT VAN VERVOER

No. R. 2666 **25 September 1992**

HANDELSKEEPVAARTWET, 1951 (WET No. 57 VAN 1951)

REGULASIES IN VERBAND MET DIE MEDIESE OPLEIDING VAN SKEEPSOFFISIERE, 1992

Die Minister van Vervoer het kragtens artikel 356 van die Handelskeepvaartwet, 1951 (Wet No. 57 van 1951), die regulasies in die Bylae uitgevaardig.

DEPARTMENT OF TRANSPORT

No. R. 2666 **25 September 1992**

MERCHANT SHIPPING ACT, 1951 (ACT No. 57 OF 1951)

SHIP'S OFFICERS' MEDICAL TRAINING REGULATIONS, 1992

The Minister of Transport has, under section 356 of the Merchant Shipping Act, 1951 (Act No. 57 of 1951), made the regulations in the Schedule.

BYLAE

ORDENING VAN REGULASIES

Regulasie No.

1. Woordomskrywing
2. Toepassing
3. Algemeen
4. Goedkeuring
5. Uitreiking van sertifikate
6. Geldigheidstydperk
7. Waar aansoek gedoen moet word
8. Vereistes vir kursus in Mediese Opleiding vir Skeepskapteins
9. Sillabusse vir kursusse
10. Kort titel

Woordomskrywing

1. In hierdie regulasies het enige woord of uitdrukking waaraan in die Wet 'n betekenis toegeken is die betekenis wat aldus daaraan toegeken is, en tensy uit die samehang anders blyk, beteken—

"goedgekeur" goedgekeur deur die Direkteur-generaal;

"departement" die Departement van Vervoer;

"instelling" 'n instelling wat onderrig gee en eksamens afneem in kursusse in noodhulp en mediese sorg; en

"die Wet" die Handelskeepvaartwet, 1951 (Wet No. 57 van 1951).

Toepassing

2. Hierdie regulasie is van toepassing op elke—

(a) gediplomeerde dekoffisier wat die houer moet wees van die Skeepskaptein se Sertifikaat in Mediese Opleiding kragtens regulasie 3.7 van die Eksamenregulasies vir Bekwaamheidsertifikate vir Dekoffisiere, 1985, uitgevaardig by Goewermentskennisgewing No. R. 2656 van 29 November 1985, soos gewysig; en

(b) gediplomeerde visserman wat die houer moet wees van die Sertifikaat in Praktiese Noodhulp ter See en die Skeepskaptein se Sertifikaat in Mediese Opleiding kragtens regulasie 2.2 van die Eksamenregulasies vir Bekwaamheidsertifikate vir Vissermanne en Seemasjiniste, 1985, uitgevaardig by Goewermentskennisgewing No. R. 2653 van 29 November 1985, soos gewysig.

Algemeen

3. (1) Die mediese opleiding van offisiere in die handels- en vissersvloot moet gebaseer wees op boeke of ander publikasies deur die Direkteur-generaal aangedui.

(2) Hierdie regulasies het betrekking op die volgende:

(a) Die kursus vir die Sertifikaat in Praktiese Noodhulp ter See.

(b) Die kursus vir die Sertifikaat in Noodhulp ter See.

(c) Die kursus vir die Skeepskaptein se Sertifikaat in Mediese Opleiding.

SCHEDULE

ARRANGEMENT OF REGULATIONS

Regulation No.

1. Definitions
2. Application
3. General
4. Approval
5. Issue of certificates
6. Period of validity
7. Where to apply
8. Requirement for Ship Captain's Medical Training course
9. Syllabuses for courses
10. Short title

Definitions

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

"approved" means approved by the Director-General;

"department" means the Department of Transport;

"institution" means an institution which gives instruction and conducts examinations in courses of first aid and medical care; and

"the Act" means the Merchant Shipping Act, 1951 (Act No. 57 of 1951).

Application

2. These regulations shall apply to every—

(a) certificated deck officer who is required to hold the Ship Captain's Medical Training Certificate in terms of regulation 3.7 of the Examination Regulations for Certificates of Competency for Deck Officers, 1985, promulgated under Government Notice No. R. 2656 of 29 November 1985, as amended; and

(b) certificated fisherman who is required to hold the Practical First Aid at Sea Certificate, the First Aid at Sea Certificate and the Ship Captain's Medical Training Certificate in terms of regulation 2.2 of the Examination Regulations for Certificates of Competency as Fisherman and Marine Motorman, 1985, promulgated under Government Notice No. R. 2653 of 29 November 1985, as amended.

General

3. (1) The medical training of officers in the merchant and fishing fleets shall be based upon books or other publications as designated by the Director-General.

(2) These regulations shall refer to the following:

(a) The Practical First Aid at Sea Certificate course.

(b) The First Aid at Sea Certificate course.

(c) The Ship Captain's Medical Training Certificate course.

Goedkeuring

4. (1) Die personeel betrokke by die onderrig en by die eindeksamens van die kursusse in regulasie 4 (2) bedoel, moet goedgekeur wees en die kursusse moet beskikbaar wees vir inspeksie deur beamptes van die Departement of deur persone wat deur die Direkteur-generaal aangewys is om sodanige inspeksies uit te voer ten einde te verseker dat behoorlike standaarde gehandhaaf word.

(2) Die onderwysers en eksaminators van die kursus vir die Skeepskaptein se Sertifikaat in Mediese Opleiding moet sover moontlik mediese praktisyns wees wat gereeld na seemanne omsien en wat kennis dra van die probleme wat met die lewe aan boord van 'n skip gepaard gaan, bygestaan deur goedgekeurde persone.

(3) Die onderwysers en eksaminators van die kursus vir die Sertifikaat in Noodhulp ter See, en die vir die Sertifikaat in Praktiese Noodhulp ter See moet die houers wees van 'n Instrukteursertifikaat wat deur 'n goedgekeurde inrigting uitgereik is.

Uitreiking van sertifikate

5. 'n Sertifikaat bedoel in regulasie 4 (2) word deur 'n goedgekeurde inrigting toegeken aan 'n kandidaat wat die volledige kursus bevredigend bywoon en wat in die eindeksamen slaag.

Geldigheidstydperk

6. Die sertifikate in regulasie 3 (2) (a), (b) en (c) bedoel, is geldig vir drie jaar vanaf die datum van slaging in die eindeksamen.

Waar aansoek gedoen moet word

7. Kandidate wat aansoek wil doen om toelating tot die sertifikaatkursusse in regulasie 3 (2) (a), (b) en (c) bedoel, moet aansoek doen by die inrigtings in Aanhangsel 4 van hierdie regulasies aangedui.

Vereistes vir kursus in Mediese Opleiding vir Skeepskapteins

8. 'n Kandidaat wat aansoek doen om toelating tot die kursus in Mediese Opleiding vir Skeepskapteins moet die houer wees van 'n Sertifikaat in Noodhulp ter See.

Sillabusse vir kursusse

9. (1) Die sillabus vir die kursus vir die Sertifikaat in Noodhulp ter See word in Aanhangsel 1 uiteengesit.

(2) Die sillabus vir die kursus vir die Sertifikaat in Praktiese Noodhulp ter See word in Aanhangsel 2 uiteengesit.

(3) Die sillabus vir die kursus vir die Skeepskaptein se Sertifikaat in Mediese Opleiding word in Aanhangsel 3 uiteengesit.

Kort titel

10. Hierdie regulasies staan bekend as die Regulasies in verband met die Mediese Opleiding van Skeepsoffisiere, 1992.

P. J. WELGEMOED,
Minister van Vervoer.

Approval

4. (1) The staff involved in the teaching and at the terminal examinations of the courses referred to in regulation 4 (2) shall be approved and the courses shall be open for inspection by officers of the Department or by persons assigned by the Director-General to carry out such inspections to ensure that proper standards are maintained.

(2) The teachers and examiners of the Ship Captain's Medical Training Certificate course shall as far as possible be medical practitioners who attend regularly to seafarers and who have knowledge of the problems associated with life on board ship, assisted by approved persons.

(3) The teachers and examiners of the First Aid at Sea Certificate and the Practical First Aid at Sea Certificate courses shall be in possession of an Instructor's Certificate issued by an approved institution.

Issue of certificates

5. A certificate referred to in regulation 4 (2) shall be awarded by an approved institution to the candidate who satisfactorily attends the complete course and who is successful in the terminal examination.

Period of validity

6. Certificates referred to in regulation 3 (2) (a), (b) and (c) shall be valid for three years from the date of passing the terminal examination.

Where to apply

7. Candidates wishing to apply for admission to the certificate courses referred to in regulation 3 (2) (a), (b) and (c) must apply at the institutions listed in Annexure 4 of these regulations.

Requirements for Ship Captain's Medical Training course

8. A candidate applying for admission to the Ship Captain's Medical Training course shall be in possession of a First Aid at Sea Certificate.

Syllabuses for courses

9. (1) The syllabus for the course for the Practical First Aid at Sea Certificate is set out in Annexure 1.

(2) The syllabus for the course for the First Aid at Sea Certificate is set out in Annexure 2.

(3) The syllabus for the course for the Ship Captain's Medical Training Certificate is set out in Annexure 3.

Short title

10. These regulations shall be called the Ship's Officers' Medical Training Regulations, 1992.

P. J. WELGEMOED,
Minister of Transport.

AANHANGSEL 1

PRAKTIESE NOODHULP TER SEE

SILLABUS

Lengte van kursus

20 uur, met inbegrip van die eksamen

Inhoud

Asemhaling (teorie)
Resussitasie (prakties)
Verstikking (prakties)
Sirkulasie (teorie)
Skok (teorie en prakties)
Wonde en bloeding (prakties)
Kneusing (prakties)
Snye en skaafplekke (prakties)
Vreemde voorwerpe (prakties)
Doekverbande (prakties)
Hangverbande (prakties)
Swagtels (prakties)
Brand- en skroeiwonde (prakties en teorie)
Skelet (teorie)
Frakture (teorie en prakties)
Gewrigte, ens. (teorie en prakties)
Senuweestelsel (teorie)
Bewusteloosheid (teorie en prakties)
Uitwerking van temperatuur (teorie en prakties)
Toksien en byte (teorie en prakties)
Vervoer van pasiënte (prakties), met inbegrip van die gebruik van die Neil Robertson-draagbaar
Hoe om 'n ongeluk te hanteer (prakties)
Siektes wat algemeen by vissermanne voorkom
Reddingsbootongesteldhede en oorlewendes
Inligting wat beskikbaar moet wees wanneer mediese advies per radio versoek word.

AANHANGSEL 2

NOODHULP TER SEE

SILLABUS

Lengte van kursus

30 uur, met inbegrip van die eksamen

Inhoud

Belangrike noodhulptegnieke
Respirasie
Asfiksie
Resussitasie
Sirkulasie
Skok
Beheer van bloeding (direk en indirek)
Wonde en bloeding
Wondverbande
Doekverbande en swagtels
Brand- en skroeiwonde
Temperatuur
Bloedsomloopaandoenings
Senuweestelsel
Bewusteloosheid
Ondersoek van 'n bewustelose ongeval
Skelet
Gewrigte
Frakture

ANNEXURE 1

PRACTICAL FIRST AID AT SEA

SYLLABUS

Length of course

20 hours including examination

Content

Breathing (theory)
Resuscitation (practical)
Choking (practical)
Circulation (theory)
Shock (theory and practical)
Wounds and bleeding (practical)
Bruising (practical)
Cuts and grazes (practical)
Foreign bodies (practical)
Triangular bandages (practical)
Slings (practical)
Roller bandages (practical)
Burns and scalds (practical and theory)
Skeleton (theory)
Fractures (theory and practical)
Joints, etc. (theory and practical)
Nervous system (theory)
Unconsciousness (theo ry and practical)
Effects of temperatures (theory and practical)
Poison and bites (theory and practical)
Transporting patients (practical) including Neil Robertson stretcher
How to handle an accident (practical)
Diseases common to fishermen
Lifeboat ailments and survivors
Information to be at hand when requesting radio medical advice.

ANNEXURE 2

FIRST AID AT SEA

SYLLABUS

Length of course

30 hours including examination

Content

Major first aid techniques
Respiration
Asphyxia
Resuscitation
Circulation
Shock
Control of bleeding (direct and indirect)
Wounds and bleeding
Dressings
Triangular and roller bandages
Burns and scalds
Temperatures
Circulatory disorders
Nervous system
Unconsciousness
Examination of unconscious casualty
Skeleton
Joints
Fractures

Beserings van die spiere en gewrigte
Spysverteringstelsel
Toksiene, byte en steke
Vreemde voorwerpe en aanhoudende pyn
Optrede in 'n noodgeval
Vervoer van pasiënte (met inbegrip van die gebruik van die Neil Robertson-draagbaar)
Verwydering van 'n beseerde uit 'n skeepsruim, ens.
Basiese kennis van skip se mediese sluitkas
Rekordhouding van medisynereseptering
Kennis van wondhegmateriaal en wondhegting (mag in die praktyk slegs onder die regstreekse toesig van die skeepskaptein uitgevoer word)
Aanbring van spesiale verbande op wonde en brandwonde
Reddingsbootongesteldhede en oorlewendes
Radiotegnieke, met spesiale aandag aan mediese aangeleenthede
Siektes wat algemeen by seemanne voorkom

Opmerking: Fotoskyfies en films toepaslik op die leerstof wat tydens die sessie aangebied word, moet wanneer moontlik vertoon word.

Besoeke aan buitepasiënte- of ongevalleafdelings moet wanneer moontlik gereël word.

AANHANGSEL 3

SILLABUS VIR DIE SKEEPSKAPTEIN SE SERTIFIKAAT IN MEDIESE OPLEIDING

Lengte van kursus

44 uur, met inbegrip van die eksamen

Inhoud

Basiese anatomie en fisiologie
Verpleging en versorging van beseerdes
Gevorderde verpleegtegnieke
Waarneming van die pasiënt
Meet en aanteken van temperatuur, polsslag, respirasietempo en bloeddruk
Voorbereiding van smeerskyfies
Toets van urien met "Clinistix"
Inspuitings
Gebruik van 'n kateter
Verbind van wonde en brandwonde—tegniek van geen aanraking
Wondhegting
Insnyding van abses
Sterilisasie en ontsmetting
Maagspoeling
Toediening van IV-vloeistowwe en vloeistofklismas
Asfiksie
Resussitasie
Gebruik van asemhalingsapparaat tydens 'n reddingsoperasie
Gebruik van suurstof
Verwydering van vreemde voorwerpe uit oë en ore
Toediening van oog- en oordruppels
Verskillende minder belangrike tegnieke
Die in bedwang hou van 'n wilde pasiënt
Diagnosering en behandeling van vergiftiging deur alkohol, chemiese stowwe, dwelmmiddels, ens.
Higiëne en voorkoming van siektes
Diagnosering en behandeling van alle aansteeklike siektes en ander siektes en mediese probleme wat in die Skeepskaptein se Mediese Handleiding aangedui word

Injuries to muscles and joints
Digestive system
Poisons, bites and stings
Foreign bodies and aches
Action in an emergency
Transporting of patients (including use of Neil Robertson stretcher)
Removing injured person from ship's holds, etc.
Basic knowledge of ship's medical locker
Keeping record of dispensing medicines
Knowledge of sutures and suturing (may only be carried out in practice under direct supervision of ship's captain)
Application of special dressings to wounds and burns
Lifeboat ailments and survivors
Radio techniques with particular reference to medical matters
Diseases common to seamen

Note: Photographic slides and films appropriate to the subject matter of the session should be shown whenever possible.

Practical visits to outpatients or casualty departments should be arranged whenever possible.

ANNEXURE 3

SYLLABUS FOR THE SHIP CAPTAIN'S MEDICAL TRAINING CERTIFICATE

Length of course

44 hours including examination

Content

Basic anatomy and physiology
Nursing and care of injured
Advanced nursing techniques
Observation of the patient
Measuring and recording of temperature, pulse, respiration rate and blood pressure
Preparation of smear slides
Testing of urine with "Clinistix"
Injections
Use of a catheter
Dressing of wounds and burns—no touch technique
Suturing
Incision of abscess
Sterilisation and disinfection
Gastric lavage
Administration of IV fluids and fluid enemas
Asphyxia
Resuscitation
Use of breathing apparatus in rescue
Use of oxygen
Removal of foreign bodies from eyes and ears
Application of eye and ear drops
Miscellaneous minor techniques
Restraint of violent patient
Diagnosis and treatment of poisoning by alcohol, chemicals, drugs, etc.
Hygiene and prevention of disease
Diagnosis and treatment of all communicable diseases and other diseases and medical problems listed in Ship Captains Medical Guide

Beheer van pyn
Kortstondige tandheelkundige noodgevalle
Noodbevallings
Regulasies betreffende die skeepshospitaal
Beskrywing en gebruik van geneesmiddels en toestelle wat by regulasie vereis word
Bystand van buite en mediese advies per radio
Simptome van dood

Opmerking: Fotoskyfies en films toepaslik op die leerstof wat tydens die sessie aangebied word, moet wanneer moontlik vertoon word.

Besoeke aan buitepasiënte- of ongevalleafdelings moet wanneer moontlik gereël word.

AANHANGSEL 4

Die name van inrigtings wat goedgekeur is om kursusse aan te bied, sal van tyd tot tyd in 'n Marinekennisgewing bekendgemaak word.

No. R. 2701 **25 September 1992**

LUGVAARTWET, 1962

VYFDE WYSIGING VAN DIE REGULASIES INSAKE DIE ONDERSOEK VAN LUGVAARTUIGONGELUKKE, 1973

Die Minister van Vervoer het kragtens artikel 22 van die Lugvaartweg, 1962 (Wet No. 74 van 1962), die regulasies in die Bylae uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie regulasies beteken "die Regulasies" die Regulasies insake die Ondersoek van Lugvaartuigongelukke, 1973, afgekondig by Goewermentskennisgewing No. R. 120 van 26 Januarie 1973, soos gewysig by Goewermentskennisgewings Nos. R. 1003 van 16 Mei 1980, R. 1977 van 17 September 1982, R. 1077 van 17 Mei 1985 en R. 3194 van 27 Desember 1991.

Wysiging van regulasie 3 van die Regulasies

2. Regulasie 3 van die Regulasies word hierby gewysig—

(a) deur die omskrywing van " 'Kommissaris van Burgerlugvaart' of 'KBL' " te skrap; en

(b) deur die omskrywing van "Ondersoeker-in-beheer" deur die volgende omskrywing te vervang:

" 'Ondersoeker-in-beheer' 'n gemagtigde beampte wat op grond van sy kwalifikasies deur die Kommissaris aangewys is en wat belas is met die verantwoordelikheid vir die beheer oor die ondersoek van 'n ongeluk of voorval;".

Vervanging van regulasie 5 van die Regulasies

3. Regulasie 5 van die Regulasies word hierby deur die volgende regulasie vervang:

"BEVOEGDHEDE EN PLIGTE VAN DIE KOMMISSARIS

5. Behoudens die bepalings van die Wet—

(a) moet die Kommissaris hierdie regulasies administreer en toepas;

Control of pain
Brief dental emergencies
Emergency child birth
Regulations covering ship's hospital
Description and use of drugs and appliances required by regulation
External assistance and medical advice by radio
Signs of death

Note: Photographic slides and films appropriate to the subject matter of the session should be shown whenever possible.

Practical visists to outpatients or casualty departments should be arranged whenever possible.

ANNEXURE 4

The names of institutions approved for giving courses of instruction will be notified from time to time by Marine Notice.

No. R. 2701 **25 September 1992**

AVIATION ACT, 1962

FIFTH AMENDMENT OF THE REGULATIONS REGARDING THE INVESTIGATION OF AIRCRAFT ACCIDENTS, 1973

The Minister of Transport has, under section 22 of the Aviation Act, 1962 (Act No. 74 of 1962), made the regulations in the Schedule.

SCHEDULE

Definition

1. In these regulations "the Regulations" means the Regulations regarding the Investigation of Aircraft Accidents, 1973, published under Government Notice No. R. 120 of 26 January 1973, as amended by Government Notices Nos. R. 1003 of 16 May 1980, R. 1977 of 17 September 1982, R. 1077 of 17 May 1985 and R. 3194 of 27 December 1991.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended—

(a) by the deletion of the definition of " 'Commissioner for Civil Aviation' or 'CCA' "; and

(b) by the substitution for the definition of "Investigator-in-Charge" of the following definition:

" 'Investigator-in-charge' means an authorised officer designated by the Commissioner on the basis of his qualifications and charged with the responsibility for the control of the investigation of an accident or incident;".

Substitution of regulation 5 of the Regulations

3. The following regulation is hereby substituted for regulation 5 of the Regulations:

"POWERS AND DUTIES OF COMMISSIONER

5. Subject to the provisions of the Act—

(a) the Commissioner shall administer and enforce these regulations;

Scabs lose out in health pact

SCAB labourers who replaced fired hospital strikers were the losers in this week's agreement between workers and health authorities.

Most of them will have to leave their new-found jobs to make way for the 5 000 strikers reinstated this week. About 2 700 other strikers will not be reinstated.

Wits/Vaal Local Dispute Resolution Committee chairman Andre Lamprecht said at the signing of the agreement yesterday that most of the scab workers would lose their jobs.

A six-month truce was agreed on to allow the delicate agreement time to mature. Negotiators yesterday took pains to stress the accord was still in

TO PAGE 2.

BRENDAN TEMPLETON

Accord

FROM PAGE 1

its infancy, but expressed hope that it would last a long time.

National Education, Health and Allied Workers' Union (Nehawu) assistant general-secretary Neal Thobejane said members were committed to the agreement.

Nehawu agreed to a six-month moratorium on strike action.

A new code of conduct in the accord provided for compulsory arbitration between the Transvaal Provincial Administration and Nehawu in the event of a deadlock — a major obstacle to agreement during the four-month strike which claimed at least 12 lives.

Strikers who would not be reinstated because they might have been guilty of violence or other misconduct associated with the strike could take their cases to arbitration.

JOE LOUW reports that eight women and two men were seriously hurt yesterday when police set dogs on workers demonstrating at Garden City Clinic over a deadlock in negotiations with private hospital group Clinic Holdings.

Agreement ends costly strike

By THEMBA KHUMALO

THE reinstatement of 5 000 Transvaal hospital workers should end the massive destruction of property and lives which characterised the three-month strike.

More than 20 people died, dozens were injured and several houses were burnt during the strike.

Spearheaded by the National Education, Health and Allied Workers' Union, the strike ended on Friday morning after TPA and Nehawu officials signed an agreement.

The agreement, brokered by the PWV dispute resolution committee, was sealed at the offices of a multi-national company in Sandton.

However, the axe is hovering over the heads of about 2 000 strikers who are guilty of various offences related to the strike.

Their fate would be decided by arbitration, the agreement said.

Also in the danger zone are old workers who are due for pension.

Matters came to a head in August when the TPA fired about 7 500 strikers after they had defied an ultimatum to return to work.

The strike was marked by attacks on scabs and non-strikers.

GaRankuwa Hospital in Pretoria became particularly notorious for such attacks and several people are facing various charges in this regard.

The strike plunged Transvaal hospitals into serious crisis. Three weeks ago a group of doctors, radiographers and nurses came out in the open about declining healthcare standards.

They said Baragwanath Hospital was hardest hit as critical patients were turned away because there was a manpower shortage.

At least five Soweto clinics and one in Daveyton on the East Rand were temporarily closed after they were set on fire two weeks ago.

Health services were disrupted sporadically with nurses and doctors mounting protest marches to demand the reinstatement of the dismissed workers.

The TPA/Nehawu agreement was welcomed by various trade unions, political bodies and health organisations. A Cosatu spokesman hailed the pact as a "victory for the workers".

The agreement also brings to an end the collection of donations from passing motorists by destitute Nehawu workers along Potchefstroom Road.

Local government forum is discussed

B/Day 28/9/92.

CIVIC leaders, provincial administrators and local authority representatives met as a task group on Friday to prepare the way for a new national forum on local government.

The group was working on the future structure and financing of local authorities, Local Government Minister Leon Wessels said at the weekend.

The new forum would either be a reconstituted Council for the Co-ordination of Local Government Affairs or a parallel body.

"What has happened is a fresh start, a fresh attempt to level the playing field," he said.

Recent legislation including the Interim Measures Act of 1991, which called for joint administrations, and the Provincial and Local Authorities Affairs Amendment Act of 1992 would be up for negotiation at the forum.

The task group, which included representatives from the SA National Civic Organisation, would discuss ways of dealing with the current services crisis in many black townships as well as the creation of the national forum.

The group was expected to complete its report this week. Wessels was optimistic that a major announcement could be made by the next meeting of the reconstituted council in November.

ADRIAN HADLAND

The appropriation of business rates to finance new joint administrations — which has had council leaders from SA's seven largest cities up in arms — would also be re-evaluated. Representatives from the major cities would have the opportunity to air their views at the national forum but could not expect to "escape the realities" of a new local government dispensation, Wessels said.

However, most of the major cities had done enough towards forming joint administrations to escape the fiscal intervention set out in the Provincial and Local Authorities Act, he said.

The fiscal measures were aimed at local authorities, particularly CP-controlled councils, which had done nothing toward assuming greater responsibility for neighbouring black areas. However, the CP parliamentary caucus told the Minister last week that it favoured providing services to black local authorities on a bilateral agency basis.

The failure of Codesa had placed the Minister in a position where he was "stuck with the Interim Measures Act" and easily accused of unilateral restructuring, he said.

"I did not want to be unilateral but had no option when the parties walked out of Codesa."

Hospitals set to re-employ strikers

B/Day 28/9/92

NATIONAL Education, Health and Allied Workers' Union members dismissed from hospitals would begin reapplying for their positions from today, Nehawu assistant general secretary Neal Thobejane said at the weekend.

The union and the Transvaal Provincial Administration (TPA) agreed that workers who were not taken back because they were found to be guilty of misconduct by the TPA could take their cases to arbitration.

Many of the 4 500 workers appointed by TPA hospitals two months ago to replace strikers would lose their posts following the TPA's agreement on Friday to reinstate the strikers, union officials said.

The bloody four-month long strike was settled after lengthy negotiations between the TPA, Nehawu and Cosatu under the chairmanship of Wits/Vaal dispute resolution committee chairman Andre Lamprecht. An agreement signed on Friday provided for the immediate return to work of 5 000 of the 7 700 hospital workers fired by the TPA.

(97) KATHRYN STRACHAN

Thobejane said there was no indication of how many "scab" labourers would be kept on.

Although the strike had been settled, Nehawu would press on with its campaign for a higher minimum wage, Thobejane said.

The wage issue would be referred by the dispute resolution committee to the Commission for Administration. The union demanded a minimum wage of R724 to be implemented from April 1, but talks deadlocked when the Commission stood by its offer of R708 with effect from August 1.



Angolan Foreign Minister Pedro de Castro van Dunem addresses a Johannesburg media conference shortly before multiparty elections in his country. Picture ROBERT BOTHA

Aid for Unita 'still flowing into Angola'

B/Day 28/9/92.

ADRIAN HADLAND

FINANCIAL aid for Jonas Savimbi's Unita party was still flowing into Angola from SA business and possibly unofficial military sources, Angolan Foreign Minister Pedro de Castro van Dunem claimed at the weekend.

Speaking at a news conference in Johannesburg, Van Dunem said Savimbi had met several SA generals on a recent trip and had returned to Angola "with a completely different attitude" on the eve of the country's first multiparty elections since independence in 1975.

More than 30 Angolans have died in sporadic fighting during the past month.

NEWS ANALYSIS *Hospital workers become the victims*

Strike left family near starvation

Sowetan 28/9/92 (97) R2

By Ike Motsapi

TOUGH TIMES *For many it was impossible to make ends meet after months of unemployment:*

LIFE HAS NOT BEEN ALL that easy for more than 7 000 hospital workers who had to go without wages and even food, during their 16-week wage strike. One of the strikers spoke to the *Sowetan*.

Selinah Senokoane, not her real name, is an unmarried 38-year-old mother of five who has been battling for the past four months to make ends meet without a salary.

Senokoane is one of about 7 000 members of the National Education, Health and Allied Workers Union who were dismissed by the Transvaal Provincial Administration when they went on strike 16 weeks ago.

She was employed at Baragwanath Hospital as a ward helper for eight years.

She and her five children live in a shack in Protea South, Soweto, and survived on a R500 a month salary before she was fired. She used this money to fend for her family, buy clothing for them and also pay for their education.

Things became difficult for her family when she was dismissed. She was forced to lean on her mother, who came to the rescue of her grandchildren during this hard time.

Senokoane said life was like hell for her.

"We lived from hand to mouth and luckily we survived. The going was very tough for us. At one stage I thought God was very unfair to me and my colleagues.

"For eight years, I have been paid less than the living wage and this led me to believe that the only thing that was left for us to do was to go on strike.

"Our leaders have been trying for years to talk the authorities into paying us living wages. I am glad that the issue is likely to be resolved so that we can go back to our jobs.

"We come here to Baragwanath Hospital every day to picket, but the painful thing is that we are not allowed to enter the premises.

"This has been a very painful experience for us," said Senokoane, relieved that one of the most violent strikes had come to an end.

However, the struggle for a living wage is not over yet for Senokoane and many other hospital workers who went on strike 16 weeks ago.

Counting the costs

Soweten 28/9/92 Soweten 28/9/92 (15) (97)

By Abbey Makoe

■ The 16-week long hospital strike claimed lives and property belonging to non-strikers was damaged:

WHEN some health workers refrained from joining the recent strike by members of the National, Education, Health and Allied Workers' Union (Nehawu) little did most of them know their resolve was tantamount to a death warrant.

And, this invisible warrant was kept there by forces of darkness, no doubt milling among thousands of health strikers who probably wanted nothing to do with murder or arson.

As if attacks on non-strikers were not enough, the strike took an ugly twist when families of non-strikers were also attacked. As it is, a list of children killed in petrol bomb and AK-47 rifle attacks is increasing.

It all started when the employer of the striking workers, the Transvaal Provincial Administration (TPA), used a legal advantage during the strike to sack workers after an ultimatum to return to work was ignored.

Those who did not participate in the strike had their houses attacked by messengers of doom.

At the end of the day, all hell broke loose after the TPA sacked the striking workers.

Workers were obviously infuriated by the TPA's act, and the fists of fury sprang into the open.

Attacks on non-striking hospital workers were carried out. Arson and murder reigned supreme. More than 30 people were killed.

Nehawu officials have constantly distanced the union from these violent acts blaming " State agents" instead.

This is a chronology of some of the attacks on non-strikers :

June 3: A union member is shot in next to Natalspruit Hospital.

June 5: Two union shop stewards gunned down in a private home.

July 10: The home of Mrs Nandi Ngxoxo, a non-striking matron at Natalspruit Hospital, is petrol-bombed. She blamed Nehawu members.

July 13: Seven members of the family of Mrs Sanah Madikane (63) is besieged by petrol-bomb attackers. Four family members died.

Madikane's daughter-in-law is a clerk at the Johannesburg Hospital. It was alleged she was not on strike.

July 22: The body of a non-striking Groote Schuur hospital worker, Mr Ivin Michaels, is found along a railway line in the Cape.

July 29: A woman employed as a cleaner at GaRankuwa Hospital has her house petrol-bombed. Her hands were burnt as she tried to rescue her two children, aged 12 and three.

August 3: An assistant nursing sister at the Johannesburg Hospital, Miss Rosina Mphambukeli, is killed while on her way to work.

August 3: Non-strikers attack union members outside Baragwanath Hospital, seriously injuring two.

Between August 17 and 21, a matron, three nursing sisters and a clerk are attacked and assaulted outside Baragwanath Hospital in Soweto as they report for work.

September 8: Three nurses are attacked on their way home from work.

September 11: About 33 men and women attack a Hillbrow Hospital nursing sister at her Soweto home.

They dragged her outside, stabbed then doused her with petrol and set her alight. She miraculously survived and is recuperating in hospital.

September 12: Four men armed with AK-47s and a 9mm pistol burst into the home of a non-striking assistant nursing sister at Natalspruit Hospital, Mrs Margaret Mabaso Nkhumeleng.

She was shot dead while having dinner.

Her three daughters, were also shot - two fatally. Those killed were Matshidiso (21) and Nomthandazo (17). The youngest Mbali (9), is still being treated at Baragwanath Hospital for a gunshot wound in the neck.

September 15: A non-striking clerk at Kalafong Hospital, Charlotte Ntsie (39) and her husband, Sydney, are admitted to the hospital with serious burn wounds after a petrol bomb attack on their house. Mrs Ntsie later died.

On that same day Mr Johannes Maake, a non-striking employee at HF Verwoerd Hospital also had his house petrol bombed but nobody was injured.

Lately, arson attacks have spread to clinics in Soweto, threatening to bring health services in the townships to a halt.

September 5: A Mofolo Central clinic in Soweto is attacked with petrol bombs, damaging X-Ray facilities.

September 7: Zola clinic is attacked by arsonists, damaging the maternity ward.

Same day: Diepkloof clinic is also attacked with petrol bombs.

September 12: Dobsonville clinic is attacked.

September 15: Orlando East clinic is set on fire.

And, with a solution between Nehawu and the TPA reached, one wonders if the list of casualties has come to an end.

Irreparable damage

Health centres affected by the strike: 90
People fired during the strike: 9 000.
People injured: 100.
Number of people killed: 30.
Intimidation cases recorded during the strike: 120.
Arrests in connection with the strike: 1 700.
Financial damage to property: More than R5 million.
* These figures were obtained from the South African Police.

Strikers return

(97)

OCTOBER 26 has been set as the return to work of the 5 000 dismissed hospital workers after the TPA and Nehawu reached a settlement last week. Sowetan 28/9/92

And the remaining 2 700 workers could also be re-employed after appearing before an arbitrator chosen by the Transvaal Provincial Administration and the National Education, Health and Allied Workers union.

The losers are the 4 500 scabs who were hired during the strike.

They are going to be offered options of voluntary retrenchment or early retirement.

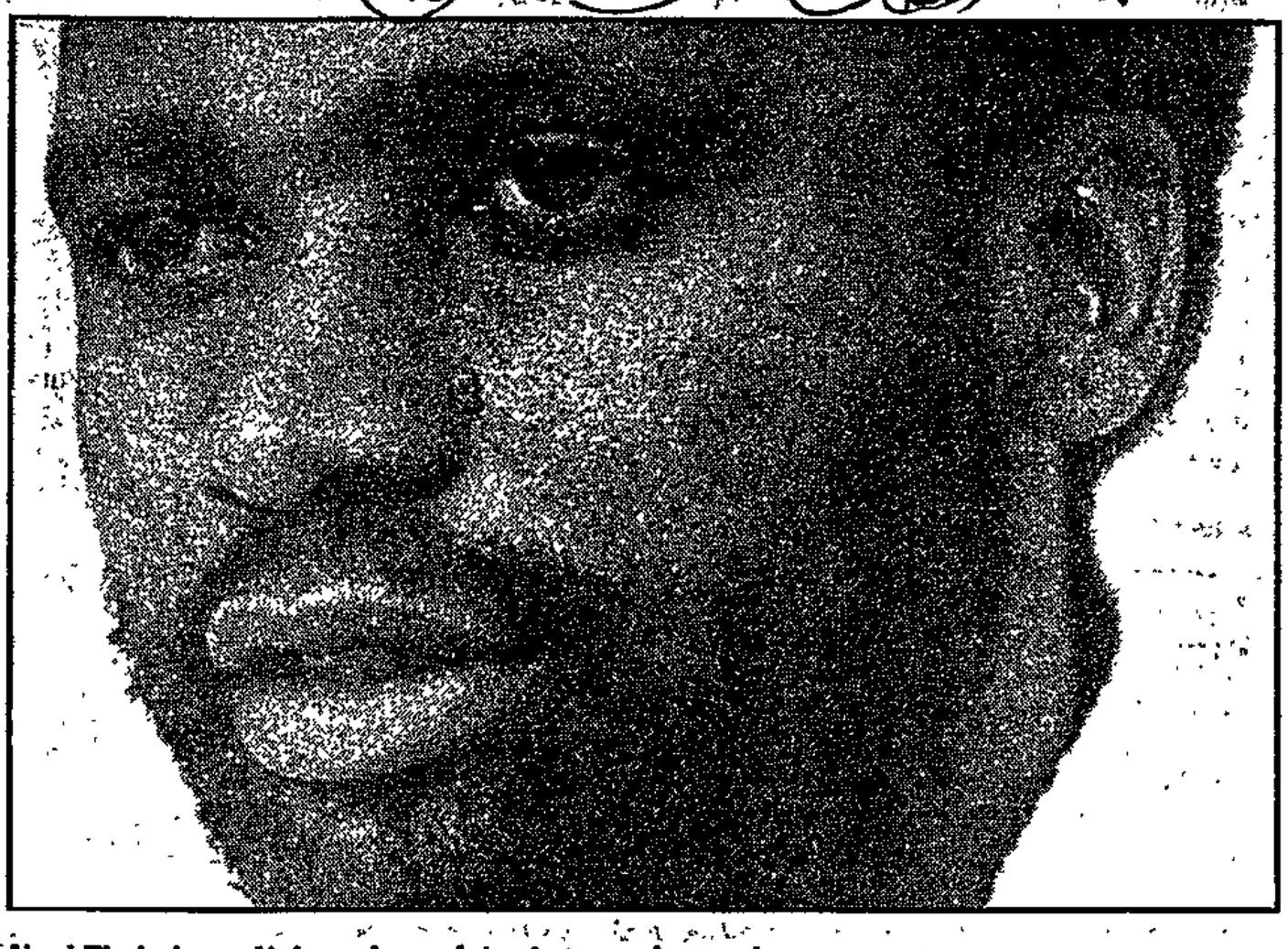
Nehawu has agreed that it will not be involved in any industrial action for a period of six months.

focus on nenawu

Sowetan 28/9/92.

Sowetan's **Ike Motsapi** spoke to Neal Thobejane, assistant general secretary of the Nehawu. Motsapi asks about the current strike, why it has been so prolonged and what the reasons are for the violence it has provoked:





Neal Thobejane, Nehawu's assistant general secretary.

MOTSAPI: Are there any efforts being made to end the 16th hospitals strike?

Thobejane: We are busy working towards ending the strike sooner than later. At the moment the talks are at a critical stage. At our previous meeting what happened was that we closed the gap between ourselves and the Transvaal Provincial Administration. The Peace Secretariat of the Vaal-Witwatersrand Regional Dispute Committee is involved in the process aimed at finding an acceptable settlement on the issue.

Mr Andre Lamprecht is chairing our meetings so that it should not appear that everyone involved in the talks is seen to be scoring points. We regard this as a very sensitive matter. I think that before the end of the week we will be jointly announcing the details of the settlement.

Motsapi: There is an air of hope among the dismissed workers who are confident that they are going to get their jobs back. What is your reaction?

Thobejane: The strike has gone on too long and everybody is hoping that it will be resolved as quickly as possible.

Well, people have the right to speculate. I must point out that this is the first strike of its kind that has been undertaken by Nehawu. It was clear that it was going to affect our members and other communities because it has been politicised by the government and other political organisations in a way.

The strike has obviously caused some damage. This inlcudes loss of life and damage to property. We have lost four shop stewards who were killed during the process. So, if the strike could be resolved this will be a relief to a lot of people.

I want to stress that those expectations are genúine.

The strike has to be resolved quickly. If it is allowed to go on and on a lot of lives will be lost in the process.

Motsapi: You speak of the damage that has been caused and done during the strike. What is your assessment of the whole situation?

Thobejane: Well, obviously it is regrettable that people were killed and property damaged. That was not the intention of the strike. This has resulted in the collapse of essential services and this is wrong.

Motsapi: People say that Nehawu is linked to the harassment, murder and damage done to property. What is your reaction to this?

Thobejane: We at Nehawu are aware of what has been happening. We believe that the murders that have been taking place are the work of professional killers. To us we did not want to come to the conclusion that this was the work of the goverment. We could not link it to the TPA, police or anybody. We agreed that this was the work of the vigilantes themselves. People also say the attack in Naledi Extension 2 was our fault. What came to mind was how did people reach the conclusion that it was us?

I want to point out that both parties, that is to say the TPA, maybe Nehawu and the government, are responsible for what has happened.

Motsapi: Was the strike legal or not?

Thobejane: You know that because of the present legislation in the country, unions are illegal and regarded as null and void.

Even the 1990 strike was regarded as illegal. Well this strike is our biggest one but we did not anticipate that it would take so long.

Motsapi: People say the strike was not well-co-ordinated and, hence there has been this delay in reaching a settlement. What is your response?

Thobejane: As trade unionists we believe that it is impossible to predict when a strike will take place. This strike was impulsive.

So the question of planning and making strategy is out of question. The workers should decide themselves. If you want to dictate to them it is like saying, tomorrow we are going out to fight. But the question is: What if they are not ready? You cannot push them to do that.

Motsapi: What is Nehawu's plan or programme of action now?

Thobejane: We are still fighting to have our workers reinstated. Obviously if this is not done we have to go back and plan what we should do. We will obviously step up the programme of pressurising the authorities to accede to our demands.

Motsapi: What is the total membership of Nehawu and does it have the support of nurses or, say, professional people?

Thobejane: We have a membership of about 80 000 at present and this is growing. We have nurses, doctors and other people in our ranks and we believe that this too is growing.

Death drips were infected, tests show

Star 30/9/92

By Monica Oosterbroek

Tests have proved that the intravenous drips given to the seven babies who died in Johannesburg last week were contaminated.

Four babies died of septicaemia at J G Strijdom Hospital, two at Johannesburg Hospital and one at Park Lane Clinic after they were put on drips supplied by Isotec Nutrition.

A baby girl is still critically ill in Johannesburg Hospital.

Isotec managing director Iain Rosekilly confirmed yesterday that the results of intensive microbiological tests had shown the drips had been contaminated by bacteria.

These initial results were only the first phase of a thorough and intensive investigation being conducted by Isotec, Lancet Laboratories, the South African Institute of Medical Research and Sabax — the company which supplied all the drip components, according to Mr Rosekilly.

Each component in the drip would now be tested to find out exactly how the drips were infected, he added.

Mr Rosekilly said there was no reason for pregnant women to panic because the highly specialised solution, Total Parenteral Nutrition, was prescribed and administered only to newborn babies who were already critically ill.

The solution provided life-sustaining nutrients vital for premature babies who would otherwise die, Mr Rosekilly said.

Any baby put on the drip was first closely examined by a paediatrician before a doctor issued a prescription.

"Due to the highly complex nature of these solutions, a terminal sterilisation process cannot be performed on these products. Therefore, the components are mixed in a totally isolated, sterile environment and sealed prior to distribution to the patient," he said.

Since November last year more than 10 000 units have been supplied by Isotec Nutrition based on doctors' prescriptions.

NEWS Mass resignations of white hospital staff ● Mee

the nation in brief

New staff stay on

PEOPLE employed to replace dismissed hospital workers when talks between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers Union (Nehawu) deadlocked will not lose their jobs, it was confirmed yesterday.

A TPA spokeswoman said although Nehawu and the administration reached an agreement on the re-employment of dismissed workers, it does not mean the newly employed would have to lose their jobs.

She said there were open posts and a possibility of resignations by some employees who were among those who went on strike.

The four-month-old hospital dispute came to end last week when the TPA and Nehawu signed a settlement on the re-employment of dismissed workers. - *Sapa*

Two new schools

TWO new schools are to be opened at Midrand between Pretoria and Johannesburg next year.

Dr Ken Paine, Transvaal Education Department executive director, said yesterday an English medium primary school and a parallel medium secondary school would start classes at the beginning of the new school year.

Building of the primary school at Noordwyk, Midrand, is on schedule. Construction of the secondary school has just begun. Vacant classrooms at Halfway House Primary School will be used until building is completed.

AA annual rally

THE Soweto branch of Alcoholics Anonymous will hold its annual rally at the Funda Centre this weekend.

The rally, which starts on Saturday at 10am, is open to the public. If you think you have a drink problem or know anyone who has, you will find people who are sympathetic, understanding and able to give practical help.

Alcoholics Anonymous is a fellowship of men and women who help each other to stay away from alcohol and to lead useful lives. There is no fee required to join AA.

Anti-overload drive

THE South African Black Taxi Association (Sabta) will begin a three-month "anti-overload" campaign on October 1 to encourage drivers to comply with loading certificates.

In a statement on Tuesday, Sabta said commuters would also be asked to refrain from boarding full taxis.

Sabta will warn drivers of the braking problems caused by overloading, and the possible denial of insurance benefits in accidents involving overloaded vehicles. Letters have been sent to Sabta affiliates country-wide urging participation. - *Sapa*

Isotec probe shows drip contamination

KATHRYN STRACHAN

ISOTEC Nutrition yesterday admitted its investigations had found bacterial contamination in drips which allegedly caused the deaths of seven babies last week.

Isotec MD Iain Rosekilly said the results of independent laboratory testing, commissioned by the company, were released yesterday. Three intravenous solutions were contaminated, he said.

Investigations are being conducted by the SA Institute of Medical Research and the Medicines Control Council, as well as researchers abroad, to find the exact cause of the contamination. The preliminary results of these tests will be available today.

Isotec buys some of the ingredients for the solutions from Sabax, the company which supplied drips given to 13 babies who died in 1990.

Rosekilly said that due to the highly complex nature of the solutions, a sterilisation process of the final product could not be performed.

The components therefore had to be mixed in a totally isolated sterile environment and sealed prior to distribution, he said.

"This is not a generally prescribed intravenous solution," said Rosekilly. "They are in fact highly specialised solutions which are usually only prescribed and administered to patients who are already critically ill."

Meanwhile, two babies who were given intravenous feeding last week are still in intensive care. A Johannesburg General Hospital spokesman said 19-day-old Louise Bender was still in a critical condition, but the condition of the baby at Park Lane Clinic had improved.

35 hurt as police open fire on Ratanda march

RAY HARTLEY

AT LEAST 35 residents of Ratanda township near Heidelberg were injured — two seriously — when police opened fire on protesters at Ratanda police station yesterday, ANC PWV spokesman Ronnie Mamoepa said.

The residents marched to the police station to demand demolition of the Ratanda Hostel from which a grenade attack, in which one person was killed and others were injured, was allegedly launched on Monday.

Ten protesters were arrested during the demonstration, he said.

Ratanda Hostel is believed to be among 15 hostels targeted by government and ANC negotiators for fencing by mid-November.

The ANC called for urgent security measures to be implemented at the hostel "to prevent further flare-ups in the area".

But the call to fence hostels has elicited furious protests from Transvaal hostel residents, with one threatening "bloodshed" if such a move is attempted, reports THEO RAWANA.

President F W de Klerk and ANC president Nelson Mandela agreed at their meeting on violence that hostels would be "adequately fenced" and that there would be security patrols and a police presence outside the hostels.

But East Rand Hostel Residents' Association chairman Zakhele Mlambo said De Klerk and Mandela should first explain why hostels should be fenced.

"It is not acceptable, because governmen took a decision without the hostels' leadership It is not going to happen — there will only be bloodshed if it is attempted," said Mlambo.

While Mandela said hostels were sources o violence, hostel dwellers saw Umkhonto we Sizwe at its root, he said.

Transvaal Hostel Residents' Association chairman Joe Kubheka said his organisation was surprised at the agreement on hostels. It would meet today to decide what to do.

"We are going to react strongly," he said. "Even National Housing Minister Leon Wessels recommended to the Goldstone commission that hostels should not be fenced."

Meanwhile, Sapa reports that four people were killed on Monday night at Chicken Farm squatter camp near Kliptown, Soweto.

Khabisi Mosunkuthu of the Soweto Civic Association said yesterday the four were shot and hacked in separate attacks.

"Residents managed to apprehend seven of the attackers, but three escaped later," he said. The suspects were handed over to police.

In Umlazi's G section, Durban, Gabriella Dlamini was found shot in the head late on Monday night. The body of an unidentified man was found in Umlazi's T section yesterday.

Hospital staff alarmed by murder of doctor

KATHRYN STRACHAN

STAFF at Baragwanath Hospital in Soweto were deeply shocked and upset at the killing of a German doctor on his way home from the hospital, sources at the hospital said.

Dr Stephan Walter, 29, was shot by unknown gunmen after leaving work on Monday evening. He was found unconscious at the turnoff on the M1 North, close to Baragwanath, and was taken to hospital. He died without regaining consciousness.

Walter came to SA from Munich in January to work at Baragwanath.

Baragwanath Hospital spokesman Annette Clear said the killing had not only shocked those close to Walter, but had left a feeling of fear and uncertainty that could be sensed throughout the hospital.

It was also possible that the attack would turn away doctors and nurses who might otherwise have applied for jobs at the hospital, she said.

"All staff members fear for their safety wherever they go," said Clear, adding that the attack had intensified that fear.

"This hospital has been through a trying time in the past few months with the strike and the violence, and this has only made it worse," she said.

Clear said Walter was shot on a road which many of the staff used as a shortcut through the township.

Hospital superintendent Chris van den Heever appealed to staff members yesterday not to go into areas about which they had any doubts.

Train boycott looms in PWV

RAY HARTLEY

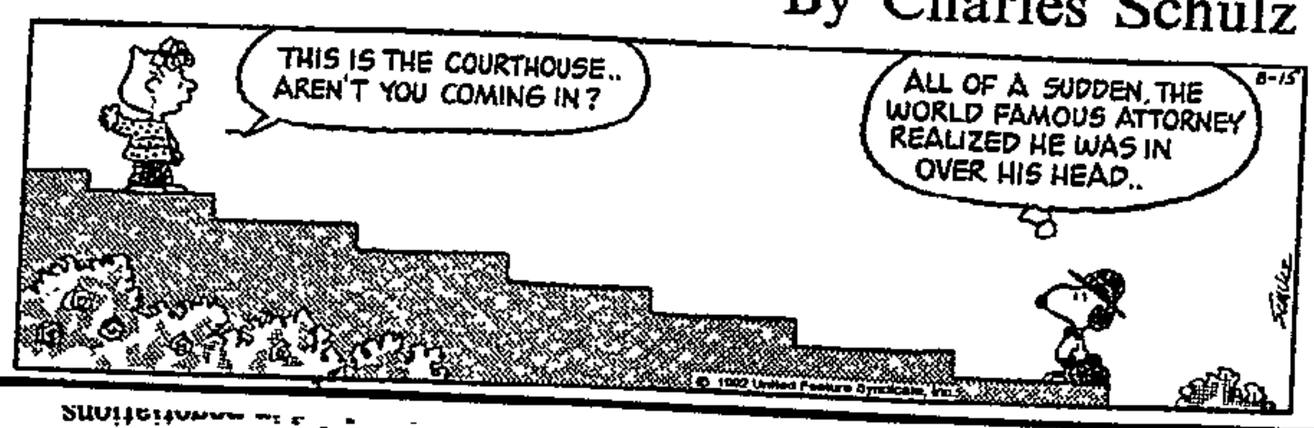
ANC-aligned organisations in the PWV have agreed in principle to boycott commuter trains because of the failure of police and SA Rail and Commuter Corporation to implement agreements.

The decision was taken at a PWV Action Council meeting which included representatives of Cosatu, the SACP and the ANC, but would have to be vetted by individual organisations before it was implemented, ANC PWV spokesman Ronnie Mamoepa said.

He said it was unacceptable that a new rail guard would only come into operation in April 1993 instead of the end of the year.

PEANUTS

By Charles Schulz



Angolan voters flock to polls as peace holds

STAR 30/9/92

LUANDA — Heavily armed riot police guarded government buildings in the capital yesterday as voters turned out in large numbers for the first day of Angola's first free elections following 16 years of civil war.

The nation was sealed off from the rest of the world for the two days of voting, with Angolan airspace closed.

Four hundred UN observers are monitoring the elections, fanning out across a country twice the size of France in 40 helicopters and 15 other aircraft.

"Everybody wants to vote today," said one UN observer. "I don't think there will be many left for the second day."

There are 11 presidential candidates, but the only real threat to MPLA President Jose Eduardo dos Santos is Unita rebel leader Jonas Savimbi.

Angola's 4,8 million registered voters are also turning out at 5 900 polling stations to elect a 220-seat parliament.

Many observers here fear widespread violence in the event of a disputed result and do not rule out a return to war.

But hours before a ballot was cast, the commanders of a new united army were installed in an attempt to allay fears.

"The process is irreversible, the soldiers will not accept a return to fighting," said General Arlindo Chenda Pena, a former rebel leader who commands the army with one-time foe, General Antonio Franca.

However, Unita secretary-general Paulo Aliceres Mango claimed the government planned to delay voting in some areas and had failed to equip voting stations in provinces where Unita has wide support.

But his claims were refuted by Margaret Anstee, the British head of a UN monitoring team. — Sapa-AFP-AP.

TPA reacts to reports of dismissals

STAR 30/9/92

It was too early to give any detailed information on the future of newly appointed hospital workers who had taken the positions of people dismissed during the recent hospital strike, the TPA said yesterday.

TPA director-general Andre Cornelissen was reacting to an earlier radio news report saying people employed to replace dismissed hospital workers would not lose their jobs.

A TPA spokesman earlier said that although the National Education, Health and Allied Workers' Union (Nehawu) and the administration had reached an agreement on the re-employment of dismissed workers, this did not mean the newly employed would lose their jobs.

Mr Cornelissen said: "In terms of the agreement reached by the TPA and Nehawu, employees dismissed for taking part in strike action may apply for re-employment. Applications completed on the prescribed Z83 forms, obtainable from any government office, may be sent to the head of the institution where the employee was previously employed." — Sapa.

Nehwu strikers go back to work

■ Scabs to lose jobs, have to retire or be retrenched:

Sowetan 1/10/92

By Ike Motsapi

OCTOBER 26 marks the return to work of 5 000 dismissed hospital workers after the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers Union (Nehawu) reached a settlement last week.

A committee overseeing the orderly return to work of the dismissed workers, meets next Thursday to lay foundations for the process.

The remaining 2 700 workers could be re-employed after appearing before an arbitrator.

The losers are the 4 500 "scabs" hired during the strike.

They will be offered options of voluntary retrenchments or early retirements.

Mediator Mr Andre Lamprecht said:"In this context provision is made for a return to work after due application of a substantial number of dismissed employees.

"Employees who are not taken back because they may have been guilty of violence or misconduct associated with the strike can take their cases to be expedited by arbitration.

"Provision is made for extensive training including joint training between the parties on the code of conduct and its provisions.

"There is also provision for the regulation of any future disagreements between the parties."

A committee chaired by Lamprecht will oversee the agreements' operation and the Witwatersrand-Vaal Dispute Resolution Committee will oversee the return to work.

Hospital staff set to reapply

By Thabo Leshilo
Labour Reporter

The 7 700 union members dismissed for taking part in the strike at Transvaal hospitals are due to start applying for re-employment today, National Education, Health and Allied Workers' Union assistant general-secretary Neal Thobejane said yesterday.

However, only 5 000 would immediately be taken back in accordance with Friday's agreement between the union and the TPA.

Workers can obtain Z83 application forms from any Government office. They must apply to the heads of the institutions where they were employed before October 12.

It is further notified in terms of section 72 (2) that a public meeting of persons with an interest in the subject of the said petition will be held at 18:00 on 29 October 1992 in the Uitkeer Recreation Hall under the chairmanship of an officer of the Department of Water Affairs and Forestry to enquiry into the subject of the petition and hear evidence for or against the proposal.

All interested persons are hereby notified that the meeting will also be held for the purpose of recording votes for or against the proposal since section 72 (3) provides that the petition may be granted if not less than two-thirds of the owners of land situated within the area specified in the said petition, who together own not less than two-thirds of the land irrigated and proposed to be irrigated within such area, are in favour of the proposal.

Any person who cannot be present at the meeting may, by proxy or power of attorney, delegate any other person to vote on his behalf at the meeting.

(2 October 1992)

NOTICE 871 OF 1992

PUBLIC SERVICE BURSARY SCHEME

FULL-TIME BURSARIES FOR 1993: DEPARTMENT OF HEALTH SERVICES AND WELFARE

Bursaries for full-time study are granted from funds of the Department of Health Services and Welfare in the following fields:

B / Occupational Therapy / BSc Occupational Therapy.
B / Physiotherapy / BSc Physiotherapy.

Bursaries are not to exceed R9 800 per annum.

Applications must be submitted to the following address on form KVA 95:

The Director-General
House of Assembly: Department of Budgetary and Auxiliary Services (Poynton Building)
Private Bag X723
PRETORIA
0001

Application forms can be obtained at the above-mentioned address. For any further enquiries contact Mrs B. Pieterse, Tel. (012) 314-5223.

Applicants must forward the following documents with their applications:

(1) A certified copy of an official statement of symbols obtained in the Standard 10 final examination, if the examination has already been written; OR

(2) a certified copy of an official statement of symbols obtained in the Standard 9 final examination where the Standard 10 examination has to be written during 1992; AND

Voorts word ingevolge artikel 72 (2) bekendgemaak dat 'n openbare vergadering van persone wat by die onderwerp van genoemde versoekskrif belang het, om 18:00 op 29 Oktober 1992 in die Uitkeer Ontspanningsaal onder voorsitterskap van 'n amptenaar van die Departement van Waterwese en Bosbou gehou sal word ten einde ondersoek na die onderwerp van die versoekskrif in te stel en getuienis ten gunste van of teen die voorstel aan te hoor.

Alle belanghebbendes word hierby in kennis gestel dat die vergadering ook gehou word met die doel om stemme ten gunste van of teen die voorstel op te neem, aangesien artikel 72 (3) bepaal dat die versoek toegestaan kan word indien minstens twee derdes van die eienaars van grond geleë binne die gebied in genoemde versoekskrif vermeld, wat tesame minstens twee derdes van die grond besit wat in daardie gebied besproei word en voorgestel word om besproei te word, ten gunste van die voorstel is.

Enige persoon wat nie die vergadering kan bywoon nie, kan 'n ander persoon deur middel van 'n prokurasie of volmag magtig om namens hom by die vergadering te stem.

(2 Oktober 1992)

KENNISGEWING 871 VAN 1992

STAATSDIENSBEURSSKEMA

VOLTYDSE BEURSE VIR 1993: DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN

Beurse vir voltydse studie word toegeken uit fondse van die Departement van Gesondheidsdienste en Welsyn in die volgende studierigtings:

B / Arbeidsterapie / BSc Arbeidsterapie.
B / Fisioterapie / BSc Fisioterapie.

Die grootte van beurse is hoogstens R9 800 per jaar.

Aansoeke moet op vorm KVA 95 na die volgende adres versend word:

Die Direkteur-generaal
Administrasie Volksraad: Departement van Begrotings- en Ondersteuningsdienste (Poyntonkomponent)
Privaatsak X723
PRETORIA
0001

Aansoekvorms is ook by bovermelde adres beskikbaar. Vir enige verdere navrae kontak mev. B. Pieterse, Tel. (012) 314-5223.

Applikante moet die volgende dokumente by hul aansoeke insluit:

(1) 'n Gewaarmerkte afskrif van 'n amptelike staat van simbole behaal in die standerd 10-eindeksamen, indien die eksamen reeds afgelê is; OF

(2) 'n gewaarmerkte afskrif van 'n amptelike staat van simbole behaal in die standerd 9-eindeksamen, indien hulle gedurende 1992 met standerd 10 besig is; EN

(3) a certified copy of a complete official record of study together with symbols or examination marks obtained if they have already written post-school examinations, and the results of the first semester of the study year in which they are engaged. If no examinations are written during the first semester, a certified copy of test results must be submitted.

The closing date for applications for full time bursaries is **23 October 1992.**

(2 October 1992)

NOTICE 872 OF 1992

MEETINGS OF PARLIAMENTARY COMMITTEES

WEDNESDAY, 30 SEPTEMBER 1992

Joint Committee on Justice (Admission of Advocates Amendment Bill [B 3—92 (GA)], Gambling Amendment Bill [B 156—92 (GA)] and Judicial Matters Amendment Bill [B 156—92 (GA)]).

THURSDAY, 1 TO FRIDAY, 2 OCTOBER 1992

Joint Committee on Justice (Admission of Advocates Amendment Bill [B 3—92 (GA)], Gambling Amendment Bill [B 156—92 (GA)] and Judicial matters Amendment Bill [B 156—92 (GA)]).

Joint Committee on Home Affairs (Filling of Casual Vacancies in Parliament Bill [B 157—92 (GA)]).

Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

THURSDAY, 8 TO FRIDAY, 9 OCTOBER 1992

Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

MONDAY, 12 OCTOBER 1992

Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

TUESDAY, 13 OCTOBER 1992

Joint Committee on Health (Medical Aid Schemes Amendment Bill [B 115—92 (GA)]).

Joint Committee on Pension Benefits for Members of Parliament and Political Office-bearers.

Joint Committee on Constitutional Affairs (Constitution Amendment Bill [B 158—92 (GA)]).

WEDNESDAY, 14 OCTOBER 1992

Joint Committee on Health (Medical Aid Schemes Amendment Bill [B 115—92 (GA)]).

Joint Committee on Public Accounts.

Enquiries: W. Fourie, Head: Committee Section, Tel. (021) 403-2568. Beltel Page No: 3199.

(2 October 1992)

(3) 'n gewaarmerkte afskrif van 'n volledige amptelike studierekord met simbole of eksamenpunte behaal indien hulle reeds na-skoolse eksamens afgelê het, asook van die uitslae ten opsigte van die eerste semester van die studiejaar waarmee hulle besig is. Waar eerste semestereksamens nie afgelê word nie, moet 'n gewaarmerkte afskrif van toetsuitslae ingedien word.

Die sluitingsdatum vir aansoeke om voltydse beurse is **23 Oktober 1992.**

(2 Oktober 1992)

KENNISGEWING 872 VAN 1992

VERGADERINGS VAN PARLEMENTÊRE KOMITEES

WOENSDAG, 30 SEPTEMBER 1992

Gesamentlike Komitee oor Justisie (Wysigingswetsontwerp op die toelating van Advokate [W 3—92 (AS)], Wysigingswetsontwerp op Dobbelary [W 156—92 (AS)] en Wysigingswetsontwerp op Geregtelike Aangeleenthede [W 156—92 (AS)]).

DONDERDAG, 1 TOT VRYDAG, 2 OKTOBER 1992

Gesamentlike Komitee oor Justisie (Wysigingwetsontwerp op die Toelating van Advokate [W3—92 (AS)], Wysigingswetsontwerp op Dobbelary [W 156—92 (AS)] en Wysigingswetsontwerp op Geregtelike Aangeleenthede [W 156—92 (AS)]).

Gesamentlike Komitee oor Binnelandse Sake (Wetsontwerp op die Aanvulling van Tussentydse Vakatures in die Parlement [W 157—92 (AS)]).

Gesamentlike Komitee oor Staatkundige Aangeleenthede (Wysigingswetsontwerp op die Grondwet [W 158—92 (AS)]).

DONDERDAG, 8 TOT VRYDAG, 9 OKTOBER 1992

Gesamentlike Komitee oor Staatkundige Aangeleenthede (Wysigingswetsontwerp op die Grondwet [W 158—92 (AS)]).

MAANDAG, 12 OKTOBER 1992

Gesamentlike Komitee oor Staatkundige Aangeleenthede (Wysigingswetsontwerp op die Grondwet [W 158—92 (AS)]).

DINSDAG, 13 OKTOBER 1992

Gesamentlike Komitee oor Gesondheid (Wysigingswetsontwerp op Mediese Skemas [W 115—92 (AS)]).

Gesamentlike Komitee oor Pensioenvoordele vir Parlementslede en Politieke Ampsbekleërs.

Gesamentlike Komitee oor Staatkundige Aangeleenthede (Wysigingswetsontwerp op die Grondwet [W 158—92 (AS)]).

WOENSDAG, 14 OKTOBER 1992

Gesamentlike Komitee oor Gesondheid (Wysigingswetsontwerp op Mediese Skemas [W 115—92 (AS)]).

Gesamentlike Komitee oor Openbare Rekenings.

Navrae: Mnr. W. Fourie, Hoof: Komitee-afdeling, Tel. (021) 403-2568. Beltel bladsy No. 3199.

(2 Oktober 1992)

Hospital workers return

■TRANSVAAL hospital workers began trickling back to work this week following the ending of their four-month strike.

According to the agreement ending the strike, only 5 000 of the fired strikers have been taken back while the remaining 2 000 — who have charges of violence and misconduct hanging over them — will be referred to arbitration. A six-month moratorium on industrial action has also been agreed to and a code of conduct governing future disputes has also been signed. Other aspects of the code include the banning of inciting language, that demonstrations should relate only to unresolved employer-staff issues and that future disputes will be arbitrated by the Regional Dispute Resolution Committee.

(973)

Weekly 2/10 - 8/10/92

Healthy deal holds hope

Sean 3/10/92.

TESTING times lie ahead for the fledgling agreement between health officials and workers which last week saw the end of a 17-week dispute. BRENDAN TEMPLETON reports.

(97)

THE bitter lessons learnt at the end of the 17-week health strike in the Transvaal have come at a cost — at least 12 lives were lost, about 2 700 workers will lose their jobs and South Africa's hospital services are in turmoil.

But some good has come out of it: the former adversaries have now thrown their lots together and are trying to ensure that their tentative peace accord has time to grow, despite its being limited to only the Transvaal at present.

Although it will not be able to address all the woes besetting the health system, the accord will be an effective pressure valve until a new dispensation has been hammered out for public-sector industrial relations. A major stumbling block which will have to be surmounted in the coming months is the content of a new Bill which will set the future ground-rules for the Government and its workers.

The National Education, Health and Allied Workers' Union (Nehawu) has been absent from negotiations to determine the content and will now have to try to ensure that its ideas will also be considered. Until then the TPA-Nehawu code of conduct is the only mechanism existing in the public sector which makes room for dispute resolution.

Vital to the accord's success is the role an external mediator will play in solving future disputes and the implementation of agreements which made the accord possible. Both sides have made major concessions and it will be up to the Wits/Vaal Regional Peace Committee (RPC) to ensure that injured pride on both sides does not boil over.

The biggest concession made by the TPA was to release the iron-cast grip it held over health services. In the past, TPA decisions were law and there was no one that disgruntled workers could turn to if they did not agree with its decisions. That's why health workers saw strike action as their only course of action.

Now a dispute resolution procedure exists, and matters can be taken to an independent arbiter in the case of deadlock. Both sides would be bound by the arbiter's decision.

On the other side, Nehawu has agreed not to embark on any industrial action for six months. This will give the accord the vital breathing space needed to find its footing.

Nehawu has also agreed that only 5 000 of the 7 700 workers dismissed during the strike will be reinstated.

Dismissed workers were this week filling in forms for reinstatement, and the testing time for the accord will come on October 19 when the TPA identifies those who will not get their jobs back.

Strikers found guilty of intimidation or unacceptable behaviour during the strike will not be reinstated. But workers will be able to challenge this through the RPC.

Reinstated workers will not necessarily get the same positions they held before the strike, but their accumulated benefits will be given back to them — on conditon that they stick to the six-month strike moratorium.

According to the agreement, Nehawu will also have to follow strict guidelines if it wants to hold demonstrations on hospital grounds.

The union does not recognise that the issues which gave rise to the dispute have been properly settled, and steps are being taken by the RPC to set up bilateral talks between the union and the Commission for Administration (CFA), the governing body of the provincial administrations.

Doctors' orders: a health system that's free of profit

By Justin Pearce

ONE SOLUTION — total revolution. That is the only way to create a health system that serves the needs of the people, say two Cuban doctors now visiting South Africa.

"The statistics speak for themselves," said Dr Carlos Zahala in his address to the first general meeting of the South African Health and Social Services Organisation (SAHSSO).

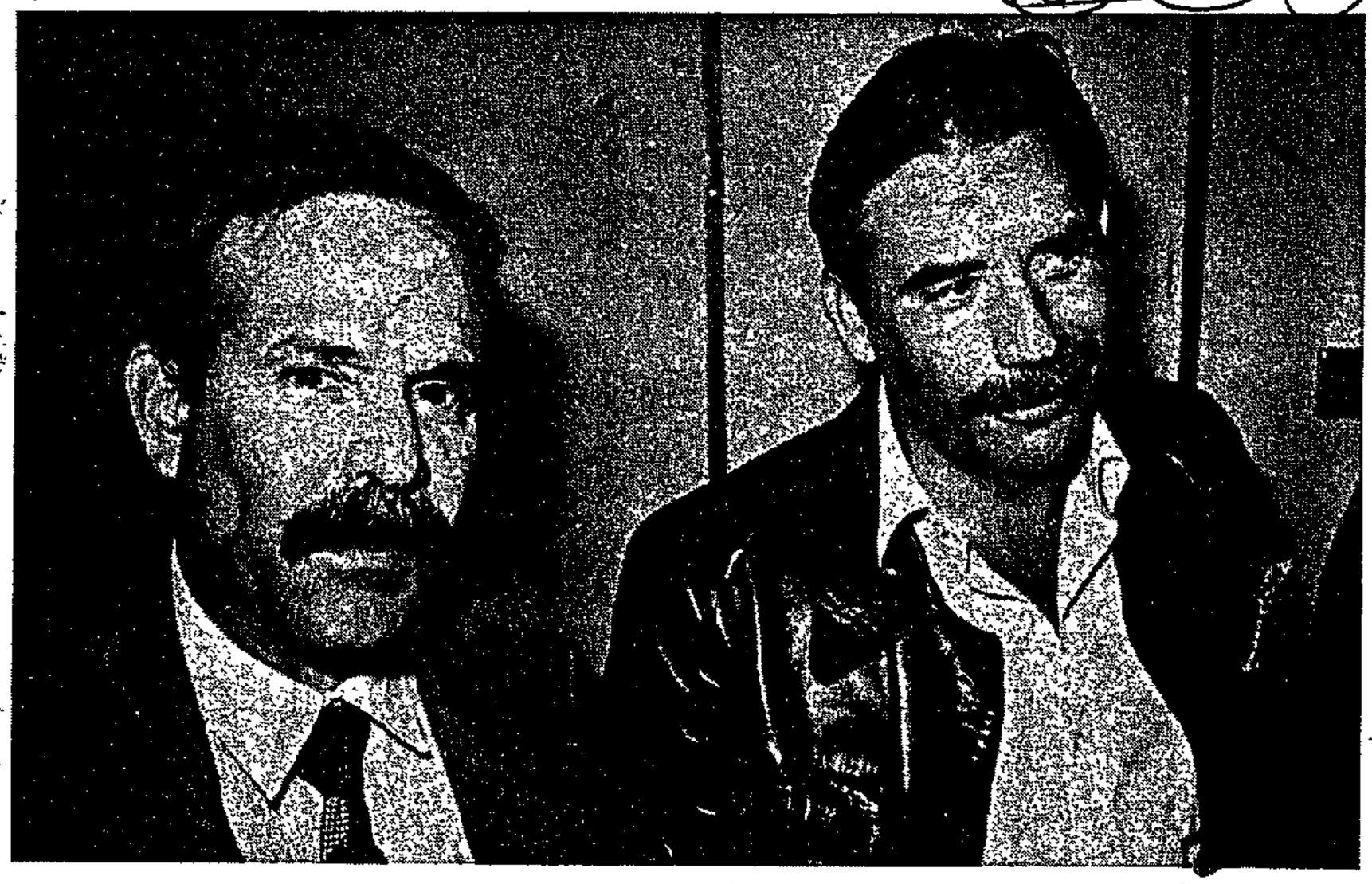
His colleague Dr Felipe Bustillo read a list of figures which document Cuba's remarkable record in the prevention and cure of disease.

Cubans have a life expectancy of about 76 years, the country has an infant mortality rate of barely one percent, and there is one doctor for every 250 people.

Other gains include the virtual eradication of tetanus, polio, diphtheria and German measles and the decline in cases of tuberculosis from 65 cases per 10 000 people in 1965, to 5,1 cases per 10 000 people in 1991.

Health care, whether it involves a headache or a heart transplant, is free. Even face-lifts have been provided by the state health system, though not without controversy.

The health system is partly financed by very heavy taxes on cigarettes and alcohol. Smokers pay the equivalent of R20 for a packet of cigarettes in Cuba — but the state won't charge you anything to treat your bronchitis or lung cancer.



REVOLUTIONISING HEALTH: Cubans Dr Felipe Bustillo (left) and Dr Carlos Zahala who are visiting South Africa

Also important, Zahala said, is that no profits are made from health care.

These developments have taken place in a country where before the 1959 revolution the services of a doctor were scarce and where half the doctors emigrated to the United States after the revolution.

Zahala maintained that such a record could not have been achieved without an integrated health system operated by the state, with the needs of society rather than profit as its priority.

He said an efficient disease prevention policy can help to eliminate 70 percent of diseases. Such a policy can never be implemented through a medical system that is privatised and profit-making.

"It is very difficult to sell lifestyle. How do you sell occupational or environmental health?"

Bustillo described the Cuban health system as a "doctor-based system".

In every community there is a state medical centre staffed by a resident doctor and nurse. As well as treating disease, the doctors are responsible for immunisation and the early detection of disease.

The nurse leads exercise programmes, conducts sex education and teaches about aspects of healthy living, such as giving up smoking.

Integral to the health care system is a highly efficient hygiene and epidemiological surveillance system. Regional surveillance centres collate information from doctors, nurses, schools, workplaces and old age homes.

The team of health workers includes insecticide specialists who help to eliminate the insect-borne diseases that are common in a tropical country like Cuba.

HIV infection, which causes Aids, is handled with an efficiency that borders on the totalitarian. Testing is compulsory for "high risk" groups, including foreigners who spend more than three months in Cuba. This also includes Cubans who have spent more than three months abroad and "people near the harbours".

People found to be HIV positive are admitted to special "sanitoria" where they are isolated from society and educated about lifestyle. If they seem responsive to the education programme they are allowed home at specified intervals.

The result is an alleged HIV infection rate of 0,006 percent. The means used to achieve this startling result would probably horrify Aids activists in Western countries, where the emphasis has been on protecting the human rights of people with HIV and Aids.

Zahala also admitted that the Cuban approach to HIV infection would be impractical in Africa, where the virus is already widely prevalent.

Aids was already known in other countries before it reached Cuba, and the country's island position restricts the flow of people across its borders.

Cuba implemented a preventative strategy typical of the way its health system works, and a systematic HIV monitoring programme began even before Cuba's first HIV case had been discovered.

Bringing near-dead back into the world

Sfm 6/10/92. (97)





Morag Cave . . Intensely caring person putting others before herself.

His OT (occupational therapist) makes no bones about it. She says he was "a vegetable when they brought him in".

She is talking about Steve Zed — not his real name, of course: there's a court case pending. But she is talking about when Steve was admitted to the Barney Hurwitz Medical Institute in June for intensive therapy after a road accident in which he was hit by a truck while changing a tyre at the side of the road. His wife was luckier. She saw the truck coming and managed to dive to safety.

"He had nothing," the OT continues. "But for the tracheotomy he wouldn't even have been breathing. He was responding to pain only. He had no other interest in his surroundings. He was just a pair of eyes."

Qualified

That was in June. Today, this qualified accountant, after a coma that lasted 10 weeks, has returned to work at lower intensity two days a week. He is back working with computers and has set himself a target of January 1 to resume work full time.

Morag Cave, the Occupational Therapy Co-ordinator at the Hurwitz Institute, introduced me to Steve Zed and his therapist. He's in remarkable shape, considering — and most important of all, with his quality of life improving daily, he's in good spirits and a wonderful example to others.

Mrs Cave (35) is a former Edinburgh lass, who lives in Vereeniging with her Yorkshireman husband, and their menagerie of 13 cats and dogs. Clearly, the Caves aren't superstitious. Thirteen to them is a nice round number.

Caring

Morag says that above her head is an imaginary placard It says "Sucker. Come on it." On the wall of her office is a painting depicting some 40 cats. She tips a nod towards it, with a self-deprecatory shrug. She omits stating the obvious — that she is an intensely caring person, always putting others before herself.

Exactly the right person for the institute as OT Co-ordinator.

She tells me the institute's chief rehabilitation services are:

- Occupational therapy
- Physiotherapy
- Speech therapy.
- Social rehabilitation.

The institute, she says, is the dream of a private neurologist to bring together a team at one centre able to provide holistic rehabilitation services in the private sector.

Excellent

"Here, everyone is able to work on common goals in the best interests of the patient Provincial hospitals provide an excellent service, but they are often not able to function in the best interests of the patient. For instance, therapy might have to be terminated simply because of the demand for that patient's bed, if he is well enough to be discharged."

Rehabilitation for both in- and out-patients is undertaken for sufferers in three main areas: strokes, head injuries and spinal injuries — the latter two almost always the result of motor accidents. A young student, learning to put it all together again, indicates himself and his damaged limbs and remarks as we pass "Because I was fool enough to buy a motor bike!"

Sobering thought, isn't it?

MICHAEL SHAFTO

LABOUR FM 9/10/92

Pyrrhic victory

Plans are on track for the reinstatement of 5 000 health workers dismissed during the National, Education & Health Workers' Union (Nehawu) hospital strike. Their return will take place on October 26 in terms of a milestone agreement between the TPA, Cosatu and Nehawu. The cases of the rest of those dismissed — about 2 700, who face various criminal charges — will go to arbitration.

But what happens to the 5 000-plus new workers taken on by the TPA to fill the vacancies? Not much has been said on this score; the TPA had yet to respond to inquiries as the *FM* went to press. As matters stand — and even if some of those dismissed do not reapply — the question seems fraught with difficulty and indicates a ballooning of the TPA's wage bill, without any gains in productivity.

The Nehawu-TPA agreement came after a month of intensive negotiation. The chairman was Andre Lambrecht, head of the Wits/Vaal Regional Peace Committee. His quiet mediation, which ended the messy four-month dispute on September 24, chalked up one of the Peace Accord's more visible success stories.

Lambrecht described the agreement as creating "an entirely new beginning for the relationship between the parties," changing it from one which had been often marked by antagonistic positions to one of problem solving and co-operation, based on their extensive new code of conduct.

This code provides for the return to work after due application by those dismissed and a moratorium on industrial action for six months. Employees not rehired because they face charges of violence or other misconduct during the strike can take their cases to arbitration.

The parties agreed on a programme of training about the code and its provisions. These include the regulation of disagreements. A committee chaired by Lambrecht will oversee implementation of the code; his regional peace committee will oversee the return to work.

Both parties condemn the violence and commit themselves to avoiding it in future. They also accept the principle of freedom of association.

The purpose of the code is to create a climate for formalising the relationship between the TPA and Nehawu. They agreed to recognise that, given the present public service structure, the TPA could deal only with matters within its jurisdiction. The process to legislate new arrangements for this sector has been set in motion; until then, the code will remain binding on both parties.

The union undertook to rejoin the central negotiation forum set up for the public sector in 1990. It also recognises the right of TPA management to manage, which includes recruitment and placement, promotions, demotions, transfers, training, retrenchment and redundancy, discipline and dismissals, work classification, and so on.

The special nature of health care institutions was acknowledged, plus the fact that as essential service providers they can determine the life and death of patients. Hence the special arrangements provided for freedom of expression.

Demonstrations will be authorised only by the head of the institution affected subject to certain conditions that they:

- ☐ Shall not hinder or undermine the rendering of services;
- ☐ Concern only unresolved issues directly related to the work relationship, and provided that no demonstrations are authorised once a dispute is referred to arbitration;
- ☐ Not infringe upon access to health institutions by the public and/or workers who are not part of the demonstration, or on the rights of patients;
- ☐ Be conducted peacefully and with due regard to the interests of patients, the proper functioning of health services and in particular the need to keep down noise; and
- ☐ Shop stewards shall control and monitor protests responsibly.

Any dispute arising out of the interpretation of the code will be resolved in terms of a special arbitration procedure.

The code provides a good foundation for a full recognition agreement, which will be finalised towards the end of next month, between the TPA and union.

Lambrecht also agreed to approach the SA Nursing Council and the Medical & Dental Council to persuade them not to take disciplinary action against certain strikers, in view of the new conciliatory approach between the parties.

Meanwhile a meeting has yet to be arranged between the union and the Commission for Administration, which determines public sector wages and conditions, to resolve the demands which led to the strike. These included a minimum wage and a 15,3% increase across-the-board, maternity leave, a 40-hour week, permanent status for workers classified as temporary employees and a dispute resolution mechanism.

Most of these are in effect accepted by the TPA, though it requires formal approval by the commission.

Though a good foundation has been laid to deal with health worker disputes, the union is not happy with draft legislation regarding conditions of employment in this sector.

In particular, it is opposed to the apparent requirement that would lump together the union with staff associations, which tend to be more conservative bodies. Nehawu also believes that their right to strike is fudged in the draft law as it stands. ■

R2,4-m for new Soweto clinics

■ Nine new satellite operations earmarked:

Sowetan 12/10/92 (97)

THE Department of National Health and Population Development has allocated about R2,4 million to the Soweto Council to build nine satellite clinics in the township.

A spokesman for the department said these clinics would complement and form part of the existing health network as well as acting as referral points. They would also provide an integrated primary health care service, the spokesman said.

The clinics would be built at Mofolo North, Orlando East, Dube, Kliptown, Jabulani, Naledi, Naledi Extension, Protea South and Mapetla.



Thousands of marchers jammed Cape Town's streets yesterday to protest against the two-week special session of Parliament. Picture: AP

McBride cheered outside Parliament

Political Staff

CAPE TOWN — Thousands of people marched through Cape Town's streets yesterday to protest against the reopening of the tricameral Parliament for a special session.

Outside the gates of Parliament the ANC welcomed new heroes through a booming public address system. The loudest cheer was reserved for Magoo's Bar bomber Robert McBride, one of the leaders of the march.

The ANC leadership, addressing thousands of supporters in the blazing sun in Roeland Street, insisted that the current government had to go.

ANC vice-president Walter Sisulu, Joe Slovo and Allan Boesak addressed the crowd gathered in Roeland Street — renamed "ANC Memorial Street" for the day.

Stalplein, next to Parliament, was renamed Luthuli Square in memory of former ANC president and Nobel peace laureate Albert Luthuli.

McBride and Mthetheleli Mncube, released from prison recently after both had spent time on Death Row after being found guilty of murder, were met with sustained applause when they were introduced to the crowd.

ANC leader Ronnie Kasrils rejected any comparison with those who had been killed in defence of apartheid, saying the linking of McBride with Strijdom Square mass murderer Barend Strydom was "utterly disgusting".

Sisulu, who replaced ANC secretary-general Cyril Ramaphosa as leader of the march, said this Parliament's last task was to rubber stamp agreements negotiated with "the legitimate representatives of the people".

Sapa reports six UN observers kept a high profile throughout the day, and were joined by six local monitors from the National Peace Secretariat and two representatives of the Goldstone commission.

Policemen in camouflage uniform watched the proceedings, while dozens of ANC marshalls in khaki controlled the demonstrators. A man was apprehended by marshalls for allegedly breaking a window in Plein Street.

Health bodies protest against restructuring

KATHRYN STRACHAN

HEALTH organisations yesterday staged a demonstration in Johannesburg in protest against government's plans to "unilaterally restructure health services" during the current session of Parliament.

The "Stop Rina Venter and Co" rally — which included supporters from the SA Health and Social Services Organisation, SA Dispensing Practitioners, ANC, Cosatu, SACP and Disabled People SA — was led by SACP general secretary Chris Hani.

A memorandum submitted to the health department's regional offices claimed that the session was intended to safeguard "the privileges of the ruling minority". It called for a moratorium on restructuring in the public sector which could lead to more than 50 000 retrenchments.

Traditional poisons

Sowetan 23/10/92. (97)

■ Researchers recommend traditional healers be incorporated into health care:

By Mokgadi Pela

THE use of traditional medicines is the biggest cause of poisoning after pesticides, snake bites and household chemicals, a 10-year study revealed.

The study was carried out at Zimbabwe's six main urban hospitals to evaluate the epidemiology of poisoning caused by traditional medicines. A total of 1 456 cases were recorded, representing 23 percent of all poisoning cases. Sixty seven percent of the patients were male and 33 female.

The majority of patients (776) were under five years, 264 were between 21 and 30 years while 132 patients were between 31 and 40 years. Only 22 patients were over 60 years.

The main reasons for seeking treatment were fever in children and diarrhoea and abdominal pain in adults. Treatment consisted mainly of supportive therapy and involved the induction of vomiting.

An article in the *South African Medical Journal* says studies in this country have revealed patterns similar to those in Zimbabwe.

In Zimbabwe, the use of traditional and orthodox medicines coexists, an understanding of referral from one system to the other is essential.

The researchers recommended that traditional practitioners be trained in order to integrate them with primary health care.

news in brief

(97)

Strike is over

Sowetan 26/10/92

AN estimated 5 000 Transvaal hospital workers return to their posts today after a bloody four-month strike over union recognition.

Some 2 700 strikers have lost their jobs in the deal ending the stoppage marked by petrol-bomb and gun attacks. Initially 7 700 workers were dismissed by the provincial authorities. - Sapa.

2 000 strikers are out of jobs

■ Fired Nehawu workers won't be re-employed by TPA:

Sowetan 28/10/92

ABOUT 2 000 National Education Health and Allied Workers' Union members fired by the Transvaal Provincial Administration during the five-month-long hospital strike will not be re-employed .

A further 323 were over 60 years old and would be put on pension, the TPA's director-general, Mr Andre Cornelissen, said in a statement. Nehawu general secretary, Mr Neil Thobejane, confirmed that the retrenchments were not a breach of the agreement signed between the TPA and the union.

He said: "We agreed that 5 000 people would be re-employed and that the TPA could not take more than that number. If the TPA retrenches, it will not necessarily retrench from the rehired strikers."

A misconception had arisen that the TPA was not keeping its end of the bargain by retrenching some workers.

PEOPLE'S LIVES *A professional nursing service to care for patients at home in the township*

Sowetan 28/10/92



Nursing service for Soweto homes

Sowetan, 28/10/92

By Pearl Majola

TENDER CARE *About 30 sick people a day being looked after:*

IT IS MONDAY MORNING. Your baby is sick again. And you are in a frenzy because you are too embarrassed to explain to your boss that you will be late for work once more.

Well, there is an easier way. Instead, you should call a professional nurse to your home to care for the baby and go to work with your mind at ease.

You might think this is for the rich people in the suburbs of Johannesburg. It may have been until four months ago when Nonhlanhla Ntombela quit her job of six years at one of the clinics to start the first home nursing practice in Soweto. Today she sees about 30 patients a month.

"Other people have taken advantage of the service for years and we have not although there has been a great need for it in our communities," explains 33-year-old Ntombela.

"So I decided to open a practice in Soweto with the hope that I can help people, not only the ones with medical aid but also those who would not otherwise afford the service. It is part of my commitment as a nurse," she says.

"The home nursing service provides post-hospital care and helps patients with chronic and terminal diseases. I must stress though that I remain a nurse not a doctor."

But does this not commercialise a facility essentially meant to be a public service?

"I do not think so," she defends. "People who take advantage of home nursing are those who need it.

A woman who has just given birth needs nursing care at home for some time and nurses used to do home visits.

"That they don't do them anymore doesn't mean that there is no longer a need for new mothers to be regularly checked by a nurse."

Ntombela is confident that the facility will be used despite the recession and the fact that many people are unemployed and therefore have no medical insurance.

PRIVATE CALL: You don't have to be late or take a day off if your little baby is sick. Just call for a nurse, and your troubles will be over ... at least for a day.

Services nurses provide

- Hospital pre-discharge care to ensure smooth transition between hospital and home.
- Health care and advice to convalescent patients in their homes.
- Care and support for terminally ill patients and their families.
- Sterile procedures like dressings, catheterisation and bladder washouts.
- General procedures like injections.
- Monitoring of general conditions like blood pressure and medication.
- Referrals where necessary.
- Home calls on a daily or occasional basis as needed by the patient.
- Home nurses do not do shifts although this can be arranged.
- Home nurses are NOT doctors.

For further information the Professional Society for Private Nurse Practitioners can be contacted at 885 1553 or 673 9112.

Private number

- There are 49 private nursing practitioners in the Witwatersrand area.
- You must be a registered nurse.
- You must be a paid-up member of the South African Nursing Association.

For more information contact the PSPNP

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(97)

ers they hired during the recent hospitals strike.

The agreement to end the dispute between the TPA and the National Education Health and Allied Workers' Union (Nehawu) was brokered by the Witwatersrand-Vaal regional peace committee, the first labour dispute for the National Peace Accord.

Nehawu's six-month freeze on its right to strike is central to the carefully balanced agreement.

Faced with thousands of dismissals, the union has agreed that it will not call its members out on strike. In return, the TPA has backed down and agreed to institute a recognition agreement with the union within six months.

The parties also agreed to a code of conduct, following a trend started in the mining industry. The fate of about 2 000 workers found guilty of misconduct will be referred to arbitration.

(97)

In the balance

■ABOUT 5 000 health workers at 32 hospitals began returning to work this week but the Transvaal Provincial Administration (TPA) now plans to retrench the 1 886 replacement work-

Wmercy 30/10 - 5/11/92

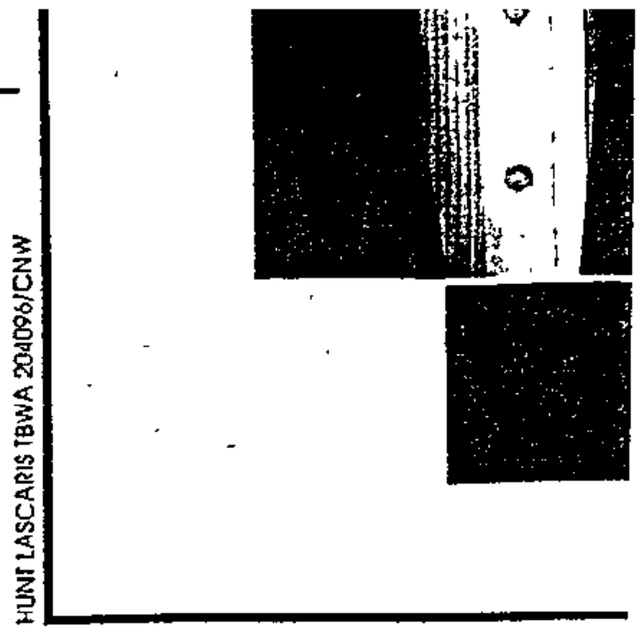
Employers and Smokers Rights and Guidelines for a Clean-Air Policy.

Workers to get jobs back (97)

ABOUT 600 hospital workers who were dismissed for taking part in a recent hospital strike may get their jobs back. Sowetan 16/11/92.

In a statement released at the weekend, the Transvaal Provincial Administration said it was prepared to re-employ up to 600 of the 850 workers by next Thursday.

This was after the TPA had reached an agreement with the National Education, Health and Allied Workers Union. - *Sapa.*



HUNT LASCARIS TBWA 204096/CNW

NEWS FEATURE *Millions starve but Operation Hunger receives no funding from the State*

Babies starve while Government dawdles

DEADLY DELAYS

Malnutrition deaths rise as the Government plays political games with relief schemes:

Sowetan 25/11/92

By Mathatha Tsedu
Investigations Editor

MILLIONS OF CHILDREN IN DROUGHT ravaged areas are faced with starvation because Government schemes to provide food relief are run by corrupt bureaucracies that are squandering the food.

And organisations such as Operation Hunger (OH), which have been involved in relief work for years, are hamstrung by lack of funds.

Faced with a growing list of applicants in rural and urban areas alike, OH submitted an application for R17 million funding to the Government in May.

But to date no money has come through, OH executive director Mrs Ina Perlman told *Sowetan*

"The tragedy is that while the State refuses to fund us and claims that they are feeding the people through their own schemes, the reality on the ground is quite different

"In many areas of the Transvaal, Orange Free State, Natal and Eastern Cape, where we pulled out because of State allegations that they are feeding, we have children dying at a growing rate because of malnutrition.

"The condition of the under-fives has really deteriorated. And with the summer rains now on, the danger of gastro-enteritis becomes even more real for the malnourished children," Perlman said

Politics behind logjam

Politics is behind the logjam of dispute between OH and the Government.

On the one hand the State insists that OH should apply for funds regionally, which means going through the bantustans in many instances

The Government also buys food which is sent to various areas for distribution.

Where this happens, OH pulls out to avoid duplication.

OH, however, refuses to apply regionally and insists that funds be made available nationally for it to subdivide as needs arise.

OH also refuses to deal with bantustan governments, saying they are non-representative structures that are corrupt.

"The report of the De Meyer Commission is a vindication of our stand In Lebowa pensioners are up in arms because their money has been squandered.

"Food that is destined for poor, malnourished and impoverished people is stockpiled in centres with no distribution network

Neglect of black communities

"All sorts of reasons are given for this state of affairs. And many of the people we stopped feeding are faced with famine and are coming back to us for food.

"And yet the Government refuses to fund us for flimsy reasons.

"The last time we were told our application had been lost in the offices, and this we were only told four months after we submitted it and when we were asking what was happening," Perlman said.

OH argues that the major part of the hunger problem is not drought related but a long standing condition due to the neglect of the black communities by the white Government.



A child suffering from the effects of malnutrition is looked after in a Gazankulu hospital. She is better off now but when she is released, she will return to the same conditions for which she was admitted to the hospital. Pic: OPERATION HUNGER

> **"We have children dying at a growing rate because of malnutrition"**
>
> **Ina Perlman, CEO Operation Hunger.**

"The structures we are now expected to work with are the same ones that formerly accepted without protest and more often compounded it by maladministration - inefficiency and neglect.

"Are we not by co-operation, particularly with the 'homelands', shoring up incompetence, defending the indefensible and giving credibility to that which had none?" OH said in its September hunger crisis update

And the statistics are shocking: A total of 2,8 million people are being fed by OH alone throughout the country.

White-owned farms

Another 120 000 are on the waiting list in the Free State, all of them former farm labourers who have been retrenched and evicted from their homes on white-owned farms.

In Johannesburg OH is faced with daily requests for assistance by people referred to it by nurses and social workers at the Baragwanath Hospital.

In Lebowa over 300 000 people are waiting for food from OH

The situation in Gazankulu is no better, with 30 000 children joining the feeding queues in August alone.

In Lebowa, Bophuthatswana, Venda and Ciskei, OH says it has found no trace of any Government-run feeding schemes despite allegations that these were in place.

Where this has happened, they were run on a parcel-a-person basis, which did not take into account the fact that a malnourished child is a sign of a malnourished family.

"The State approach is that you give a food parcel to the affected child. But which parent will feed one child and leave the other equally hungry ones sitting there without food? This approach does not work but they do not know," Perlman said.

No firm decision

OH met with health and welfare officials last week to discuss funding but no firm decision was taken on whether this would be forthcoming, according to OH senior official Mr Mpho Mashinini.

Sowetan tried to reach the Director-General of the Department of Health, Welfare and Social Services, Dr C F Slabber, for his comment but he was said to be in a meeting

Whether it was a meeting to discuss the funding of OH is not clear

What is clear is that as the bickering between OH and the State goes on, those least able to withstand the delay, the dying children, the emaciated mothers of babies that suck empty breasts, wait in the wings hoping against hope that help will be forthcoming soon.

Will their prayers for food be heard in time? Only the Government can say.

Healing the country's diseased heart

STAR 26/11/92

IF THE family is any barometer of a society's health, South Africa needs a doctor badly.

Fortunately there's a kindred spirit, a "traditional healer" already at work treating the "patient's" worst symptoms ... in the bosom of the family.

For two years now, The Family Institute has focused on healing society's chronic, febrile wounds which show up clearly in the family.

Decades of apartheid rule have contributed to the family's vulnerability. The rapid pace of political change over the past two years has exacerbated the condition, says institute director Dr Saths Cooper.

Destroy

The institute's work is based on a simple medical premise: strengthen the immune system (the family) and you strengthen the whole body (the nation). And it begins with children.

Ironically, while the Government has always upheld rightist notions of family values, it has done the most to destroy family life, Cooper says. Black families have taken the impact head on, but others have felt the ripple effect.

"We would not be suffering the degree of physical destabilising and anguish if the family could do what it is supposed to do: protect the children, give them a sense of self-worth, safety and sanity," says Cooper.

In just over 24 months the institute has expanded its areas of operation, and its projects have flourished.

It's special brand of "medical students" is the youth, especially black youth in their late teens to early 20s, who have trained as community counsellors and form the backbone of the institute's volunteer work.

The success of this operation destroys the myth of disaffected, marginalised youth being uneducated and uneducable, says Cooper. The "lost generation" has been found.



From the inside out ... The Family Institute member Lindi Maseko (centre) works with volunteers in Duduza as part of a programme to encourage the youth to help the youth. Picture: Joao Silva

Change is difficult to mediate at the best of times, he says. The type of change expected to occur now within individuals, families, organisations and communities is so far-reaching that it aggravates basic insecurities and inadequacies.

Families are affected by stresses such as public violence, unemployment, homelessness and an environment characterised by general instability.

Many people, particularly men, are taking out their rage, frustration and unrealised expectations on those closest to them, in the family. Sexual abuse of children, once unheard of in the black community, is increasing, as is general domestic violence including wife-bashing and famicide.

Children are alienated from parents and siblings and there are few if any stable communities. Cooper has counselled many young black activists who have never had a relationship with either parent.

Divisions run so deep these days that to declare that you are a Zulu in an urban setting is to invite an attack.

We have reached a "crescendo" of self-destructive behaviour, in which violence is an accepted way of resolving conflict, says Cooper.

The effects of structural violence in all its manifestations on individuals, families, organisations and communities represent formidable obstacles to current reconstruction and development initiatives aimed at the "historically disadvantaged" majority in South Africa.

The Family Institute finds its genesis and role in these contexts.

Cooper ascribes the institute's success to an open approach to collaboration with other institutions. "This avoids the risk of territoriality that feeds the intolerance underlying many endeavours in this country."

The institute offers a unique, holistic, interdisciplinary approach to relieving deep-seated trauma in this country's heart and to routing the causes.

Creative

No sector, discipline or interest in the institute is paramount; specialised expertise complements existing diversity. The institute intervenes where needs are expressed, and does not impose external "expertise". Independence from sectarian or individual interests allows it to operate without hidden agenda.

Its creative ways of training and intervention to empower families and communities reduce dependence and increase skills and knowledge in communities that need them most.

The institute's work, says Cooper, will have direct policy implications. These will be invaluable to a democratic government and the non-governmental sector, especially in cost-efficiency and measurable programme penetration to larger numbers of people who have traditionally been excluded from service delivery systems, resources, decision making and developmental initiatives.

Working together

THE Family Institute focuses attention on the family and on communities — at their invitation.

It is interdisciplinary in nature. Intervention activities involve doctors, nurses, social workers, psychologists, teachers and educationists, a few business people (even accountants), community workers, lawyers, academics and artists.

It is committed to creating the necessary understanding and linkages essential to nation-building, so does not confine itself to one area of expertise.

The notion of outside experts entering communities with esoteric knowledge and skills which lay people are incapable of understanding is contrary to the institute's ethos.

Its work includes:

- Children first: enrichment and prevention programmes, for example education for peace, maximising creativity.
- Family centres: to treat family related problems and offer training programmes to enhance family, organisation and community efficiency.
- Violence intervention: direct services to victims of violence and training for those keen on intervening at all levels, including prevention. Services are in the victim's language of choice.
- Community mediation and conflict resolution: training and intervention in collaboration with other professional agencies.
- Community support and enhancement.
- Youth leadership development: training youth to help the youth.
- Research to improve quality of life for all.
- Support in the work environment.
- Coping with change — managing transition and beyond.

For more information, telephone The Family Institute at (011) 838-4541.

Health care groups to discuss policy issues

STAR 3/12/92

Medical Reporter

Prompted by expectations that the health sector is facing a "fundamental transformation" within the next few years, primary health care groups will gather outside Johannesburg next week to discuss policy issues within the industry.

A joint South African Health and Social Services Organisation (Sahsso) and National Progressive Primary Health Care Network (NPPHCN) conference was announced at a press conference in Johannesburg yesterday.

Joint policy committee chairman Dr Max Price said the theme, "Transforming the Health Services", had been precipitated by the "realisation that within the next two to three years we expect to see a fundamental transformation of health services".

Price said pressure on the Government to reduce inequities in health care would be so great that it would have to respond immediately.

He added that transforming the present health bureaucracy — such as the attitudes and practices of health service managers who would probably continue to work in the future health services — would receive special attention at the two organisations' joint national policy conference next week.

Price said transformation would require the reallocation of financial resources and the establishment of facilities which were more accessible to previously oppressed communities. It would also require transforming the ideology, attitudes and practices of the current personnel in the health sector.



AGAINST AIDS. ... A medical worker discusses how sufferers should combat the Aids disease with traditional healers who attended a conference held at Baragwanath Hospital this week.

■ Pic TLADI KHUELE

Healers and medical workers against Aids

By NOMVULA KHALO (97)

TRADITIONAL and Western medical workers came together this week and jointly pledged their commitment to fighting Aids. C/Press 6/12/92

In a clear departure from widespread pronouncements, a traditional healer confessed: "We (traditional healers) also can't cure the disease."

Healer Mercy Mance was speaking at the World Aids Day commemoration held at Baragwanath Hospital in Soweto.

"Aids is reality and is here to stay as long as there is no cure for it," said Aids counsellor Alice Mbangeni at the function.

The aim of World Aids Day was to highlight the gravity of the problem, and to remember those who died as a result of the disease.

Mbangeni said it was tragic how people reacted when told they had tested positive for the HIV virus. Some became agressive, others commit suicide, while others simply do not believe it.

"They say 'why me?'. It is our duty as counsellors to calm them down and advise them how to behave," Mbangeni said.

"Aids knows no colour, nation and age ... it affects everybody. That is why the onus lies on us to support and understand the sufferers."

Mance said: "All I can say is that prevention is better than cure. The Aids sufferers should not despair, but hold on and fulfill their dreams."

In his message to Aids sufferers, Vincent Veal, 31, who is HIV positive said: "If you have been diagnosed as being HIV positive, do not hide it from your family and friends. Come out of the closet.

"This is the 7th year I have been diagnosed as HIV positive and I have been able to live with the virus through a positive attitude and a holistic approach to treating the disease.

Veal believes that people should stop looking to doctors for "magic bullets" to cure the disease, they should take responsibility for their own health, and that includes prevention.

Old cures for new ills

■ Healers can prevent Aids:

Sowetan 7/12/92

By Mokgadi Pela

TRADITIONAL healers could play a vital role in the prevention of Aids, a meeting to mark World Aids Day was told in Johannesburg on Saturday.

Mrs Musa Zazayokwe of the South African Institute for Medical Research said traditional healers were offering a comprehensive service to thousands of black people. She said after the SAIMR had noticed that fact, it formed a working forum with them in 1988 to promote their relationship.

The president of the Traditional Healers Organisation of South Africa, Mr Horacious Zungu, said they offered counselling, preventive, curative service and rehabilitation to their patients.

Zungu said that as 80 percent of the community consulted healers regularly, his role in educating people about Aids was important. He said healers preferred to talk to their patients one-to-one rather than in group settings. "This enabled patients to communicate freely," Zungu said.

He said a traditional healer who claimed to have a cure for Aids must have the necessary scientific back-up to support his theory. This, he said, would make the discovery of a cure acceptable to all.

'SA is not so dear'

Ever rising health care costs have resulted in fingers of accusation being pointed in all directions, and members of the various medical professions have come under fire with suggestions of over-inflated fees.

However, Moscon Optics International, which supplies spectacle frames to optometrists, says people buying glasses in South Africa are getting the best deals in the world.

Managing director Colin Lewis says: "I think it is very important for the public to know that while the cost of spectacles from their optometrist may appear to be high, there is nowhere in the world that people are getting a fairer deal than in South Africa.

"I know what the prices of lenses and frames are in the rest of the world and they are much higher. In many cases the South African cost is half that of Britain or the USA.

"There are places such as Hong Kong which offer very cheap optics, but people must understand they are buying very inferior product. Most optometrists in South Africa offer quality products and services at incredibly reasonable prices."

He also says people buying spectacles through non-professional outlets are short-changing themselves on quality of service.

Says Mr Lewis: "It is important to realise that while the consumer can buy a frame through a totally non-professional outlet, he will never be able to get the kind of service and direct health care relationship which he will obtain from the professional optometrist.

"In the same way as when a person is sick he goes to a doctor, when his eyes need attention there is no-one more qualified in the country to take care of his needs than an optometrist."

His strong belief in the need for people to use the services of an optometrist has resulted in Moscon adopting the policy of supply frames only to professional practices.

Call to review health care plan

Sowetan 15/12/92

■ Lack of skilled personnel to implement system:

97

By Mokgadi Pela

THE GROSS maldistribution of personnel in the country should be reversed to suit the health care needs of the population, delegates resolved at the end of a five-day meeting on Friday.

The resolution emerged from a conference organised by the National Progressive Primary Health Care Network and the South African Health and Social Services Organisation in Broederstroom.

The delegates felt the problems with the present health care system include:

The concentration of health personnel in urban areas and the corresponding under-provision in the rural settings;

Concentration of health personnel in sophisticated, curative settings in the private sector with corresponding under-staffing of public health sector facilities; and

Complete lack of personnel with training and skills to implement specific programmes of a reformed system based on Primary Health Care (PHC).

The delegates further resolved to call on the Government to train new categories of health personnel in:

● Environmental health to tackle the need for small water supplies and household sanitation in poor communities; and

● Health promotion and advocacy to equip communities with skills to campaign for proper public policies.

The conference urged the Government to put a moratorium on the building of new training facilities in already well-served areas.

Medunsa in link with traditional healing

STAR 17/12/92

Medical Reporter 97

Traditional health practices, although very different from orthodox medicine, form an important part of southern African medicine with about 25 million South Africans consulting them, according to the latest Medical University of Southern Africa newsletter.

According to Medunsa Brief, investigations have shown that 80 percent to 85 percent of black South Africans regularly consult traditional practitioners.

"This population of approximately 25 million cannot be ignored," said the newsletter.

To this end, Medunsa's Department of Pharmacology has started talks with traditional healers to work out ways in which sharing knowledge can be of benefit to traditional and orthodox medical practitioners.

The World Health Organisation (WHO) is keeping records on the efficacy and safety of all medicines, including medicinal plants.

● Any traditional healers who wish to assist the WHO or who wish to learn more details about these studies should contact Professor H D Brandt at the Department of Pharmacology, Medunsa, Box 200, P O Medunsa, 0204.

kury trip for two to Rio

News in brief

Sowetan 21/12/92.

TPA, Hospersa sign accord

THE TRANSVAAL Provincial Administration and the Hospital Personnel Association of South Africa have signed a recognition agreement to regulate labour relations, the two said in a statement yesterday. (97)

The agreement provides for the furthering of healthy employer-employee relations, the formulation of clear rules and procedures to prevent conflict between management and workers, procedures for the settlement of disputes and the rights and responsibilities of Hospersa representatives, the statement said.

NEWS Nehawu strikers dismissed from their posts ● "No agreement on fencing"

50 clerks retrenched by the TPA

Sowetan 30/12/92

■ **SINGLED OUT** Dismissed workers claim they are victimised by the TPA:

By Alinah Dube 97

ABOUT 50 clerks who participated in this year's five-month-old strike by hospital workers have been fired from Ga-Rankuwa Hospital.

The dismissed clerks were among the workers who were reinstated following the National Education, Health and Allied Workers' Union agreement with the Transvaal Provincial Administration three months ago.

Some of those affected told *Sowetan* yesterday that they were shocked to receive letters dismissing them summarily without notice.

A spokesman for the dismissed workers said they failed to understand how they were singled out from the more than 500 reinstated workers.

In letters dismissing them, the TPA said the dismissals were carried out in terms of the existing agreement between the TPA and Nehawu.

Meanwhile, former strikers still in the employment of the same hospital have complained of having been stripped of their titles.

Clerks were now doing odd jobs in the dumping area and elsewhere while some of the cooks were working as gardeners.

"What angers us most is that we are often used to teach people doing our previous jobs," said one worker.

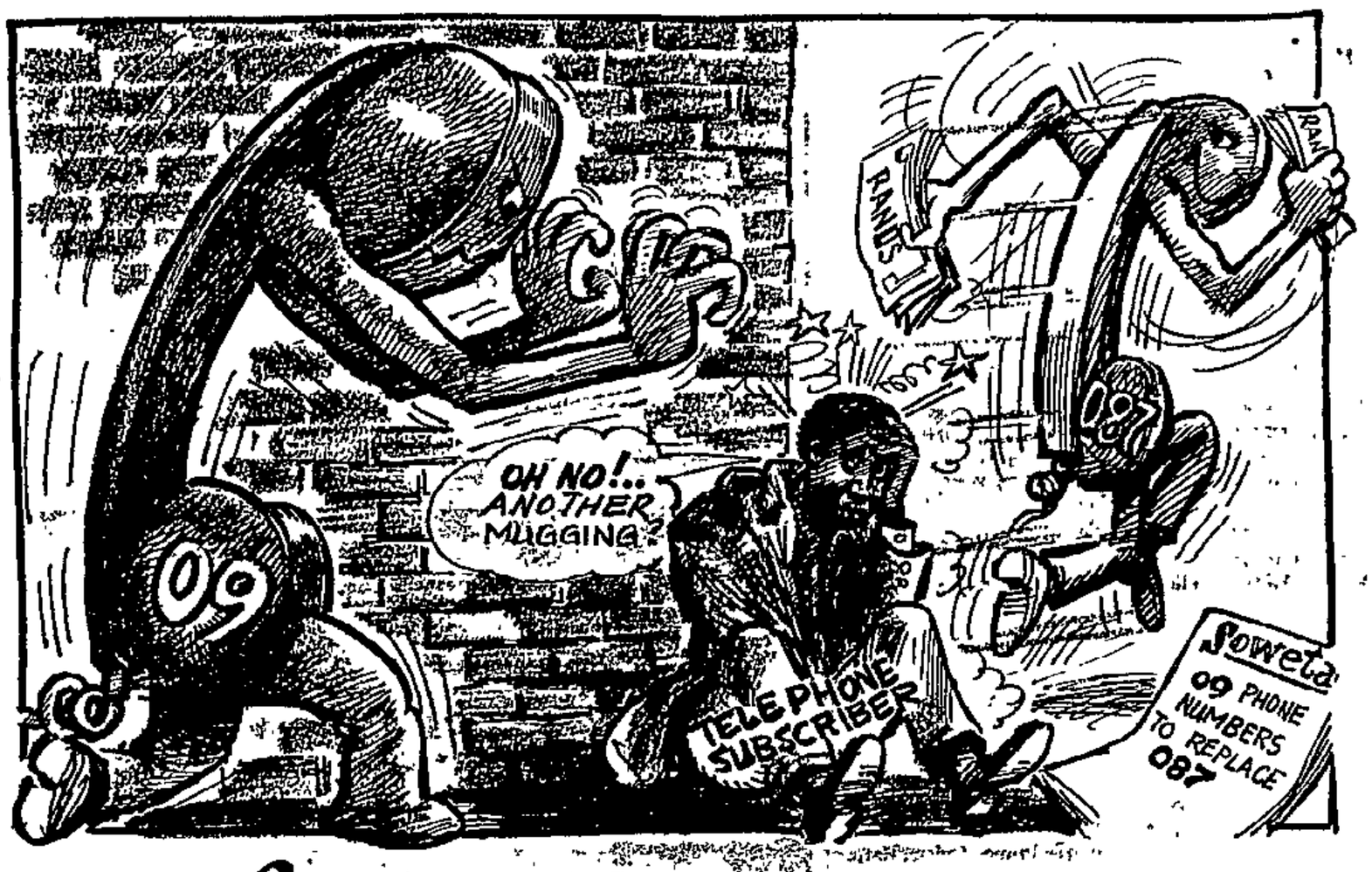
Most jobs, including clerical duties, were presently being done by whites who were employed during the strike.

In its response, the TPA said 46 employees were given retrenchment packages in accordance with an agreement with Nehawu.

"The TPA and Nehawu agreed that 600 of the 850 officers dismissed during the May/October strike be re-employed and that retrenchment packages be offered to others.

"Re-appointed clerks still do clerical work. Where possible, re-appointed officers were placed in the positions that they held before dismissal, especially where work is of a specialised nature such as in the pharmacy or kitchen supervisors.

"It is possible that unskilled workers previously employed in the kitchen are now being used elsewhere on the premises."



focus on healing

Soweten 30/12/92

By Tsale Makam (97)

Mmabanana is the new healing sensation to hit Soweto. The street outside her house is packed with people who believe her claim that she can cure high blood pressure and cancer.

THE FRONT of the house can easily be mistaken for a timber yard.

The scores of people standing in snaking queues that are almost a kilometre long, and not in single file, could be there to buy firewood. Except they are all carrying vessels.

The strong smell of herbs and roots, the thud-thud-thud as the boys grind them, and the big boiling drums suggest the house is a chemist - only a traditional one.

The medicine bottles are the vessels the people are carrying to take home the elixir of life.

And this is not a house on the outskirts of the city or at a farm. It is "Mmabanana's house" (as Mrs Mokotodi is known to her patients) in the heart of Orlando East, Soweto.

Seeing the *Sowetan* crew that has come to see this great healer, people shy away.

An old man barks: "There is nothing wrong with being here. We are all here to get muti to help us get well. If we were here for witchcraft concoctions we would tiptoe in the still of the night."

He says the muti they get at Mokotodi's house is medicine like any other medicine.

"White men want to pretend that they taught us medicine. They learnt medicine from us. If we did not know medicine and healing herbs, we would have been extinct long before the first white man arrived in South Africa.

Stolen secrets

"They stole some of our secrets, took our herbs to the laboratory and put syrup on them so the medicine would be palatable. That is the only difference between what we are doing here and what other people are doing at hospitals and surgeries."

However, the difference is also that at the back of Mokotodi's yard are five big boiling drums. Each is marked with names of various diseases, "Isifuba, high-blood pressure, isisu."

Mr Dlamini, who went there for flu medication, says a consultation goes something like this:

"You go into a garage where Mokotodi's assistants attend to you. They take your house number down and write it on whatever vessel you are going to put your medicine in. You pay money depending on the size of the container of your medication (R2 for 2*l*, R10 for 10*l*).

"They ask you your illness and write your illness on your vessel. You wait until your house number is called. You get your mixture and go home."

The procedure is quick. The people do not have to wait for Mokotodi. The five or so assistants make sure that service is efficient.

It sounds very simplistic but people who've been there say the treatment works. Dlamini says he got the address from a man who said he heard of Mokotodi from some nurses at Baragwanath hospital.

"He had been taking treatment there for so long; one nurse secretly scribbled Mmabanana's address on paper and gave it to him."

Is he improving? Dlamini is not sure because the man has been sick for too long.

Dust-filled cars with registration numbers from afar are parked around Mokotodi's house. These are signs that she has become famous.

Mokotodi's daughter, Tankie, is reluctant to speak to *Sowetan*. No, her mom is not in, and no she does not give interviews.

"We have discussed the media issue. We do not want publicity. Publicity spoils everything."

She says the media has a tendency to exaggerate and create false expectations among the people. "Look at what happened to the woman from Chancela! She was doing well until the media started publicising and exaggerating her powers.



People queue for some of the traditional medicine available.

"My mom does not perform miracles. She just uses the right roots to cure diseases. She can cure high-blood pressure and cancer."

Tankie says people come with ridiculous problems: that their children fail at school or that children fight among themselves.

"These are problems that need discipline and working together."

After all these revelations, Tanki agrees to an appointment with her mother the following day. That is, provided she is around to guide her mom. "She is a simple person and can easily be intimidated by the media and end up saying things she is not supposed to say."

The appointment is later cancelled Mokotodi, sitting in a combi, first welcomes the appointment but quickly changes her mind.

The queue has not become any shorter It has begun to drizzle, but the people patiently await their turn.

In sickness and in health, it seems, Mokotodi will continue to smile all the way to the bank as long as the queues snake along the street.

HEALTH AND DISEASE — OTHER MEDICS

1993

BOARD NOTICE 2 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES RELATING TO THE REGISTRATION OF BASIC AMBULANCE ASSISTANTS

The South African Medical and Dental Council hereby makes the rules in terms of section 32 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), as set out in the Schedule hereto.

SCHEDULE

1. The council may register any person as a basic ambulance assistent to whom a qualification in basic ambulance emergency care was awarded after having been examined by an institution or examining body which, by resolution of the council, was approved as competent to award such qualification.

2. If the qualification on the basis of which application for registration is made, has not yet been approved by the council, the applicant must see to it that authoritative information be submitted to the council with regard to the nature, content and duration of the training which is or was required for such qualification after which, if the council regards such training as satisfactory, it may approve that qualification.

(8 January 1993)

RAADSKENNISGEWING 2 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN BASIESE AMBULANSASSISTENTE

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby kragtens artikel 32 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die reëls uit soos uiteengesit in die Bylae hiertoe.

BYLAE

1. Die raad kan enige persoon as 'n basiese ambulansassistent registreer wat 'n kwalifikasie in basiese ambulansnoodsorg verwerf het, toegeken nadat hy geëksamineer is deur 'n inrigting of eksaminerende liggaam wat by besluit van die raad goedgekeur is as bevoeg om sodanige kwalifikasie toe te ken.

2. Indien die kwalifikasie op grond waarvan aansoek om registrasie gedoen word, nog nie deur die raad goedgekeur is nie, moet die applikant gesaghebbende inligting aan die raad laat toekom aangaande die aard, inhoud en duur van die opleiding wat vir sodanige kwalifikasie vereis is of word, waarna, indien die raad sodanige opleiding as bevredigend beskou, hy daardie kwalifikasie kan goedkeur.

(8 Januarie 1993)

BOARD NOTICE 3 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES RELATING TO THE REGISTRATION OF PARAMEDICS

The South African Medical and Dental Council hereby makes the rules set out in the Schedule hereto in terms of section 32 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), in substitution of the rules published as Board Notice No. 42 of 1987, as amended by Board Notice No. 81 of 1990.

SCHEDULE

1. (1) The council may register as a paramedic any applicant who satisfies the council that he complies with the requirements set out in subrules (2) and (3) or (4) of these rules.

(2) The applicant shall hold a matriculation certificate of the Joint Matriculation Board or a certificate of exemption from the matriculation examination granted by that board, or a school-leaving certificate approved by the council.

(3) The applicant shall hold the following qualification:

Examining authority and qualification	*Abbreviation for registration*
Department of National Education	
National Diploma in Ambulance Emergency Technology	Nat Dip Amb Emergency Tech (SA)

RAADSKENNISGEWING 3 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS BETREFFENDE DIE REGISTRASIE VAN PARAMEDICI

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby die volgende reëls uit kragtens artikel 32 (1) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), soos in die Bylae hiervan uiteengesit, ter vervanging van die reëls afgekondig by Raadskennisgewing No. 42 van 1987, soos gewysig by Raadskennisgewing No. 81 van 1990.

BYLAE

1. (1) Die raad kan 'n applikant wat die raad oortuig dat hy voldoen aan die vereistes soos uiteengesit in subreëls (2) en (3) of (4) as 'n paramedikus registreer.

(2) Die applikant moet 'n matrikulasiesertifikaat van die Gesamentlike Matrikulasieraad voorlê of 'n sertifikaat van vrystelling van die matrikulasie-eksamen wat deur daardie raad uitgereik is, of 'n skooleindsertifikaat wat deur die raad goedgekeur is.

(3) Die applikant moet in besit van die volgende kwalifikasie wees:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Departement van Nasionale Opvoeding	
Nasionale Diploma in Ambulans-noodsorgtegnologie	Nas Dip Amb Noord Teg (SA)

(4) The applicant shall submit a certificate to prove that he has been awarded a qualification in critical care approved by the council, after having been examined by a body or examining authority approved by resolution of the council as competent to award such qualification.

2. Notwithstanding anything to the contrary contained in rule 2, it shall be lawful for the council to register as a paramedic any person who has not fully complied with that rule, if the council, after the due inquiry, is satisfied that such person is competent to practise as a paramedic.

3. Any person who, on the date of publication of these rule, has been registered as an ambulance emergency technologist in terms of the Rules, shall be deemed to have been registered in terms of these rules as a paramedic.

(8 January 1993)

BOARD NOTICE 4 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR PHYSIOTHERAPY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of eight physiotherapists as members of the Professional Board for Physiotherapy to serve during the period ending the 30th day of April 1998 is about to be held.

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

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

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered physiotherapists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 9 February 1993 at 12:00.

A deposit of R33 must accompany the nomination.

(4) Die applikant moet 'n sertifikaat voorlê om bewys te lewer dat hy deur die raad goedgekeurde kwalifikasie in kritiekesorg verwerf het, nadat hy geëksamineer is deur 'n inrigting of eksaminerende liggaam wat by besluit van die raad goedgekeur is as bevoeg om sodanige kwalifikasie toe te ken.

2. Nieteenstaande die bepalings van reël 2, is die raad geregtig om enige persoon wat nie ten volle aan die vereistes van daardie reël voldoen nie, as 'n paramedikus te registreer, indien die raad, na behoorlike ondersoek, daarvan oortuig is dat sodanige persoon bevoeg is om as 'n paramedikus te praktiseer.

3. Enige persoon wat by die publisering van hierdie reëls as 'n ambulansnoodsorgtegnoloog kragtens die Reëls geregistreer is, sal geag word kragtens hierdie reëls as 'n paramedikus geregistreer te wees.

(8 Januarie 1993)

RAADSKENNISGEWING 4 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

KENNISGEWING VAN VERKIESING

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR FISIOTERAPIE

Hierby word ingevolge die 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 agt fisioterapeute as lede van die Beroepsraad vir Fisioterapie om te dien gedurende die tydperk wat op die 30ste dag van April 1998 verstryk.

Nominasies van verkiesbare fisioterapeute word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser 'n akkoord aangegaan het nie, of wie se boedel nie gesekwestreer is nie en (b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie, is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm 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 fisioterapeute. 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 9 Februarie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001.

OR

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(8 January 1993)

BOARD NOTICE 5 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

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 six medical technologists and one medical technician as members of the Professional Board for Medical Technology to serve during the period ending the 30th day of April 1998 is about to be held.

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

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

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered medical technologists/medical technicians. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 9 February 1992 at 12:00.

A deposit of R33 must accompany the nomination.

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.

(8 Januarie 1993)

RAADSKENNISGEWING 5 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

KENNISGEWING VAN VERKIESING

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GENEESKUNDIGE TEGNOLOGIE

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 ses geneeskundige tegnoloë en een geneeskundige tegnikus as lede van die Beroepsraad vir Geneeskundige Tegnologie om te dien gedurende die tydperk wat op die 30ste dag van April 1998 verstryk.

Nominasies van verkiesbare geneeskundige tegnoloë en geneeskundige tegnici word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser '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 met die voorname en die van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde geneeskundige tegnoloë/geneeskundige tegnici. 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 9 Februarie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

OR

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(8 January 1993)

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.

(8 Januarie 1993)

BOARD NOTICE 6 OF 1993

DEVELOPMENT AND SERVICES BOARD

PROPOSED AMENDMENT OF THE REGULATIONS IN TERMS OF THE SEA-SHORE ACT, 1935 (ACT No. 21 OF 1935)

It is hereby notified that the Development and Services Board, duly authorised thereto by the Administrator of the Province of Natal, in terms of Board Notice 31 of 1990 published on 22 June 1990, intends to amend the regulations promulgated under Government Notice No. R. 3150 on 30 November 1992 by the substitution for regulation 2 (2) of the following regulation, which proposed amendment has been approved by the Administrator of the Province of Natal:

"(2) A permit contemplated in subregulation (1) may be issued by the Board on application by any person for the issuing of a permit, to the Secretary of the Board, against simultaneous payment of an annual amount of R20,00 with the application.".

Any objections to the foregoing, together with the reasons therefor, should be lodged in writing with the undersigned on or before 8 February 1993.

L. F. FORSYTH,
Secretary.

P.O. Box 416
PIETERMARITZBURG
3200

OR

115 Loop Street
PIETERMARITZBURG
3201.

(8 January 1993)

RAADSKENNISGEWING 6 VAN 1993

RAAD OP ONTWIKKELING EN DIENSTE

VOORGESTELDE WYSIGING VAN DIE REGULASIES INGEVOLGE DIE STRANDWET, 1935 (WET No. 21 VAN 1935)

Kennis geskied hiermee dat die Raad op Ontwikkeling en Dienste, behoorlik daartoe gemagtig deur die Administrateur van die provinsie Natal kragtens Raadskennisgewing 31 van 1990 soos op 22 Junie 1990 gepubliseer, van voorneme is om die regulasies afgekondig kragtens Goewermentskennisgewing No. R. 3150 op 30 November 1992 te wysig deur regulasie 2 (2) deur die onderstaande regulasie te vervang. Die voorgestelde wysiging is deur die Administrateur van die provinsie Natal goedgekeur:

"(2) Wanneer iemand by die sekretaris van die Raad aansoek doen om die uitreiking van 'n permit soos in subregulasie (1) beoog, kan die raad sodanige permit uitreik by betaling van 'n jaarlikse bedrag van R20,00 tesame met die aansoek.".

Enige besware teen die voorgaande, tesame met redes daarvoor, moet skriftelik en nie later as 8 Februarie 1993 by die ondergetekende ingedien word.

L. F. FORSYTH,
Sekretaris.

Posbus 416
PIETERMARITZBURG
3200

OF

Loopstraat 115
PIETERMARITZBURG
3201.

(8 Januarie 1993)

BOARD NOTICE 7 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE IN TERMS OF REGULATION 15 OF GOVERNMENT NOTICE No. R.2303 OF 28 SEPTEMBER 1990

The following particulars concerning registered medical practitioners and dentists who have been found guilty by the South African Medical and Dental

RAADSKENNISGEWING 7 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

KENNISGEWING KRAGTENS REGULASIE 15 VAN GOEWERMENTSKENNISGEWING No. R. 2303 VAN 28 SEPTEMBER 1990

Die onderstaande besonderhede rakende geregistreerde geneeshere en tandartse wat kragtens die bepalings van die Wet op Geneeshere, Tandartse en

Attempt to halt spate of attacks on health workers in Vaal Triangle

STAR 13/11/93

97

By Paula Fray
Medical Reporter

Police and medical representatives have formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the volatile Vaal Triangle.

An emergency number, for specific use by medical staff, has been provided and more policemen have been deployed in the area.

This comes after the Medical Association of South Africa (Masa) approached the Commissioner of Police to relay community concern that recent attacks in the area could lead to a collapse of medical care.

According to a joint SAP and Masa statement issued yesterday, clinics, surgeries and related institutions will receive more attention to ensure the safety of doctors and nurses in the area.

Masa federal council chairman Dr Bernard Mandell said the association believed violence was endemic and affected entire communities, not just health services.

But Masa felt that special attention should be given to health services.

"The nature of health care involves intimate contact with all people at irregular hours, which makes doctors soft targets and security precautions therefore difficult to implement," he said.

Since the start of last year, attacks on doctors included the murders of a Dr Mokabudi, whose body found in a field after he was shot in the head; Dr J J Bornman in Vereeniging and Dr H L Kuhn in Evaton. Five people have been arrested in connection with Kuhn's murder.

The association pointed out that attacks on doctors was a national problem, but was worst in the Vaal Triangle.

Police said it appeared the attacks in the Vaal were criminal in nature. They undertook to leave no stone unturned until the assailants have been brought to justice.

● Anyone who can help solve these crimes should call the SAP's toll-free Crime Stop number, 0800-11-12-13.

Radical youths blamed for many police deaths

BDay 13/1/93

ADRIAN HADLAND

PRETORIA — Radical youths and criminals had been mainly responsible for the increasing number of police fatalities, Brig Stefanus Abrie told the Goldstone commission yesterday.

The commission, which began hearing evidence yesterday on attacks on police officers, heard that during 1992, 269 policemen had been killed and more than 60 police stations and 95 private residences had been attacked.

In spite of efforts by the police to make themselves more acceptable to all parties, attacks on security forces — more than 2 000 last year — had increased steadily, Abrie said.

The fatality rate among the SAP had increased from about one a month in the '70s to two a month in the '80s. By 1991 the figure had risen to 13,4 police deaths a month, while last year the figure was 19,1.

"It is clear there exists a deep-rooted distrust towards the SAP, especially among young people."

He added that criticism of the SAP by political leaders was interpreted by radical youths as encouragement to continue the armed struggle.

Sapa reports that he also told the commission about 3 000 Umkhonto we Sizwe members had decided, before returning from Tanzania, to continue the armed struggle. This was contrary to ANC policy.

"The solution to the problem lies in a co-ordinated effort in which all political groupings co-operate in the spirit of existing multilateral and bilateral agreements towards effective policing," he said.

Attorney Brendan Barry, on behalf of the ANC and Umkhonto we Sizwe, said he had been given insufficient time to study Abrie's statement, and deferred cross-examination.

The PAC indicated it would not attend the hearings.

Det-Sgt Johannes du Plessis later told the commission that Apla and Umkhonto we Sizwe planned and committed attacks against police in East Rand townships.

Du Plessis said that between July 17 1991 and November last year there had been 60 attacks on policemen at Thokoza, Vosloorus and Katlehong.

Six attacks by Apla and six by Umkhonto we Sizwe were politically motivated.

Investigations were hampered by a lack of co-operation from the community. "They (witnesses) know they will be killed if they co-operate with police," Du Plessis said.

The Goldstone commission also recommenced its investigation yesterday into allegations made last year by Mozambican immigrant Joao Cuna concerning "third force" activities by the security forces.

ANC NEC member Mac Maharaj, who was named by Cuna as the mastermind behind a campaign to discredit the security forces, denied any knowledge of the campaign. He had never met or seen Cuna, he said.

During yesterday's tea break, Cuna identified Maharaj as the "tall man, with a beard and whitish hair" he had met "many times" and who suggested Cuna tell the story which appeared in Vrye Weekblad.

This was placed on the committee's record.

Both hearings will continue for the next two weeks.

□ A Goldstone commission sub-committee investigating causes of political violence in Natal, other than ANC-IFP rivalry, will sit in Empangeni today to hear preliminary submissions from people on the north coast. The committee, chaired by Malcolm Wallis, sat in Port Shepstone on Monday.

Joint bid to protect health staff

STEPHEN COPLAN

THE Medical Association of SA (Masa) and the SAP said yesterday that they had formed a combined working committee to counter the rise in attacks on health workers in the Vaal Triangle.

Masa had approached the SAP Commissioner after concerns that medical care would collapse in the area, a joint statement said.

BDAY 13/1/93

SAP spokesman Col Mark Alton said police were unable to say why health workers, and in particular doctors, were being attacked but it appeared robbery was the motive as criminals assumed the victims were wealthy.

The statement said police would be deployed at clinics, surgeries and other health institutions in the area to ensure doctors' and nurses' safety. An emergency phone number had also been made available for their use.

Masa federal council chairman Dr Bernard Mandell said in a separate statement yesterday that the problem could only be solved in the context of a national reversal of the culture of violence and crime.

Health care centres should be protected and safe places for patients and medical personnel provided, Mandell said.

He said doctors sometimes worked irregular hours in close contact with people, making them soft targets and hindering security precautions. Doctors were also perceived by would-be criminals as being wealthy..

Recruiting doctors and nurses to work in the Vaal Triangle had become difficult, Masa profession development director Dr David Green said.

Police and Masa have appealed to Vaal Triangle communities to assist them in preventing attacks on health workers and ensuring the continuation of health services.

Police reported a Dr Mokabudi and another person were found dead in an open field in Sebokeng in May last year, while in September Dr J J Bornman was murdered near his surgery in Vereeniging. In December Dr H L Kuhn was murdered at her surgery in Evaton.

Attack on wilderness slammed

BDay 13/1/93

Own Correspondent

DURBAN — Conservationist Ian Player said yesterday Richards Bay Minerals was insulting several religions by attacking the wilderness concept.

Player, founder of the Wilderness Leadership School, was commenting on a 15-page sponsored survey on RBM in Leadership magazine.

In the survey, RBM's public relations head Barry Clements was quoted as saying: "This talk of saving St Lucia by preventing mining is one of the biggest hoaxes in the annals of SA conservation.

"The anti-(mining) lobby would sacrifice massive

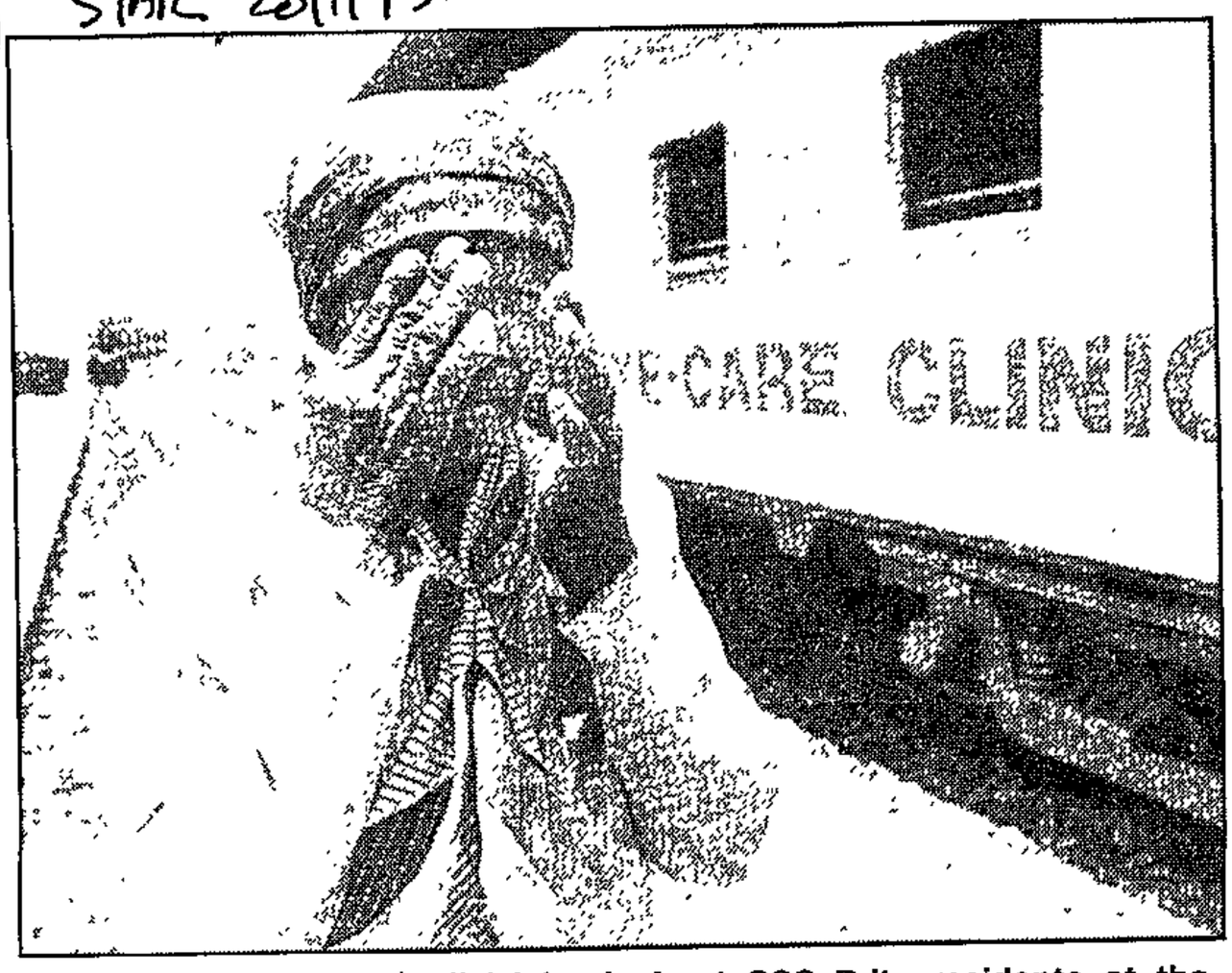
Train clinic brings eye-care to bundu

STAR 20/11/93.

By Paula Fray
Medical Reporter

More than 1 000 rural dwellers have been given a new view of life since modern technology took to the train tracks last week to bring primary eye-care within the reach of all people.

Volunteer optometrists and 12 final-year students have seen about 200 people a day since the innovative eye clinic train first pulled into Thabazimbi last week, according to Rand Afrikaans University Department of Optometry head Professor Jannie Ferreira.



Waiting . . . Helena Radisi joined about 200 Brits residents at the mobile eye clinic at Brits Station this week. Picture: Joao Silva

Carried

Among the first 200 patients was a woman who had given birth barely hours earlier: "Her relatives, who carried her to the station, said this was the only chance she would get to have her eyes tested."

The overwhelming response has been encouraging for a project which has been in the pipeline for barely six months.

"There is a need for primary health care facilities for those who cannot afford to go into private clinics. We looked at putting up clinics but these were static and we need to expand our services."

At first they considered renovating a truck but there was still the problem of inaccessible roads in the rural areas.

A staffer mentioned a similar train project in India and the rest, as they say, is history.

That set the whole thing in motion. Here we are six months later.

Token

"This is no token gesture. We decided that if we did do it, we would have to do it properly," says Ferreira, taking a break in the kitchen area of the "living quarters" coach where four first class compartments house the 14 students who will work with the train for a three-week stretch.

During the next six months, the train will travel to 43 towns.

On Monday it chugged into Brits as the temperature soared into the high '30s. Down at the station queues of people began forming as early as 8 am.

For 78-year-old Helena Radisi it was a matter of the mountain coming to Mohammed.

Three years ago her eyesight began to dim. It's been two full years now that cataracts have taken away the eyesight in her left eye ... and there is a start of a cataract formation in her right eye.

The project is unique in South Africa as it takes eye-care to the doorstep of those who need it but who do not have the necessary financial means.

During the second phase, the service will be extended to include other services to provide comprehensive primary health care. Then, the final vision is to take the project north to provide a service outside South Africa's borders.

At present, final-year optometry students provide the backbone of the project.

"We start now and don't stop until this evening when everyone is completed. There is no lunch hour," explains Ferreira.

The students work hard: "During third year we did treatments at the RAU clinics and went to Alexandra township and Coronation. But I haven't seen patients at the pace we've seen here," says final-year student Aadil Sujee.

At the end of the day, when the equipment is packed away and the train moves off to the next station, hundreds of more hopeful patients will prepare for their treatment.

"The patients are there, the need is there," says Ferreira.

Cataracts

After thorough eye tests, a pair of black-rimmed "John Lennon-type" glasses later and Radisi will probably still be referred to an opthamologist in town to have her cataracts removed. In the meantime, a pair of glasses will greatly increase her vision.

"I was at the clinic when they told me the eye doctor was here. I've been waiting since early morning ... it's been a bit long," she said.

At No 107, she had numerous other people ahead and behind her.

It is estimated that eye-care services are inaccessible to about 80 percent of South Africa's estimated 37 million population.

Recent statistics show that there are at least 218 000 blind people in rural communities — most of whose blindness could have been prevented if diagnosed at an early stage.

The three coaches were refurbished by Transnet; Lion's International assists in streamlining the waiting procedure and appointment schedule, while the South African Optometric Association members are giving of their time and money.

Masa warns Govt on pay offer

STAR 22/11/93.

Own Correspondent

DURBAN — The Medical Association of South Africa (Masa) has warned the Government that it would not tolerate actions that would harm patients — which would happen if State workers received only a 5 percent salary increase this year.

Professor Ralph Kirsch, chairman of the Fulltime Practice Committee of Masa, said medical care would be severely jeopardised by this offer, and the association was not prepared to indulge in any action which would see patient care compromised.

All levels of the health care team would be affected by the increase, from doctors to support staff such as cleaners, who previously expressed concern about low salaries by striking.

A 5 percent salary increase was very little, especially when faced with increased taxation, including VAT, which would hit the lower earners in particular.

If the increase was applied across the board for all public servants, categories such as doctors would receive effectively between 3,7 percent and 4,2 percent because their salaries included a non-pensionable allowance which would not be subject to the increase, Masa said.

Young doctors, often with debts totalling R30 000 to R40 000 by the time they graduated, would find it extremely difficult to pay them off if working in State services where earnings were not high enough. They would be reluctant to work in the public service.

This could result in a brain drain, where doctors would rather work overseas and earn more or enter the more lucrative private sector.

Many doctors and nursing staff would reconsider their positions in State facilities. The result would be an exodus of health workers from the public sector which would create a higher ratio of patients to doctors.

He said patient care would be affected and health professionals would be forced to compromise their standards.

State health services, which were not of an excellent quality anyway, catered for about 80 percent of the population. Health care would become even more inaccessible to patients if professional posts were made unattractive, he said.

Nurses would also consider leaving State services because the private sector offered them higher salaries and better working conditions.

Conditions would worsen until the services collapsed totally, Kirsch predicted.

"We believe there are solutions to the problem. One is the fact that more money can be generated.

"One of our previous Ministers of Finance indicated that raising taxes on products which cause serious illnesses, such as tobacco and alcohol, would generate an enormous amount of money," he said.

An increase of 1 c on each purchase of cigarettes or alcohol would generate R80 million. An increase of 10 c would generate R800 million, and tobacco and alcohol would still be cheaper than in many other countries.

Taxes on these products in other countries were channelled into health and eduction, and if this money could be raised in South Africa and dedicated to the same fields, much could be done to solve the problems.

Court curbs spectacles discount boss

ST Times [Cape Metro] 7/2/93.

Sunday Times Reporter

AN American-inspired campaign by a Cape Town optometrist to advertise spectacles at discounts of up to 50% has been stopped in a Supreme Court action by a threatened rival.

In terms of the temporary order against Spectacle Warehouse and its director, Mr Christian Faul, advertisements that were to have been carried by the Sunday Times Metro and SABC were cancelled on Friday night.

Mr Justice Thring said he had granted the application by Mr Rodney Murray Buchanan, an optometrist, because of the urgency of the matter, but would give his reasons later.

Mr Buchanan's business is metres away from Spectacle Warehouse in Access Park, near the Kenilworth Centre.

He told the court he had taken over a successful practice, which had built up "substantial" goodwill, and employed three people.

He claimed Mr Faul and Spectacle Warehouse were in breach of the rules governing optometrists and the by-laws of the South African Optometrical Association.

Mr Faul had told him last month that he intended to open a "discount optical superstore", a concept shaped by his experience in America.

Unlawful

The first advertisements appeared in newspapers late last month and these were "a direct threat" to his practice and goodwill, Mr Buchanan said.

His lawyer had written to Mr Faul asking him to stop advertising and complaints had been laid with the SA Optometrical Association and the SA Medical and Dental Council.

The SAMDC had told him a disciplinary hearing might take four months to arrange, Mr Buchanan said.

He was prohibited from placing similar advertisements and could not compete on equal terms with Spectacle Warehouse, which was trading unlawfully.

A comment in a recent newspaper report, that optometrists "inflated" prices, had been "defamatory, untruthful and misleading", Mr Buchanan said.

Spectacles Warehouse and Mr Faul's claims of offering discounted prices were related principally to their products being inferior and cheaper, he claimed.

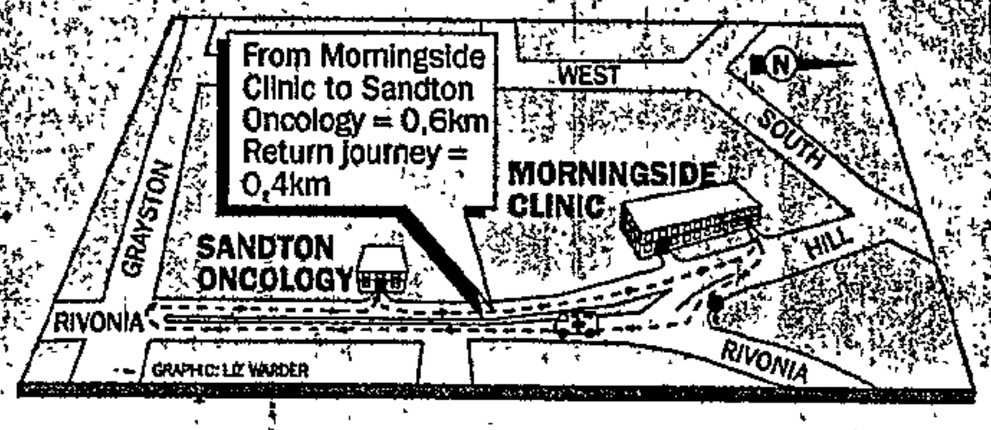
Spectacle Warehouse and Mr Faul have until February 25 to reply.

2 metro

Star 17/2/93 (9)

Row over ambulance trip bill

By Paula Fray
Medical Reporter



The journey from the entrance of Morningside Clinic to that of the Sandton Oncology Centre and back lasts a few minutes and is just more than 1 km ... yet a Sandton man was charged almost R700 for the trip.

But private ambulances deny patients are being "taken for a ride". Their tariffs — set within guidelines by the Private Ambulance Association (PAA) — are justified if they are to survive, they claim.

In fact, the ambulance should not be seen as a transport service — a local taxi could provide that — but a "mobile medical care facility", they maintain.

The Sandton man and his wife, who do not wish to be named, would beg to differ.

The man, who fell ill with pleurisy in October, was taken to Morningside Clinic by the Sandton Emergency Services. During this 7 km ambulance journey he was given oxygen and his blood pressure was monitored. The account was R110.

On October 20 the private De Vries Ambulance was called to take him, on a stretcher, from the clinic to the oncology centre around the corner.

His wife said the journey was over "in minutes". The ambulance waited until the return trip about 1½ hours later.

Within days, they received an invoice for R345,47 which, if paid within 30 days, would be reduced to R276,38. They sent a cheque by post. However, statements for an outstanding R345,47 kept coming.

"Then we realised that what they were billing us for was the return trip. This second bill only came weeks later," said the wife. The second bill was subsequently lowered to R259, reduced to R207,28 if paid within 30 days.

If the entire bill were not reduced — and administrative costs not added on — they would have paid R690,92 for the journey. The couple eventually paid R483,66.

De Vries Ambulance business development and special projects manager Henk Aartsma said the couple were charged for advanced life support for a minimum charge of 45 minutes for the first journey and for basic life support for the return. He pointed out that the patient would have to be loaded up, stabilised, transported and then offloaded.

Aartsma said there were four tariff structures — ranging from a "taxi" service for walking patients at R65 a half hour to intensive care at R483,66 an hour. De Vries's tariffs, he added, were 10 percent below those of the PAA.

If these rates were compared with the Transvaal Provincial Administration's tariffs — "which are subsidised with the balance paid by the taxpayer" — they would appear expensive. But they were justified.

"Private ambulances need to charge this to exist and keep their heads above water," said Aartsma. "If they don't, there will be no private ambulance service at all."

According to Johannesburg's municipal ambulance chief, Danie Joubert, there is no difference between private services and those provided by the Johannesburg and Sandton ambulance services which act as agencies for the TPA.

He acknowledged the R110 per 50 km was "inexpensive" and subsidised by the province. As such, it could not be compared with a tariff charged by a business which had costs and overheads.

A spokesman for Sandton Emergency Services said the organisation also charged rates as stipulated by the TPA, and that it provided emergency service only.

Recognition for acupuncturists

Political Staff

PEOPLE practising acupuncture, reflexology and aromatherapy are to be given statutory recognition. UT 8/12/93

Provision for their official recognition has been made in the Associated Health Service Professions Amendment Bill, which has been tabled in parliament.

Tvl ambulances to be cut back

STAR 26/2/93.

By Paula Fray
Medical Reporter (97)

Ambulance services in the Transvaal will be scaled down to emergency services only in order to provide much-needed services to rural areas, the Transvaal Provincial Administration has announced.

The rationalisation could cut service trips by up to 60 percent and save the province about R10 million, TPA acting MEC Dr Willie Hoods said in Pretoria yesterday. This could, in turn, be used to buy about 20 ambulances for areas where no such services existed.

"The rationalistion of the ambulance services will ensure that ambulances are used only for emergency transport and treatment of patients who really need it and not for other purposes for which cheaper existing transport would suffice," said Hoods.

About 60 percent of the 30 000 people who used the ambulance service last year were "priority three" patients who did not need urgent care, according to chief director of community health Dr E Veldsman.

Hoods said the moves were essential as there was "no money in the treasury".

"Since there are no further additional funds available for financing the extension of ambulance services, the scaling down of the convenience services is inevitable.

"Through these actions the TPA intends to establish at least a basic ambulance service in those communities where no ambulance coverage is available."

According to TPA emergency medical services director Dr J M Kotze, these services would first be targeted at the eastern and northern Transvaal and then at the PWV area.

The services of private contractors providing transport for indigent patients would be suspended from the end of March but the contractors would be encouraged to continue operating, he said. However, patients would be responsible for the payment of private operators, not the TPA.

"Consequently, the patient will in future have to accept more responsibility for his own health," added Hoods. He appealed to the public to regard the emergency services as community assets and not to abuse them.

Although the TPA did not have any power over private ambulance services and did not dictate the service charges, it would keep a close watch on private operators to ensure they did not charge too much.

Persons who qualify for emergency treatment include all persons:

- Whose condition is assumed to be critical.
- Diagnosed as patients at the scene of an emergency.
- Who could endanger public safety.
- With a physical disability or handicap, as well as psychiatric pathology cases requiring ambulance transport for treatment or security.
- Contagious patients.
- Anyone with written authorisation from a doctor.

Row erupts over cheaper spectacles

A ROW has broken out between Frames Unlimited, which is selling spectacle lenses at a 25% discount against the lowest medical aid tariffs, and registered optometrists.

Frames Unlimited faces criminal charges on April 15 in the Cape Town regional court for selling lenses directly to the public. The charges were laid by the SA Optometric Association (SAOA) which said only a person registered with SA Medical and Dental Council could sell lenses to the public.

Frames Unlimited has 30 branches which sell spectacles and lenses, but do not test eyes. It started selling lenses a year ago, charging no dispensing fees. About 25% of Frames Unlimited's income was derived from lenses. Orders were made up from prescriptions or old lenses.

Frames Unlimited MD Irwin Schaffer said his organisation and optometrists used the same laboratories to produce their lenses.

KELVIN BROWN

In a similar but unrelated dispute, the Cape Town Supreme Court granted a temporary interdict on February 5, preventing Spectacle Warehouse from advertising its prices.

The outlet is run by five registered optometrists in Cape Town. The action was brought by optometrists saying advertising was in breach of professional rules and by-laws.

Spectacle Warehouse director Chris Faul said it was proved possible to provide cheaper care without "compromising on standards".

Last year the Professional Board of Optometrists asked the SAOA to lift the ban, but it had not changed the rules. "The SAOA is supposed to be the public watchdog and is not there to protect the profession," Faul said.

SAOA president Loock van Zyl refused to comment, saying the matter was sub judice.

Ambulance services cut

ADRIAN HADLAND (97)

PRETORIA — A drastic cut in the provision of ambulance services for non-emergency patients was announced by the TPA yesterday. BIDM

Acting MEC for health services Willie Hoods told a media conference the rationalisation of the service had become necessary because of rising incidents of abuse by patients and contractors as well as a shortage of funds.

Woods said ambulances transported 30 000 patients in the Transvaal annually. Up to 60% of these were non-essential "priority three" patients. 26/2/93.

The estimated R10m the TPA would save by implementing the changes would be used to provide improved emergency services in rural areas such as the southeastern and western Transvaal, Woods said.

From April 1, patients using private ambulance contractors would have to pay the bill, not the TPA.

If complaints were received from the public that private contractors were overcharging, the matter would be looked into by the TPA's executive committee.

Only patients with a "life-endangering condition" would be transported in a TPA ambulance. Exceptions included patients at the scene of a medical emergency, all patients with a contagious disease, the physically and mentally disabled, psychiatric pathology cases or patients who might endanger public security.

effort to reconvene the PA ...

Hani shots because of high spirits

Sowetan 26/2/93

■ Varsity staff confirm view of the SACP:

SHOTS fired at Fort Hare University during a visit by Mr Chris Hani were an expression of excitement among students and not an attempt on the life of the South African Communist Party general secretary.

This was said yesterday by SACP deputy general secretary Mr Charles Nqakula, who added that "someone, in a moment of excitement among the students on campus, fired shots into the air".

University staff said the shot had apparently been fired into the air. —*Sapa.*



News in brief

Sowetan 26/2/93 (97)

Crawford returns

AMERICAN singer Randy Crawford is due in South Africa for a two-week tour at the end of March with concerts in Johannesburg, Port Elizabeth, Durban and Cape Town.

Crawford was in South Africa in May last year to promote her album *Through The Eyes Of Love*. During her last visit Crawford (40) said she was surprised at the friendliness of the people she met after reading about so much violence in the country.

New regulations

IN an effort to save R10 million needed for ambulances in rural areas, the Transvaal Provincial Administration (TPA) intends using ambulances only for the emergency transport and treatment of patients.

Acting MEC for health services Dr Willie Hoods said in Pretoria yesterday that in future those needing ambulances for less serious cases would have to use expensive private ambulance services. From April 1 the TPA would not pay the costs of transport by private contractor but independent companies would be investigated if they charged too much.

Sowetan 26/2/93

Residence opens

GROOTE Schuur, the official residence of South African heads of state and prime ministers since 1910, will be opened to the public for the first time on March 13.

Sowetan 26/2/93.

This has been organised to raise funds for the Victoria and Red Cross Hospitals in Cape Town as well as the Eben Donges and Frere hospitals. It is hoped to increase the awareness of the need for community involvement in primary health care.

PAC talks on hold

THE talks between the Government and the Pan Africanist Congress, scheduled for Namibia on Monday morning, have been cancelled "for technical reasons", the Ministry of Law and Order said last night.

Sowetan

Captain Craig Kotze yesterday confirmed that the Government and the PAC were seeking an alternative venue and stressed that they were still committed to meeting each other.

26/2/93.

(97)

W/mail 26/2 - 4/3/93

Sangoma joins the Aids battle

By FAROUK CHOTHIA

PATIENCE Kholoko is an unusual woman — she uses her influence as a traditional healer to spread the gospel of safe sex.

Based in Hammarsdale near Pietermaritzburg, Kholoko is one of the few traditional healers who is prepared to break the taboos in the African community around condom-use — and the need to see Aids as a killer disease.

"We must spread the gospel — take the message to those who don't know anything about Aids," Kholoko said. She believes traditional healers are ideally placed to perform this task. "They are powerful in communities. People come to them first and then go to hospitals and clinics."

"The community doesn't like people with Aids. They don't want contact with them. I am saying this is not correct. They need to be reassured — to be loved," Kholoko said.

"Medical doctors and traditional healers need to work hand in hand. Together we can do wonders." The result, she said, "would be hope — love for all our people".

HOUSE OF REPRESENTATIVES

INTERPELLATION

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs.

Rationalization: temporary employees

*1. Mr C I NASSON asked the Minister of National Health:

(1) How many temporary employees in the service of her Department lost their jobs as a result of rationalization during the latest specified period of 12 months for which figures are available;

(2) whether she intends introducing any further rationalization measures; if not, why not; if so, how many temporary workers is it estimated will lose their jobs as a result thereof during the next 12 months? (97)

C19E.INT

*The MINISTER OF NATIONAL HEALTH: Mr Speaker, in pursuance of the Cabinet's decision to effect a saving on the salary account, 34 temporary employees were retrenched. Unless the Cabinet decides otherwise, I do not intend to implement any further personnel rationalisation measures.

*Mr C I NASSON: Mr Speaker, last year the hon the State President announced that all Government departments should rationalise and reduce their personnel by 5 %. It is estimated that approximately 46 000 Public Service workers are going to lose their jobs.

The hospitals will also have to rationalise their personnel. Most of the employees or officials are going to receive an attractive retirement package to which up to five years of service will be added. However, there is another category of employees, namely the assistants, the labourers and the general employees, who are still in the temporary service of the hospitals. The programme of rationalisation will be a serious blow to them, as they are not contributors to the Government Service Pension Fund. They will consequently receive a retirement package which will certainly not be worth their while. [Interjections.] As a matter of fact, these employees, who have already been prejudiced because they are still temporary, are going to be seriously prejudiced by any rationalisation programme. To crown it all, they will have no other choice but to accept this rationalisation package.

There are thousands of temporary employees at hospitals who, after 25 years of service at a hospital, are still employed on a temporary basis. Many of these employees have also reached retirement age and they are also being prejudiced, even if they retire on pension at the normal retirement age. In 1991 there were protest actions by hospital personnel at all the hospitals in this country. One of the grievances which was raised countrywide, was that the conditions of service of these assistants, labourers and general workers were still very unfavourable and unacceptable, especially the fact that these workers were still employed on a temporary basis. These temporary employees have very little if any protection against malpractices in their work situation. As a result the matrons at the hospitals can do as they like with these workers They can even mistreat those people. These workers are afraid of the matrons of hospitals. [Time expired.]

*Mr H B CUPIDO: Mr Speaker, rationalisation, whether in the Public Service or in the private sector, is unavoidable. As a result of the economic situation in which the country and the world finds itself, the State is being forced to economise. This leads to the department requesting personnel whose functions are not essential for the functioning of such a department, to participate in the rationalisation programme. When one talks of rationalisation it is not a question of members "losing" their jobs or being "dismissed". It is the responsibility of every department implementing the rationalisation programme to investigate the extent of hardship which may follow as a result of rationalisation. I am overjoyed that the Department of National Health, through the hon the Minister

of National Health, responded that thorough investigations take place after planning, and planning with accompanying consensus with the staff members involved. It is also gratifying to hear that the Department of National Health does not plan any further rationalisation of personnel. (97)

*Mr C I NASSON: Mr Speaker, the hon member for Kasselsvlei is completely out of touch with reality. He need only enquire at hospitals. Then he will realise that what I stated, is the true situation. If that hon member's party is insensitive to the aspirations of these workers then the NP is going to lose a great many votes. [Interjections.]

It is a great pity that the hon the Minister announced this afternoon that she was not going to introduce any further measures. The temporary employees in our hospitals have very little if any protection against malpractices in their work situation. As a result, a matron at a hospital can do as she likes with these workers. Consequently these employees are scared to death of the matrons of hospitals because they can be threatened with dismissal as a result of the most trivial offence. In the case of many of these dismissals, matrons are often guilty of unfair labour practices.

The trade unions are continually negotiating with the various provincial administrations and the Commission for Administration with regard to the improvement of conditions of service of this category of worker. On 27 and 28 January this year trade unions and labour organisations held such negotiations, and it is a pity that no press statements were issued after the negotiations in order to inform the public. I should like to ask the hon the Minister why these employees could not have been appointed on a permanent basis. What is she going to do to ensure that the pensions of these temporary employees will not be detrimentally affected when they retire due to rationalisation? If these employees were to be appointed permanently today, and they would therefore be allowed to contribute to the Government Service Pension Fund, what would happen to these previous years of service which such employees served in a temporary capacity? Some employees have been in the service of the State on a temporary basis for up to 25 years.

*The MINISTER OF NATIONAL HEALTH: Mr Speaker, the hon member is out of touch with what is happening here [Interjections.] I must point out to him that he formulated his interpellation incorrectly. He clearly asked how many temporary employees in the service of her department lost their jobs. My department does not manage hospitals. I think that the hon member should have done his homework more thoroughly. [Interjections.] He should have formulated the matter more clearly and indicated that he wanted to talk about the treatment of general assistants by provincial administrations. [Interjections.] As the interpellation reads, I must give him information with regard to what the Department of National Health and Population Development did, which is a completely different department. I would advise the hon member to go and do his homework. [Interjections.]

I am prepared to reply to the hon member in general, and to say that the guideline of the provincial administrations was that all employees should be treated fairly in this process of staff reduction, and that it was clearly to be taken into consideration that services were not allowed to be compromised and that the rendering of service to the public had to be given the highest priority.

I also want to point out to the hon member that temporary employees contribute 5 % of their salary to the pension fund, while permanent employees contribute 8 %. Therefore if they are changed to permanent employees immediately there is a financial implication which has to be taken into consideration. There are quite a few factors which are therefore being investigated at the moment. [Interjections.]

Debate concluded.

QUESTIONS

†Indicates translated version

For oral reply:

General Affairs:

State President:

Certain company in Lesotho: alleged confiscation of interests (167)

*1. Mr L T LANDERS asked the State President:

(1) Whether he has received a request from

(d) it is unmarked or is invalid because it is unclear;

(e) it votes for more candidates than there are members to be elected;

(f) it bears any writing or mark by which a voter may be identified;

(g) a voter lodges more than one ballot paper.

This ballot paper shall be folded face inwards and placed in the accompanying identification envelope, which shall be sealed and then placed in a covering envelope which shall be sealed, stamped and addressed to the returning officer at .....to reach him not later than.....on the ..... day of ..... 19....

The ballot paper may also be lodged by hand with the returning officer at.....

(1) The electoral regions are those referred to in sections 5 (l) (f) and 5 (7) of the Nursing Act, 1978.".

"BYLAE F

VERKIESING VAN LEDE/'N LID VAN DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

STEMBRIEF

Amptelike merk van kiesbeampte

Verkiesing van .....lid/lede

Name van kandidate in alfabetiese volgorde	Verkiesingstreek waarin kandidaat woonagtig is[1]	Kolom vir kieser se merk "X"

INSTRUKSIES AAN KIESERS

Elke kieser is geregtig om vir.....kandidaat/kandidate te stem, en nie meer nie, en stem deur 'n kruis "X" teenoor die naam/name van die kandidaat/kandidate vir wie hy/sy stem, te maak.

'n Stembrief word verwerp indien—

(a) dit nie die amptelike merk van die kiesbeampte dra nie;

(b) die verklaring op die identifikasiekoevert nie in orde is nie;

(c) dit nie in die identifikasiekoevert ingedien is nie;

(d) dit ongemerk is of weens onduidelikheid ongeldig is;

(e) dit stemme uitbring vir meer kandidate as wat daar lede is wat verkies moet word;

(f) dit enige skrif of enige merk daarop het waardeur die kieser geïdentifiseer kan word;

(g) 'n kieser meer as een stembrief indien.

Hierdie stembrief moet met die gesigkant na binne gevou word en moet geplaas word in bygaande identifikasiekoevert wat goed toegeplak en dan geplaas moet word in 'n ander koevert, wat toegeplak moet word, van 'n seël voorsien moet word en aan die kiesbeampte te ..... gerig moet word sodat dit hom nie later nie as om.....op die ..... dag van.....19... bereik.

Die stembrief kan ook per hand by die kiesbeampte te ..... ingedien word.

(1) Die verkiesingstreke is dié bedoel in artikels 5 (l) (f) en (5) (7) van die Wet op Verpleging, 1978.".

No. R. 449 19 March 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

REGULATIONS RELATING TO THE SCOPE OF THE PROFESSION OF HEARING AID ACOUSTICIAN

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

No. R. 449 19 Maart 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN GEHOORAPPARAATAKOESTIKUS OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op 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 uitdrukking "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. The following acts are hereby specified as acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of hearing aid acoustician:

(1) The selection, fitting, adjustment and repair of hearing aids.

(2) The taking of ear mold impressions and the manufacturing of ear molds for a patient who, according to the evaluation by a registered person who may carry out such an evaluation, needs a hearing aid.

(3) The conducting of pure tone air conduction and pure tone bone conduction hearing tests and speech hearing tests for the purpose of fitting a hearing aid.

(4) The evaluation of hearing aid fittings by means of measurements in the ear or similar related measurements.

(5) The instruction of a patient in the use and maintenance of a hearing aid.

2. Die volgende handelinge word hierby bepaal as handelinge wat vir die doeleindes van die toepassing van die Wet geag word handelinge te wees wat by die beroep van gehoorapparaatakoestikus tuishoort:

(1) Die seleksie, pas, verstelling en herstel van gehoorapparate.

(2) Die neem van oorvormafdrukke en die vervaardiging van oorvorms vir 'n pasiënt wat volgens die evaluasie van 'n geregistreerde persoon wat sodanige evaluasie mag uitvoer, 'n gehoorapparaat benodig.

(3) Die afneem van suiwertoon-luggeleidings- en suiwertoonbeengeleidingsgehoortoetse en spraakgehoortoetse vir die doeleindes van die pas van 'n gehoorapparaat.

(4) Die evaluering van gehoorapparaatpasstukke deur middel van metings in die oor of soortgelyke verwante metings.

(5) Onderrig aan 'n pasiënt in die gebruik en instandhouding van 'n gehoorapparaat.

No. R. 450 **19 March 1993**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

In terms of section 61 (4) read with section 15 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), I, Elizabeth Hendrina Venter, Minister of National Health, hereby amend the notice published by Government Notice No. 1918 of 9 October 1975 as amended by Government Notices Nos. R. 1361 of 4 July 1986 and R. 1409 of 21 June 1991, to the extent that the Professional Board for Speech-language Therapy and Audiology established thereunder may consist of persons whose names appear on the registers of hearing aid acousticians and speech therapy and audiology assistants.

E. H. VENTER,

Minister of National Health.

No. R. 450 **19 Maart 1993**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE

Kragtens artikel 61 (4) saamgelees met artikel 15 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), wysig ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, hierby die kennisgewing gepubliseer by Goewermentskennisgewing No. 1918 van 9 Oktober 1975, soos gewysig by Goewermentskennisgewings Nos. R. 1361 van 4 Julie 1986 en R. 1409 van 21 Junie 1991, dermate dat die Beroepsraad vir Spraak-taalterapie en Oudiologie wat daarby ingestel is, kan bestaan uit persone wie se name verskyn op die registers van gehoorapparaatakoestici en spraakterapie- en oudiologie-assistente.

E. H. VENTER,

Minister van Nasionale Gesondheid.

Use it.

Don't abuse it.

water is for everybody

Werk mooi daarmee.

Ons leef daarvan.

water is kosbaar

2. The following acts are hereby specified as acts which shall for the purposes of the application of the Act be deemed to be acts pertaining to the profession of hearing aid acoustician:

(1) The selection, fitting, adjustment and repair of hearing aids.

(2) The taking of ear mold impressions and the manufacturing of ear molds for a patient who, according to the evaluation by a registered person who may carry out such an evaluation, needs a hearing aid.

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(4) The evaluation of hearing aid fittings by means of measurements in the ear or similar related measurements.

(5) The instruction of a patient in the use and maintenance of a hearing aid.

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(4) Die evaluering van gehoorapparaatpasstukke deur middel van metings in die oor of soortgelyke verwante metings.

(5) Onderrig aan 'n pasiënt in die gebruik en instandhouding van 'n gehoorapparaat.

No. R. 450 **19 Maart 1993**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE

Kragtens artikel 61 (4) saamgelees met artikel 15 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), wysig ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, hierby die kennisgewing gepubliseer by Goewermentskennisgewing No. 1918 van 9 Oktober 1975, soos gewysig by Goewermentskennisgewings Nos. R. 1361 van 4 Julie 1986 en R. 1409 van 21 Junie 1991, dermate dat die Beroepsraad vir Spraak-taalterapie en Oudiologie wat daarby ingestel is, kan bestaan uit persone wie se name verskyn op die registers van gehoorapparaatakoestici en spraakterapie- en oudiologie-assistente.

E. H. VENTER,

Minister van Nasionale Gesondheid.

Use it.

Don't abuse it.

water is for everybody

Werk mooi daarmee.

Ons leef daarvan.

water is kosbaar

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Durban South police district: crime statistics

61. Mr R M BURROWS asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) robbery, (g) theft of vehicles and cycles, (h) damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Durban South police district of the Natal Region in 1992? B155E

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(gi)	(gii)	(h)	(i)	(j)
Amanzimtoti	80	28	70	182	20	179	429	70	133	526	000
Brighton Beach	32	19	79	348	31	150	214	28	182	539	005
Lemontville	26	6	73	151	31	67	15	2	70	60	001
Louis Botha Airport	0	0	0	6	0	0	14	0	10	0	000
Montclaire	92	19	97	207	30	311	180	7	106	339	001
Wentworth.....	17	4	206	625	26	94	74	11	266	263	048

National servicemen placed outside SADF

131. Lt-Gen R H D ROGERS asked the Minister of Defence:

(a) How many national servicemen in the (i) February 1992, (ii) August 1992 and (iii) February 1993 intakes were placed in organizations and institutions outside the South African Defence Force in terms of section 16 of the Defence Act, 1957 (Act No 44 of 1957), and (b) in which organizations and institutions were they placed? B301E

The MINISTER OF DEFENCE:

(a) (i) 29.

(ii) 28.

(iii) None (as on 3 March 1993).

(b)

Advanced Technologies Engineering	2
Armscor	3
Atomic Energy Corporation of South Africa	1
Constitutional Development Service	1
Council for Mineral Technology	2
Council for Scientific and Industrial Research	4
Department of Agriculture	10
Department of Agricultural Development (Administration: House of Assembly)	3
Department of Education and Culture (Administration: House of Assembly)	4
Department of Local Government Housing and Works (Administration: House of Assembly)	2
Department of Regional and Land Affairs	1
Department of Water Affairs and Forestry	3
ESD South	1
Laboratory for Advanced Engineering (University of Pretoria)	4
Office for Privatisation	1
Office of the Auditor General	5
Provincial Administration of Natal	2
Provincial Administration of the Cape of Good Hope	4
Provincial Administration of the Orange Free State	2
South African Communication Service	1
Umgeni Water Board	1
	57

Radiographers: vacancies/students qualifying

161. 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 1991 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1992? B375E

The MINISTER OF NATIONAL HEALTH:

(1) (a) 177, and

(b) 1 January 1993;

(2) (a) Transvaal—53,
Cape—59,
Natal—31,
Orange Free State—21; and

(b) Transvaal—48,
Cape—16,
Natal—17,
Orange Free State—14.

Troops in Black townships: complaints

171. Lt-Gen R H D ROGERS asked the Minister of Defence:

(1) Whether any official complaints were lodged with the South African Defence Force in 1992 regarding the actions of troops in any Black townships; if so, (a) how many, (b) on what dates and (c) what was the nature of the complaints in each case;

(2) whether these complaints have been investigated; if not, why not; if so, what were the findings in each case;

(3) whether any action has been taken as a result; if not, why not; if so, what action? B385E

The MINISTER OF DEFENCE:

(1) Yes.

(2) and (3) Yes.

(b)	(c)	*Finding/Action*
29 Jan 92	Kidnapping	Case referred to AG.
01 Feb 92.....	Assault	Members tried in civilian court. Admission of guilt of R300 paid.
01 Feb 92.....	Alleged assault	Claim instituted. Investigation continuing.
21 Feb 92.....	Rape	Case still under investigation.
24 Feb 92.....	Housebreaking and rape .	Member is still absent without leave.
02 Mrch 92	Pointing a weapon and alleged assault.....	Case investigated. Charge apparently unfounded.
07 Mrch 92	Theft and assault	Case still under investigation.
10 Mrch 92	Alleged assault	Case investigated. No grounds found for complaint.
13 Mrch 92	Assault	Member tried and found not guilty.
01 May 92	Shooting incident	Member awaiting trial.
01 May 92	Attempted murder	Member tried in civilian court. Case partly heard, postponed.
10 May 92	Attempted murder and assault.....	Charge withdrawn.

Cont'd

BOARD NOTICE 31 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION: ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Suplementary Health Service Profession Act, 1974 (Act No. 56 of 1974), that an election of one speech therapist and audiologist as a member of the Professional Board for Speech-Language Therapy and Audiology to serve during the period ending the 28th day of February 1996 is to be held.

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

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

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two speech therapists and audiologists. The nominee must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the nominee is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Each nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 27 April 1993.

A deposit of R33 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,

Returning Officer
P.O. Box 205
PRETORIA
0001

OR

SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0002

Pretoria, 22 March 1993.

(26 March 1993)

RAADSKENNISGEWING 31 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING: VERKIESING VAN EEN LID VAN DIE BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE

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 een spraakterapeut en oudioloog as lid van die Beroepsraad vir Spraak-Taalterapie en Oudiologie om te dien gedurende die tydperk wat op die 28ste dag van Februarie 1996 verstryk.

Nominasies van verkiesbare spraakterapeute en oudioloë, 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 spraakterapeute en oudioloë. 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 word. 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 27 April 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie 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

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0002

Pretoria, 22 Maart 1993.

(26 Maart 1993)

Star 11/4/93

No transport to hospital

Pensioners and residents of old age homes visiting outpatient departments can no longer use Johannesburg's emergency medical service ambulances, the Johannesburg City Council was told this week.

This was as a result of the Transvaal Provincial Administration's rationalisation of ambulance services and the increase in violence, said Koos Roets, Public Safety, Licensing and Tenders Committee chairman.

Emphasising that Johannesburg had to implement the TPA decision as an agent, he said that it cost up to R300 000 a year to acquire and maintain an ambulance, and the average cost a trip was R110.

"About 60 percent of our 120 000 trips a year are mostly for people like pensioners and residents of old age homes who request transport to outpatient departments or dispensaries," he said. — Staff Reporter.

Hospital staff burn letters

Sowetan 21/4/93 (97)

HUNDREDS of hospital workers burnt their retrenchment letters near the Johannesburg Hospital's garbage collecting point yesterday.

Mr Siphiwe Mabaso, branch secretary of the National Education, Health and Allied Workers Union, said about 500 union members who were asked to complete the retrenchment letters by yesterday decided to burn them in protest.

"The management actually tried to force

■ Management targetted

our members to sign voluntary retrenchment letters.

"We view the action as being irresponsible, as the union was never consulted by the hospital management about the matter," Mabaso said.

Johannesburg Hospital public relations officer Miss Sumarie van der Merwe said she was not aware of the protest action.

Cutback in TPA ambulance services

Star 12/4/93

97

Staff Reporter

Elderly outpatients will no longer be allowed to use ambulances as taxis to get to hospital because the vehicles are urgently needed for the disabled, chronic cases or people who need medical support, according to Johannesburg City Council management committee member Koos Roets.

Explaining the cutback, he said the move was due to the Transvaal Provincial Administration's rationalisation of ambulance services and the increase in violence.

About 60 percent of the annual 120 000 ambulance trips at R110 each were for the so-called "priority three" patients — mostly pensioners and residents of old age homes needing transport to medical service points. In future, ambulances would be used only for emergency cases, which included people in life-threatening medical emergencies, Roets said.

Patients whose presence in public may distress the public or would be a threat to public safety, and those with physical disabilities or psychiatric disorders, would still be transported by ambulance. Other categories also included are those with written requests from medical doctors or authorisation by the regional director of emergency medical services.

● All pensioners over the age of 70 and Government pensioners and war veterans over the age of 60 may use municipal buses free of charge during off-peak periods — roughly between 8.30 am and 4 pm.

The casualties of a battle

By Justin Pearce South 17/4-21/4/93.

ON WEDNESDAY afternoon a piece of buckshot entered a young man's flesh and mushroomed on impact.

The pellet which Dr Ivan Toms removed from a mourner was a gruesome part of the Chris Hani memorial rally.

Another youth (pictured on page one) died from a shot in the head before he could be treated.

At the mobile clinic in one corner of the parade, at least 150 people received treatment for injuries. Of these, about 20 were referred to hospital.

One man received more than 40 shot wounds, a member of the first aid team said.

The vast majority were treated for buckshot and birdshot wounds, after police opened fire on crowds. Video cameraman, Lenny Leon (see picture page one) was one of them. Other patients at the clinic were suffering from asthma after the police fired teargas at the crowd, and still others had been run over by cars.

An elderly man lay covered with blankets on the tarmac, as health workers from St John ambulance and the National Progressive Primary Health Care Network battled to keep up with the seemingly unending flow of injured people.

"The frustrating thing about this is that Metro promised yesterday to supply ambulances and personnel, but today they said it was too dangerous," said Toms.

ANC marshalls formed a human chain around the clinic, as running battles raged beyond the perimeter.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Hospitals: retirement package to employees of TPA

222. Mr J M BEYERS asked the Minister for National Health and Welfare:†

(1) Whether the Transvaal Provincial Administration (TPA) recently addressed a circular, with the reference S4/3/B, about a retirement package to employees of the Hospital Services Branch of the TPA; if so, (a) when and (b) what does this package comprise;

(2) whether any of these employees have applied for such package; if so, how many;

(3) whether any of these applications have been granted; if not, why not; if so, (a) how many, (b) what is the total amount involved and (c) in respect of what date is this information furnished;

(4) whether the employees who have so applied for these packages have been informed whether their applications have been successful; if not, what is the reason for the delay in this regard; if so, when;

(5) whether she will make a statement on the matter? B479E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes,

(a) 23 November 1992 and

(b) the package consists of benefits prescribed either by Law or otherwise by the Commission for Administration. This comes down mainly to officers/employees who are placed on early retirement as a result of retrenchment, being treated as if they had reached the retirement age. The following benefits are also applicable:

- A cash amount equal to six times the monthly house owner's allowance.
- Official quarters may be occupied for a maximum of three months after retrenchment.
- A cash amount equal to six times the State's monthly contribution to the medical aid fund to which the officer belongs.
- Exemption from all service obligations such as these arising from study and military service agreements.
- Pension gratuities in respect of officers/employees under 60 years of age who have less than 10 years' service are supplemented by one third of the gratuity amount.
- For the purposes of the calculation of either the pension annuity of an employee under the age of 60 years or the annuity and gratuity of an officer, additional years of service may be added to a maximum of five years on condition that they have completed ten years or more pensionable service;

(2) yes, 3 371;

(3) no, in terms of the Cabinet's directive, the aim for the Administration in its entirety, is a 5% reduction in personnel. All applications are to be centrally co-ordinated and the retention of personnel for the continuation of essential services such as Health Services, shall enjoy preference. In these circumstances, the retrenchment of personnel in other branches of the Administration will first receive attention, after which it will be determined whether retrenchment of Health Services personnel will be necessary;

(4) no, because applications are still under consideration;

(5) no.

Port Elizabeth Airport: passengers/freight

240. Mr E W TRENT asked the Minister of Transport:

In respect of the latest specified calendar year or 12-month period for which information is available, what was the (a) total number of passengers (i) arriving at and (ii) departing from Port Elizabeth Airport and (b) total weight of freight transported (i) to and (ii) from that airport? B546E

The MINISTER OF TRANSPORT:

The latest available statistics are from 1 November 1991 to 31 October 1992.

(a) (i) 332 122

(ii) 328 625

(b) (i) 2 600 195 kg (including mail and excess baggage)

(ii) 2 924 374 kg (including mail and excess baggage).

Port Elizabeth Provincial Hospital: number of beds

262. Mr E W TRENT asked the Minister for National Health and Welfare:

What, in respect of the Port Elizabeth Provincial Hospital, was the (a) total number of beds, and (b) number of beds not utilized, in 1992? B621E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(a) 722 and

(b) 135.

Elizabeth Donkin Provincial Hospital: expenditure/revenue

263. Mr E W TRENT asked the Minister for National Health and Welfare:

What, in respect of the Elizabeth Donkin Provincial Hospital, (a) was the amount budgeted for each category of expenditure, and (b) (i) was the revenue and (ii) were the sources thereof, as at 31 December 1992? B622E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(a) Personnel expenditure	R8 633 760	
Administrative expenditure	R	129 780
Stores and livestock	R	950 300
Equipment	R	30 480
Professional and special services	R	111 800
Miscellaneous expenditure	R	1 240
		R9 857 360 and
(b) (i)		R986 462 and
(ii) Hospital fees		R722 123
Board and lodging	R	6 260
Sundries		R258 079

Upington airport: closure/curtailment of use

267. Mr R V CARLISLE asked the Minister of Transport:

(1) Whether he or his Department intends (a) closing, or (b) curtailing the use of, the Upington airport; if not, why not; if so (i) for what reasons and (ii) when;

(2) whether he will make a statement on the matter? B606E

The MINISTER OF TRANSPORT:

(1) (a) and (b) No, the Department of Transport does not intend closing or curtailing the use of Upington Airport. The Airports Company Act which was recently approved by Parliament makes provision for a company to operate, maintain and develop the present nine state airports.

(i) Falls away.

(ii) Falls away.

(2) No.

discuss this tomorrow. We can consider the balance to which I have referred, viz a balance between two worlds which we have shared separately for such a long time. We have to ensure that there is also political and economic balance in this process, of course. The sooner we are able to achieve this balance, the sooner change and reform can take place.

Debate concluded.

Cost of optical dispensing/frames/lenses: steps

2. Mr R V CARLISLE asked the Minister for National Health and Welfare:

> Whether she or her Department has taken or intends taking any steps in regard to the alleged (a) exorbitant cost of optical dispensing, frames and lenses and (b) unacceptable practices in this field apparently condoned by professional bodies; if not, why not; if so, what steps?

B653E.INT

The MINISTER FOR NATIONAL HEALTH AND WELFARE: Mr Chairman, the hon member for Wynberg raised a very important topic today.

One of the major problems of present-day health care services is the fact that the man in the street can no longer afford them.

I would like to emphasise one point. Neither the Minister nor the department has any direct input into costs in professional practices. Fees are determined by medical schemes. Professional practices are controlled by the SA Medical and Dental Council. The council recently had an in-depth discussion on their ethical rules. The report by the Competition Board on the deregulation of the professions was an important stimulus for these discussions.

It was obvious that some of the ethical rules were there for the protection of the professions and not for the protection of the public. The council therefore amended the rules. The recommendations of the Competition Board can be summarised as follows: There should be no maximum or minimum price-fixing, a greater degree of advertising should be allowed, and professionals should be allowed to work with and be employed by non-members of the profession. The council accepted the first two of these recommendations.

As regards price-fixing, I am aware that the SA Optometric Association recommends a minimum fee for the professional service. This is a practice that is common among associations of health professionals. I feel this is against the spirit of the recommendation of the Competition Board, because a recommended fee often becomes the actual fee.

As regards advertising, the council has accepted that the price of frames may be advertised. Optometrists and optical dispensers may not advertise their professional fee. This is in accordance with the ruling of all professions registered with the council. Although I feel that the rules are too restrictive, they are at least an improvement on the rules of the past. In my discussions with the council I will certainly urge them to relax the rule on advertising even more in the future.

In the third place, as regards the employment of professionals by non-professionals, this recommendation was not accepted by the council. This is a major problem in the health care field. We have exactly the same problem with the ownership of pharmacies. I believe that professionals must have a choice. If they choose to work for nonprofessionals, it is their choice, and professional councils should not prohibit it. [Time expired.]

Mr M J ELLIS: Mr Chairman, I begin by offering the apologies of my colleague the hon member for Wynberg, in whose name this interpellation appears. This matter is one which is very close to his heart, and I speak on his behalf.

The hon the Minister has made some very important statements today, and I am encouraged by what she has had to say. However, she will be aware, of course, that the costs of private health care are escalating at an unprecedented rate in South Africa, and one of the causes for this is in fact that the entire health care service is heavily overregulated and protected by various Acts of Parliament. [Interjections.]

The deregulation of private health care services is generally regarded as an important step in cutting costs—a step recognised by the hon the Minister herself during the debate on the Medical Schemes Amendment Bill this year, when she referred to that Bill as being aimed at deregulating the medical schemes, and I quote from her Hansard (1993, col 855):

> . . . so that free-market principles can operate . . .

The CHAIRMAN OF THE HOUSE: Order! I can hardly hear the hon member for Durban North. Hon members must lower their voices. [Interjections.] Order! The hon member for Durban North may proceed.

Mr M J ELLIS: Mr Chairman, much of the noise is coming from the hon members wearing flowers to commemorate, I believe, their first year as members of the ANC in the House of Assembly. [Interjections.]

We in the DP are not wearing flowers, but perhaps we should be to commemorate the one year since they left us. [Interjections.]

Let me come back to what I was saying. The hon the Minister, in the debate on the Medical Schemes Amendment Bill, said that the whole aim of that particular Bill was to deregulate medical schemes, and I quote from her speech:

> . . . so that free-market principles can operate . . . to offer health care cover suited to the real needs and financial means of . . . members.

The DP fully accepts this principle.

However, what we are calling for today is the further deregulation of all private health services, including the fields of optometry and optical dispensing. By all accounts these fields have become completely monopolised with serious effects on the costs of the services offered by the professions involved, and ultimately on the cost of spectacles. Consequently, there are probably millions of people in this country who should be wearing spectacles, but who are not. In many cases this is simply because people cannot afford them.

In an article in *Fair Lady* dated February 1990 the SA Optometric Association themselves acknowledged the seriousness of the situation when they said, and I quote:

> Two million South Africans wear visual aids and up to six million more should be wearing them.

These two professions, registered by the SAMDC—as the hon the Minister quite rightly said—and controlled through their respective associations and presumably the professional board for optometry have, by all accounts, restricted entry to their profession and have effectively excluded competition in any real sense. [Time expired.]

*Dr F H PAUW: Mr Chairman, I should like to add a few words about the cost of spectacles. I, too, am sorry that the hon member for Wynberg is not present.

Because a person's ability to see and to read is so fundamental to the quality of his life, the services relating to this issue require special attention from the department and the hon the Minister. We cannot simply allow the ordinary market forces to operate and determine the prices of materials and services in this regard. In situations where exploitation is possible, it is not only right that the hon the Minister should intervene, it could also be regarded as her duty to take action in order to protect the public.

The situation regarding equipment and aids over the entire spectrum of the delivery of health services lends itself to abuses. Materials, especially imported materials, are becoming more expensive due to the continued weakening of the rand. The consumer is not always in a position to judge whether the article that he is paying for is being offered at a reasonable price.

As is the case with other health service professionals, the weakening economy is putting practitioners in this field under increasing financial pressure. As is the case with other health service professionals, the cost of running a practice—costs relating to staff, rooms and equipment—is escalating. This probably explains the attitude of the professional bodies.

A person such as the hon member for Wynberg, who is inclined to be impetuous and to make hasty judgements about issues that are not clear at first sight, must be very careful when accusing professional bodies of condoning unacceptable practices.

*The MINISTER FOR NATIONAL HEALTH AND WELFARE: Mr Chairman, I am on record as having said in various debates and on various occasions that market forces alone cannot be allowed to impact upon health services. I concede this to the hon member. The reason for this is that the doctor's decision determines 80 % of the supply and demand in health services. That is one of the problems we need to look into.

The fact that professional associations deter-

cont'd

mine the minimum price is the very issue that I wish to refer to here. The hon member said we should not interfere with the rules of the professional councils or associations he referred to. I think we should emphasise that the professional councils are there to supervise the standard of services and that the standard of services should at all times serve the public's interests. However, these councils should not get involved in the creation of measures for the protection of the professions that are prejudicial to the public.

It has been brought to my attention that the Optometric Association has approved an increase of between 50 % and 60 % in the price of contact lens material. We shall have to take a serious look at this kind of practice. I think it is important to accept the principle that the interests of the man in the street should come first, but that the supplier of the professional service should also be in a strong position so that he can receive proper compensation for his professional services.

What I object to is the fact that he makes money out of the material that he supplies, not the professional function that he performs. Here I also refer to certain dispensing doctors. The emphasis should always be on the professional function and not on the materials used to provide specific services.

Mr R M BURROWS: Mr Chairman, it is perhaps appropriate that you, and all the participants in this interpellation, have to use spectacles. It does raise the question, raised in the minds of the public outside: Is the cost all of us have incurred, in terms of having the medical scheme supply those spectacles, in accordance with a set minimum tariff? That is why I think we were pleased to hear the hon the Minister say that it is against the spirit of the Competition Board's report that a minimum is being set.

It is also appropriate to refer to last year's twelfth annual report of the Competition Board, in which reference is made to optometrical services and, in particular, the *Van der Westhuizen v Scholtz and others* case concerning pharmacies is cited as follows:

> Apart from restrictions on advertising and price competition, the extent of certain types of work reservation is allegedly not in accordance with modern circumstances and technology. Optometrical services are in various respects analogous with those of a pharmacist and the court decision . . . could perhaps also act as an impetus for more deregulation . . .

Essentially that is the point we want to make. This hon Minister, together with the appropriate Minister or with the Competition Board, has to look at the totality of health service supply professionals, whether they are pharmacists, or in health services occupations, optometry or medical schemes, to ensure that their policy meshes with the Competition Board policy, so that there are no monopolistic conditions, so that restrictive practices are abolished and so that deregulation is occurring. Then the people out there, we who require the services of opticians, will be getting the best services at the best price.

Mr M J ELLIS: Mr Chairman, the points made by my colleague the hon member for Pinetown with regard to the Competition Board are extremely important. The hon the Minister herself has referred to this board, but they apply to many areas within the health care services.

The retail pharmacists, as the hon the Minister herself has said, are having to address very similar matters to the ones that the optometrists are having to address with regard to advertising, the ownership of pharmacies, etc. They are under pressure to sell medicines at a cheaper price, in the same way that optometrists must now start to address the high cost of their services.

However, I want to emphasise what my colleague has said, namely that the hon the Minister has got to play her role in this particular area as well. She has got to play her role in bringing down the cost of health care and cannot put the blame squarely on the shoulders of the SAMDC or the South African Pharmacy Council alone. She has got to play her role as well.

I want to emphasise that the deregulation of the health care industry is essential if it is true that certain optometrists and opticians are blatantly ripping off the public. The deregulation of the health care industry is absolutely essential in order to stop that practice. [Time expired.]

The MINISTER FOR NATIONAL HEALTH AND WELFARE: Mr Chairman, I am tempted to tell hon members to look at my track record. [Interjections.] I support the approach, and it is clear that we are busy deregulating the whole health delivery system. We are in the process of looking at all the professions and negotiating

with all the professional boards to see to it that we do not resort to protective measures in order to protect the various professions.

*It is important that we compel the professional councils to deliver services of a certain standard and that we heed the recommendations of the Competition Board. We are doing that. Therefore, what the hon DP members had so say was not news to us. It was not new either We have been engaged in this process for the past year. In each discussion that I have had with the various councils, we looked into this matter in order to ensure that any restrictive or protective measures are eliminated as far as possible.

Hon members can rest assured that the Government accepts its responsibility in this regard. One of the principles that we announced two years ago was to make services affordable for the public.

This includes all these extensive steps, for example the deregulation of various laws and quite a number of functions that are being carried out by the professional councils at present.

I am absolutely convinced that, in the first place, we have the interests of the man in the street at heart.

*Mr J H HOON: What about the woman in the street?

*The MINISTER: The woman in the street is included in "the man in the street"!

I think we should bear in mind that the persons we are referring to are people who underwent advanced technical training. Therefore, we should maintain the necessary balance when looking at these matters. The professional fees that they are entitled to should also be worthy of their profession. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

State President:

Question standing over from Wednesday, 31 March 1993, when it was put to the then Minister of the National Intelligence Service as Question No 2 (Ministers):

Goniwe: reports of State Security Council

*1. Mr E W TRENT asked the State President:†

> Whether, in view of the disclosure of certain secret minutes during the judicial inquiry into the alleged murders of Messrs Matthew Goniwe, Fort Calata and others, he will disclose information in respect of the deceased as contained in (a) all internal reports and inputs of certain persons and organizations, particulars of which have been furnished to the Office of the State President for the purpose of his reply, to all sections of the Secretariat of the State Security Council and (b) reports and inputs of that Secretariat to the former National Joint Management System (NJMS) and the State Security Council; if not, why not; if so, what are the relevant details?

B512E

The MINISTER OF JUSTICE (for the State President):

(a) and (b) The Government is prepared in principle to co-operate with the Acting Attorney-General of the Eastern Cape, who is investigating the matter, and to furnish him with any relevant documents in its possession. In this connection, the Government has already made minutes of the State Security Council available to him.

Mr E W TRENT: Mr Chairman, arising out of the hon the Minister's reply, may I ask him whether the letter written by Col Van der Westhuizen to the then head of the Defence Force regarding a certain Operation Katzen was received by the former head of Defence Force, and if so, whether he replied to it. If he did, what was his reply? These are documents which were made available by Gen Holomisa and which appear to be genuine.

The MINISTER: Mr Chairman, let me make it clear that we cannot have an inquest or inquiry alongside the inquest which is being conducted by Judge President Zietsman at the moment and which has been postponed until 17 May. We cannot have a parallel inquest or inquiry, or for that matter cross-examination as we are now having.

cont

DP slams optometry 'fat cats'

T.22/4/93
97

THE optometry and optical dispensing professions have become "a monopolistic cartel bent on ripping off consumers," the Democratic Party charged yesterday.

The industry had become such a "close shop" that mark-ups on spectacles now ranged from 307% for medical aid patients to 600% for patients not on medical aid, DP consumer affairs spokesman, Mr Robin Carlisle, said.

Simple deregulation of the industry would "almost immediately" reduce costs between 25% (medical aid) and 60% (non-medical aid), he said.

Mr Carlisle said monopolistic practices adopted by the SA Optometric Association (SAOA) and the SA Registered Optical Dispensers' Association (SARODA) "restrict access and exclude competition".

"The impact of this monopoly has been to place spectacles outside the reach of millions.

"We will not tolerate a situation where sight-impaired people — particularly the poor and the old — are denied treatment simply to keep a small number of so-called professionals rich and idle," he said.

The DP had already consulted with parties like the ANC and planned a national campaign if the government did not take immediate steps to deregulate the R800m-a-year industry.

Later, the Minister of Health, Dr Rina Venter, told Parliament that the government believed in deregulating the health care delivery system.

She said that fixing of minimum fees for professional service by SARODA went against the spirit of the Competition Board's recommendations.

SAOA director Mr Peter Brauer said the DP's criticisms were "lacking in accuracy, truth and misleading".

He said membership of the association was not obligatory.

In the past three years 30 free service clinics had been established for "poor people", he said.

He dismissed DP claims of price fixing and said SAOA had recommended tariffs for reference points.

He also disputed Mr Carisle's mark-up claims, while a city optometrist offered Mr Mike Ellis, the DP's health spokesman, access to his balance sheets to disprove the DP's claim.

The optometrist, who declined to be named, said the DP's disservice to hard-working professionals was "expedient politics".

He said SAOA had approached the SA Medical and Dental Council a year ago for deregulation.

He supported Mr Brauer's claim the DP had been fed disinformation by two companies with vested interests in tarnishing the industry.

SARODA chairman Mr P K Govender said they would prepare a statement. — Political Correspondent, Staff Reporter

At the General Agreement on Tariffs and Trade (GATT), of which South Africa is a member, it has already been decided that a move should be made away from quantitative import control or control by means of import permits. According to GATT imports should not be limited, but that the harmful effect thereof on the importing country can be countered by means of import tariffs. Until such time as acceptable import tariffs (in terms of the Customs and Excise Act, 1964) are in place, total quantities to be imported are determined, which are then allocated on an agreed basis.

(23 April 1993)

BOARD NOTICES

BOARD NOTICE 38 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

It is hereby notified in terms of regulation 12 of Government Notice No. R. 2279 of 3 December 1976 that at an election of members of the Professional Board for Physiotherapy for the five year period ending 30 April 1998 held in accordance with the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the number of votes appearing below were recorded for the respective candidates:

BEATTIE, Margaret Ann	309
BEENHAKKER, Johlyne	441
BLAKE, Priscilla Frances	182
BOWERBANK, Patricia	377
BUTLER, Marion Joan Lamont	228
DE WET, Christiaan	430
EVANS, Hannah	160
GILDER, Johanna Alexandrina Couttis	229
GLAUBER, Frances Mathilda	266
GOUNDEN, Poobalam	172
HUYSAMEN, Hester Jacoba	203
MCKEON, Dorothea Ann	152
REYERS, Lynne	172
ROUX, Lo-An	486
SEAMAN, Yvonne Maria	271
SMITH, Elsa Dorothea	275
STOFBERG, Marthinus Theunis Steyn	260
UYS, Marietta Susanna	384

I declare the following to have been elected as members of the Professional Board for Physiotherapy for the period 1 May 1993 to 30 April 1998:

BEATTIE, Margaret Ann.
BEENHAKKER, Johlyne.
BOWERBANK, Patricia.
DE WET, Christiaan.
ROUX, Lo-An.
SEAMAN, Yvonne Maria.
SMITH, Elsa Dorothea.
UYS, Marietta Susanna.

N. M. PRINSLOO,
Registrar.

die Algemene Ooreenkoms oor Tariewe en Handel (AOTH), waarvan Suid-Afrika lid is, is daar reeds besluit dat wegbeweeg moet word van kwantitatiewe invoerbeheer of beheer d.m.v. invoerpermitte. Volgens die AOTH behoort invoere nie beperk te word nie maar kan die nadelige invloed daarvan op die invoerland, d.m.v. invoertariewe reggestel word. Totdat aanvaarbare invoertariewe (kragtens Doeane- en Aksynswet, 1964) in plek is, word die globale hoeveelhede wat ingevoer moet word bepaal en word dit by wyse van toekennings op 'n ooreengekome basis verdeel.

(23 April 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 38 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Kennis word hierby gegee ingevolge regulasie 12 van Goewermentskennisgewing No. R. 2279 van 3 Desember 1976 dat by 'n verkiesing gehou ingevolge die bepalings van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), van lede van die Beroepsraad vir Fisioterapie vir die vyfjaartydperk eindigende op 30 April 1998, die getal stemme deur die onderskeie kandidate aangeteken die volgende is:

BEATTIE, Margaret Ann	309
BEENHAKKER, Johlyne	441
BLAKE, Priscilla Frances	182
BOWERBANK, Patricia	377
BUTLER, Marion Joan Lamont	228
DE WET, Christiaan	430
EVANS, Hannah	160
GILDER, Johana Alexandrina Couttis	229
GLAUBER, Frances Mathilda	266
GOUNDEN, Poobalam	172
HUYSAMEN, Hester Jacoba	203
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REYERS, Lynne	172
ROUX, Lo-An	486
SEAMAN, Yvonne Maria	271
SMITH, Elsa Dorothea	275
STOFBERG, Marthinus Theunis Steyn	260
UYS, Marietta Susanna	384

Ek verklaar die volgende persone as verkies tot lede van die Beroepsraad vir Fisioterapie vir die tydperk 1 Mei 1993 to 30 April 1998:

BEATTIE, Margaret Ann.
BEENHAKKER, Johlyne.
BOWERBANK, Patricia.
DE WET, Christiaan.
ROUX, Lo-An.
SEAMAN, Yvonne Maria.
SMITH, Elsa Dorothea.
UYS, Marietta Susanna.

N. M. PRINSLOO,
Registrateur.

FM 23/4/93

EYEGLASS INDUSTRY

Creating a spectacle

A monopoly is keeping prices excessively high but mavericks are undercutting the market to the delight of consumers. This time the battle is over eyeglasses and it's being played out in the courts and in parliament. FM 23/4/93.

Says DP MP Robin Carlisle: "The optometry and optical-dispensing professions have, through legislative protection, become an extraordinary monopoly by placing restrictions on entry to the professions, marketing, price competition and freedom of association. The impact has been to drive the cost of lenses and frames to unrealistic and unjustifiable levels, placing spectacles beyond the reach of millions of South Africans."

Parliament was scheduled to debate the issue this week. Meanwhile, two criminal court cases and a civil action are pending against companies that offered discounts of up to 50% on prescription lenses and frames.

One company, Frames Unlimited, has been charged with violating the Medical, Dental & Supplementary Service Professions Act because it sells glasses but is not owned by a qualified optometrist or optical dispenser.

Frames Unlimited MD Irwin Schaffer points out the anomoly: "We aren't even allowed to employ qualified optometrists or optical dispensers." But he denies that he's compromising health-care standards. "We don't do any testing ourselves. We merely send eye prescriptions — mainly from ophthalmologists (physicians specialising in eye care but who also can't legally dispense glasses) — to the same manufacturers who supply the optometrist."

Schaffer has been offering discounts of up to 42% in the past year at his 30 outlets countrywide. He's determined to fight the charges against him.

Another business that's fallen foul of the SA Medical & Dental Council is Spectacle Warehouse. Established this year in Cape Town, this one-stop service is owned and run by five fully qualified optometrists. Their alleged sin was a 10-day extensive media campaign that advertised discounts of up to 50% on lenses and frames. They've been silenced by a temporary interdict — the return date is in August — and are deciding whether to oppose the civil action.

Says director Chris Faul: "We know we have contravened the law by advertising, but we have to make the public aware that they can obtain this service."

Faul adds that only 20% of the population is covered by medical schemes. "This means that most people have little or limited access to affordable eye care. It's quite possible that a new government could relax the requirements of entry into the profession to alleviate this problem, but this we believe isn't the route to go."

He says Spectacle Warehouse is able to offer such huge discounts only because it operates on large economies of scale — made possible through advertising. "We are a volume business that benefits from low-rent premises and highly efficient staff."

Possibly the worst case of protectionism is demonstrated by the criminal case against Optilab, a Cape-Town based lense manufacturer. Optilab MD Greg McGilp has been manufacturing lenses for the past 32 years. Three years ago he began bypassing optometrists and optical dispensers by selling directly to the public. The reason: Groote Schuur Hospital and cash-strapped government welfare organisations asked him to help patients who could no longer be subsidised but who couldn't afford high optometrist bills.

McGilp is defending himself — he can't afford an attorney. He hopes that a favourable decision will pave the way for wide-scale discounting. "Of course, optical dispensers who are now graduating from technikons and can't find work have the most to lose. But in reality, all they do is order the glasses from us and stick them on the patient's face, or get their receptionists to do the job."

Health Minister Rina Venter says she will try to determine what is in the public interest — particularly regarding safety standards. But she warns: "I don't want to protect any specific occupational group at the cost of the patient."

Meanwhile, MP Carlisle is pushing his proposals to reform the industry, and if government approves, optometrists and optical dispensers will be seeing a lot more competition.

Mirryéna Deeb

the news in brief

Nehawu pays legal costs

THE National Education, Health and Allied Workers Union will pay for the defence of five of its members arrested at the weekend in connection with the death of 24 babies during the 1990 Garankuwa Hospital strike.

The five have been charged with murder and intimidation. They have each been granted bail of R5 000 on condition they do not go near the hospital or talk to hospital employees or their relatives. They are also to report weekly to the police in Soshanguve. They will appear in court again on May 28. Sowetan 4/5/93

Greetings for special mom

ONLY three days are left for messages for Mother's Day.

We have received many Mother's Day messages and find it interesting that 95 percent of them have

tray. Harmse says that up to

which 272 were auctioned. This year, 1 076 cars have

ings at nine.

From there they will be

SADF man killed in scuffle

Crime Reporter

A South African Defence Force (SADF) member died in a West Rand hospital yesterday after being shot in the chest during a scuffle with rampaging youths in Mohlakeng, near Randfontein, police said.

Police spokesman Major Henriette Bester said the soldier, whose name has not yet been released, was shot trying to prevent a youth from stealing his pistol.

She said he and his patrol chased a group of youths who were petrol-bombing vehicles and attacking passersby to a corner cafe, where he was shot.

Bester said about 250 youths, apparently upset that township residents had delivered to the police a suspect wanted in connection with an intimidation charge, went on the rampage on the West Rand.

Police received reports that the youths had assaulted a woman, who had to be treated for minor injuries.

The youths set alight several vehicles in Mohlakeng.

Also on the West Rand, a couple were attacked at the entrance to the township and their car set alight.

Union defends 5 charged with murder

The National Education, Health and Allied Workers' Union will defend five members arrested at the weekend in connection with the deaths of 24 babies during the 1990 Ga-Rankuwa Hospital strike.

The five have been charged with murder and intimidation. They will appear in court on May 28.

The court has granted each bail of R5 000 on condition they do not go near the hospital or talk to hospital employees or their relatives. They also have to report weekly to the police.

A commission of inquiry found the deaths were the result of the strike. — Sapa.

Nehawu protest

HUNDREDS of Nehawu members held a march yesterday to protest against unfair dismissal and harassment of workers by Clinic Holdings. The protestors marched to the Park Lane Clinic near Hillbrow to present a memorandum outlining their grievances to the company's board of directors.

REPORTS: Business Day Reporter, Political Staff, Sapa.

ment decision. When the matter was brought to my attention, it was felt that it certainly fell within the bounds of an ambassador's powers to take such a decision in respect of the embassy. Moreover, when I was consulted after Dr Treurnicht's death, it was also my standpoint that while the State would handle it in terms of the convention, there would certainly not be any objection if particular city councils were to feel that they wished to do so on account of their autonomy in respect of those particular premises.

Ministers:

Press freedom

*1. Mr P G SOAL asked the Minister of Law and Order:

Whether, with reference to the reply by the then Minister of Home Affairs to question No 7 on 18 March 1992 regarding legislation allegedly detracting from the free flow of information and restricting the Press from reporting, any steps have been taken or are being contemplated in respect of the repeal or partial repeal of certain Acts, particulars of which have been furnished to the South African Police for the purpose of the Minister's reply; if not, why not; if so, (a) (i) what steps and (ii) when and (b) what are the names of the Acts in question? B694E

The MINISTER OF LAW AND ORDER:

No.

Of the various Acts referred to by the hon member, the reference to the Police Act, 1958 (Act No 7 of 1958) is applicable to the South African Police. Section 27A of the Police Act is at issue here. The provisions of this section aim to protect the interests of the accused as well as the interests of the State. The unauthorized publication of any sketch or photograph of an accused before a trial has been commenced with may be prejudicial to the interests of an accused with respect to an identification parade. Furthermore, the unauthorized publication of any sketch or photograph of a State witness may cause intimidation of such person's family and eventually prejudice the State's case. Viewed against this background it is not this Department's intention to repeal section 27A at this stage.

(a) (i), (ii) and (b) Fall away.

*2. Mr A GERBER — National Education. [Question standing over.]

*3. Mr A GERBER — National Education. [Transferred to Own Affairs (for 12 May 1993).]

NEC: education forum

*4. Mr R M BURROWS asked the Minister of National Education:

(1) Whether officials from his Department had any meetings with representatives of the National Education Conference to discuss an education forum; if so, (a) when did these meetings take place and (b) what was the outcome of the meetings;

(2) whether he will make a statement on the matter? B729E

†The MINISTER OF NATIONAL EDUCATION:

(1) Yes.

(a) On 18 January 1993.

(b) While there is consensus concerning the need for consultation and the participation in the process of education reform of a broad spectrum of stakeholders, no agreement was reached concerning the nature of and mechanism for this consultation and participation.

(2) No.

Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's reply, is it not true that a meeting also took place on 1 April? Further to that, I wonder whether the hon the Minister would give an indication as to whether he would express a commitment to establishing an education forum on as inclusive a basis as possible.

The MINISTER: Mr Chairman, the meeting that took place on 1 April was one between the NEC and me, not officials of the Department. It was a meeting in which I took part personally. With regard to the second part of the hon member's follow-up question, I want to reply that all I want him to do is to exercise a little more patience, perhaps only a few hours, and he will be able to read of my commitment in the newspapers.

Mr R M BURROWS: Mr Chairman, further arising from the hon the Minister's reply, I would like to know, with regard to the date of 18 January which he indicated, whether it is not correct that there were other meetings of officials of his Department and members of the NEC before that date with regard to this particular matter of an education forum.

The MINISTER: Mr Chairman, to the best of my knowledge that was the only meeting that took place between officials of my Department and the NEC. All the other meetings took place between me and the NEC.

Traditional healers

*5. Mr M J ELLIS asked the Minister for National Health and Welfare:

(1) Whether, with reference to the reply to Question No 1 on 27 May 1992, she has given further consideration to including traditional healers in the restructuring of the health-care system; if not, why not; if so, what are the relevant particulars;

(2) whether she will make a statement on the matter? B730E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes, co-operation has taken place for some time at grassroots level with regard to primary health care. The Interim Committee as well as the Traditional Healers' Council, the latter being a body which continued the activities of the Interim Committee, is now in a position to negotiate with the Department of National Health and Population Development. The proposed agenda includes a discussion of an organisational structure for the control of traditional healers;

(2) no.

Aids unit restructured

*6. Mr M J ELLIS asked the Minister for National Health and Welfare:

(1) Whether the Aids unit run by her Department had to be restructured in 1992; if so, (a) why and (b) (i) how was this unit restructured and (ii) what was the total cost of this restructuring;

(2) whether the matter has been resolved; if not, why not; if so, to what extent;

(3) whether she will make a statement on the matter? B731E

†The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes,

(a) to bring it into line with the principles suggested by the World Health Organisation, namely that a network of organisations be established to function together as one comprehensive Aids prevention programme and

(b) (i) five functional sections have been implemented, namely:

Aids support;
marketing;
training and education;
research; and
administrative services and

(ii) none;

(2) yes, it is indicative of a shift away from a specialist unit situated at Head Office to an expansion which includes the departmental regional offices, the Aids training and information centres, as well as other role-players;

(3) no.

Press freedom

*7. Mr P G SOAL asked the Minister of Correctional Services:

Whether, with reference to the reply by the then Minister of Home Affairs to Question No 7 on 18 March 1992 regarding legislation allegedly detracting from the free flow of information and restricting the Press from reporting, any steps have been taken or are being contemplated in respect of the repeal of section 44 (1) (e) and (g) of the Correctional Services Act, 1959 (Act No 8 of 1959); if not, who not; if so, (a) what steps and (b) when? B733E

†The MINISTER OF CORRECTIONAL SERVICES:

Sections 44 (1) (e) and (g) of the Correctional Services Act, 1959 (Act 8 of 1959) are

Cont'd

Shortsighted profession

Daring to say what a lot of people had been thinking — that eyeglasses cost too much — has earned DP MP Robin Carlisle the wrath of the optometric profession, which vehemently denies that it's to blame for high prices.

Carlisle, whose accusations were directed to certain specific optometrists, refuses to apologise or retract any of his controversial statements (*Business & Technology* April 23). Instead he's pushing government to implement Competition Board recommendations that would end maximum or minimum price-fixing, allow greater advertising, and permit optometrists and optical dispensers to

work with or for nonmembers of the profession. All of this would, of course, open up the profession to competition and bring down prices dramatically as it has around the world.

Not all of Carlisle's recommendations are anathema to optometrists. SA Optometric Association director Peter Brauer says his organisation supports many of the board's findings and has been instrumental in many of the reforms now being promulgated by the SA Medical & Dental Council. Optometrists do indeed want deregulation that would allow them to expand their scope. For instance, they are prevented by law from treating eye illnesses they detect; that's the preserve of ophthalmologists — physicians specialising in eye care. Optometrists have also recommended an end to the ban on window displays and asked to be allowed to enlarge their signboards.

But Carlisle is focusing on deregulation that would bring down prices in what he says is an R800m/year industry. (In 1990, about 2m people wore eyeglasses or contact lenses, while professionals estimated that at least another 6m needed them.)

He claims that mark-ups for medical-aid patients can be as high as 207% and as much as 500% for nonmedical-aid patients, though he concedes that only some professionals are culpable of gouging. He says simple deregulation could drop prices by as much as 60%. Price lists made up under oath from Frames Unlimited — a 30-branch discount chain that's not owned by an optometrist — bear this out.

Brauer says Carlisle's claims are "defamatory, misleading and inaccurate" and that margins are closer to 47% (which results in a mark-up that's effectively much higher). The optometrists' association has threatened to sue Carlisle for his statements.

Optometrists certainly protect their turf. In recent months they have also instigated legal proceedings through the Medical & Dental Council against several fellow optometrists and some non-optometrists who run discount eyewear businesses, such as Frames Unlimited.

Says Brauer: "The optometrists' council has decided that optometrists can advertise only the availability of certain lenses but not the price. The council's thinking is that there is a professional service involved in providing a lens and that advertising lens prices could mislead the public because there are many different types of lenses."

Optometrists also oppose any deregulation that would allow them or optical dispensers to work for nonmembers of the profession. Large discount stores such as Clicks and Pick 'n Pay could use their bargaining clout and economies of scale to keep down costs.

Though it's a reform that's found its way into the Pharmacy Amendment Bill, now with the Cabinet, Brauer is unconvinced. "Pressures to contain costs would impinge on professionalism. For example, a store manager could encourage an optometrist to use a lens that is bought in bulk but might not be suitable for the patient's individual needs." Ultimately, society needs to strike a balance between individual choice, which may be deficient but is personal, and enforced guidance from a professional that may be sage but could be tyrannical.

Health Minister Rina Venter recently rejected that same argument about pressure on standards when it was made by pharmacists, another cartel fighting deregulation.

Many of these issues havve already been sorted out in the US, UK, Australia and Canada through extensive deregulation. In the US, widescale advertising, discount outlets and service innovations — ranging from in-store optometrists to contact lenses by mail — have all kept prices well below the inflation rate for at least the past 15 years. ■

BOARD NOTICE 48 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as a member of the Professional Board for Speech-Language Therapy and Audiology for the remainder of the five year period ending on 28 February 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kalervo.

As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 21 June 1993 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure of the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer.

SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0083;

or

P.O. Box 205
PRETORIA
0001.

(14 May 1993)

BOARD NOTICE 49 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five health inspectors as members of the Professional Board for Health Inspectors to serve during the period ending 30 September 1998 is about to be held.

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

RAADSKENNISGEWING 48 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN EEN LID VAN DIE BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lid van die Beroepsraad vir Spraak-Taalterapie en Oudiologie vir die oorblywende gedeelte van die vyfjaartydperk eindigende op 28 Februarie 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kalervo.

Aangesien die getal genomineerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 21 Junie 1993 om 12:00, vasgestel as die dag en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregtig is.

N. M. PRINSLOO,
Kiesbeampte.

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0083;

of

Posbus 205
PRETORIA
0001.

(14 Mei 1993)

RAADSKENNISGEWING 49 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTEURS

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 gesondheidsinspekteurs as lede van die Beroepsraad vir Gesondheidsinspekteurs om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstryk.

Nominasies van verkiesbare gesondheidsinspekteurs word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser '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.

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

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered health inspectors. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 21 June 1993 at 12:00.

A deposit of R34,20 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001;

or

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(14 May 1993)

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 gesondheidsinspekteurs. 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 21 Junie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R34,20 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.

(14 Mei 1993)

BOARD NOTICE 50 OF 1993

SECURITY OFFICERS' BOARD

In terms of section 10 (5) (b) of the Security Officers Act, 1987 (Act No. 92 of 1987) (as amended), the Security Officers' Board hereby gives notice that the Board intends to recommend to the Minister of Law and Order that the provisions of the Security Officers Act, 1987 (Act No. 92 of 1987) (as amended), shall apply to the categories of employees listed below who render a security service.

The Board invites interested parties to submit in writing to the Board within eight weeks from date of publication of this notice any objection to or representations concerning the inclusion of certain categories of practitioners who render a security service.

Comments or representations should be submitted in writing to the Registrar of the Security Officers' Board, Private Bag X817, Pretoria, 0001.

F. K. LUBBE,
Registrar: Security Officers' Board.

RAADSKENNISGEWING 50 VAN 1993

RAAD VIR SEKURITEITSBEAMPTES

Ingevolge artikel 10 (5) (b) van die Wet op Sekuriteitsbeamptes 1987 (Wet No. 92 van 1987) (soos gewysig), gee die Raad vir Sekuriteitsbeamptes hiermee kennis dat die Raad van voorneme is om aanbevelings by die Minister van Wet en Orde te doen dat die bepalings van die Wet op Sekuriteitsbeamptes, 1987 (Wet No. 92 van 1987) (soos gewysig), van toepassing sal wees op ondervermelde kategorieë van werknemers wat 'n sekuriteitsdiens lewer. Belanghebbendes word hierby uitgenooi om binne agt weke vanaf datum van publikasie van hierdie kennisgewing, besware teen of vertoë aangaande onderwerp skriftelik by die Raad in te dien.

Besware teen of vertoë moet by die Registrateur van die Raad vir Sekuriteitsbeamptes, Privaatsak X817, Pretoria, 0001, ingedien word.

F. K. LUBBE,
Registrateur: Raad vir Sekuriteitsbeamptes.

BOARD NOTICE 48 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF ONE MEMBER OF THE PROFESSIONAL BOARD FOR SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as a member of the Professional Board for Speech-Language Therapy and Audiology for the remainder of the five year period ending on 28 February 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kalervo.

As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 21 June 1993 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure of the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer.
SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0083;

or

P.O. Box 205
PRETORIA
0001.

(14 May 1993)

BOARD NOTICE 49 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five health inspectors as members of the Professional Board for Health Inspectors to serve during the period ending 30 September 1998 is about to be held.

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

RAADSKENNISGEWING 48 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN EEN LID VAN DIE BEROEPSRAAD VIR SPRAAK-TAALTERAPIE EN OUDIOLOGIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lid van die Beroepsraad vir Spraak-Taalterapie en Oudiologie vir die oorblywende gedeelte van die vyfjaartydperk eindigende op 28 Februarie 1996:

ROBERTS, Estelle.
STEENEKAMP, Anne-Marie.
TUOMI, Seppo Kalervo.

Aangesien die getal genomineerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 21 Junie 1993 om 12:00, vasgestel as die dag en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregtig is.

N. M. PRINSLOO,
Kiesbeampte.
SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0083;

of

Posbus 205
PRETORIA
0001.

(14 Mei 1993)

RAADSKENNISGEWING 49 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTEURS

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 gesondheidsinspekteurs as lede van die Beroepsraad vir Gesondheidsinspekteurs om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstryk.

Nominasies van verkiesbare gesondheidsinspekteurs word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser '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.

BOARD NOTICES

BOARD NOTICE 47 OF 1993

97

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), that an election of five occupational therapists as members of the Professional Board for Occupational Therapy to serve during the period ending the 30th day of September 1998 is about to be held.

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

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

Each nomination form must state the first name and the surname of the candidate nominated and must be signed by two registered occupational therapists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 21 June 1993 at 12:00.

A deposit of R34,20 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001;

or

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(14 May 1993.)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 47 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR ARBEIDSTERAPIE

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 arbeidsterapeute as lede van die Beroepsraad vir Arbeidsterapie om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstryk.

Nominasies van verkiesbare arbeidsterapeute word ingewag. Elke sodanige geregistreerde persoon (a) wat nie met sy skuldeiser '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 arbeidsterapeute. 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 21 Junie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R34,20 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.

(14 Mei 1993)

Sowetan 17/5/93

Clinic workers sacked

THE management of Johannesburg's Garden City Clinic has confirmed that a number of workers had been dismissed from the clinic after they went on an illegal strike.

The clinic's general manager, Dr André Nel, estimated the number of the dismissed workers at 50.

The workers, all members of the National Education, Health and Allied Workers Union, downed tools in protest against the dismissal of a fel-

brief

Sowetan 17/5/93

low worker for allegedly arriving late at work.

Nehawu organiser Bongani Tsimo estimated the number of the dismissed workers at 110.

PEOPLE'S LIVES *Female medic makes it in rare field • Having tea with Tambo's daughter*

Makunyane wins against odds

Sowetan 18/5/93 (p7)

comes crippling effect of Bantu Education:

BANTU EDUCATION is undoubtedly trash — but that should not be an excuse for relegating learning to the rubbish bin, a black woman surgeon said.

Dr Seipati Makunyane, who recently qualified as an ophthalmologist after four hard years of training as a Fellow of the College of Surgeons in ophthalmology (SA) suggested that it was sheer hard work that helped her pass her examinations.

Similarly, she believes that despite all the historical hurdles placed in the way of blacks by the terrible system of apartheid, the challenge to burn the midnight oil must forever remain for the black child.

Makunyane said she was humbled by the fact that she was only the third African in the country to qualify as an ophthalmologist.

Ophthalmology is the study of the eye and its diseases.

"There were role models, chiefly my late father who gave me the support and motivation to study medicine as well as to specialise. I thank him for that," Makunyane said.

Makunyane's father, Abner, died a few years ago. Her mother, who is a nursing sister and businesswomen, gives a lot of support to the 32-year-old surgeon.

Finishing medicine at the University of Natal at the early age of 22, Makunyane served her year's internship at the Grootvlei Hospital in 1983. The following year she worked at Zola Clinic in Soweto.

It was between 1989 and 1990 that Makunyane set her mind on specialising in ophthalmology, first becoming a senior house officer and then a registrar at the St John Eye Hospital near the Baragwanath Hospital. Her



Dr Seipati Makunyane

studies lasted from 1990 to 1993, at which point she wrote her final examinations through the South African College of Medicine in March.

Two weeks ago, the pains of swotting ended in the ecstasy of the graduation ceremony at the Johannesburg College of Education.

She is currently working towards her master's degree in medicine through the University of the Witwatersrand.

Asked why she chose to specialise in ophthalmology, Makunyane said in general medical doctors knew very little about the eye diseases

"It was the sparseness of knowledge in this field that made me decide to venture into it," she said.

Married to Dr Peter Matseke, whom she met while they were students at university, Makunyane said her husband had been a source of inspiration, supporting her through the years of tortuous studies.

She said she was proud to join the only two black ophthalmologists in the country, Dr Julia Nhlapo of Yeoville and Dr Kgosi Letlape of Diepkloof Extension in Soweto.

Makunyane and Peter have two children and live in Bryanston

NEWS IN BRIEF

Farmers demonstrate

A TRUCK was torched during a demonstration by farmers and businessmen against "selective business boycotts by the ANC" in Harding in Natal yesterday.

Five men were arrested during the protest which blockaded the town centre. The ANC, local action committee and other parties were meeting last night to try to solve the crisis.

ANC welcomes plan

THE ANCyesterday welcomed the funding of Eskom's electrification programme. The programme was announced jointly by Eskom and the Life Offices Association on Monday. "We welcome any such funding, provided it is properly discussed and negotiated with local communities," spokesman Carl Niehaus said.

Hospital strike

THE National Education, Health and Allied Workers' Union (Nehawu) yesterday threatened to spread its industrial action campaign at the Johannesburg's Garden City Clinic to all Clinic Holdings' hospitals. The union said if management maintained its intransigent approach, the union would launch a national strike.

Hospital strikers return

■MORE than 1 000 workers dismissed by the Transvaal Provincial Administration during last year's hospital strikes returned to work on Monday.

Mediators ruled in favour of the dismissed members of the National Education Health and Allied Workers' Union.

Bid to resolve dispute

21/5/93

THE National Education, Health and Allied Workers' Union will meet Garden City Clinic administrators today in an attempt to resolve the strike at the hospital involving about 120 general workers, a union spokesman said in Johannesburg yesterday (97)

section 28 (2) of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), amended with effect from 24 May 1993, Notice 1093 of 15 November 1991, as amended by Notice 915 of 16 October 1992, by the substitution in Schedule 1 of the said notice for the name **Rufus Dercksen** of the name **Martha Elisabet Olckers.**

(21 May 1993)

BOARD NOTICES

BOARD NOTICE 52 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

NOTICE OF ELECTION: ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR PODIATRY

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council, read with section 15 (11) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 No. of 1974), that an election of five podiatrists as members of the Professional Board for Podiatry to serve during the period ending the 30th day of September 1998 is about to be held.

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

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

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered podiatrists. The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nomination is unable to sign the nomination form he may inform the returning officer by letter of telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 29 June 1993 at 12:00.

A deposit of R34,20 must accompany the nomination.

kragtens artikel 28 (2) van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet No. 110 van 1983), Kennisgewing 1093 van 15 November 1991, soos gewysig deur Kennisgewing 915 van 16 Oktober 1992, met ingang van 24 Mei 1993 gewysig het deur in Bylae 1 van gemelde kennisgewing die naam **Rufus Dercksen** deur die naam **Martha Elisabet Olckers** te vervang.

(21 Mei 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 52 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESINGSKENNISGEWING: VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR VOETKUNDE

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad, gelees met artikel 15 (11) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), kennis gegee dat 'n verkiesing gehou staan te word van vyf voetkundiges as lede van die Beroepsraad vir Voetkunde om te dien gedurende die tydperk wat op die 30ste dag van September 1998 verstryk.

Nominasies van verkiesbare voetkundiges 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 voetkundiges. 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 word. 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 29 Junie 1993 om 12:00 by onderstaande adres bereik.

'n Deposito van R34,20 moet die nominasie vergesel.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

or

SAMDC Building
553 Vermeulen Street,
Arcadia
PRETORIA
0002.

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

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0002.

BOARD NOTICE 53 OF 1993

THE SOUTH AFRICAN NURSING COUNCIL

REMOVAL OF NAMES FROM REGISTERS AND ROLLS

Notice is hereby given that in terms of section 29 (1) (c) of the Nursing Act, 1978 (Act No. 50 of 1978), the name of Mr S. P. Olifant has been removed from the registers of nurses and midwives following on a disciplinary inquiry by the South African Nursing Council into his conduct on 2 March 1993. The sentence comes into operation on 17 May 1993.

F. GERMISHUIZEN,
Registrar.
14 May 1993.

RAADSKENNISGEWING 53 VAN 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

SKRAPPING VAN NAME UIT REGISTERS EN ROLLE

Kennis word hiermee gegee dat, kragtens artikel 29 (1) (c) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die naam van mnr. S. P. Olifant geskrap is uit die registers van verpleegkundiges en vroedvroue na aanleiding van 'n tugondersoek deur die Suid-Afrikaanse Raad op Verpleging op 2 Maart 1993. Die vonnis tree op 17 Mei 1993 in werking.

F. GERMISHUIZEN,
Registrateur.
14 Mei 1993.

South 2215 -261593

African medical students meet at UCT

By Justin Pearce

SOUTH African medical students recently had their first opportunity to meet their counterparts from beyond the Limpopo. The occasion was the Federation of African Medical Students' Associations (Famsa) conference held at UCT last month — the first time the gathering has been held in South Africa.

Famsa unites medical students in southern, east and west African countries.

While South African students were keen to learn from their northern counterparts about community health issues, the visitors were wide-eyed at the advanced level of medical technology available in the country which performed the first heart transplant but where tuberculosis is still rife.

Zambian delegate Mr Lishomwa Ndhlovu said he was shocked by the wide disparity between private and public health services in South Africa.

"At its worst, the quality is worse than in Zambia," he said.

Zambia is, however, being forced by economic pressures to introduce fees in the state's formerly free health care system.

Kenyan delegate Mr Edwin Bogonko pointed out that an unequal system of health care provision was not unique to South Africa, but occurred in Kenya too.

"We have adopted the British model of medicine, based on curative medicine," Bogonko said. "The elite can afford it, but not the poor.

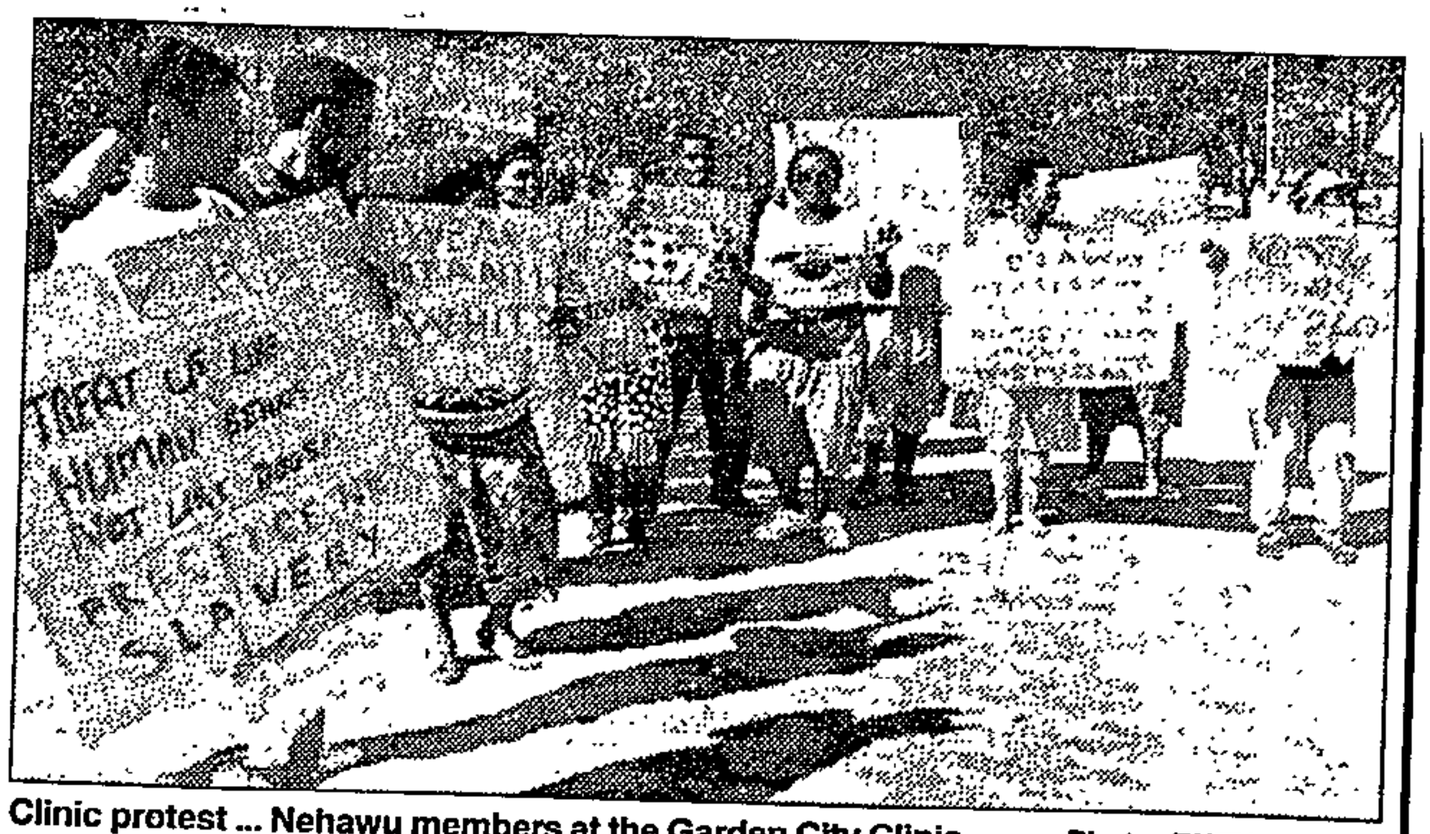
"We are addressing similar problems, but the basis of inequality is different. In South Africa, it is the result of apartheid; in Kenya it's the result of social stratification."

The Kenyan government has on occasion closed universities, medical faculties included, when it suspected that political opposition was brewing on campuses.

"Closing the university is like a prophylactic," remarked a delegate who did not want to be named. (A prophylactic is a medical term for a precautionary measure against disease.)

This strategy of the Kenyan government has forced medical students to sometimes miss out on a whole year of education, and to double-up with the next year's class when the university reopened.

Bad communications services between the various African countries have hampered Famsa's efforts to bring member countries together. Letters take months to get from South Africa to the countries of east Africa. Conference organiser Ms Nicky Moll complained about a letter UCT received from Tanzania that had arrived with a postmark from Brussels.



Clinic protest ... Nehawu members at the Garden City Clinic Photo: RUTH MOTAU

Public sector simmering

Weekly Mail Reporter

STRIKING staffers from the Garden City Clinic held a protest demonstration near the hospital this week. The health-workers were dismissed by the clinic for going on a wage strike. The National Education Health and Allied Workers' Union (Nehawu) and the clinic's management have agreed to take the dispute to mediation.

If the strike at the clinic (owned by Clinic Holdings) spills over to state-run hospitals, it would add to simmering conflict in the public sector. CJ|Mail 28|5-3|6|93

The government's climb-down on teacher's salaries narrowly averted a strike this week. But, it has also sparked calls for the reopening of wage negotiations across the sector.

Nehawu assistant general secretary Neal Thobojani said "this (wage negotiations) can't be done in a piecemeal way". The South African Democratic Teachers' Union (Sadtu) would put forward this demand in its negotiations with the government.

Sadtu, along with Nehawu and other public sector unions and associations, is a member of the Public Sector Forum.

The South African Municipal Workers' Union (Samwu) will soon ballot its 70 000 members for strike action to protest against the rationalisation and restructuring of local authorities across the country.

"These actions are proceeding despite appeals, petitions, and protests by workers. All workers protests have been completely ignored and are a waste of time and energy," Samwu said in a statement.

The Posts and Telecommunications Workers' Association will ballot its members for strike action at the Postal Services and at Telkom on June 1. The union this week said it would embark on strike action "not later than mid-June".

Wage negotiations have broken down in the sector and the union has pulled out of multilateral negotiations with a range of racial staff associations.

These associations have accepted a wage increase offer of 5,4 percent in the postal services and 5,8 percent from Telkom.

Union pressure blocks hospital clerk's promotion

S/Times (C/metro) 13/6/93

By AYESHA ISMAIL

THE Public Service League of South Africa (PSL) is threatening to take action to reinstate a Zulu hospital worker whose promotion was "temporarily cancelled" after pressure from a rival union.

Mr Temba Xaba, a clerk at Red Cross War Memorial Children's Hospital, was temporarily removed from his new post as an administrative clerk this week, after the National Education Health and Allied Workers Union (Nehawu) objected to his appointment. 13/6/93

The objection, according to hospital staff, included that Mr Xaba was not a member of Nehawu and that he is believed to be a member of the Inkatha Freedom Party (IFP).

Spokesman for the PSL, Mr Neville Petersen, said Mr Xaba was informed by letter of his appointment as from May 1.

"Mr Xaba was then informed by management that Nehawu objected to his appointment, with the result that he was unable to execute his duties," Mr Petersen said.

Experience

Mr Petersen said Mr Xaba had worked as a clerk for several years and was promoted on merit.

"While he does not have the qualifications for his new job, he certainly has the experience.

"Two members of Nehawu also applied for this job, but they did not have the experience," Mr Petersen said.

The PSL has demanded that Mr Xaba start his new job tomorrow.

Cape Provincial Administration Director of Labour Relations Mr Pierre Oosthuizen said Mr Xaba had been "temporarily removed from his post to defuse the situation at the hospital".

A meeting will take place this week between the CPA, Nehawu, and the PSL.

Nehawu could not be contacted for comment

Unionists don't get promoted, say staff

'By Quentin Wilson

UNIONISED workers at the Red Cross Hospital in Rondebosch have accused management of discriminating against union members in the appointment of an administrative clerk to the hospital.

Members of the National Education, Health and Allied Workers' Union (Nehawu) have complained that the person who was given the post, Mr Thembu Xaba, lacks the qualifications held by two Nehawu members who also applied.

Xaba is not a Nehawu member.

Mr Wilfred Alcock, Nehawu's Western Cape treasurer, believes his union's members at the hospital are consistently overlooked for promotion, even though they have the qualifications.

Xaba has passed standard six while the other two applicants have a year of tertiary education.

"Normally management insists on minimal educational requirements for posts, but they seem intent on excluding Nehawu members from promotion whenever possible," Alcock alleged.

Hospital management would not comment on Nehawu's allegations and referred SOUTH to the CPA.

Mr Pierre Oosthuisen, the CPA's director for labour relations, denied the charge of preferential treatment for non-union members.

"When a person is being considered for an appointment, we do not ask for their organisational allegiance. Whether they belong to a union or not, is not an issue," Oosthuisen said.

He said Xaba's knowledge of languages and his work experience outweighed his academic shortcomings.

Alcock alleged that when interviews for the post were conducted late last year, Xaba was found "an unsatisfactory candidate".

It was therefore expected, he said, that one of the other two candidates, who were found to be satisfactory for the job, would get it.

Oosthuisen said he had "no knowledge" of Xaba ever being found unsuitable for the clerical position and that no agreement had been made to exclude him from the post.

Alcock insisted the procedure was part of management's "union bashing campaign" and said Nehawu, although they held nothing against Xaba, would campaign for an end to "boetie-boetie appointments" and "back-door promotions".

"Discrimination against Nehawu members is not only happening at Red Cross, it is happening at all the other CPA-run hospitals. We cannot stand by and watch. We must continue to expose state corruption and clean the public service," Alcock said.

Xaba has refused to be interviewed by the press.

Judge raps lawmaker

25/6 - 1/7/93.

Nic Wiehahn has found himself on the receiving end of legislation he helped create. By **GAYE DAVIS**

THE architect of South African labour reform, Professor Nic Wiehahn, has been rapped over the knuckles by a Labour Appeal Court judge for conduct during negotiations which constituted an unfair labour practice.

The court found that Wiehahn, acting on behalf of Clinic Holdings Limited, had adopted "a rather superior and haughty attitude" during meetings with the National Council of Trade Unions' National Union of Public Service Workers (NUPSW). "This conduct constituted an unfair labour practice," Mr Justice J Joffe said in a judgment handed down last month.

While Clinic Holdings had told the union Wiehahn had been asked to make himself available for negotiations — leading the union to believe he had authority to negotiate and conclude an agreement on union wage demands — he "on his own evidence ... did not have a mandate", the judge said.

Under cross-examination Wiehahn said he had seen his role as that of a mediator.

The criticism is contained in a judgment handed down last month in which the Labour Appeal Court reversed an earlier industrial court decision upholding the dismissal of NUPSW members at Jakaranda Hospital and Nedpark Clinic—both controlled by Clinic Holdings — after a June 1990 work stoppage while wage negotiations were supposedly under way.

The company, the judge ruled, had "blown hot and cold" by suggesting negotiations were still in progress while firing workers.

Wiehahn, an *ad hominem* professor at Unisa who now heads a mediation agency called the Resolution Board, chaired a watershed 1977 commission of inquiry into labour legislation. It was on the basis of his reports to government that black trade unions were allowed to register under the Industrial Conciliation Act and that the industrial court, with its unfair labour practice jurisdiction, was created.

He was retained by the Department of Manpower to co-ordinate research into the functioning of the industrial court and was appointed president of the industrial court in Transkei.

The NUPSW had accused Wiehahn of delaying tactics and bargaining in bad faith, referring to his assertion that he had no mandate to negotiate, while the union was under the impression that negotiations were under way.

The judge found that the initial court findings had been "charitable to the respondent". The NUPSW had put demands on the table and was entitled to expect negotiations would follow after supplying the motivation requested by company.

Wiehahn had rejected this motivation, saying management found it unacceptable as its contents were not substantiated. "The impression is created that like an errant schoolboy, the union was sent home to do 'redo its homework' and produce it in a form acceptable to management," Joffe said.

Stating that the strike by union members "would appear to be a reasonable response to the employer's conduct", Joffe ordered the workers' reinstatement.

Remaining extent and Portion 2 of Erf 724, Brooklyn, Pretoria

300 Olivier Street, approximately 1,28 ha in extent

Double-storey with four bedrooms, (one with bathroom en suite), lounge, dining-room, kitchen with cold storage room, study, balcony, double garage, swimming-pool, two servants' rooms and numerous outbuildings.

Floor area approximately 684,21 m².

Three subdivision possibilities. (Refer to tender documents for details.)

For conditions of sale and viewing contact Mr J. Prinsloo (012) 310-5011 or Mrs E. Campher (012) 310-5048.

Office hours 07:45–16:00.

Offers close at 12:00 on Friday, 16 July 1993.

Offers to be sent to the Regional Representative, Department of Public Works, Private Bag X229, Pretoria, 0001. Fax (012) 310-5061.

(25 June 1993)

NOTICE 552 OF 1993

PROVINCIAL ADMINISTRATION OF THE CAPE OF GOOD HOPE

PROPOSED CONSTRUCTION OF A BOARDWALK AND A FLOATING SEMI-PERMANENT SNACKBAR: OUDEKRAAL

Notice is hereby given in terms of section 3 (5) of the Sea-Shore Act, 1935 (Act No. 21 of 1935), that it is proposed to enter into a lease with Thom Kat in which provision is made for the proposed construction of a floating semi-permanent snackbar and a boardwalk.

A locality sketch of the area affected by the proposed construction lies for inspection at the office of the Chief Director: Nature and Environmental Conservation, Provincial Administration of the Cape of Good Hope, Room 302, Utilitas Building, Dorp Street, Cape Town.

Objections to the proposed lease must be lodged with the Chief Director: Nature and Environmental Conservation, Private Bag X9086, Cape Town, 8000, on or before 26 July 1993.

(25 June 1993)

BOARD NOTICES

BOARD NOTICE 58 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

(97)

RULES FOR THE REGISTRATION OF MEDICAL TECHNOLOGISTS: AMENDMENT

In terms of section 32 (1), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto.

Restant en Gedeelte 2 van Erf 724, Brooklyn, Pretoria

Olivierstraat 300, groot ongeveer 1,28 ha

Dubbelverdieping met vier slaapkamers (een met en suite-badkamer), eet- en sitkamer, studeerkamer, balkon, kombuis met koelkamer, swembad, twee bediendekamers, dubbelmotorhuis en verskeie buitegeboue.

Vloeroppervlakte ongeveer 684,21 m².

Drie onderverdeligsmoontlikhede. (Sien tendervoorwaardes vir meer besonderhede.)

Vir verkoopvoorwaardes en besigting kontak mnr. J. Prinsloo (012) 310-5011 of mev. E. Campher (012) 310-5048.

Kantoorure 07:45–16:00.

Aanbiedinge sluit om 12:00 op Vrydag, 16 Julie 1993.

Aanbiedinge kan gestuur word aan die Steekverteenwoordiger, Departement van Openbare Werke Privaat Sak X229, Pretoria, 0001. Faks. (012) 310-5061.

(25 Junie 1993)

KENNISGEWING 552 VAN 1993

PROVINSIALE ADMINISTRASIE VAN DIE KAAP DIE GOEIE HOOP

VOORGESTELDE KONSTRUKSIE VAN 'N PLANKPAD EN 'N DRYWENDE SEMI-PERMANENTE SNOEPKROEG: OUDEKRAAL

Ingevolge artikel 3 (5) van die Strandwet, 1935 (Wet No. 21 van 1935), word hiermee bekendgemaak dat dit die voorneme is om 'n huurooreenkoms met Thom Kat aan te gaan waarin voorsiening gemaak word vir die voorgestelde konstruksie van 'n drywende semi-permanente snoepkroeg en 'n plankpad.

'n Liggingsplan van die gebied wat deur die voorgestelde konstruksie geraak word, lê ter insae by die kantoor van die Hoofdirekteur: Natuur- en Omgewingsbewaring, Provinsiale Administrasie van die Kaap die Goeie Hoop, Kamer 302, Utilitasgebou, Dorpstraat, Kaapstad.

Besware teen die voorgestelde verhuring moet by die Hoofdirekteur: Natuur- en Omgewingsbewaring, Privaatsak X9086, Kaapstad, 8000, ingedien word voor of op 26 Julie 1993.

(25 Junie 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 58 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS, BETREFFENDE DIE REGISTRASIE VAN GENEESKUNDIGE TEGNOLOË: 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.

SCHEDULE

1. In this schedule, unless the contents otherwise indicates, the expression "the rules" means the rules published under Board Notice 61 of 1991.

2. Rule 1 of the rules, under the heading "ZIMBABWE", is amended as follows:

(a) the note "(Recognised only if obtained prior to 31 December 1992)" is being added to the qualification Diploma in General Medical Laboratory Technology from the University of Zimbabwe;

(b) the following qualification is being added under the headings as indicated:

Examining authority and qualification	*Abbreviation for registration*
University of Zimbabwe—	
Specialist Diploma in Medical Laboratory Technology	Specialist Dip Med Lab Tech Zimbabwe

(25 June 1993)

BOARD NOTICE 59 OF 1993

THE SOUTH AFRICAN NURSING COUNCIL

The South African Nursing Council, hereby, in terms of section 5 (7) of the Nursing Act, 1978 (Act No. 50 of 1978), divides the Republic into the regions mentioned in Column A of the Schedule hereto, and which will consist of the magisterial districts mentioned in Column B of the said Schedule referred to, opposite each region.

BYLAE

1. Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae die reëls afgekondig by Raadskennisgewing 61 van 1991.

2. Reël 1 van die reëls, onder die opskrif "ZIMBABWE", word as volg gewysig:

(a) die opmerking "(Word erken slegs indien toegeken voor 31 Desember 1992)" word toegevoeg tot die kwalifikasie Diploma in Algemene Geneeskundige Laboratorium Tegnologie van die Universiteit van Zimbabwe;

(b) die volgende kwalifikasie word toegevoeg onder die geskrifte soos aangedui:

Eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
Universiteit van Zimbabwe—	
Spesialisdiploma in Geneeskundige Laboratorium Tegnologie	Specialist Dip Med Lab Tech Zimbabwe

(25 Junie 1993)

RAADSKENNISGEWING 59 VAN 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

Die Suid-Afrikaanse Raad op Verpleging verdeel hierby, kragtens artikel 5 (7) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die Republiek in die streke in Kolom A van die Bylae hierby genoem en wat sal bestaan uit die landdrosdistrikte in Kolom B van die gemelde Bylae teenoor iedere streek vermeld.

SCHEDULE

COLOMN A	COLOMN B
Region 1.....	Beaufort West, Bellville, Bredasdorp, Caledon, Calitzdorp, Calvinia, Cape town, Ceres, Clanwilliam, Fraserburg, George, Goodwood, Heidelberg (C.P.), Hermanus, Hopefield, Knysna, Kuils River, Ladismith (C.P.), Laingsburg, Malmesbury, Montagu, Mossel Bay, Murraysburg, Namaqualand (Springbok), Oudtshoorn, Paarl, Piketberg, Prince Albert, Riversdale, Robertson, Simon's Town, Somerset West, Stellenbosch, Strand, Sutherland, Swellendam, Tulbagh, Uniondale, Van Rhynsdorp, Victoria West, Vredenburg, Vredendal, Walvis Bay, Wellington, Williston, Worcester, Wynberg.
Region 2.....	Barkly West, Bethlehem, Bethulie, Bloemfontein, Bloemhof, Boshof, Bothaville, Botshabelo, Brandfort, Britstown, Bultfontein, Carnarvon, Colesberg, Clocolan, Christiana, Coligny, De Aar, De Wetsdorp, Delareyville, Edenburg, Excelsior, Fauresmith, Ficksburg, Fouriesburg, Frankfort, Gordonia (Upington), Hanover, Hartswater 1, Harrismith, Hay (Griekwastad), Heilbron, Hennenman, Herbert (Douglas), Hoopstad (O.F.S.), Hopeown (C.P.), Jacobsdal, Jagersfontein, Kenhardt, Kimberley, Klerksdorp, Koffiefontein, Koppies, Kroonstad, Koster, Kuruman, Ladybrand, Lichtenburg, Lindley, Marico (Zeerust), Marquard, Noupoort, Odendaalsrus, Parys, Petrusburg, Philippolis, Philipstown, Postmasburg, Prieska, Potchefstroom, Reddersburg, Reitz, Richmond (C.P.), Rouxville, Rustenburg, Schweizer-Reneke, Senekal, Smithfield, Swartruggens, Theunissen, Trompsburg, Ventersburg, Ventersdorp, Viljoenskroon, Virginia, Vrede, Vredefort, Vryburg 1, Vryburg 2, Warrenton, Welkom, Wepener, Wesselsbron, Winburg, Witsieshoek, Wolmaransstad, Zastron.
Region 3.....	Aberdeen, Adelaide, Albany (Grahamstad), Albert (Burgersdorp), Alexandria, Aliwal North, Barkly East, Bathurst (Port Alfred), Bedford, Cathcart, Cradock, East London, Elliot, Fort Beaufort, Graaff-Reinet, Hankey, Hofmeyer, Humansdorp, Indwe, Jansenville, Joubertina, King William's Town, Kirkwood, Komga, Lady Grey, Maclear, Mdantsane 2, 3 and 4, Middelburg (C.P.), Molteno, Pearston, Port Elizabeth, Queenstown, Somerset East, Sterkstroom, Steynsburg, Steytlerville, Stutterheim, Tarkastad, Uitenhage, Venterstad, Willowmore, Wodehouse (Dordrecht).

Trauma services face collapse

ST Times 5/9/93
[C/Metro]

(97)

AMBULANCE services in the Western Cape are on the verge of collapse because of faulty vehicles and equipment, a critical staff shortage and battered morale.

By CHIARA CARTER

In the past two weeks, the service's mechanical staff have warned that a serious accident is likely, two paramedic crews have refused to go out on calls and staff who are members of the South African Municipal Workers Union (Samwu) have met to discuss possible action in protest.

An effect of the deepening crisis is that emergency call response times have increased.

In a confidential report to the council, the Chief Ambulance Officer, R S Douglas, said electronic equipment and radios were ageing and frequently breaking down.

Council was asked to consider paying staff overtime as morale had sunk because of the "work overload".

Particularly hard-hit is the city's elite paramedic unit, once regarded as among the best in the world.

A routine order issued in March this year by Mr Douglas said the unit's 1982 and 1983 Chevrolet ambulances had deteriorated to the extent that they could no longer be used for trips beyond the Peninsula.

The fleet of Chevrolet ambulances should no longer be on the road, the service's mechanical staff said in a memorandum two weeks ago to the Management and Safety Committee.

"A major accident is only a matter of time away," the memorandum said.

"We refuse to be held responsible as management has now been warned in writing for the second time."

It is understood new ambulances have been ordered, but delivery is several weeks away.

According to well-placed sources, on several occasions ambulances have broken down while transporting critically injured accident casualties.

One source claimed an ambulance had collided with a car after its steering column snapped.

Ambulance sources say medical equipment is in a similar state of disrepair. Paramedics have resorted to providing their own equipment rather than risk using malfunctioning ventilators and suction units.

The Cape Town City Council's deputy administrator, A Dolby, failed to respond to faxed requests for comment.

The head of the council public relations office, Ted Doman, referred all inquiries to Mr Dolby.

Focus on New Technology, page 8
Wine and Dine, page 10

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Focus on New Technology, page 8
Wine and Dine, page 10

Council moves to save ambulance service

ST Times [C/Metro] 12/9/93

97

By NAZEEM HOWA

IMMEDIATE steps are essential to halt the deterioration of the Western Cape ambulance service, according to a confidential memorandum by Cape Town's deputy administrator Mr Alan Dolby.

The memorandum comes in the wake of a Cape Metro report that the ambulance service was in crisis because of faulty vehicles and equipment, severe shortage of staff and battered morale.

According to Mr Dolby, the main reason for the deterioration is the drastic cut in the service's budget. This has also led to overtime being halted.

"Overtime was used to maintain the required number of crews," Mr Dolby reported.

Mr Dolby said there were vacancies for eight ambulancemen and four officers. Fifteen ambulancemen had been declared permanently unfit and eight temporarily unfit. Seven staff members were nearing retirement age "and cannot carry the same workload as younger men".

Fatigue

Because of the officer vacancies, supervision was lacking. The level of fatigue among staff was "disturbing" and stress and low morale were common.

Emergency response times had increased significantly. In July, it took more than 41 minutes for the service to respond to 17 percent of the emergency calls and between 20 and 40 minutes for 27 percent of the calls.

In terms of internationally accepted standards, 50 percent of emergency calls should be dealt with within seven minutes and 95 percent should be handled within 14 minutes.

"This deterioration cannot be allowed to continue. It is obvious that the reduced staff cannot cope with the unchanged workload," Mr Dolby wrote.

It was suggested that the service's chief officer, Mr R S Douglas, be allowed to resume paying staff overtime.

Mr Dolby refused to comment on his memorandum. However, he confirmed that the service's mechanical staff had recommended that the aged fleet of Chevrolet ambulances be taken off the road.

"We have arranged for all those vehicles to be made roadworthy by the agents for Chevrolet."

Mr Dolby confirmed that the council had bought replacements.

Cape Town's Town Clerk, Mr Keith Nicol, confirmed yesterday that urgent steps were underway to resolve the crisis.

New link to cut cost of optometric health care

KATHRYN STRACHAN

SA's first optometric "preferred provider" organisation was launched this week, bringing with it a significant reduction in the cost of optometric health care.

Leading medical scheme administrators Medicaid announced a link with more than 50% of all optometrists countrywide. BD 17/9/93

Medicaid director Quentin Robinson predicted that the introduction of preferred provider organisations would enable medical schemes to negotiate with suppliers in the best interests of their members.

Their advent also gives medical schemes the power to control the spiralling cost of health care directly without prejudicing professional standards.

"The optometric benefit of medical schemes has always been compromised. Members have had to make up the shortfall between the benefit limits and the often inflated prices they have been charged for spectacle frames and lenses," he said.

Bryan Dowley, director of Preferred Provider Negotiators — the company which initiated the project to link up optometrists — said members would save between 20% and 30% on frames and lenses by using the services of an optometrist contracted to the organisation. (97)

Prices for lenses, frames and eye tests would be agreed upon in advance with the medical scheme, and it was unlikely that members would have a price shortfall, Dowley said.

Healers' role highlighted

KATHRYN STRACHAN

ABOUT 100 healers will be joined by academics, businessmen and health professionals in Honeydew near Johannesburg today to mark the national day of traditional healers. B/Day

Topping the agenda at Heia Safari Lodge's Zulu Kraal will be the issue of AIDS and how it relates to spells and potions. 22/9/93

About 80% of blacks consult healers and the corporate world is increasingly recognising their importance in the health network. The event's organisers claim "a major announcement will be made today".

Traditional healers' steering committee spokesman Horatius Zunga says talks with government over the recognition of healers as health practitioners have made progress. (97)

Ambulance service R4m in the red

S1 Times [C/Metro]
17/10/93
97

Four die in Cape fires

FOUR people, including two babies, died in fires this weekend.

Sphinite Bweledanza, 18 months and a three-month-old baby died at Waterworks squatter camp in Grabouw.

A construction site night watchman in Stellenbosch and another man in Pholo Park, Guguletu, died in shack fires.

THE Western Cape's ailing ambulance service will exceed by R4-million its R27m budget for the 93/94 financial year.

But, according to the minutes of a recent confidential meeting to consider the activities of the ambulance branch, this is the only way the embattled service will be able to address deficiencies in its performance.

Primary among the weaknesses of the service is a severe staff shortage and the mechanical failure of equipment and vehicles.

These deficiencies have manifested

By NAZEEM HOWA

themselves through a steady decline in the service's response times.

While internationally accepted norms call for 95 percent of emergency calls to be responded to within 14 minutes, the Western Cape's equivalent figure for September was 39 percent.

The management of the ambulance service has consistently blamed the deterioration in service on budgetary cuts.

For the present financial year, the ambulance service requested a budgetary allocation of R35 million. However, just under R27 million was approved and top officials have now warned that unless an additional R4 million be made available "the service will not be able to return to its previous standard".

According to well-placed sources, the additional funding will be used to cover additional operating costs.

The city council's deputy city administrator, Mr Alan Dolby, recently warned in a confidential memorandum that urgent steps were needed to halt the rapid deterioration of the service.

In an attempt to beef up staff numbers, steps have already been taken to revoke rulings outlawing overtime within the service. According to Mr Dolby, a major chunk of the additional R4 million will be used to cover additional appointments.

At present, the service is short of 13 crew members for ambulances.

● Last year, the ambulance service exceeded its budget by R1,2m.

Health workers run gauntlet in care visits to townships

ARG 20/10/93 (96) (97)

☐ Stonings, threats increase stress for dedicated group of people

ANDREA WEISS
Health Reporter

HEALTH workers have escaped injury in three incidents in Peninsula townships.

The incidents last week were reported to the Community Health Workers Crisis Forum which has been meeting intermittently since Chris Hani's assassination in April.

The forum consists of representatives of more than 30 government and non-government bodies working in the health arena. All members have undertaken to arrange their own escorts into townships but never to use police or the defence force.

● Last week, two women doctors from the Guguletu Day Hospital were spared a stoning when escorts taking them from the township intervened with youths.

● In another incident in Guguletu, a University of Western Cape community rehabilitation worker had to persuade a group who threatened to burn a combi transporting disabled people from Groote Schuur Hospital not to force the passengers to leave the vehicle.

● A Cape Provincial Administration employee, driving a vehicle with the new health workers' logo, reported being stoned in Eisleben Road in Khayelitsha after a rally in honour of victims of an SADF attack in the Transkei.

Co-ordinator Elise Appel said the main aim was to ensure health workers' safety.

She said many community organisations had cut back on the services they provided to communities because of a safety problem.

One of the services to suffer was the transport of disabled people to self-employment projects. Another was a training programme for community health workers because two doctors had been unable to visit the training centre in New Crossroads.

The forum has set up a psychological support group for health workers operatingunder stressful conditions.

Ms Appel said many people felt they had been over-reacting to the situation, but at the forum's meeting this week, health workers were warned not to take any chances and to withdraw if they saw groups gathered.

One of the forum's problems was the lack of participation by political parties — even though these had repeatedly been invited to attend meetings, she said.

The forum is also involved in a dispute with the Red Cross Society over the use of an emblem designed in conjunction with the Peace Committee.

The Red Cross contends that the emblem, a white cross on a red circle linked to a dove, is a contravention of its copyright.

Ms Appel said the forum had decided this week to continue using the emblem because it felt that it could not change it after publicising it in township communities.

"We feel it is imperative to protect health workers now. We don't really want to be in conflict with the Red Cross.

"We would like them to give us their blessing to use the emblem, which is not the same as theirs."

Ms Appel said the use of the logo went hand-in-hand with a code of conduct which, among other things, required drivers of vehicles to carry letters of authorisation.

Vehicles bearing the logo were not allowed to carry arms, instigate violence or travel with armed guards.

Psychology body plans to relaunch

Ballot to replace 'white' image

Staff Reporter

OVER 2 000 psychologists voted to close down their apartheid-tainted organisation — the Psychologists' Association of South Africa (PASA).

The move was decided by a ballot of the 2 400-strong organisation and will result in an "absolutely new beginning", University of Stellenbosch psychology lecturer and executive member of the Committee for the Reconstruction of Psychology (CRP) Professor Bodley van der Westhuizen said yesterday.

A new organisation will emerge after an international conference at the University of the Western Cape early next year, he said.

The South African Psychologists Association (SAPA) in the '50s had an unwritten policy not to admit black psychologists into its ranks and when it did in the '60s, caused the formation of a splinter group, the Psychologists Institute of the Republic of South Africa, Professor Van der Westhuizen said.

The two organisations united in the 1980s as PASA, which was "coloured by its political history", Professor Van der Westhuizen said.

CRP chairman and UWC lecturer Dr Lionel Nicholas said PASA was "a white-dominated status quo supporting body, with little concern for the havoc apartheid reaped on the mental health of South Africa".

CRP executive member Ms Rachel Prinsloo, also of UWC, said psychology clearly had a role — for instance, to prepare mentally soldiers of liberation movements and the SADF to work together in a new national force.

Psychology students to practising psychologists may become members of the new organisation, whereas PASA had limited its membership to SA Medical and Dental Council-registered psychologists, a CRP spokeswoman said.

A meeting to discuss the future of South African psychology will be held at 7pm tonight at the University of Cape Town. The meeting will be confined to psychology students, psychologists and interns.

"New volunteers are being trained, first aid equipment is being stocked up, and the society hopes to have in place an estimated 2 000 fully qualified people, plus 'senior youth', to stand by to assist where and when necessary"

Red Cross gearing up for election day

Sowetan 29/11/93

SOWE (97)

■ **HANDS OFF** Formulating a strategy to counter violence:

As the day of South Africa's first nonracial democratic election draws near, aid and peace organisations as well as international observer missions are beginning preparations for an upsurge in conflict.

The South African Red Cross Society is embarking on an intensive programme of preparation ahead of the April 27 1994 election to ensure the organisation is equipped to handle emergencies.

SARCS officials said this week it is the organisation's sincere hope that the election — and the run-up to April 27 — will be peaceful. But the Red Cross is nevertheless working to equip itself to handle any eventuality in the event of an outbreak of violence.

2 000 fully qualified people

New volunteers are being trained, first aid equipment is being stocked up, and the society hopes to have in place an estimated 2 000 fully qualified people, plus "senior youth," to stand by to assist where and when necessary.

Additional ambulances are being purchased and the society will have access to 60 land and two air ambulances.



Red Cross officer Derrick Thema.

The SARCS's national communications officer, Derrick Thema, told *Sapa* that, in order to maintain its neutrality and impartiality, the society will not "embroil" itself too closely with the elections — but the organisation will "provide information on the procedures for the election".

Election strategy

Peace organisations have indicated to *Sapa* they will be formulating an election strategy to ensure the election and its run-up proceeds as peacefully as possible.

The United Nations Observer Mission in South Africa said the need for a substantial number of international monitors at the election is imperative. The country's first ever democratic election had to be not only free — but had to be seen to be free and fair by all political groupings in the country as well as the outside world.

The Unomsa said other factors that make monitoring imperative include:

- A lack of a democratic culture of political tolerance;
- Unabating violence of an increasingly violent and callous nature;
- Bias, suspicion and outright hostility to the idea of universal suffrage on the part of some political factions; and
- A new and unfamiliar electoral system and the likelihood of intimidation (during the election).

The Wits-Vaal Peace Secretariat expressed concern that peace initiatives are not sufficiently communicated to the public by the news media.

Spokesman Mr Sandile Madolo said "the media is not interested in covering peace.

"Mostly they are interested in covering violence." Madolo said his organisation cannot say it predicts an increase in violence in the run-up to the election — but added a lot of tension can be expected as organisations prepare for the election.

Peace organisations and observer missions earlier expressed concerns the election will lead to increased violence.

The Unomsa has said the incidence of violence is unacceptably high in South Africa and has to be reduced before an election.

A total of 109 people were killed in political violence in the week ending Tuesday — the first time in two months the weekly toll exceeded 100, the Human Rights Commission said last week.

The report said most of the deaths occurred in the PWV region where 52 people died compared to 44 the previous week.

The report said East Rand townships remain the centre of conflict with a total of 48 deaths. — *Sapa.*

Ambulance services curbed by crews with complaints

ARG 1/12/93 P5 (97)

KARIN SCHIMKE and CLIVE SAWYER
Staff Reporters

PENINSULA ambulance services were curbed last night when only "priority one" calls were answered.

Crews at first refused to answer any calls but, after debate, agreed to respond to "priority one" calls.

There were only 17 manned vehicles at the Pinelands ambulance station, although the minimum required was 18 ambulances and two paramedic vehicles.

Some men said they could no longer work under the conditions at the Cape Ambulance and Rescue Service.

Grievances included:

- Not enough vehicles;
- Some vehicles in bad mechanical condition;
- Staff shortages;
- Overwork.

The final straw was when about eight men reported sick.

One ambulanceman said: "We can't work like this any more. We don't have enough vehicles or drivers, and we have to answer calls for minor ailments while other people are dying."

The drivers said they did not want to strike to prove a "political point", but were demonstrating "the impossiblity of so few doing the job properly".

Ambulance crews work 12-hour shifts, three during the day and two at night, every week. During a shift, each ambulance crew can receive up to 30 calls.

About three quarters of these are estimated to be either hoax calls or for minor ailments, including stomach ache and headache.

● Earlier this year Cape Ambulance and Rescue Services chief Rod Douglas appealed to people to make only essential calls, while today amenities and health committee chairman Chris Joubert said pressure would be put on the provincial administration to find money to remedy the situation.

"We have been meeting weekly, but this is a question of life and death and a problem that can be tolerated no longer.

He said he would raise the matter at a city council executive committee meeting today.

Mr Douglas was not available for comment.

Health & Disease

- Other Medics -

1994 - 1999

X-ray protest at Bara

Sowetan 16/2/94

By Mzwandile Jacks

SIXTY-SEVEN radiographers staged a march at Baragwanath Hospital yesterday to demand the replacement of "old and malfunctioning" X-ray equipment.

Their action follows a resolution by Baragwanath radiographers to launch a go-slow strike in protest against the situation in their department.

A spokesman for the radiographers told *Sowetan* that X-ray equipment currently used by them was not functioning properly. (97)

"Our lives are in constant danger because we always have to tamper with the transformers to make the equipment work. We have to subject our patients to unnecessary radiation by using X-ray equipment several times on one patient because of faulty machines," the spokesman said.

She said hospital management had promised during meetings between the two parties to get new equipment, but this had not happened.

"Instead, what has happened is that new machines were installed at smaller hospitals such as Hillbrow and Johannesburg.

on list of terms ed to with a cou- on which there

constitution giving rise to fears among some observers that he seemed not to understand the

nio La Pergola of Italy and Professor Jean Antoine La- ponce of Canada.

cember.

But In defiance, Velaj KwaZulu Deputy Ministe

Hopes of end to ambulance strike

ARG 12/4/94

The Argus Correspondent

DURBAN. — An urgent meeting on the strike crippling ambulance services throughout Natal has raised hopes of ending the crisis.

But at least 22 patients have died in Transkei hospitals since a nurses' strike which began last Thursday crippled services in the region's 32 hospitals.

Acting Natal Director of Health Services Patrick Lowe said today provincial authorities had met representatives of the Natal Public Sector Workers Union last night in an attempt to end the chaos caused by the strike.

Proposals put to the union had been accepted by delegates, who would now refer them to striking workers.

Private ambulance services in Durban were also plunged into chaos yesterday as the widespread strike by provincial ambulance workers for higher pay left most of Natal without proper servces.

Spokesmen for private services said extra staff were called in and some had to work shifts of up to 17 hours.

Peter Noppe, who is in charge of the midlands region of the Natal Provincial Administration, said provincial traffic staff attended to more than 200 cases yesterday, including all emergency cases, and performed all normal hospital duties.

Representatives of Transkei nurses and government officials met last night in an attempt to end the strike in the territory.

The nurses are demanding money which they claim the government promised to pay them in October 1991 to bring them in line with their counterparts in South Africa.

Members of the Transkei Defence Force, the Red Cross and volunteers began helping at hospitals.

Ultimatum for Natal ambulance drivers

MARITZBURG. — Striking Natal Provincial Administration ambulance workers were given an ultimatum yesterday to return to work today or face disciplinary action. 96 (97)

This was announced by the NPA's acting deputy director-general Dr J Stewart in the wake of the "illegal" strike by employees of the Ambulance and Emergency Medical Services. ET 13/4/94

Road Traffic Inspectorate personnel and private ambulance companies have been called in to man the ambulances for the duration of the strike which affects Durban, Maritzburg, Greytown, Ladysmith, Estcourt, Ixopo and surrounding areas.

- East London's Frere Hospital is taking only emergency cases following an influx of patients from Transkei where a strike by thousands of nurses has crippled services at 30 hospitals.
- About 200 student nurses at Bisho Hospital went on strike yesterday, complaining they and patients were being fed little more than mealie meal. — Own Correspondent, Sapa

Metro to get bigger, better ambulances

Southeaster

BY SHANNON NEILL

INADEQUATE ambulances and frozen posts in the Emergency — or Metro — Rescue Services caused by massive budget cuts in the Health Department last year are finally being overcome.

Dr Pete Malan, Head of Metro, said it was clear last year the service's big ambulances would have to be replaced but budget cuts prohibited this. They hoped ambulances would last till the end of the year, but they did not.

As an emergency measure they were replaced with small, mini-bus-type ambulances while big ones were built. (97)

There were problems with the small ambulances. They accommodated two patients and in accidents like taxi crashes as many as five vehicles had to be on the scene. (Supp to Sent)

Paramedics struggled to do complicated procedures in the small vehicles. 1016-1461944

Dr Malan said the big ambulances finally arrived in March — three months late.

"The quality of workmanship was terrible and they had to be sent back," he said.

They lacked space between wheels and at high speeds had tyre blow-outs. In the 18 hours they were on the road two vehicles had blow-outs.

"We sent them to be repaired and expect them back this week. They're still not adequate, but they're better than the mini-bus ones," Dr Malan said.

He sympathised with "poor paramedics" who had to work in the small vehicles.

More big ambulances should arrive in September.

Posts were also frozen because of budget cuts so staff who left the service were not replaced.

Dr Malan said one way the service dealt with this was to take people from the rescue service who spent time at the base and put them on ambulances.

Many paramedics left because of the conditions and worked for private ambulance services.



LABOUR DISPUTE ... Angry members of the Health Workers' Union yesterday marched on the Cape Provincial Administration building in Wale Street to protest about their poor wage increases. A spokesman for the protesters claimed they were owed 13% in back pay, and they demanded a minimum wage of R1 500. Picture: STEWART COLMAN

Health union protests in city

ET 21/6/94 (97) (98) (15)

Staff Reporter

ANGRY members of the Health Workers' Union marched to the Cape Provincial Administration building in Wale Street yesterday and blockaded the entrance to protest against "inadequate pay increases".

About 250 clerks and general assistants waved banners proclaiming "Down with unfair labour practices", "Away with the old regime" and "Down with the merit system" as police stood by.

Dr Norman Maharage, general secretary of the Health Workers' Union, said the government owed health workers 13% in back pay.

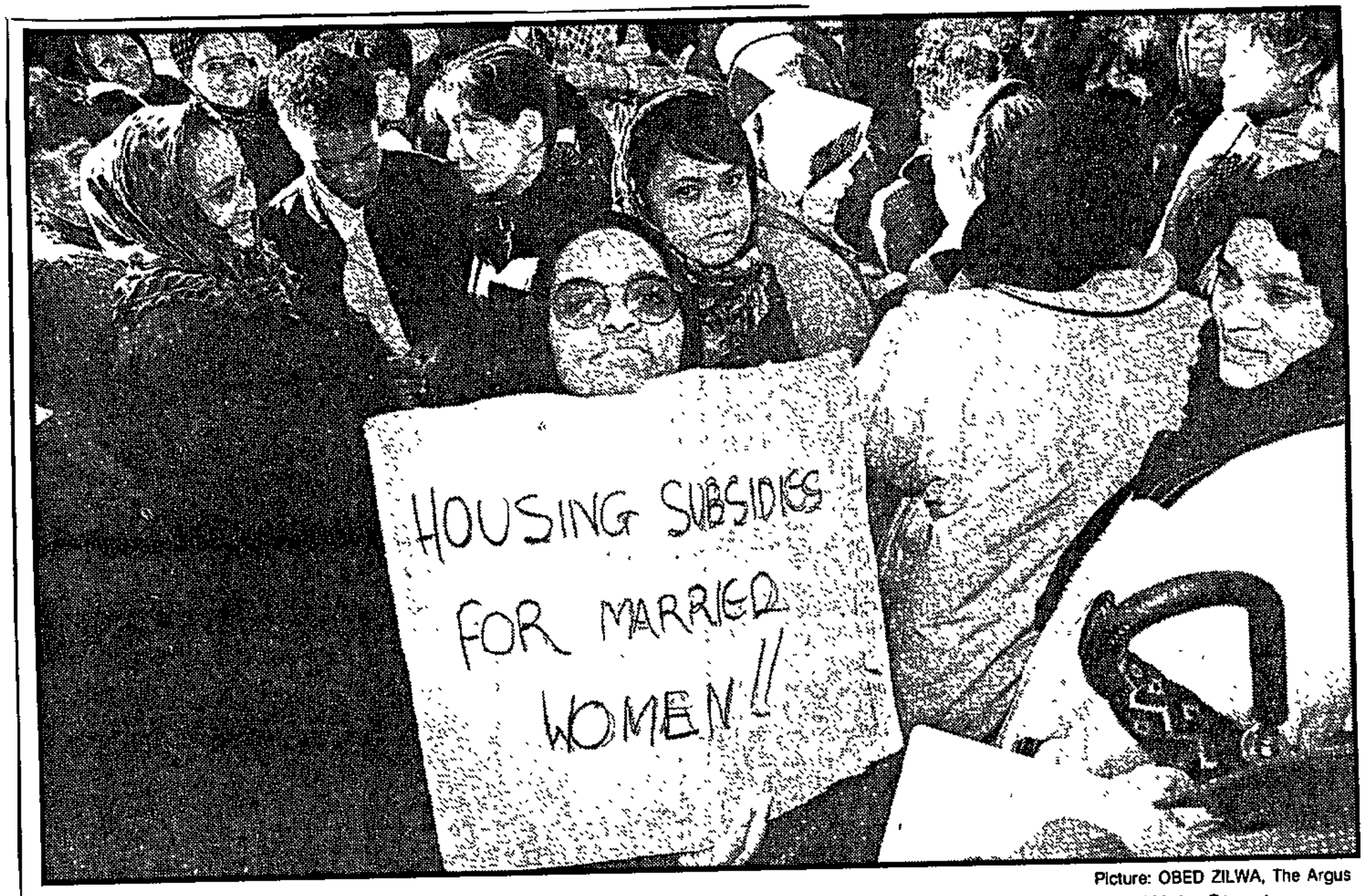
"We were only given a 3,5% increase last year and the same amount this year which is totally inadequate and has not nearly matched the inflation rate of 10% — workers are poverty stricken," he said.

He said workers were demanding a minimum wage of R1 500 which was "not unreasonable".

Top officials at the CPA, he said, awarded themselves an 18 to 20% increase last year as well as luxury cars on their so-called "merit system".

The director-general of the CPA, Mr Herbert Beukes, and the director of labour relations, Mr Pierre Oosthuizen, yesterday met with representatives to discuss their grievances.

They were not available for comment.



Picture: OBED ZILWA, The Argus

DEMANDS: Health workers protest outside the Cape Provincial Administration building in Wale Street.

ARG 21/6/94 (97) (124) (144)

CPA to probe promotions allegations

Staff Reporter

AN investigaton into promotions at Groote Schuur hospital has been ordered after staff picketed Cape Provincial Administration offices in Wale Street, alleging the promotions had been unfair.

The CPA asked the Health Workers' Union for 24 hours from yesterday to complete the investigation before continuing talks.

The union is to take up a 3,5 percent wage offer, which they have rejected, with the national commission for administration.

Union spokesman Norman Maharaj said the group of about 100 picketers were dissatisfied with their salary increases for 1994 and the merit system by which workers were promoted.

Dr Maharaj said the inflation rate for the past two years was more than the two 3,5 percent increases granted over the same period.

"Workers are getting a dismal increase while officials at director's level got increases of between 18 percent and 20 percent.

"In addition, members of parliament, who are also civil servants, are getting huge pay packets."

Dr Maharaj and four other union officials were allowed into the building about 3 pm.

They met a CPA team headed by director-general Herbert Beukes.

People with only five years' service had been promoted over the heads of people with 20 years' service, Dr Maharaj said.

SOS from ambulance service

BY VICKY STARK

ANGRY ambulance staff appealed to the regional minister of health and welfare, Mr Ebrahim Rasool to help them save lives, not transport dead people.

"We're working as undertakers not rescuers," said ambulance driver, Mr Archie Flax.

"There is one ambulance to every 150 000 people in Cape Town. We sometimes arrive at a scene five - and - half hours after a distress call to the control room. By the time we get there, the person has died."

The 40 ambulance staffers, who met Mr Rasool at the Pinelands depot, feel the lack of equipment and personnel leads to hundreds of unecessary deaths.

"We have to stop killing our people. The government must take responsibility for upgrading the ambulance service," Mr Flax said. Souke cister



EMERGENCY: Ambulance staffers list their grievances to health minister Ebrahim Rasool

The ambulance staff also complained that fire chiefs and traffic department heads were managing the ambulance services.

"We need experienced ambulance people to manage the service," said Mr Benjamin Arendse. 117 - S17194

He expressed his concern about a manager spending R3-million on satellite tracking equipment for ambulances.

"That equipment doesn't even work. Why don't they buy more ambulances?"

The lack of blankets and stretchers also affected the service. "Blankets have to be cut in half, the comfort of the patient isn't considered," said Mr Arendse. Csuppl to Sauk

Rural workers also told of racial wage differences and 72-hour shifts spent working alone.

Mr Rasool invited ambulance staff at the meeting to help rebuild the service in the Western Cape. (97)

"We have set ourselves a six-month period to find the best way to reform the health services in this country," he said.

"Mr Faried Essack and Ms Shiela Lapinsky, who serve on the strategic management team, are consulting with other experts in the field to ensure that we rebuild the health system."

(97)

Ambulance services disrupted by protest

JENNY VIALL
Staff Reporter

AMBULANCE services were disrupted in Cape Town today when ambulance workers refused to go on duty with beach constables.

The beach constables completed a three-week intensive training course and were to start working today with the ambulance service for the winter months.

Ambulance workers say they were not consulted on the moves. They are also unhappy that the beach constables are to get a five percent pay increase. ARG 4/7/84

Rod Douglas, chief officer of Cape Ambulance Rescue Services, said the South African Municipal Workers' Union and the council had negotiated the new deal.

An ambulanceman said: "We work in pairs as a team and now they are splitting us up."

Mr Douglas said: "I sympathise with them when it comes to splitting up partnerships but once the constables find their feet we will put them back with their partners.

"All I am asking is that in their own interests and the interests of the community they put their grievances aside so that we can get more people on the road."

ried persons". — Sapa.

Traditional medicine guidelines accepted

KATHRYN STRACHAN

TRADITIONAL healer Solomon Mahlangu's proposals on the registration and control of traditional medicines have been accepted unanimously by the Medicines Control Council of SA, and placed before the Health Department.

Mahlangu, the first traditional healer to address the council, proposed that a special committee be established to look into herbal medicines, to liaise with healers and to guide the council on registration and control.

In the meantime, he proposed that traditional medicines already in use be registered under an interim clause.

Nigel Gericke of Cape Town University's traditional medicines programme said it was important for the pharmaceutical industry to understand the role traditional medicines played, and the size of the trade in herbal remedies which was estimated at almost R1bn a year.

Traditional medicines could be incorporated into the mainstream of SA's pharmaceutical industry by screening traditional medicines for active compounds that could be developed into ethical drugs, or by producing a range of traditional remedies into standardised herbal extracts and teas.

It was a misconception that traditional medicines were mainly used for magical or ritual purposes, said Gericke. The remedies consisted of a large number of pharmacologically active plants.

NUM will appeal to govt

ERICA JANKOWITZ

THE NUM would approach Labour Minister Tito Mboweni to discuss a lack of conciliation board mechanisms in the former Bophuthatswana, as it was unable to pursue this route in its wage dispute with Impala Platinum Mines, the union said.

The NUM said it had declared a dispute with the mine — the world's largest platinum producer — with the company offering a "meagre" 4% wage increase and the union demanding 12%.

About 30 000 workers were affected by the dispute.

A conciliation board involving the Chamber of Mines and the NUM would sit on Wednesday after the union rejected an average 8% wage increase on member mines. Other areas of dispute were holiday leave allowances, provident fund contributions and traditional healers, the NUM said.

KATHRYN STRACHAN reports Impala Platinum responded yesterday that the figures of 4% and 12% quoted by the NUM ignored the costs of union demands for improved benefits. Once these costs were included, the management offer was worth 6% and union demands still exceeded 30% of wage costs.

Impala management said it had offered to assist the union in clarifying the legal position with regard to conciliation board proceedings in Northwest.

Wage negotiations between union representatives and management would continue today.

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'Morgue service, rather than an ambulance'

South 1218 - 16/8/94

By Shannon Neill

AMBULANCE service workers met again at the weekend to try to find a solution to the problems of shortages in staff, funds, equipment and vehicles.

They also claimed management is over-staffed.

A working group that will report to minister of health and social services, Mr Ebrahim Rasool, has been set up to investigate and improve the service.

The workers claim the service is often a morgue rather than an ambulance service because it is understaffed, particularly in the rural areas where one person functions as ambulance driver and paramedic.

(97)

"If something goes wrong on the way to the hospital you have to decide if you must stop and help the patient or keep on driving and get them to hospital," a medic from the rural areas said.

"Sometimes we get to a patient five hours after being called out, only to find the patient dead."

Staff claim too much money is spent on management, citing that in the rescue service there are 11 officers for less than 30 people. This means for every three rescue medics there is a station officer and an assistant station officer.

Staff say the needs of the service are incorrectly prioritised. Recently R500 000 was spent on two rescue vehicles which are seldom needed compared to the demand for ambulances.

The money could have been better used to buy ambulances, staff say, as the ones currently in use are too small and under-equipped.

A member of staff, who did not want to be named, said six small ambulances had to be sent to an accident on a road near Darling last week.

"There were 24 people involved. We fitted one person on a stretcher and the rest had to sit all the way back to the hospital. While those six vehicles were at the accident other injured people had to wait.

"Because of the conditions we cannot provide the public with the service they deserve and we get blamed," the medic said.

Senior deputy city administrator, Mr Bernie Botha said he was aware more ambulances were needed. Because subsidies were severely cut the service subsidised by rates last year since the province couldn't provide the money.

He said the working group would investigate the claims that management was over-staffed.

The council had no say in the purchase of the two rescue vehicles, he said.

He could not comment on conditions in the rural areas.

THE

ARG 14/12/94

Overhaul of ambulance services on the cards

(97)

MICHAEL MORRIS
Political Correspondent

A MAJOR overhaul of ambulance services in the Western Cape is on the cards following a far-reaching "strategic appraisal" pin-pointing key problems and suggesting solutions.

Some improvements have already been made and others are expected in the new year.

The 130-page report — released by regional Health Minister Ebrahim Rasool yesterday — is being studied by "key role-players" who have until February to comment on the findings.

This will be followed by a forum in April to "thrash out a plan of action".

Key recommendations include:

☐ Funding switch is key idea

● Changing funding procedures so that the province will provide a subsidy for a minimum service, with local authorities contributing more money where necessary;

● Cutting non-emergency use of ambulances and providing cheaper alternative transport for inter-hospital transfers;

● Upgrading and providing better ambulance equipment;

● Beefing up operational and control measures to improve response times;

● Ensuring closer cooperation between public and private ambulance services;

● Standardising recruitment, promotion and pay, and introducing affirmative action,

● Introducing a more "participative" management style to improve worker/employer relations as well as morale and discipline, and

● Launching a public awareness programme to curb the abuse of the emergency services for non-emergency purposes — presently accounting for between 30 and 40 percent of ambulance trips.

Among several long-term recommendations is that more fully equipped hospitals be provided closer to large residential areas to reduce the load on the ambulance service.

The task team appointed by Mr Rasool in August — and headed by Elize Appel of the National Progressive Primary Health Care Network — found that key problems in the ambulance services were:

● The absence of accountability of the service to the community;

● Unhappiness with recruitment, conditions of service and promotion which had led to "demotivation and dissatsifaction" among ambulance staff, and

● "Inadequate resources" as a result of "budgetary constraints and inadequacies" and funding which had not kept pace with inflation.

Mr Rasool had called for the comprehensive report because attempts to deal with crises in the service in an ad hoc way was becoming "unbearable".

He said while the "implementability" of the report depended to a large extent on the national restructuring of health services, budgetary allocations to the Western Cape and the restructuring of local government, many of the recommendations could be acted on with spending money.

medicine ● Light-skinned people beware the sun

Move for a link with traditional healers

By Mokgadi Pela

THE Medical Association of South Africa (Masa) has published a discussion document on the possible collaboration between western and traditional medicine.

This, according to Dr Edoo Barker, chairman of the committee for science and education of Masa, is in recognition of the fact that about 80 percent of South Africa's black population consult traditional healers.

Barker said there were about 200 000 healers practising in South Africa. This means one healer attends to about 300 patients.

"Statistics also show that up to 80 percent of all babies in rural areas are delivered by traditional birth attendants. The traditional healer has enormous influence with the patient and his family and community.

"It therefore means that in general, he or she makes a positive and beneficial contribution to the cultural and spiritual life of the individual and the community," Barker said.

"The traditional healer shares with the patient a view of the world and the way it works. The western healer, on the other hand, focuses on the nature and causation of disease. This obviously makes it impossible for western doctors to understand all those aspects of the patient which are essential to effective medical care," he said.

Landmark recommendations about traditional healers' potential role in the South African health care system include:

●A nationally legislated policy accepting traditional healers as health care workers;

●A standardised core training programme in aspects of bio-medicine relevant to the provision of primary health care service to enable traditional healers to understand western healing;

●The creation of a national drug schedule of traditional medicines;

● More empirical research on traditional healing; and

●Education of the medical profession about traditional healing in an attempt to dispel misconceptions and suspicions.

This study by the Medical Research Council was commissioned by Masa to provide doctors with an insight into the world in which many of their patients live.



FLASHBACK: Traditional healers on the march against Aids.

Healers closer to their patients

By Mokgadi Pela

TRADITIONAL healers have an important role to play in Primary Health Care, the *South African Medical Journal* says in an article in its latest edition. They are usually the first contact between a black patient and health care services.

"Therefore, health workers should realise that the traditional system is important if PHC is to succeed," the *SAMJ* says.

"Traditional healers are very popular because they provide culturally familiar ways of explaining the cause of ill-health and its relationship to the people's social and supernatural worlds.

"There is no cultural difference between the traditional healer and his patients.

Living in the community and speaking its language makes them acceptable and accessible.

They are therefore the primary health care workers of rural folk," the article says.

SAMJ believes that if traditional healers were to work hand in hand with western medicine, many patients would be saved from complications of certain ailments.

Long debate but the eyes have it

(97) Star 13/6/95

■ BY JANINE SIMON

After years of debate — and a kick in the right direction from the Minister of Health — registered optometrists are now free to advertise the prices of lenses, services and frames.

The kick came in March in the form of a letter from Minister Nkosazana Zuma to the registrar of the South African Medical and Dental Council.

Zuma said she could under no circumstances defend the prohibition of advertisements for free services or prices of lenses.

The letter probably hurried the council into accepting the January resolution of its executive committee to allow the direct price advertising of optometric items or costs of services, a SAMDC spokesman said yesterday.

Although the change had still to be approved by the minister and lifted from the statute books, the chance of any registered optometrist being investigated for advertising lens prices or free services was "remote", he said.

Optometrists are, however, restricted from misleading, self-promoting or comparitive advertising, and could be reported for that.

The change to regulations has already unleashed a round of advertising and price cutting in the profession, and consumers should be aware of both the quality and price of products being offered, the council warned.

Health care diploma for traditional healers

(97) (95) Sowetan 20/11/95

By Glenn McKenzie

TRADITIONAL healers could soon be "rolling the bones" and analysing ancient remedies in university classrooms.

Next January, Rand Afrikaans University (RAU) will kick off a unique three-year traditional health care diploma programme for practising *inyangas* and *sangomas*.

It is believed to be the first course of its kind in South Africa and possibly the only one in the world.

Traditional doctor Seth Seroka says the programme will "improve the standard" of the craft by giving healers a practical knowledge of modern disciplines like primary health care, anatomy, physiology and botany.

Seroka, who is a board member of the African National Healers' Association (ANHA), has "a few complaints" about taking traditional medicine into the lecture hall. For one thing, he claims healers were not consulted when RAU developed the course's new curriculum.

Still, he is optimistic about the course and has already enrolled. According to university officials, about 300 other healers have also expressed interest since the course was first announced in *Sowetan* last month.

"We would have started our own institute of learning a long time ago if we had the funds," he said.

Seroka believes it is important that the RAU programme should not tamper with the "spirituality" of the craft.

Traditional healers will still develop contacts with their ancestors in time-honoured ways (outside the classroom).

"We will leave the spiritual realm where it belongs," said Seroka. "In the university, we want to learn about primary health care and botany."

Don't forget herbology, chemistry, pharmacology, law, management and entrepreneurship. And for those who gather herbs and other medicines, there will be classes in environment-friendly harvesting techniques.

The programme, which costs about R1 800 a year, is good value for a healer's money, says Seroka. Students will gather for lectures about four times each year.

Much of the course will be conducted through the post.

At the end of the programme, the university will give healers a university diploma and "official accreditation" with the ANHA.

(This is in spite of the fact that traditional healing is technically still illegal in South Africa except in KwaZulu-Natal. Recently, the African National Congress promised to include traditional medicine in national health strategies).

Aspiring traditional medical students must be able to read and write English or Afrikaans.

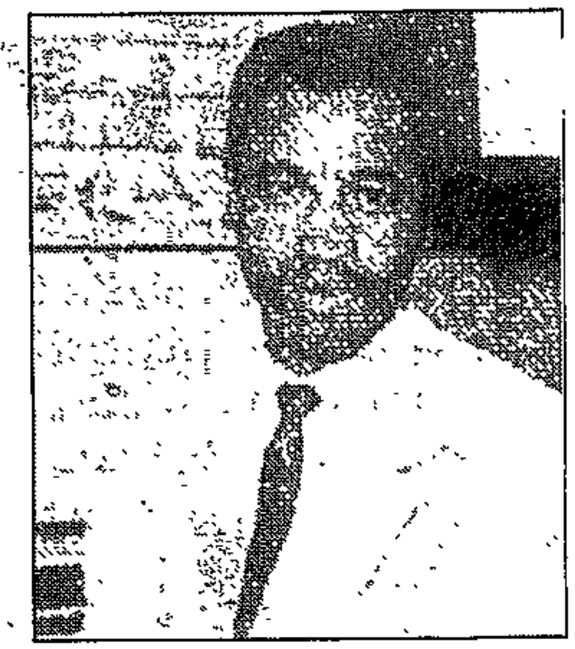
They must also be fully-fledged "practising healers".

RAU public relations spokeswoman Ms Wilna de Beer said the course is designed to "give traditional doctors the opportunity to make more informed decisions about their remedies".

In addition to the above classes, the programme will also teach basic medical practices, including hygiene, the use of sterilised implements, and so on.

Graduates will be required to write three two-hour papers in the third year.

Classes will begin in late January or early February 1996, according to university administrators. "We must consult the healers before we make a firm date," said nursing professor Dr Hester Klopper.



Traditional healer Seth Seroka ... learning about primary health.

"We will leave the spiritual realm where it belongs"

FOCUS ON TRADITIONAL HEALTH



The graduation ceremony of a group of traditional healers after having completed a course at the Tshiawelo clinic. PIC: EUGENE SITHOLE

Valuable course for healers

(97) (80) Sowetan 20/11/95

By Eugene Sithole

RECENTLY traditional practitioners, professional doctors, civic association members and other community members gathered at the township clinic in Tshiawelo, Soweto, to celebrate the graduation of a yet another group of traditional healers who had enrolled for a course at the local clinic.

Tshiawelo clinic is one of only a handful of health facilities which have started teaching traditional healers about Aids, tuberculosis, leprosy and other common diseases.

Nurses at the clinic use videos and lectures to communicate primary health care messages to the healers.

"The aim of the training is for all of us to learn from one another," says Mrs Margaret Seleso, a nurse and a course instructor.

"In other words, we are learning from traditional practitioners and they are also learning more about diseases and sicknesses. It is a blessing to see traditional practitioners working with us."

At first, Seleso battled to teach the healers because she was forced to translate information from English into Sotho, Venda, Tsonga, Zulu and other languages.

The training course, which began in 1994, is offered free of charge.

Over 50 traditional practitioners graduated last year.

Another 50 traditional graduates underwent training and received certificates this year.

Mrs Tshinakalo, a traditional healer who graduated last year, says one benefit of the programme is that she now refers some of her patients to the clinics or Baragwanath Hospital.

"No one knows everything. There are diseases and sicknesses which I cannot heal. The sicknesses I am able to cure are cancer, diarrhoea, and stomach aches," she claims. "If a patient needs an X-ray, I refer them to the hospital or clinic."

Mr Peter van Zyl, a traditional healer, says the health profession needs to distinguish between bad and good traditional doctors. Failure to do so will mean good healers do not receive the recognition they deserve.

"Being a traditional doctor is never easy. When it comes to white society, it is difficult to live freely as a traditional doctor. I have suffered a lot," he says.

"There are people who used to throw stones at me because I was a traditional doctor. But there are also many people who come to me when things go wrong."

Van Zyl adds: "I believe in the spirit of humanity. Without *ubuntu* many people become evil and start cutting people's bodies apart to make *muti*."

Tshiawelo Civic Association spokesperson Mr Simon Baloyi says traditional doctors and professional doctors could play an important role in raising the standard of health in the community.

He says: "I think it's about time people started taking traditional doctors seriously. And traditional doctors have a duty to prove to the community that they have what it takes when it comes to healing."

Can syringes replace spirits and shrubs?

Star 7/3/96 (97)

Traditional African medicine plays an important role in the lives of many millions of South Africans. But will it continue to do so now that the nation is poised for the introduction of free and more widely accessible health care of the Western variety?

By David Robbins
Health Writer

In Mali, one of Africa's poorest countries, the programmes imposed by the IMF are having an unexpected result. As budgets for social services shrink, so do fees for basic medical care at clinics and hospitals rise. This has turned increasing numbers of cash-strapped Malians back to the traditional medicine option.

A development aid worker in Mali told me recently that the current estimate was that more than 90% of Mali's population once more consult traditional healers for their basic health needs.

What are the implications for South Africa? Here, unimpeded by IMF programmes, the whole point of current policy reform is to make health care cheaper and more accessible. Hundreds of millions of rands are being spent on improving services in the remotest areas; and from April 1, primary health care (PHC) will be free to all. Does this mean that the importance of traditional medicine is set to decline?

"It's difficult to believe that it will, certainly not in the immediate future" says Dr Engela Pretorius, an expert on traditional healers, who is attached to the department of sociology at the Free State University.

A survey undertaken by the University of Pretoria in 1994 indicated that 80% of black South Africans still make regular use of traditional healers. Even nurses are not excluded: 50% of them consult sangomas (healers) or inyangas (herbalists) for personal or family health problems before turning to the Western expertise in which they are trained.

Pretorius lists several reasons to support her conviction that the influence of traditional medicine is not set to decline. "Rapid urbanisation and the attendant culture shock, as well as the socio-economic legacy of apartheid, have all combined to create great difficulties for individuals. Under such conditions, traditional healers have an important role to play.

"They definitely provide a soothing influence on people living in unstable situations. In addition, the dual utilisation pattern, where people use traditional and Western medicine, is well established and unlikely to be disrupted by introduction of free PHC."

Of course, the debate concerning the comparative efficacies of traditional and Western medicine continues.

It's not simply a contest between bark and monkey paws on the one hand, and hygiene and hypodermics on the other. Each system has it strengths: Western medicine has hi-tech equipment and wonder drugs; its traditional counterpart provides a much more holistic approach to ill-health which embraces the socio-cultural and religious dimensions of the patient's condition.

But should the two systems be regarded as complementary?

Many people do regard them thus. Provincial health authorities are providing special PHC training for traditional healers, while the Medical Association of South Africa has formulated guidelines for co-operation (especially in the field of mutual referrals) between doctors and their traditional counterparts.

Even national health policy makes vague noises about the need to investigate the incorporation of traditional medicine into the national health system. But there's no final word yet about how the tens of thousands of traditional healers should be controlled (as Western-trained practitioners are by the SA Medical and Dental Council), nor about the financial implications of incorporating them into the overall health-care system.

Perhaps they never will be formally incorporated, but this does not mean they won't be widely used by millions of ordinary South Africans. But should ordinary South Africans be offered some form of assistance in paying for such services?

"Yes," is the emphatic reply from Ian McLaren, marketing executive of Traditional Healers Worker Benefit Scheme. "This scheme (THWBS) has been devised to address the needs of formally employed black workers who use traditional healers."

The monthly contribution is between R128 and R348. Half of this could be paid by employers, as they do for medical aid contributions. For the full amount the member gets the following:

- Two membership cards, one for himself, the other for family members if they live away from the member, for example in outlying rural areas.
- A monthly credit of between R100 and R300 with which to pay for the services of traditional healers. This comes in the form of vouchers which only registered traditional healers can redeem from THWBS.

These monthly credits can be accumulated and used at any time, even after the member has left his employment or has terminated his membership of the scheme.

- The member and his dependants receive immediate funeral cover, and on his death his beneficiaries are entitled to a further 10 years of monthly credits to use on the services of traditional healers.

With regard to the registration of the healers, McLaren explains that the Traditional Healers' Organisation of South Africa (Thosa), and smaller local associations, have elaborate methods by which individual healers are accepted into the fraternity.

"We generally go along with their recommendations. We established a committee comprising members of some of the associations to advise on registrations."

McLaren said THWBS had already registered "tens of thousands" of the estimated 100 000 healers in the country. "One of the problems is that there are probably an equal number of charlatans. Adequate registration criteria are clearly vital to protect our members from these people, and to ensure that only reputable healers get paid."

THWBS has already approached more than 80 commercial companies with a view to interesting them in offering the benefits of the scheme to their employees.

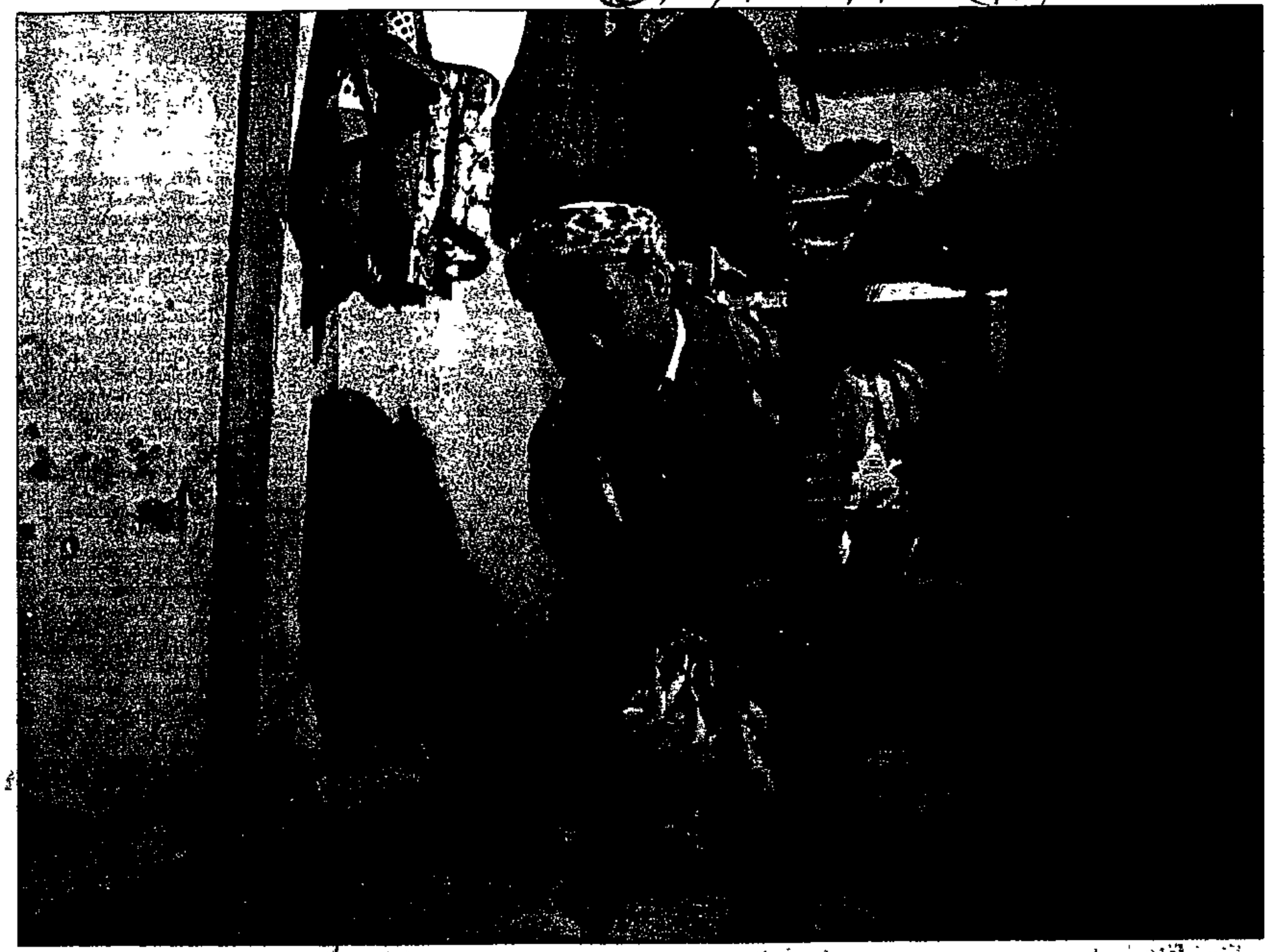
Time will tell whether they take the opportunity.

Pretorius comments: "I think that the THWBS plan is quite feasible. It's one of several schemes attempting to finance the use of traditional healers, and it may well serve as a pilot for the shape of things to come."

One hindrance to a widespread acceptance of THWBS and similar schemes, however, must be the pending proposals for the introduction of a mandatory hospital benefits package for which employers and employees will be jointly expected to pay.

Will they also then be able to afford the services of traditional healers?

DEBBIE YAZBEK



Holistic approach ... sangomas may eventually be incorporated into the national health system.

Healers asked not to make cure claims

(97) CT 15/3/96

OWN CORRESPONDENT

THE Traditional Healers Organisation for Africa has asked its 80 000 members to stop claiming that traditional healers can cure Aids.

"This is a disease that's new to us. It's something we don't know," international president of the organisation Dr Nhlavana Maseko said yesterday.

"We're asking them not to claim they can cure it until they know more about the disease."

Traditional healers can treat some of the symptoms but have not conducted enough research into the condition to be able to cure it, he said. The organisation has asked the Department of Health to make funds available to them to to conduct research.

The department has had considerable problems trying to get traditional healers to accept the use of condoms in Aids prevention, as many of them are suspicious of Western medicine.

While health workers may be able to persuade traditional healers to collect condoms for distribution among their patients, they are often discarded because of the problems they are believed to cause. Maseko refused to be drawn on the nature of the problems.

However, he said, the idea is beginning to catch on.

Lifetime support for Aids patients

TOKYO: The government and pharmaceutical companies agreed yesterday to pay lifetime support to Aids patients who say their infection by tainted blood products resulted from bureaucratic negligence and corporate greed.

About 400 haemophiliacs infected with the Aids virus sued the Health and Welfare Ministry and five companies that sell blood extracts haemophiliacs must constantly inject.

Their attorney said that for two years after it became known in 1983 that Aids could be transmitted through blood products that had not been pasteurised, the government continued to allow their sale and the companies aggressively marketed the unsafe products.

Only about half the plaintiffs are still alive. — Sapa-AP

Free primary health care at Gauteng clinics from today

(98) Star 1/4/96

Primary health care at 40 curative clinics in Gauteng will be free from today.

"We have been planning this for the past month. We are prepared, staff have been consulted, drugs are in place and we don't anticipate any problems," said the province's health spokesman Popo Maya.

"It's not yet winter and there probably won't be a flood of patients," he added.

It is expected to cost the department R16-million for the 1996-97 financial year and generate an extra 430 000 visits a year.

Most of the 40 clinics are in the central region (20), with the remainder on the East Rand (12), West Rand (three), Vaal (two) and Pretoria (three).

The Hospital Personnel Trade Union (Hospersa) welcomed the principle of free primary health care but condemned Health Minister Dr Nkosazana Zuma.

Hospersa had not been properly consulted about the plan, and there was considerable dissatisfaction with the timing, the union said.

Neither staffing structures nor conditions of employment had been sufficiently altered to compensate for the expected increase in workload.

There were insufficient primary health care nurses and the district health system was not yet in place, it said. – Medical Correspondent.

Soweto patients try out free clinics

(98)

Kathryn Strachan BD 2/4/96

THERE was an atmosphere of festivity as primary health clinics in Soweto opened their doors yesterday and treated all who came free of charge.

Patients flooded into the clinics on the first day of government's free primary health care for all – but clinics reported that despite the surge, the first day had gone smoothly.

"People are very happy they have been given this opportunity to get free health care," said chief matron Theodora Mohadi, who supervises all the clinics in Soweto.

The consulting room in Soweto's Zola clinic was packed, but matron Vivien Makedana said extra nurses and doctors had come in to deal with the flood.

At Chiwela clinic patients were in for a wait because they had all come before the clinic doors had opened, said matron Dorothy Mosaka. By 2.30pm the clinic had seen about 600 patients, and by 3pm there was just a trickle of patients coming through.

Some matrons said nurses had complained about being overworked yesterday, but the additional staff who had been brought in had helped

Gauteng deputy director-general of health Eric Buch said he was impressed by the commitment and enthusiasm of the nurses — as well as by their questions about how the plan would be sustained.

See Page 19

Limit on drugs faced if private sector fails to curb its prices

BD 2/4/96

Kathryn Strachan

GOVERNMENT has stated that unless reforms unveiled this week succeed in bringing down medicine prices in the private sector, it will have to intervene by limiting the number of drugs available.

The health department shelved an earlier proposal to extend the policy of an essential drugs list — which was introduced into state clinics yesterday — to the private sector.

Whether it later gets revived depends on the private sector's ability to contain medicine costs. The list limits the existing range of about 3 000 drugs, used by general practitioners and clinics, to a set package of about 200 drugs.

National Association of Pharmaceutical Manufacturers executive director Barney Sachs has said that applying the essential drugs list to the private sector would have "potentially disastrous consequences".

It was therefore in the interests of pharmaceutical manufacturers, wholesalers, retailers and private doctors to make sure that the measures unveiled this week succeeded in bringing prices down.

The department said at the weekend it planned to reduce the price of medicines dramatically on July 1 by introducing legislation to prohibit mark-ups by private doctors and pharmacy retailers..

Consumers will then pay only a small dispensing fee in addition to the wholesale price. The department was also introducing regulations which compelled doctors to prescribe cheaper generic medicines.

Representative Association of Medical Schemes executive director Declan Brennan welcomed the move, but warned of the dangers of "merely shifting costs" and called for consultation with all stakeholders to ensure that the consumer benefited.

He said that in SA 30% of medical aid is spent on medicines, compared with between 8 and 10% in the UK and the US.

Health ministry special adviser Ian Roberts said the drug policy unveiled this week addressed the entire medicine chain, and all levels including medical aids would be affected.

Pharmaceutical retailers have supported the move as they believe a dispensing fee will give them greater security than a system of mark-ups.

Pharmaceutical Society's Brian Walpole said the medical-aid schemes imposed a discount on mark-up, and the retailer came out with very little. The retail sector is struggling and an average of 2% are closing down each month.

There is also pressure on pharmacists to play a role in primary health care rather than simply surviving on retail profits.

The department's moves are aimed at creating transparency along the entire chain, so that customers will be able to see the exact mark-up on a product at each level.

Trade and Industry Department chemical and applied industries director David Walwyn says there is a long way to go in creating a viable pharmaceutical manufacturing industry. Because the cost of raw materials was high, very little profit was made.

Health department director of medical schemes, supplies and services Precious Matsoso said the high cost of raw materials for subsidiaries of multinationals was in many cases due to "transfer pricing" — the local subsidiary charged an excessive price for raw materials, leading to low profits locally.

She said that although trade and industry had removed the import duties on raw materials for pharmaceuticals last year, this step had not resulted in a lowering of prices.

Paarl hospital a bloodbath, say battle-weary doctors

(98) ARG 2/4/96

PIETER MALAN
Staff Reporter

PAARL hospital urgently needs a fully-equipped trauma unit with intensive care facilities to ensure its survival.

So says a Paarl surgeon, who has been rendering his services on a contract basis to the provincial hospital.

The doctor, who did not want to be named for professional reasons, is one of three Paarl surgeons threatening to withdraw their services from the local provincial hospital because the workload has become too great.

Speaking out publicly for the first time, he said that over the last two years violence-related trauma, and specifically gang violence, had escalated to such an extent that he and his colleagues could not do after-hours work and tend to their private practices as well.

"We are not prepared to work through nights to stitch up drunken gangsters injured in gang fights," he said.

"Nowadays the trauma unit at the hospital looks like a battlefield over weekends.

"The doctors and nursing staff simply cannot cope any more and those who are really ill do not get the attention they need."

He said it was quite normal to be called out between 10 and 12 times over a weekend.

One of the doctors now threatening to withdraw his services has an association with the hospital stretching back two generations, as his father had also been a doctor in the town.

"The hospital has become a bloodbath over weekends. Between me and my three colleagues we have had to deal with about 12 stab wounds in the heart already this year."

He said doctors were not unwilling to render the service to the community, but the act of juggling after-hours trauma work and the demands of a private practice had become too much.

He said 80 to 90 percent of all hospital work involved after-hours trauma.

"What Paarl Hospital needs is a fully-equipped trauma unit with staff and an intensive care unit," said the doctor .

At present, the hospital has no intensive care unit and patients needing specialist care are treated in normal hospital wards.

"If the trauma load is taken away from the hospital it would be able to survive," he said.

New laws soon to get the measure of medicine thieves

(98) (~~107~~) Star 3/4/96

OWN CORRESPONDENT
Durban

Measures to combat the large-scale theft of drugs from public sector hospitals and clinics are soon to be announced by the Government in a bid to prevent a repeat of the past three years, when drugs valued at R1,2-billion were stolen from the State.

Speaking at a nurses' rally in Durban yesterday, Minister of Health, Dr Nkosozana Zuma, said new legislation would be gazetted.

It would be an offence for private institutions and individuals to be in possession of and dispense public sector drugs.

In the past, prosecution, in cases of drug theft from the public sector, had been made difficult for the police due to a lack of witnesses prepared to stand up in court and testify to the actual theft.

Barda Pharasi, chief director of regulations, registration and procurement for the ministry, said the legislation would oblige pharmaceutical manufacturers to colour-code medicines.

Medicines would be colour coded into three categories: medicines for the public sector, medicines for the private sector and medicines for export. These measures would enable police to prosecute on the basis of possession and not only of theft, which in the past had been difficult to prove. He said those who were caught violating the new legislation faced the prospect of heavy fines and severe jail sentences.

Dr Zuma said: "As many hospitals and clinics don't report stolen drugs, we want to change the regulation so that police can prosecute the cases without statements, as long as it can be proved the drugs found were stolen."

Zuma said the concept was currently being negotiated with the pharmaceutical industry, which seemed willing to co-operate.

Prior to the drafting of the new legislation, police had conducted a feasibility study.

The legislation amending the regulations of the Medicines and Related Substances Control Act (Act 101 of 1965) would be gazetted for final comment before being implemented.

Dave McGlew, spokesman for Dr Zweli Mkhize, the KwaZulu Natal health MEC, said: "We are not looking for the nurse snitching a packet of aspirin, we look for those stealing in bulk and then selling the goods."

Pharasi commented: "This legislation alone will not end the wholesale theft of drugs, and therefore we are looking at other measures."

Community health service on the move

ARG 3/4/96 (98)

The Argus Correspondent

DURBAN. – Primary health objectives of the government have received a further boost with an additional 85 mobile clinics taken into service in KwaZulu-Natal.

The 85 vehicles, each costing R96 000, are intended to provide primary health services to about 340 000 people across the province, and each of the mobile clinics is expected to treat an estimated 400 patients per day.

National Minister of Health Nkosazana Zuma and her KwaZulu-Natal counterpart Zweli Mkhize said there had been a lot of input from nurses in the design of features of the new clinics, ensuring that their past experience was being used.

The ministers were speaking at Addington Hospital, where the keys of the first five vehicles were handed over to the primary health teams who will be using them.

About half of them will replace older mobile clinics, while the remainder will bring primary health care, health education and ante-natal clinics to areas that previously lacked a service.

Dr Mkhize said a total of 122 mobile clinics were now "cruising the countryside of KwaZulu-Natal".

The mobile clinics would relieve the workload of overcrowded clinics and hospitals in the cities, he said.

Wednesday April 3 1996 SOWETAN

Progress in health care

(98) Sowetan 3/4/96

AT LEAST 343 clinics will be built and 58 upgraded this year to give more people access to free primary health care, the Department of Health has announced.

Director-General Dr Olive Shisana said on Monday minor improvements would be made to 3 000 clinics.

Accessible

Launching the Government's free primary health-care service in Pretoria, she said the scheme would be meaningless unless facilities were accessible throughout the country.

"It will take us up to 10 years to achieve full access to quality health care," Shisana said.

Part one of the universal health-care plan, to be phased in from Monday, includes free medical service at public primary health care facilities such as clinics, community health-care centres and local authorities.

"It should be fully implemented by July 1," Shisana said.

Some drugs free

Medicines on a list called the essential drugs list for primary health care will also be free of charge from Monday.

Free health care for pregnant women and children under six years would continue.

Shisana said part two of the plan, entailing regulatory reform of the private health sector, will require legislation and amendments to regulations before being put into action.

Reforms

Some of these reforms will be incorporated in the National Health Bill.

The government was determined to provide basic health care as a fundamental right.

Shisana said progress in implementing the plan will be measured in terms of its impact on the health status of the nation. – *Sapa.*

Hospital gets life-saving boost

(98) BD 10/4/96

Kathryn Strachan

AN ORTHOPAEDIC hospital serving more than 5-million people in the Eastern Cape has received a R2,3m corporate-sponsored life-saving medical complex following a fund-raising campaign initiated by President Nelson Mandela.

Four high-tech operating theatres and an intensive care unit will improve medical services at Umtata's Bedford Orthopaedic Hospital, which has been grinding to a halt because of the lack of facilities.

Engen, Amplats and JCI have been donors to the hospital which takes referrals from 26 other hospitals in the area for major orthopaedic surgery.

There is also a project to set up a radiology department and a children's ward, and to refurbish other wards.

■ FISH HOEK

Cash-strapped hospital gets helping hand

(98)

Innovative donation scheme gives welcome boost

ARG 10/4/96

PETER GOOSEN
Staff Reporter

AN innovative system of voluntary public donations is just one of the successful fund-raising schemes helping cash-strapped False Bay Hospital haul itself up by its own bootstraps.

Chairman of the board Roy Anderson says in his annual report that the Fish Hoek/Noordhoek/Kommetjie TMS and the Simon's Town municipalities have agreed to open sub accounts for the hospital so people wishing to add a small donation to their municipal rates accounts can do so.

"We have made an excellent start and already some R30 000 has been accrued for the scheme," he said.

These days, R5 was merely a coin, but if only 2 000 householders contributed R5 each month to the scheme, the income would be about R120 000 a year, Mr Anderson said.

During the year under review, the board had received donations and other income of about R75 000 which had gone towards items such as medical equipment, audit fees and long service awards.

But the highlight of 1995 was an additional donation from the GD Murray Trust of R320 000, which was also used to buy essential equipment for the hospital.

Other supporters of the hospital include Toc H, Sun Valley, Lions Club, Moths Battledress Shellhole, Rotary Club of Muizenberg, FH Women's Association, FG Connock Trust and members of the 500 Club of False Bay Hospital.

The new equipment the hospital was able to buy has enabled it to render more safe and efficient patient care, Mr Anderson said.

False Bay Hospital's determination to go it alone could now take place. The proposed new staff establishment which would enable the hospital to take care of its own infrastructure including local management, staff, fees, offices and stores has all been approved by the Public Service Commission.

However, False Bay was ninth on the priority list of hospital restructuring in the Western Cape which meant implementation would take time to finalise, Mr Anderson said.

Bara patients face a long wait

BD 11/4/96 (98)

Ingrid Salgado

PATIENTS at Baragwanath Hospital in Soweto would have to wait several years for certain operations due to long waiting lists, Gauteng health MEC Amos Masondo said this week.

Replying to a written question from the DP, Masondo disclosed that the hospital's eye surgery unit had a waiting list of 1 500 patients who could expect to wait a year for their operations. Orthopaedic surgery patients would wait two years — they were on a list of about 100 patients.

About 200 patients in the trauma unit would wait three months for operations, 25 to 30 people would wait three weeks for semi-emergency operations and 50 patients would wait two months for non-emergencies.

More than 100 patients who required hand surgery would wait three months, 160 patients in the urology unit would wait four months, between 150 and 200 people needing plastic surgery would wait four to five months and those requiring spinal surgery would wait four months.

□ Sapa reports Gauteng DP health spokesman Jack Bloom said that the figures did not convey the suffering endured by sick people, who had to wait lengthy periods for operations.

Elderly people were being forced to wait for a year to regain their sight through the removal of cataracts, Bloom said.

Baragwanath surgery patients face 2-year wait

(98) Star 15/4/96

By Karin Schimke
Gauteng Reporter

Patients requiring surgery at Baragwanath Hospital have to wait up to two years to come under the knife, according to Gauteng Health MEC, Amos Masondo.

The problem, however, is not unique to Baragwanath, to Gauteng, or for that matter to South Africa, Masondo told The Star.

"It is an international phenomenon. Indeed, it would be difficult to find a state hospital anywhere in the world that would do on-the-spot operations as the need arose," he said.

The orthopaedic department has the longest waiting list – about 100 people, some of whom will have to wait two years for surgery. Those awaiting eye surgery, of whom there are 1 500 at Baragwanath, have a wait of no less than ten months, and sometimes a year. For semi-emergencies, patients may have to wait three weeks to be attended to.

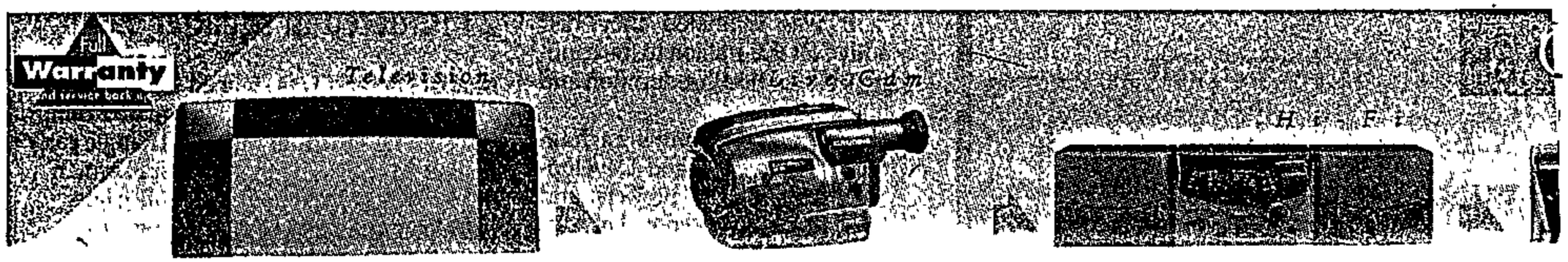
Masondo said: "Of course, the more emergencies the hospital has to deal with, the longer the wait. But patients are given attention long before their operations. They are given medicine and assessed and monitored.

"Doctors will only operate when they feel it is safe to do so and each case is evaluated individually for this."

Part of the reason for the wait is the unavailability of beds. Masondo said beds were "prized possessions" in every hospital.

"That is why we would like to fight long-term diseases through primary health care and education. For instance, the more Aids victims we have occupying beds, the longer people in need of surgery have to wait," Masondo said.

He said the department would vigorously pursue its programme of building clinics in an attempt to address the waiting list and other problems.



Hospital cut-back crisis

(98) ARG 15/4/96

TWEET GAINSBOROUGH-WARING
Staff Reporter

STAFF shortages at Victoria Hospital have forced the hospital to close 36 of its 177 beds.

"The hospital has a staff allotment for 115 beds and it was running 177," hospital superintendent Ria Kirsten said.

This meant a patient ratio of seven to ten patients per nurse existed, she added.

"The hospital decided to close the 36 beds to ensure patient safety as it becomes difficult to ensure all the patients' particulars are clerked," Dr Kirsten said.

Nurses are responsible for marking up medical treatments, changes in condition and whether meals and fluids have been taken.

At the beginning of the year an across-the-board moratorium was placed on the purchase and repair of equipment as well as on the creation and filling of vacant posts, she said.

The provincial administration authorities had come to an arrangement to help alleviate the staff shortages, but she said getting staff was a problem.

"Qualified nursing staff are in short supply because as soon as they are trained they leave the public sector for the better pay and better working conditions offered by private hospitals and clinics."

The nursing profession is also feeling the results of the reduction in the number of pupil nurses taken into training five years ago, she added.

"The private sector does not handle the training of nursing staff," she said.

The move prompted the Wynberg Health Committee to send a strongly-worded letter of protest to the Ministry of Health.

The committee believes the cut-backs severely hamper the hospital's ability to cope with patient referrals.

"The closure of 36 beds means the waiting time for referred patients is greatly increased, which is of concern to doctors," committee member Edward Arnott said.

He stressed the need for the public to be made aware they should first seek treatment at day hospitals and not referral hospitals like Victoria and Groote Schuur.

The committee also called for the immediate lifting of a moratorium on funds for buying and repairing equipment and secondment of additional staff to the hospital.

Working conditions should also be improved, the committee said.

Tara provides many mentally ill patients with the will to carry on

Star 15/4/96 (98)

By Winnie Graham

As a mother of five, Susan Morris (not her real name) believed child-rearing could hold no surprises for her.

Yet when her daughter, Mary (17), started behaving in bizarre fashion she was puzzled. Why would a perfectly normal, lovable young girl suddenly decide that her friends were conspiring against her, that "they" were going to kill her and that she had been warned to lock every door in the house?

Almost overnight the terrified teenager withdrew into her own world, refusing to speak to anyone. When she would not go to school, Susan Morris took her daughter to their doctor – a man who had known her from childhood. He prescribed medication and though Mary returned to school for a time, the problem persisted. Sometimes she was reassuringly normal but when "voices" instructed her, she behaved very strangely indeed.

It took a long time for the family to discover that Mary had the cruellest of illnesses: schizophrenia. Reality hit hard. Shattered by the news, the family almost fell apart. A much-loved daughter had become a difficult member of the family. They did not know how to treat her. They knew nothing about the illness and wondered if she could ever be cured.

There seemed to be no ready information, no structured programme to assist families and certainly nowhere their daughter could go to learn a skill. Their orderly existence became filled with confusion and chaos.

Susan Morris tortured herself with feelings of guilt. Had she done something to cause her child's illness?

Then someone suggested they visit the outpatients' department at Tara Hospital and their life changed. For the first time, mental health professionals tried to help the family gain insight into its dilemma.

"I had become aware that mental illness carries a heavy burden of shame," Susan Morris says. "I couldn't even discuss the problem with a friend without feeling my child was considered mad. Not even the medical profession understands the anguish and turmoil families experience as a result of living with a mentally ill relative."

Health workers gave family insight

Mary is the victim of a tragic illness which invariably strikes without warning in adolescence or early adulthood. It is an illness which plunges 1% of the country's youth into a twilight world filled with scary shadows and strange figures, making it impossible for them to live a normal life.

At Tara the family finally found the support and help of a caring medical and nursing staff. Mary was assessed and placed on daily medication. Her condition improved slowly and the family finally came to terms with the fact that although she would probably never be "cured" as such, her condition was entirely manageable with the help of medication.

However, not all the problems disappeared. Mary is constantly frustrated both by her inability to find work and her lack of motivation.

"The money we once saved for her university education we have now set aside for a time when we will no longer be here to support her," Mrs Morris said. "That anxiety is constant. What will become of her when we die?"

Tara will be there to help, although there is no doubt that the 141-bedded institution, founded just 50 years ago this year, is under increasing pressure to assist the growing number of mentally ill people in Gauteng and beyond.

The hospital was built in 1938 as a family home by a man of Irish descent, Walter Tillett. He named it after a hill in County Meath, Ireland, where his family had come from.

In 1942 the government bought the property for £37 000 to be used as the inland command headquarters of the Union Defence Force. For a time it functioned as a plastic surgery unit run by the Red Cross but at the end of World War 2, 150 military psychiatric patients were transferred there.



Sanctuary ... at Tara hospital, built in 1938 as the home of an Irish businessman who named it after a hill in Ireland.

Dr Hymie Moross, who had enlisted in the SA Military Corps at the start of the war, was the first medical superintendent of Tara. He pioneered the concept of the psychiatric team. His ideas laid the foundation for the treatment of psychiatric patients in South Africa today.

The first matron was Iris Marwick, who instituted the SA psychiatric training diploma and was instrumental in starting courses in many aspects of mental health. Dr Alice Cox was yet another veteran whose laudable work was recognised when Wits University awarded her an honorary degree of Doctor of Laws.

Treatment for all by the year 2000

The hospital today is staffed by a highly qualified and integrated multidisciplinary team consisting of psychiatrists, psychologists, social workers, occupational therapists and nurses. Schizophrenia is just one of a number of mental disorders treated at the biological unit.

In fact, all conditions with an organic or biochemical cause, including anxiety disorders and depression, which can be treated primarily by physiological and pharmacological means, are referred to the unit.

There is also an adolescent unit where young patients with behavioural problems, diminished functioning and suicidal tendencies are helped, with a school on the premises for pupils to attend once their condition has stabilised.

A children's clinic catering for youngsters up to the age of 13 is run as a separate unit. Here, staff conduct a range of assessments including perceptual, developmental, intellectual, socio-emotional, psycho-educational and familial evaluations.

The Eating Disorders Unit offers two programmes: one for bulimic patients and the other for anorexic patients. The psychotherapy unit emphasises psychosocial and emotional problems while the occupational therapy unit is seen as a holistic problem solving unit where each patient's problems are treated through purposeful activity.

Tara staff believe that the statement "health care for all by the year 2000" has decided implications.

"Firstly, everyone has the right to know how to care for his health and how to obtain assistance if needed, irrespective of religion, race or social status," they say. "Secondly, it presupposes a health system that supplies the individual with such information and a comprehensive health service which will provide for physical, psychological and social wellbeing."

■ Tara, the H Moross Centre in Hurlingham, Sandton, celebrates its 50th anniversary this year and as part of its celebrations will hold a tea party next month. But South Africa's foremost psychiatric hospital is not intent only on socialising. By inviting the public to visit on May 18 from 9 am to 12 noon, it wants to share its knowledge of mental health by giving a talk and inviting questions.

Tara provides many mentally ill patients with the will to carry on

Star 15/4/96 (98)

By Winnie Graham

As a mother of five, Susan Morris (not her real name) believed child-rearing could hold no surprises for her.

Yet when her daughter, Mary (17), started behaving in bizarre fashion she was puzzled. Why would a perfectly normal, lovable young girl suddenly decide that her friends were conspiring against her, that "they" were going to kill her and that she had been warned to lock every door in the house?

Almost overnight the terrified teenager withdrew into her own world, refusing to speak to anyone. When she would not go to school, Susan Morris took her daughter to their doctor – a man who had known her from childhood. He prescribed medication and though Mary returned to school for a time, the problem persisted. Sometimes she was reassuringly normal but when "voices" instructed her, she behaved very strangely indeed.

Health workers gave family insight

It took a long time for the family to discover that Mary had the cruellest of illnesses: schizophrenia. Reality hit hard. Shattered by the news, the family almost fell apart. A much-loved daughter had become a difficult member of the family. They did not know how to treat her. They knew nothing about the illness and wondered if she could ever be cured.

There seemed to be no ready information, no structured programme to assist families and certainly nowhere their daughter could go to learn a skill. Their orderly existence became filled with confusion and chaos.

Susan Morris tortured herself with feelings of guilt. Had she done something to cause her child's illness?

Then someone suggested they visit the outpatients' department at Tara Hospital and their life changed. For the first time, mental health professionals tried to help the family gain insight into its dilemma.

"I had become aware that mental illness carries a heavy burden of shame," Susan Morris says. "I couldn't even discuss the problem with a friend without feeling my child was considered mad. Not even the medical profession understands the anguish and turmoil families experience as a result of living with a mentally ill relative."

Mary is the victim of a tragic illness which invariably strikes without warning in adolescence or early adulthood. It is an illness which plunges 1% of the country's youth into a twilight world filled with scary shadows and strange figures, making it impossible for them to live a normal life.

At Tara the family finally found the support and help of a caring medical and nursing staff. Mary was assessed and placed on daily medication. Her condition improved slowly and the family finally came to terms with the fact that although she would probably never be "cured" as such, her condition was entirely manageable with the help of medication.

However, not all the problems disappeared. Mary is constantly frustrated both by her inability to find work and her lack of motivation.

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FRIDAY
JUNE 14, 1996 ★

RASOOL GIVES ASSURANCE

No West Cape health workers to be axed

LT 14/6/96 (98) (97)

"IN TRYING to implement reforms we could run the real risk of collapsing our academic health centres," Health and Welfare MEC Ebrahim Rasool said yesterday. Health Writer **ANEEZ SALIE** reports.

NO health workers in the Western Cape will be retrenched this year despite deep budget cuts, says Health and Welfare MEC Ebrahim Rasool.

This has been achieved through shifts in staff, voluntary severance, cutting duplication among teaching hospitals and drastic belt-tightening across the board.

The reassurance for thousands of health sector employees was contained in Rasool's budget speech to the Western Cape provincial legislature yesterday.

It should help ease a deep-seated uncertainty about the future of health services, he said.

The total projected expenditure for the year is R2,5 billion. It is characterised by the need to drastically adjust spending between and within provinces from the rich to the poor.

The Western Cape, with its three tertiary hospitals and other facilities, is comparably well-resourced, although the centres are in the wrong places, far from the poor, because of apartheid planning.

Although his department was committed to equity, Rasool warned that the pace and scale of the prescribed changes were not manageable.

"In essence I believe that we are underestimating the cost of transformation, and in trying to implement reforms we could run the real risk of collapsing our academic health centres," he said.

He further warned that there were limits to reductions, "and we are very much on the edge of those limits".

Academic hospitals have been given R97,5m less for the current financial year. This will be managed in two ways.

First, a shift of resources, mainly staff, to primary and secondary health centres, which will account for R52,8m, of which R47m has already been shifted, even though the financial year is not yet a quarter way through.

Secondly, R44,7m will have to be divided pro rata between the three academic hospitals, and will have to be achieved by ending the costly duplication of services and facilities, and by general belt-tightening.

This process is being undertaken by the management and staff of the three centres, in consultation with the health department.

Rasool stressed that none of the institutions would be favoured for political or any other reasons (he is an ANC leader).

Specifically, he denied that Tygerberg had been punished because it was in an NP area, as alleged in an Afrikaans daily.

Hospital staff to get some pay relief

(97 ~~98~~) 27/7/96

OWN CORRESPONDENT

PRETORIA: State hospitals' medical staff whose paypackets were distinctly slim this month can expect to receive a separate cheque for at least some of the money by the end of July.

Salaries were to have increased by up to 40% this month, but through an administrative error none of the staff has been paid the overtime due. This has caused huge dissatisfaction and threats of strike action if the payments are not made soon.

Until the matter had been sorted out, the doctors would receive their old overtime payments as an interim measure, said Mr Pieter van der Berg, chief director of provincial services.

"We have asked the hospitals to let them have it before the end of the month.

The increase in overtime payments has yet to be finalised. The difference is to be added to salaries as backpay as soon as the new rate has been set.

ARG 27/7/96 (96)(97)

When nature comes to cure illnesses (Aids)

PAUL OLIVIER
Staff Reporter

Herbalist Louis Smit believes the herbal wealth of South Africa, if properly analysed, could lead to finding cures for many illnesses and diseases.

SOUTH AFRICA's herbal wealth is being neglected, in spite of herbalists' claims that the correct use of plants will almost certainly lead to cures for many illnesses.

South Africa has a vast storehouse of medicinal plants, with more than 70 percent of the world's plants exclusive to this country.Most of the herbal flora abounds in the Western and Southern Cape, with more than 2 000 species found only on Table Mountain.

Exploiting this natural gift "in a responsible way" is the aim of herbalist Louis Smit, a man held in high esteem by many of his patients – some previously diagnosed as terminally ill – from as far afield as the United States, Britain and Sweden.

Here at home his credentials are vouched for by the head of the Cancer Research Unit at Tygerberg Hospital, F Albrecht, who said he holds Mr Smit in high esteem.

"Research in the use of plants for medicinal purposes in South Africa has been dismally neglected and so far we have only analysed about 10 percent of all the useful plants in the country," said Dr Albrecht.

"It is a shame that medical students don't get a single lecture on the uses of medicinal herbs.

"The sangomas use more than 700 plants successfully in the treatment of various illnesses.

"I am working on a formula which had its origin with a sangoma in KwaZulu-Natal and we have so far managed to isolate two molecules from the formula.

"I have high regard for Mr Smit's work in the field of treating cancer, because some approaches with herbal medicine go beyond treating only the cancer."

His words were echoed by Peter Folb of the Pharmacology Department at the University of Cape Town, who said: "There are definitely anti-cancer drugs of herbal origin that are most effective and I strongly support research in the field of herbal medicines."

Mr Smit's interest in herbal cures began when he was a farm boy in Piketberg, where he and his grandmother often discussed the uses of plants.

"I believe that for every illness we have been blessed with a natural remedy in the plant world.

"God gave us a brain and we must use it to identify remedies of natural origin.

"Modern science and nature do not think in the same way – nature is perfectly made and for that we must have respect.

"Isolating active substances in plants indiscreetly can be as dangerous as manufacturing toxic chemical substances," he said.

Mr Smit, who has been blending natural herbal medicine for the past 36 years, learned his trade from herbal maestro Richard Davis, the man who first isolated maytensime.

QUOTE

There are anti-cancer drugs of herbal origin that are most effective

Professor Peter Folb
UCT Pharmacology dept

Maytensime has been described as "one of the greatest discoveries" in the fight against cancer.

"I decided to give up my sales career in favour of blending herbal medicine after my brother was cured of Hodgkin's disease, or cancer of the glands, under the treatment of Richard Davis.

"I remembered a plant I brought home one day as a kid and which my grandmother said had fantastic uses and started using it in my medicine – called KD 4 – which is used for treating kidney and bladder ailments.

"It showed remarkable results in the treatment of cancer patients, most of whom have been cured following a prescription of the blends CA 2, LP 1 and KD 4, combined with a special diet.

"Many of the patients tested negative for cancer after previously being given a few months to live by doctors.

"I have also treated patients with HIV and four of them who have recently been tested showed no signs of the disease.

"I do not claim to have a cure for Aids, but these people benefited and they themselves are convinced the cure lay in the use of the medicinal herbs – and especially in one particular plant," said Mr Smit.

He said he was convinced that the disinterest in developing herbal medicine was because cancer was one of the world's biggest money-makers.

"It is a matter of not beheading the goose that lays the golden egg.

"Herbs are not used in the medicinal field to protect the pharmaceutical industry, which in my opinion and that of many many others, is nothing less than a medical mafia," he said.

Mr Smit added that while the overseas markets were showing a huge interest, he was against large scale exports of raw plant material or blended medicine as it could seriously deplete the country's natural herbal plant resources.

Mr Smit laid to rest fears that his knowledge of the plant world would be lost with his imminent retirement.

"At 71 I realise that I cannot go on forever and I am training Ms Magda Atterbury in the art of herbal medicinal blending.

"She almost knows as much as I do after two years' training and I am confident that the tradition of healing will continue under her guidance," he said.

Greg Hussey, head of paediatric infectious diseases at UCT and involved with children with Aids, urged Mr Smit to come forward with his formula "so all those affected can benefit".

"Valuable work has been done in the field of traditional healing and it's time that it is recognised.

"Herbal medicines has been used effectively in the treatment of heart diseases, so it's not inconceivable that it could be used to cure HIV," Professor Hussey said.

Good news is that the CSIR has embarked on a research project into the multiple medicinal uses of herbs and other natural plants.

"We are analysing costs for a very large project to screen most plants in South Africa. The project will run for at least 10 years and we will strive to develop modern medicines from herbs," said Dr Marthinus Horak, the man to head the project.

Union asks blood donors to help avert strike in pay dispute

ESTELLE RANDALL
LABOUR REPORTER

ARG 25/9/96

A pay dispute at the Western Province Blood Transfusion Service could threaten emergency blood supplies.

The National Health and Allied Workers' Union (Nehawu) has appealed to blood donors to help avert industrial action by persuading management to settle the dispute through arbitration.

The union says it has sent letters to donors and provincial health officials asking them to urge the management to settle.

The Nehawu chairman at the service, Thabo Mabeta, said the union would assess the situation and make a decision about a possible strike early next week.

He said that when the union and management deadlocked over wages after two months of talks, Nehawu proposed that an independent arbitrator be used. Management refused and instead agreed to a 10 percent increase with a minority union.

Nehawu was demanding increases ranging from 17 percent on the lowest salary of R1 400 a month to 12 percent for top salaries of R6 000 a month.

Arthur Bird, medical director of the service, expressed surprise that the union was publicising the dispute, because, he said, there were still "one or two steps" that could be explored to end it.

He said arbitration, as the union was demanding, was not one of those.

Dr Bird said management had held separate wage talks with Nehawu, the majority union, and another medical workers' union, Hospersa, which had between 40 percent and 45 percent membership at the service. "Our offer has been accepted by a large number of staff - more than 40 percent."



Upgr

'Bad blood' brewing over salaries

(157) (97)

ANEEZ SALIE
HEALTH WRITER

CT 26/9/96

BLOOD supplies in the Western Cape are under threat because of a dispute over the salaries and perks earned by the directors of the non-profit Western Province Blood Transfusion Service (WPBTS).

Three directors of the service earn a combined total of R827 497 per annum. This has spurred the National Educational, Health and Allied Workers Union (Nehawu) to demand pay increases in excess of inflation.

The service has rejected the linkage and has denied the package was huge, saying it was market-related.

The two parties have deadlocked, and the union's binding arbitration proposal has been declined by the service. The workers have now appealed to blood donors to support them, and they may decide on a strike next week to secure a 17% increase on the lowest monthly rate of R1 400, and 12% for top salaries of R6 000.

Nehawu committee chairman Mr Thabo Mabeta said the three directors earned a monthly package of R30 000 each, whereas the minimum salary of workers was R1 400. Of 400 employees, 176 earned below R2 500.

The service's income is derived entirely from the sale of donated blood.

WPBTS public relations officer Ms Sheryl Gelderbloem said yesterday the three directors earned R22 986 a month, which included a car allowance, medical aid, pension and a 13th cheque.

"The WPBTS, a Section 21 company not for gain, is committed to providing market-related salaries for its staff," said Gelderbloem.

In view of the new salaries of chief specialists in public teaching hospitals — first outlined in the Cape Times on Monday — "it is quite clear that the salaries of WPBTS directors are not out of line".

A chief specialist at the large academic hospitals such as Groote Schuur and Tygerberg is the highest paid employee. Last year, when WPBTS directors were earning an annual package of R275 832 with perks, a chief specialist was earning R148 599.

Gelderbloem said the WPBTS's salary policy and wage increases were recommended by its executive committee, comprising active blood donors elected by fellow donors.

WEDNESDAY
OCTOBER 2, 1996 ★

SEVERANCE PACKAGES OFFERED

Health workers 'will not face retrenchment'

(97)

CT 2/10/96

SHIFTS in the distribution of resources have occurred too rapidly, leading to patient deaths, says Western Cape Director of Health Dr Tom Sutcliffe, but crisis-management plans are being drawn up, Health Writer **ANEEZ SALIE** reports.

NO health workers are to be retrenched in the Western Cape this financial year despite budget cuts, the closure of beds and the cutting of services at academic hospitals, provincial officials have confirmed.

Voluntary severance and attrition should account for more than the 1 600 posts the province needs to lose before March 31 to accommodate budget cuts at Groote Schuur, Tygerberg, Red Cross and other tertiary centres of the universities of Cape Town, Tygerberg and Western Cape.

Director of Health Dr Tom Sutcliffe confirmed that the MEC for Health, Mr Ebrahim Rasool's undertaking that there would not be retrenchments still stood.

Speaking at a press conference yesterday following a two-day bosberaad of top officials, hospital managers and medical and dental academics, Sutcliffe said more than 2 450 staff at all levels had applied for voluntary severance packages. This option was open to all civil servants to reduce department staffs.

The Western Cape had the best primary health-care system in the country, Sutcliffe said. It was well-equipped at all levels, whereas other areas had been neglected by the previous government.

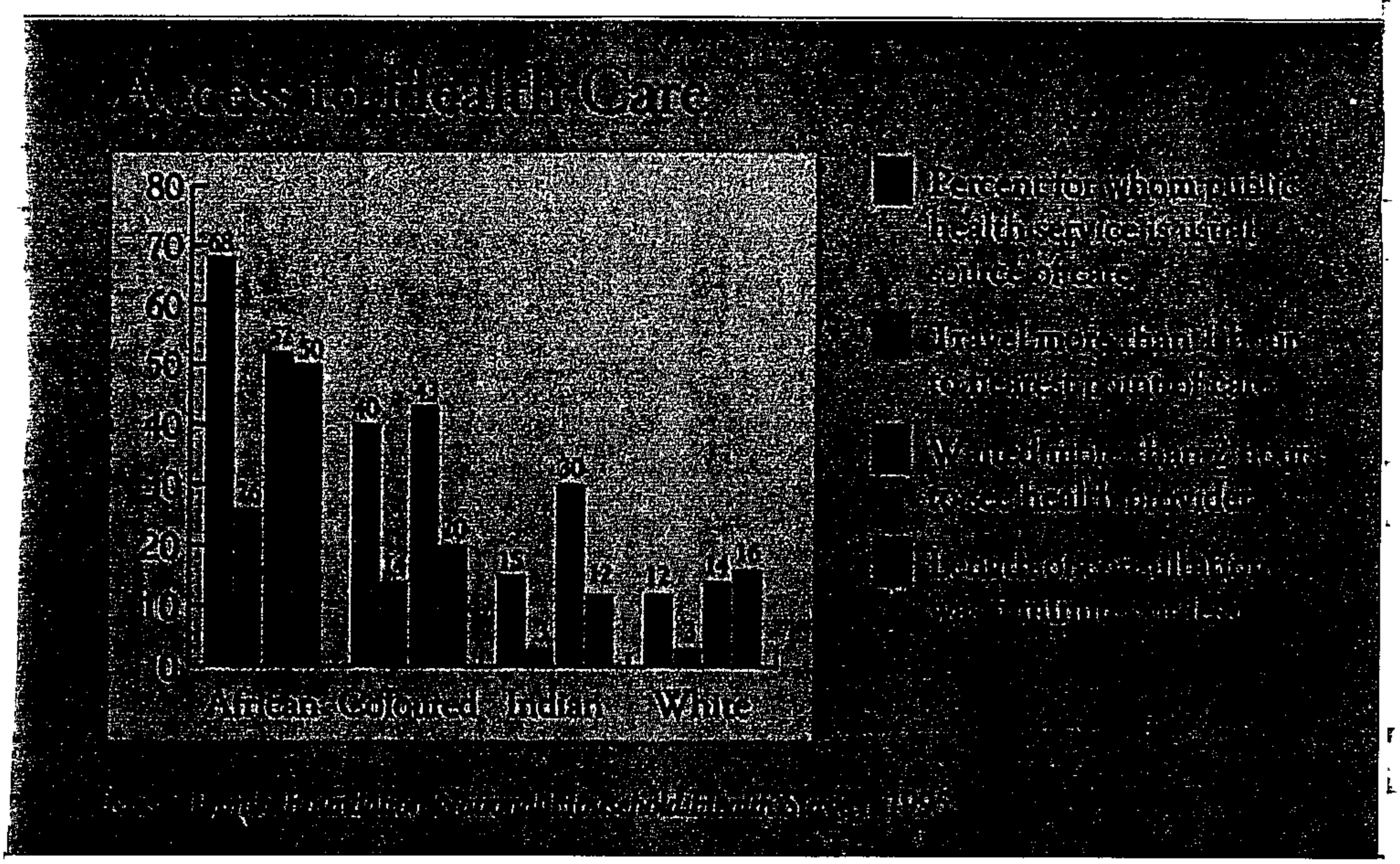
This required a shift in funding between and within provinces, Sutcliffe said. However, this shift had taken place too rapidly and had endangered the high level of care, training and research to the extent that wards and beds had to be closed and services cut.

Patients had died as a result, Sutcliffe confirmed.

Finance Minister Mr Trevor Manuel's Macro-Economic Plan had dire consequences for the provision of social services, he said.

An intellectual challenge to Manuel's plan was to be launched with the assistance of the deans of the medical and dental school, top hospital staff and key officials, including Rasool, he confirmed.

Parallel to this, the bosberaad had established three working groups: One to eliminate duplication between the dental faculties at Stellenbosch and UWC, another to manage the crises and provide a vision for the future of teaching, and the third to address shortcomings in communication.



Health worker spread acutely uneven

ET 5/11/96 97

HEALTH WRITER

THE uneven distribution of health professionals in South Africa is so acute that only 953 pharmacists out of about 16 000 work in the public sector, says the 1996 South African Health Review, produced by the Health Systems Trust.

Of the 953, 773 work in the Western Cape, Gauteng and KwaZulu-Natal, and the rest work in the remaining six provinces.

Jointly published by the trust and the Henry J Kaiser Family Foundation, the review, an independent source of information about health, provides a critique of policy developments and helps to clarify an agenda for research, says Dr Peter Barron, research director at the trust.

The review was released in Johannesburg yesterday, and listed several advances and setbacks.

Areas of improvement were the move to primary health care, a national drugs policy and the creation of health departments from fragmented apartheid structures.

Lack of progress, however, was reported in information systems, human resource development and deployment, the HIV/Aids pandemic, legislation and the national health insurance scheme.

Coupled to the uneven distribution of professionals was the unequal spread of the eight medical schools, with two in the Western Cape and three in Gauteng.

This human resource problem was compounded by poor morale and the lack of a caring ethos, said Barron.

There was an increase in cases of HIV/Aids from 7,6 to 10,4% among pregnant women treated at state antenatal clinics. But the Sarafina 2 scandal had diverted attention from this, Barron said.

On the positive side, the move to primary health care saw a shift in resources from tertiary institutions and from more developed provinces, he said.

Council crackdown angers homeopaths

M+G 22–28/11/96(97)

Marion Edmunds

THEY are called the "Gestapo". These are not the security police but the men from the Medicines Control Council (MCC) inspectorate who stand accused of raiding and harassing homeopaths and dispensers of natural medicines. And while some homeopaths have sunk into silence for fear of having their businesses closed down, others have started to mobilise to lobby for new laws to accommodate natural medicine in the new South Africa.

Two organisations have been formed this month to fight what is seen as an arbitrary clampdown by the MCC on natural products — including ginseng — over the last few months. They are the Confederation of Complementary Health Associations of South Africa (Cochasa) and the more radical People's Health Alliance Rejecting Medical Authoritarianism, Prejudice and Conspiratorial Tyranny (Pharma-pact).

Cochasa chairman Michael O'Brien addressed a meeting of natural health practitioners in Cape Town this week urging them to back a nationwide campaign to prevent alternative medicine from yielding to the MCC, the body that tests and registers medicines for the government.

"There has been a rash of blocking imports over the last two months or so, and there seems to be a sort of backlash by the MCC, a sudden crackdown. We have heard about the people being raided, about products being taken off shelves and threats to close down businesses, of 80% of all products in some health shops being removed," he said. O'Brien indicated the sudden spurt of raids appears to have been prompted by complaints to the MCC from established natural medicine companies, who up to now have had the lion's share of the market.

The political changes in 1994, and the end to sanctions, has meant the entry of many new products and a flood of natural medicines which has apparently caused larger companies to feel the pinch.

The MCC has, in response to the complaints, cracked down harshly and it seems in some instances, arbitrarily, removed products from shelves and shops. Dr Lotze Heiner has had all his herbal products embargoed, after successfully producing them and dispensing them through his company, Bioharmony, for eight years.

"I have been battling for eight years to be registered as a naturopath, but two weeks after I was registered this year the inspectorate embargoed all my products so I cannot work. I can tell people to go into the forest and what herb to pick, but I cannot give it to them," he said.

Heiner and others point out that the MCC's sudden flurry of activity has led to the application of a 1965 law, which is not in tune with recent trends in natural medicines. Heiner is pinning his hopes on Cochasa and O'Brien's negotiations. O' Brien is forging ahead with a series of meetings in early December in a bid to set up an alternative council to deal with the regulation of natural medicines, remedies and products, one of which would comprise relevant experts.

He has already held meetings with the Health Department's director general Olive Shisana and the chairman of the Parliamentary Portfolio Committee Dr Abe Nkomo on ways to revise the legal definition of medicine.

Others are more aggressive. The chairman of Pharmapact, Stewart Thomson, is filing an action against the MCC in the Constitutional Court in the first quarter of next year, following a visit to his Knysna laboratory by the inspectors. They embargoed a number of his personal care products.

"We are talking about them banning all herbal products, and the rest will have to be registered as medicines. And this at a time when traditional healers are totally unregulated. You can buy their remedies on the street pavements where people walk past and spit. The MCC claim to be protecting the public but they are just protecting the pharmaceutical companies," Thomson said.

The Department of Health and the MCC had not commented at the time of going to press. Nkomo said it was ANC policy to support natural medicines and homeopathy, but did not want to comment further.

New board for health workers

(97) BY ARLT 4/2/97 (85)

BUSINESS EDITOR

A training board to meet the needs of community health workers and people who look after the aged, the disabled and children is to be set up in the Western Cape and registered with the Department of Labour.

A steering committee to create a board has been formed after two workshops in the Western Cape. The workshops were attended by representatives of Government departments, non-governmental organisations (NGOs) and labour.

Steering committee chairperson Joan Nortje said many organisations had been providing training and placement for these health workers but there were no minimum standards for training.

She said the creation of a board, to be called the Ancillary Health and Carers Training Board, would enable the accreditation of training courses for non-professional health and care workers.

Anyone interested can phone Mrs Nortje on (021) 461 8420, or fax (021) 461 7700.

Call for traditional healers to join health system

Star 29/5/97

Gauteng's standing committee on health has invited traditional healers and interested parties to make submissions on how herbalists and healers could be incorporated into the provincial health system.

Addressing the committee's meeting at the legislature yesterday, chairman Mondli Gungubele said the province was seeking practical solutions towards formally recognising and registering the various traditional healing practices.

Gungubele said the committee was finding it difficult to identify the stakeholders because the sector was not organised.

He urged individuals and organisations with an interest in the matter to forward their written submissions to the secretary or indicate their wish to attend the hearings to be held at the legislature on June 5 and 6.

Gungubele said the hearings would be publicised this week to attract the relevant people in the field.

However, the committee would appreciate "credible submissions".

He said research showed that traditional healers of all descriptions were used by more than 60% of Africans, 40% of Indians and more than 30% of whites.

The committee defined traditional healing practitioners as all healers not in the medical mainstream, including homeopathy and faith healers. – Provincial Reporter and Sapa.

Young & Rubicam 003579

That's the drill! Dentists close painful old gaps

(97)

Star 16 Jan 97

Two years of negotiation culminated this week in an agreement by the country's four dentists' associations to unite, the Dental Association of SA said yesterday.

The other three are the Independent Dental Practitioners' Association (SA), the SA Medical and Dental Practitioners' Association and the National Dental Forum, which have collectively been guaranteed at least 50% representation on the federal council of the new association, which has yet to be named.

Dental Association director J T Barnard said the unification of the various groups reflected the spirit of solidarity growing in the country. Although race had never been an issue, distrust in the apartheid era had caused a rift in the profession which they had only now been able to heal. – Sapa

Lecturer reported for race equality lesson

(252) (97) BD 19/6/97

CAPE TOWN — Potchefstroom University students recently reported a psychology lecturer to university authorities for teaching that whites and blacks were intellectually equal, the truth commission was told yesterday.

The lecturer, who has since left the university, was told by his superiors "to take it easy", the University of the Western Cape's Prof Lionel Nicholas told the commission's health hearings in Cape Town. He did not elaborate.

Nicholas was reacting to messages of support from several universities, including Potchefstroom and the Free State, for the truth commission's sectoral hearings. He said he wished universities would put "their money where their mouths are".

Earlier he referred to discredited studies by psychologists and psychiatrists which claimed blacks were intellectually inferior to whites.

The commission was also told that mainstream psychologists did little to advance a human rights culture in SA and at one stage actively campaigned to exclude blacks from the profession.

Three Stellenbosch psychology professors, AJ la Grange, AB van der Merwe and JM du Toit, felt so strongly about keeping black people out of the Psychological Association of SA (Pasa) that they held a meeting with Hendrik Verwoerd, who was then prime minister, Nicholas told the commission's health hearings in Cape Town.

He was delivering a submission on behalf of the Psychological Society of SA.

The three academics attempted to persuade Verwoerd to extend the powers of the Group Areas Act to ban meetings where blacks and whites would confer together.

When Pasa admitted its first black member in 1962, Verwoerd, who had been its "main honorary" member, resigned.

A new psychology association, the Psychological Institute of the Republic of SA, was then established with La Grange as its first president.

In 1983 the two associations merged and in 1994 became the Psychological Society of SA, which represented SA psychologists.

Nicholas said so-called progressive psychologists did as much as their right-wing colleagues to exclude blacks. Those psychologists who tried to advance human rights were always a minority and were subject to censure. Many psychologists, such as ML Fick and JA van Rensburg, propagated ideas of black intellectual inferiority. — Sapa.

Horrors of mental camps before truth body

Gustav Thiel M+G 20-26/6/97

AN international human rights commission has accused the Truth and Reconciliation Commission of ignoring the role played by psychiatrists and psychologists in abusing human rights under the apartheid regime.

The Citizens Commission on Human Rights said it had uncovered a "determined effort by the apartheid regime to use the field of mental health to further its aims".

The truth commission was unable to hear the group's evidence, blaming time constraints. It did, however, hear the Pyschological Society of South Africa, which admitted its profession had done little to fight for human rights, and in some cases had fought against blacks joining its ranks.

The Citizens Commission on Human Rights was established in 1969 as an independent reform body to investigate and expose psychiatric violence of human rights.

In 1970, it discovered disused mining camps which had been turned into psychiatric facilities, where up to 10 000 blacks were incarcerated, the majority involuntarily. They were used for unpaid labour.

A four-year investigation culminated in a report entitled "Let the whistle blow — an exposé of concealed camps for mental patients in South Africa", which chronicled the appalling conditions to which black mental patients were subjected.

In 1991, *The Weekly Mail*, defying the Mental Health Amendment Act, ran an exposé on conditions at two of these facilities, Millsite and Randfontein. They were owned by a firm of accountants known as Smith Mitchell & Company.

Connie Mulder, minister of information in the PW Botha government, was a director of several of the mental institutions.

Among the key abuses uncovered at the facilities were the excessive drugging of patients, and patients being admitted for not carrying pass books, arguing in public or not being able to speak the local language.

Discharge from the facilities was complex, according to the citizens commission, because it required authorisation from a state psychiatrist. As Smith Mitchell was guaranteed a 90% occupancy rate by the government, this required a steady flow of patients. The company was paid on a per capita basis, but the psychiatrists who treated the patients were provided by the Department of Health.

The citizens commission alleges electroshock treatment — firing up to 460V of electricity through the brain — was administered to patients without anaesthetic.

(a) How many cases of malaria were reported in South Africa in 1996 as compared to 1995 and (b) which areas had been declared as high risk malaria areas in South Africa as at the latest specified date for which information is available? N1649E

The MINISTER OF HEALTH:

(a) In 1996, 10 455 cases of malaria were reported in South Africa as 5 992 cases in 1995.

(b) The following areas have been declared as high risk malaria areas as on 1 August 1997:

KwaZulu/Natal

1. Hlabisa
2. Ingwavuma
3. Ubombo

Mpumalanga

1. Albertsnek
2. Block C
3. Figtree
4. Klipspruit
5. Mbangwane
6. Mbuzini
7. Naas
8. Nelspruit town
9. Steenbok

Northern Province

High risk areas are North Eastern of the northern region and the eastern side of the Lowveld.

The specific districts are:

1. Dnazini,
2. Giyani,
3. Letaba,
4. Luiekani,
5. Malamulele,
6. Mapulaneng,
7. Messina,
8. Mhala,
9. Mutale,
10. Namakgale,
13. Phalaborwa,
12. Thohoyandou,
13. Tshitale,
14. Vuwani.

Source: Provincial Departments of Health, August 1997

Private/public hospitals: number of hospital beds

*19. Dr S J GOUS asked the Minister of Health: [Written Question No 948]

What was the total number of hospital beds in (a) private and (b) public hospitals in each of the provinces in (i) 1995 and (ii) 1996? N1650E

The MINISTER OF HEALTH:

Province	Total number of beds in:			
	(a) Private Hospitals		(b) Public Hospitals	
	(i) 1995	(ii) 1996	(i) 1995	(ii) 1996
1. 1 Military Hospital	0	0	386	386
2 2 Military Hospital	0	0	236	236
3 3 Military Hospital	0	0	180	153
4. Western Cape	*4 857	*4 857	14 762	14 402
5 Free State	2 152	2 216	7 267	7 183
6. KwaZulu-Natal	3 107	3 107	24 884	25 033
7 North West	*722	*722	7 905	7 905
8. Eastern Cape	1 199	1 199	17 416	17 416
9 Northern	196	196	10 299	10 430
10 Mpumalanga	1 353	1 353	4 427	4 427
11 Gauteng	14 594	14 594	19 967	19 733
12. Northern Cape	*449	*449	2 206	1 741
Total	28 629	28 693	109 935	109 045

* Information from the National Department of Health and not the Province

Source: Provincial Health Departments, 1997

Dentists/pharmacists/specialists/general practitioners in practice

*20. Dr W A ODENDAAL asked the Minister of Health: [Written Question No 964]

What percentage of (a) dentists, (b) pharmacists, (c) specialists and (d) general practitioners practised (i) in the private sector, (ii) full-time in the government sector, (iii) in the private sector, but rendering services in the government sector, and (iv) in the government sector, but also part-time in private practice, in (aa) 1995 and (bb) 1996? N1666E

The MINISTER OF HEALTH:

	(aa)				(bb)			
	(i)	(ii)	(iii)	(iv)*	(i)	(ii)	(iii)	(iv)*
(a)	75.3%	17.0%	2.9%	3.0%	75.4%	17.3%	2.9%	3.7%
(b)	73.3%	15.0%	0.75%	2.6%	75.3%	13.3%	0.75%	3.3%
(c)	45.7%	38.0%	34.5%	2.5%	49.8%	37.8%	32.1%	2.0%
(d)	42.7%	27.0%	15.7%	7.3%	45.7%	25.0%	13.8%	6.2%

*Only those for whom authority has been granted (Limited Private Practice or Remunerative work outside employment in the Public Service in accordance with PSSC. Chapter Moonlighting cannot be determined in percentage.

Sources: Representative Association of Medical Schemes (RAMS), Personnel and Salary System (PERSAL), Department of Health (DOH), South African Medical Services (SAMS), Provincial Health Departments, Interim Medical and Dental Council of SA, Interim Pharmacy Council of SA.

Many not paid for extra load

Star 10/11/97

(97)

By Bunty West
City Reporter

More than 200 Gauteng hospital and health employees, from porters to assistant directors, are doing more senior jobs without being paid for their increased responsibilities.

According to Health MEC Amos Masondo, 221 staff members, including 12 from his own office, are performing their duties only in acting capacities.

Masondo released the figures in response to a question by the DP's Jack Bloom on conditions in Gauteng's health sector.

Bloom said the two worst cases seemed to be that of an R Nugent from Nigel Hospital and Dr I van der Werke of Kalafong Hospital. He said Nugent has been an acting administrative clerk since June 1980, and Van der Werke, a senior radiologist, has been acting chief specialist since January 1982.

Neither could be contacted for comment last night.

Masondo said there had been "some delay" in making permanent appointments, mainly because of a moratorium placed on filling posts. He said a task team had been convened to streamline the procedure.

Health's deficit may lead to job losses

BD 14/11/97

Linda Ensor
and Farouk Chothia

THOUSANDS of employees in provincial health departments are set to lose their jobs because of the national health budget deficit of R1,5bn.

The National Education, Health and Allied Workers' Union said it understood the provincial health department was considering retrenching 11 000 employees in the catering, cleaning, laundry and security sectors. These tasks would be outsourced.

In the Western Cape it is understood an additional 4 000 personnel will lose their jobs by April 1 if provincial treasury instructions are followed.

Health MECs met the national and finance ministries this week to examine ways of clawing back the deficit.

The initial target for staff reductions in the Western Cape this year was 27 500, and about 4 000 had already been removed from the system. However, expenditure overruns required further cuts, the treasury said.

Health MEC Ebrahim Rasool said he believed such a radical pruning of staff numbers would be "impossible" as there was no administrative mechanism such as a retrenchment procedure to achieve it.

The Western Cape's share of the national health deficit was R422,3m, even though it had instituted far-reaching cost-cutting measures and reduced staff numbers. Already the province had had to make inroads into the "protected" primary health care sector, Rasool said. This had inevitably meant poorer services, longer queues and bottlenecks.

Rasool said the deficit had to be broken down into traditional inflationary factors, cash flow problems and the structural deficit, or underfunding. In the Western Cape, this structural deficit amounted to about R300m, which represented the money paid on indispensable salaries and services.

The meeting between the health ministry and MECs had hotly debated the tradeoffs required between the national programme for social transformation and the achievement of fiscal goals. The two programmes were running at odds with each other, Rasool said, with fiscal goals the driving force.

A final decision on extra funding for provinces would be made at the December 3 cabinet meeting.

The Western Cape has lobbied hard for "top slice" funding of about R300m for its academic hospitals on grounds that they provide a national service.

However, Rasool said that caution was required as it appeared the finance allocated for this would be at the expense of the national primary health care budget.

In KwaZulu-Natal, Nehawu secretary Sithembizo Shezi said the provincial health department had informed labour of the budget crisis last month, but had not indicated that it planned to retrench staff. However, it believed 11 000 jobs were on the line.

Department spokesman Desre Hilson said retrenchments would be an "absolute last resort" to avoid a deficit of about R800m.

The Northern Province did not have any plans in the "foreseeable future" to retrench staff, a spokesman for the premier's office said. Cost-cutting measures already in place would wipe out the figure by the financial year-end.

Northern Cape health director-general Barry Kistanasamy said the province had a shortfall of only R8m on its health budget.

Bleak job outlook for new cancer workers

Budget cuts to force unit's closure

(97)

ARG 22/12/97 (98)

JENNY VIALL
HEALTH REPORTER

Five newly-qualified oncology radiographers have no jobs next year in spite of the fact that Groote Schuur Hospital's cancer unit will have to close one of its units because there are no staff to run it.

Posts have dwindled from 44 to 29 during the past four years, says Liz Greeff, assistant director of radiation oncology at the hospital.

Cuts in the Western Cape Health Department budget have meant that when posts become vacant they are frozen.

Five staff – all with many years of experience who will be hard to replace – have taken voluntary severance packages.

Others have resigned.

In June this year, eight vacant posts were abolished.

"One in four people get cancer and every year we register between 2 500 and 3 000 new patients. Two thirds of new patients need irradiation. And we also treat those whose cancer recurs," said Mrs Greeff.

"We now have five qualified students who need jobs. Cancer treatment is carefully planned and administered and we need adequately trained staff, which these young people are. But we cannot employ them."

Dudley Werner, head of oncology at Groote Schuur Hospital, said although his department's equipment needed upgrading, patients still received excellent treatment.

However, with too few staff to run the machines, one of the major cobalt units was running only half time and would have to be closed in the new year.

The hospital has four major treatment units and two subsidiary units.

"We can't use the machines optimally because we don't have the staff. People have to go on a waiting list, but with malignancies you don't want to wait because it's detrimental to the treatment," he said.

Waiting lists for radiotherapy for cancer patients at the hospital now run to four weeks.

Lack of adequate staff is placing many of the curative treatment programmes in jeopardy.

"The radiographers are a wonderful, dedicated group who, of their own volition, have decided to work shifts to assist in reducing the waiting list and are doing this without financial reward," Professor Werner said.

The five students say there are no jobs available in the Western Cape.

"It's a very specialised course and the private sector is full," said Zaidah Hoosain, one of the students.

"While other countries are willing to employ oncology radiotherapists from South Africa, they want a few years' post-graduate experience. We don't want to leave, we want jobs here."

Only one student, Enoch Qutywa, who did an advanced course in radiotherapy, has found a job in East London.

Six years ago the Cape Argus started a campaign for the oncology department and successfully raised R5,5-million to buy new equipment. The present budget would preclude the maintenance and upgrading of the machines, Professor Werner said.

He said 83% of patients referred for cancer therapy did not have medical aid or health insurance. "What is to become of these people?" he asked.



No jobs: Five women who recently qualified as oncology radiographers, clockwise from left top, Liza Spangenberg, Shafieka Darries, Zaidah Hoosain, Gadija Hendricks and Teresa van der Byl, with Enoch Qutywa, who did an advanced course in radiotherapy



MAKING THEIR PRESENCE FELT: Some of the traditional healers who came to put their case forward for incorporation into the health care system.

PICTURES:THEMBINKOSI DWAYISA

MPs hear horror stories about healers

(1861) CT 19/2/98 (97)



CARRYING FORWARD THE TRADITION: Monica Ntombebandla Gaca of Crossroads accompanied traditional healers to Parliament yesterday.

JOVIAL RANTAO

HORROR stories of young girls copulating with goats, young boys' genitals being severed and love potions made from dirt from under the armpits, pubic area and menstrual fluid were told in Parliament yesterday to back up opposition to the incorporation of traditional healers into the health care system.

"Have you seen a young and healthy woman, with a breast-feeding baby, pale and bleeding to near death, because of a traditional healer? Have you seen strong men bent in pain from a profusely bleeding bladder due to a so-called cleansing herb that was administered ...?" Dr Frikkie Kellerman, a spokesperson for Doctors for Life, asked shocked members of Parliament's portfolio committee on health.

Kellerman said that while his organisation accepted that traditional healers were accessible to the communities, it was concerned that the official incorporation of traditional healers into the health care system would lead to greater exploitation and suffering for many people, especially the rural poor.

Kellerman argued that African traditional medicine had not contributed to a decline in infant mortality. It had instead led to deaths from tetanus, diarrhoea and pneumonia.

"It's argued by some that because traditional healers are part of reality, we should not ignore them, but rather incorporate them into the health system.

"We're of the opinion, though, that this would not be sound reasoning. Just because, for instance, muti murderers are a reality, it obviously does not mean that they should become part of the health system," Kellerman said.

It was because of these practices that Doctors for Life would argue that traditional healers should not be integrated into the officially recognised primary health care systems.

Most of the associations representing traditional healers argued that the industry should be regulated in recognition of the cultural history of black communities and to prevent abuse by unethical healers.

Mr Horatius Zungu, president of the Traditional Healers' Organisation of South Africa, said only members of recognised associations should be eligible for election to the envisaged statutory body that would set norms, guidelines, qualifications for registration and financial tariffs for members.

The National Education Health and Allied Workers Union supported the integration of traditional healers and said they should be recognised by medical aid and health insurance funds.

The National Progressive Primary Health Care Network recommended that the national and provincial departments introduce proactive measures to promote partnerships between traditional healers and conventional bio-medics.

"The national health service should make available appropriate resources for partnerships to be established. Lessons learnt through successful partnerships should be incorporated into the policy framework concerning traditional leaders," said Ms Bea Abrahams, a network representative.

"We recommend that courses on traditional healing be incorporated into the curriculum of all health workers. Traditional healers should be offered a standardised core training programme in aspects of bio-medicine relevant to the provision of primary health care."

The ANC and Inkatha Freedom Party supported the incorporation of the healers into the health care system and called for training programmes for the herbalists.

Muti hospitals do a roaring trade

But health inspectors remain watchful, writes
Wonder Hlongwa



Healing tradition: Judas Milazi operates a hospital with nine nurses, eight wards and a dispensary stocked with herbs and traditional muti.
PHOTOGRAPH: JEEVA RAJGOPAUL

(97) M+G 20-26/2/98

Durban health authorities are concerned about traditional healers' hospitals which are springing up in the city and may not conform to health regulations.

At the corner of Brand and Moore roads in Durban is a two-storey building belonging to Judas Milazi, a traditional healer who operates a hospital with nine nurses, eight wards and a dispensary stocked with herbs and traditional muti.

The hospital opened its doors in April last year. It is open 24 hours a day, seven days a week, and patients have been flocking to it from all over the country. Milazi has been a traditional healer for more than 25 years, working from home. With the increase in the numbers of patients seeking cures, he ran out of treatment space and decided to open a hospital

He has an agreement with the Natal Parks Board to collect herbs for his dispensary from land the board administers. He also collects herbs from Tanzania, Sudan, Zambia and Cameroon.

On the ground floor is a room with bones on the floor. This is Milazi's consulting room, where he communicates with his ancestors and prays to God that his patients will recover.

Samuel Moshashane from the Free State is in one of the wards. He has come to seek treatment for his painful legs, and claims that on his second day at the hospital he is already feeling better.

In his advertising pamphlets Milazi boasts that he can cure all diseases. He is one of the few traditional healers who admits, however, he can't cure Aids. "But we do have herbs that can keep an Aids patient alive longer than anticipated."

The hospital is clean and professionally run, and is frequently visited by health inspectors in the province.

Says Hugh Singh, principal environmental officer in the Durban city health department: "We check conditions at the hospital, like whether they separate patients who have infectious diseases from those who don't, see if their wards are properly ventilated, the kitchen is clean — all those things, even the structure of the hospital."

The health department is teaching "unregistered" institutions about the basic health requirements for hospitals. They are unregistered because they do not meet the requirements of the regulations governing private hospitals.

Singh says the kitchen facilities in many traditional hospitals are inadequate, and some do not have adequate hygiene. His department is conducting a survey of traditional hospitals, examining how many beds each has, how often they wash linen, how they dispose of medical waste and other health-related issues.

A traditional hospital in Gale Street has been closed because of a lack of hygiene, and another on West Street has been asked to submit plans to the health department so that the owner can be advised on structural defects.

Singh says the other three traditional hospitals in Durban are in a satisfactory condition and their traditional healers have agreed that if they cannot heal their patients, they will take them to the provincial hospitals.

The Sunshine Traditional Hospital, which was one of the first to open in Durban in November 1996, is badly resourced but financially successful. It claims it has 15 000 regular patients, but it has only nine beds and two wards.

It often does not have enough blankets are there are no wheelchairs or proper nutrition. However, it only charges R30 a day for admission, patients' clothing is washed and nurses bring bedpans to the wards because there are not enough toilets.

Previously Sunshine had 10 registered nurses, but because of the "economic situation" it had to retrench five. Most of the healers initially employed there have since left to open their own hospitals.

Although most medical aid companies are reluctant to pay for traditional hospital consultations, Bonitas Medical Aid has taken the lead, and Sunshine is recommending that its patients join the scheme.

The hospital has also established the Bright Future Nursing Training Institute and is recruiting prospective traditional nurses.

Petros Gwala, Sunshine's managing director, says the hospital wants to train the nurses "in a Western style" so that they can use drips and other essential medical equipment.

The one-year training course includes practical stints at traditional hospitals where the trainee nurses can see how the doctors operate.

"Sometimes they don't understand when a patient comes for treatment, maybe we *ugcaba* [cut] them. So we explain why we sometimes have to cut our patients," Gwala said.

He says doctors at provincial hospitals refer patients to Sunshine when they cannot treat them successfully. Sunshine also runs Aids-awareness campaigns for patients at provincial hospitals.

A senior nurse at Durban's Addington Hospital says patients usually prefer traditional healers to Westernised hospitals because of beliefs.

"Some patients ... believe someone is cursing them, or their ancestors have turned their backs on them. So they need to consult someone who has access to ancestors.

"Some demand that *impepho* [incense] is burned inside a provincial hospital ward and that is not allowed. When you refuse permission, they leave."

Vet shortage threatens public health

(37) (97)

Louise Cook

BD 21/4/98

PRETORIA — A lack of veterinary facilities in periurban areas of Mpumalanga, coupled with a R2,2m shortfall in the budget allocation for the province's veterinary services, has "potentially disastrous consequences" for public health, says Mpumalanga veterinary director Paul Kloeck.

The lack of facilities affected animal health vaccination programmes and scuppered schemes to eradicate serious animal diseases, he said.

Areas around towns and cities were particularly vulnerable as private veterinary services were nonexistent there. The shortfall in the allocation for Mpumalanga made it impossible to provide the necessary services in these areas.

Kloeck said public health was threatened because eradication programmes against tuberculosis (in animals) and brucellosis, a bacterial disease which affects humans, could not be carried out in these areas.

Paul Bosman, the agriculture department's chief director of veterinary services, said that with the exception of foot and mouth disease control, government-sponsored vaccination and dipping programmes would be phased out and users "encouraged" to pay.

Communal farmers in the Northern Province, KwaZulu-Natal, Eastern Cape and Mpumalanga would eventually also have to pay fully for the control of tick-related diseases. This was traditionally subsidised by the state.

Bosman admitted that the user-pay principle was a politically sensitive issue.

Cape takes the cake for the worst teeth in Africa

ARG 4/5/98 (97)

CAROL CAMPBELL
SPECIAL WRITER

The Western Cape is the tooth loss capital of Africa.

Almost half the adult population of the region have no teeth, writes Stellenbosch University head of community dentistry Usuf Chikte in the latest edition of the South African Health Review.

Only one percent of adults elsewhere in Africa were in the same predicament, he said.

Also at least 80% of Western Cape children under six had tooth decay.

"People in the Western Cape are eating excessive amounts of sugar and this is leading to the massive rotting of teeth," he said.

They also practised poor oral hygiene because of the high price of toothbrushes and toothpaste.

And the fluoride level of water in the Western Cape was among the lowest in South Africa.

"Many families on the Cape Flats share a toothbrush because they just cannot afford to have one each," said Professor Chikte.

And the "psycho-sexual theory" that many people had their front teeth extracted for oral sex – a passion gap – was a myth.

"That conclusion says more about the researchers than the victims of tooth loss," he said. People were losing their teeth because they ate too much "junk food", which was high in sugar.

"Coke has about 10 spoons of it to the can, tomato sauce is full of it, and the average person in the Western Cape loads tea with sugar, and often condensed milk, too," said Professor Chikte.

While poor nutrition was the scourge of Africa, traditional diets were better for teeth than fast food.

Untreated water also had higher levels of natural fluoride than city water, which meant rural people drinking from rivers were doing their teeth a favour.

As people moved to cities, they discarded

To page 2

CAPE ARGUS, **MONDAY**, MAY 4, 1998

Rot sets in fastest in W Cape

ARG 4/5/98 (97)

From page 1

their traditional oral hygiene habits, like using sticks to clean teeth.

"Tooth decay is a growing problem across the country, but it is particularly bad in the Western Cape," he said.

Milton Krill, a 22-year-old from Mitchell's Plain, said he had 11 teeth extracted when he was in Grade 7 (Standard 5) instead of getting braces.

"It was the time when one noticed girls and my teeth were so skew that I was embarrassed to talk or smile. I went to the dentist and told him to take them out."

The dentist obliged, but left his upper molars and all his bottom teeth.

He formed a club with his school friends and they had a competition to see who could get the most gold in their remaining teeth.

He confessed his dental hygiene was poor at the time.

"It was the fashion to have gold in your teeth, or have them out. I am not sorry I've had most of my teeth out, and I definitely don't miss them."

Professor Chikte called for an end to this "trade in human ivory".

"Health care workers are ethic-bound to refuse to extract healthy teeth."

Fluoride levels in the water in the Western Cape were also too low to be of any benefit to people's teeth, and he called on the Government to add flouride to South Africa's drinking water without delay.

"This is one of the oldest and most effective public health programmes in the world, yet we don't have it."

Fluoridated water, which was safe, beneficial and cost effective, would reduce tooth decay by 50%, he said.

DIY filling gets top marks for tooth care

Student dentists turn Bottelary into model school for oral hygiene

(97) ART 4/5/98

CAROL CAMPBELL
SPECIAL WRITER

There is no escaping the dentist at Bottelary Primary School on the Koopman's Kloof farm near Kuils River.

For 10 years the dental health of the school's pupils has been a special project of students at Stellenbosch University's department of community dentistry.

And now researcher Imraan Sarvan is testing a new filling procedure – a traumatic restorative technique – on the children.

He said it was so easy and cost-effective it could change the nature of community dentistry.

Bottelary was probably the only community in the Western Cape where people were not losing their teeth at the same high rate as elsewhere in the province, Usuf Chikte, head of community dentistry, said.

More people lost their teeth to decay in this province than in any other part of Africa.

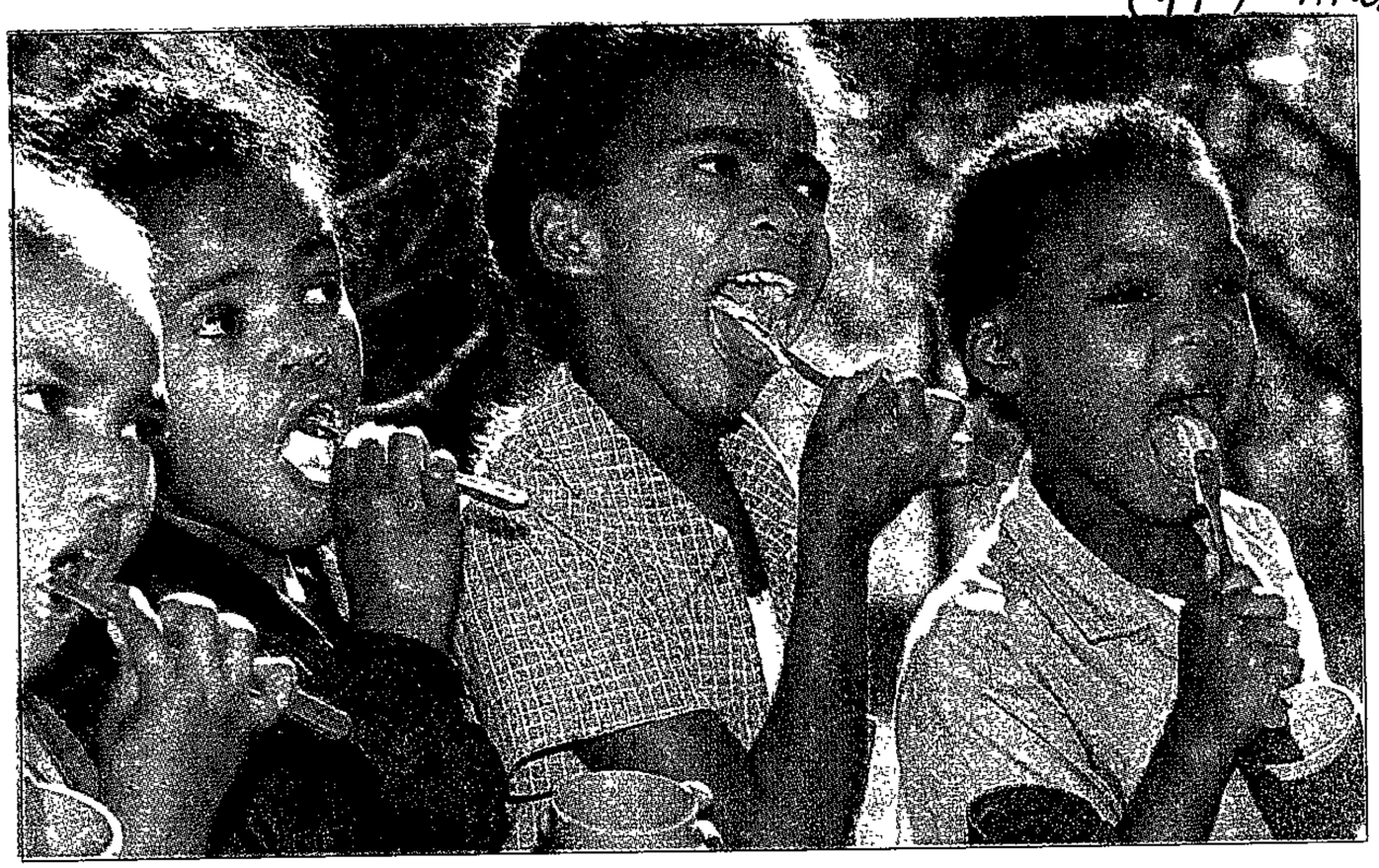
"Almost 80% of children in the province have tooth decay by the time they are six and, unfortunately, most of them go untreated."

New techniques and modern materials, such as the procedure being researched by Dr Sarvan, meant the chances of helping people, especially the poor, enjoy better dental health had increased.

Dr Sarvan sets up his clinic in the school library from Monday to Thursday. One by one, the barefoot pupils settle into his portable dental chair.

"All I do is scrape out the rotten tooth and fill it with a new substance that sticks well to the tooth," he said.

There were no drilling and no anaesthetic. The procedure did not requiree water or electricity, and was inexpensive. The "filling" substance itself stopped the rot. "The procedure is so simple that parents can be trained to fill their children's teeth at home," he said.



No pain, no gain: Bottelary Primary pupils brush their teeth after break. More than 80% of Western Cape under-sixes have tooth decay



ROY WIGLEY

Open wide: Dr Imraan Sarvan from Stellenbosch University examines Esmond Newman, 9

Professor Chikte said: "The children prefer the ART, as it's called, because there are no injections or painful, bloody extractions."

Twice a week the mobile dental unit rumbled into the school yard, bringing more students to work with the children individually on their oral hygiene.

There had been a remarkable improvement in the condition of the pupils' teeth, said the head of the project, Attie Louw.

"When we started, each child had about five cavities – now they have only about two each," Dr Louw said.

He blamed the high rate of decay in the Western Cape on children's refined "Western" diet. They were also uninformed about dental hygiene.

They were often also very poor and could not afford food, let alone toothbrushes.

"Research among people living a traditional lifestyle in deep rural areas has shown that they have a lower rate of tooth decay because they eat less sugar," he said.

Bottelary's principal, Daniel Jansen, said dozens of health problems had been "nipped in the bud" by the denta; students over the years simply by constantly checking the pupils' teeth.

"I have been at the school for 25 years and I can see this is making a difference to the whole community. The children refuse to share a toothbrush at home and are asking their parents for toothpaste," he said.

The Bottelary pupils are the children of farm labourers, and some live in the nearby Wallacedene shack settlement.

Recently a mother asked Mr Jansen to have all her child's front teeth extracted because the other children were teasingly saying they were "too big for her mouth".

"One of the dentists explained to her that the girl's jaw was still growing and that her teeth would eventually look fine. Once she understood this, she was happy to leave the child's mouth alone."

Dr Louw said the students were trained never to extract healthy teeth, and that practice appeared to have been checked, although no research had been done to substantiate this.

For Mr Jansen the "no-pull" rule has come too late. As a young man the principal had 11 teeth extracted on one day because of an abscess.

"It was so traumatic that I am still terrified of dentists," he said.

"There is a lot we still have to do, and poverty doesn't help," he said.



Clean: oral hygiene lecturer Karin de Kock

Alternative healers lobby for registration

BD 2/6/98 (97)

Vuyo Mvoko

CAPE TOWN — Chiropractors, homeopaths, herbalists and allied health service professionals yesterday lobbied Parliament for the registration of their professions as part of the national health system.

Proposed legislation is going through Parliament aimed at amending the existing Chiropractors, Homeopaths and Allied Health Service Professions Amendments Act. Proposals encompass the regulation of alternative health — including such practices as naturopathy, massage, aroma, reflexology and colour therapy — in what could see some of these practices being recognised by medical aid schemes.

David Nye, the chairman of the SA Complementary Medical Association, said "the advantages of offering complementary therapy by practitioners with a conventional medical training cannot be underestimated". Nye said his association represented more than 300 medical doctors who practised acupuncture, herbal medicine, homeopathy, ayurvedic medicine, clinical nutrition, traditional Chinese medicine, homotoxicology and phytotherapy.

Acupuncture representatives spoke about how their methods of treatment were safe, inexpensive, had low side-effects, often reduced the patients' drug requirements and would, therefore, have advantages as a primary health care tool.

The Massage Therapy Association said it offered preventative medicine and supported patients suffering from chronic illnesses such as AIDS.

SA Association of Herbal Practitioners representative Connie Meyer said the practise was affordable, ecofriendly, part of people's culture and allowed for co-operation with traditional healers.

Aromatherapists, meanwhile, argued that the therapeutic effects of their oils were well documented and had the support of medical and academic personnel.

The African National Congress health committee, whose ex-officio members include Health Minister Nkosazana Zuma and portfolio committee head Abe Nkomo, supported the recognition of "complementary therapies" but "with adherence to a professional code of ethics and conduct".

Hospitals short of pharmacists

UP 4/10/98 (97)

Legislature News
By ELIAS MALULEKE
Gauteng Editor

GAUTENG Hospitals cannot fill pharmacist posts because the government could not match the salaries offered by the private sector.

Health MEC Mondli Ngungubele said in a written reply to the National Party member of the legislature, JD Kilian, that there was a total of 285 posts and only 193 were filled.

The Chris Hani-Baragwanath Hospital had only 25 pharmacists instead of 37 and the Pretoria Academic Hospital was short of 23 pharmacists, he said.

In the whole of Gauteng there were 92 vacant posts for pharmacists.

The need for the pharmacists was caused by the increase in workload since the introduction of free medicine to the public.

Ngungubele said there was also concern and uncertainty among personnel due to the affirmative action programmes and structural transformation.

As a result of the shortages, all hospitals were reorganising their work routines to ensure better use of staff.

Other measures included overtime work for available staff and the employment of temporary pharmacists.

Hospitals had also limited services like providing clinics at the hospitals, ward visits, administrative tasks, staff meetings and continual education seminars.

Of the available pharmacists employed by the hospitals, 13 per cent were retired pharmacists over the age of 68.

To provide a satisfactory pharmacy service at hospitals, Ngungubele said, a new structural transformation process would ensure a more equitable distribution of pharmacist posts to the disadvantaged hospitals.

The decentralisation of certain functions would also reduce the workload on some of the busy hospitals.

Ngungubele said the government would also establish regional pharmacies to supply clinics and district health services.

Ready packs would also be provided to patients for their primary care and at hospitals.

THE following committees will sit for business in the Gauteng Legislature this week:

☐ MONDAY

Development Planning and Local Government, Room B, 9 am.

Health Commitee, Outside Venue, 9 am.

☐ TUESDAY

Finance and Economic Affairs, Room B, 9 am.

Education Committee, Room C, 9 am.

Public Transport, Roads and Works, Room A, 9 am.

Health Committee, Outside Venue, 9am.

☐ THURSDAY

Internal Arrangement Committee, Room B, 9 am.

Health Committee, Outside Venue, 9 am.

☐ FRIDAY

Proceedings Committee, Room B, 11 am.



LEON LESTRADE

Endangered: physiotherapists at Groote Schuur Hospital quietly protest against the shortage of posts

Physiotherapists green with protest

Cuts hamstring essential service

ARLT 19/11/98

95 (97

JENNY VIALL
HEALTH REPORTER

The bright green T-shirts of the physiotherapists at Groote Schuur hospital alert you to the fact that something's up.

When you read the back of the shirts, it's clear what it is. "Physiotherapists: endangered species" it says, and there's a picture of an octopus, arms disconnected from its body. Spelt out on the eight hands is "H-E-L-P, H-E-L-P".

This week, physios are protesting against their plight.

The problem was a dire shortage of physiotherapy posts in the Western Cape, said Margaret Farquharson, head of clinical physiotherapy at Groote Schuur. Patient care was suffering, and it was costing the health department a lot of money.

Physiotherapy has been particularly hard hit by the health department's policy of freezing posts to keep within budget, and Groote Schuur has 11 full-time posts and one part-time post.

Two physios are leaving in the next two months and unless permission is granted to keep their posts open, the department will be even more short-staffed.

"We need 18 full-time physiotherapists," said Mrs Farquharson. "The hospital management realises we're an essential service and does its best to allocate posts.

"But, posts are approved by head office, the provincial health department."

Without enough physiotherapists, patients spend longer in hospital.

People in intensive care on ventilators should have treatment twice a day to prevent lung infections and keep their joints mobile. They are treated only once a day.

This could mean treatment was ineffective, and a patient could get a lung infection.

The cost of a bed, especially an intensive-care bed, in an academic hospital is very high.

It also costs a lot to treat, say, a chest infection in ICU with antibiotics: R160 a day for the antibiotic, and if it does not work the alternative costs about R505 a day.

Add that up for a month and it would more than cover the cost of employing another physiotherapist.

Physiotherapy was in crisis, said Mrs Farquharson.

The shortage meant the service was reduced, training was suffering and no research was done.

Not only the physios at Groote Schuur are protesting; Tygerberg and Red Cross hospitals' physiotherapists have joined in.

Union beset by internal divisions

By Mzwakhe Hlangani
Labour Reporter

THE troubled former whites-only staff association, Hospital Personnel Trade Union of South Africa (Hospersa), is reportedly embroiled in major racial conflicts, court interdicts and the suspension of certain provincial committees.

Dismissed vice-president Mr David Tsheola yesterday accused the leadership of racism and resisting transformation from a "lily-white bastion" to a democratic workers' trade union. He was dismissed for alleged misconduct.

Approached for comment, Hospersa president Mr Gavin Moultrie strongly denied the conflict was racial.

He said the minority faction making the allegations wanted to racialise the issue.

Meanwhile, Mpumalanga provincial chairman Mr Mmupi Mogoboya has also been suspended for participating in unlawful acts which preceded the disruption of the union's congress last December.

After failing to resolve internal differences through constitutional structures, the union leadership suspended the entire Northern Province executive committee which elected Tsheola, reportedly for backing its leader, he said.

Four provinces, including Northern Province, Gauteng, North West and Mpumalanga, were interdicted in the Johannesburg Labour Court last December.

Tsheola alleged that the four provinces, led by black provincial executives, mooted a vote of no confidence in the entire national leadership, which led to an interdict against them.

The leadership went ahead with the appointment of a former general secretary to a new position of chief executive officer. This was vociferously opposed by the four provinces before it was passed by the national conference.

Denied division

Moultrie denied the union was contemplating a split, pointing out that all the nine provinces were cited in the court application to oblige them to abide by Hospersa's constitution following the disruption of congress.

"Insofar as transformation is concerned, Hospersa democratised in 1994 and transformation occurred and was guided by a strategic intervention programme," Moultrie said.

Community service for vets proposed (9-7)

Louise Cook

PRETORIA — Land Affairs and Agriculture Minister Derek Hanekom proposed community service for graduating veterinarians when he met members of the profession yesterday

Hanekom met the deans of the veterinary faculties of Medunsa and Onderstepoort, the SA Veterinary Council and the SA Veterinary Association

Student body representatives at the meeting would not support the plan "at this stage", saying there were still too many unanswered questions Representative Mark Haumann said the safety of graduates was a main concern, as they may have to work in remote rural areas and former homelands.

The agriculture department said banks would be asked to defer study debt as "their contribution to agricultural development" while the graduates completed community service, which would last a year if the plan were carried out.

About 90 veterinarians graduate at Onderstepoort and the Medical University of SA each year. However, up to 80% usually leave for the UK where salaries are considerably better than in SA Government's animal disease service is thus generally badly understaffed. The starting salary for a graduate is about R50 000 a year

BD 24/2/99

'CUTBACKS COST GOVT MORE'

'Endangered' physios stage T-shirt protest

ST 9/12/98 (9:7)

PHYSIOTHERAPISTS ARE having their say about the shortage of posts in state health services — by donning T-shirts with a message. Health Writer **JUDITH SOAL** reports.

THE burly young man in the lime green T-shirt doesn't immediately strike one as belonging to an endangered species, but he says he does.

Lionel Naidoo is a Groote Schuur Hospital physiotherapist who swopped his regular navy blue shirts for bright green yesterday to highlight the shortage of physiotherapy posts in state health services. It's a protest action — with a difference.

On the back of the T-shirt there's a picture of an octopus with the ends of its tentacles cut off. It reads: Physiotherapist, an endangered species.

"We understand the province has financial problems, but the quality of our work is being badly affected," said the head of clinical physiotherapy at Groote Schuur, Margaret Farquharsan.

"There should be 18 full-time physios at Groote Schuur but we only have the equivalent of 11. Red Cross needs eight but soon they will be down to four. Tygerberg is also losing staff and many of the community clinics to whom we are supposed to refer patients, like Delft, Athlone, Retreat and Woodstock, don't even have one."

The physios, together with those at Red Cross and Tygerberg, began their weekly lime-green shirt swops a month ago.

The Tygerberg Hospital administrators have since put a stop to the protests.

The physios believe the policy of freezing posts is short-sighted.

"It costs the province more in the long run because a lot of what we do is prevent acute illnesses from turning into chronic ones," Farquharsan said.

"For example, if a patient gets a chest infection after an operation and doesn't respond to the first treatment, their drugs will cost R535 a week. Proper physio could prevent that happening."

Because of the shortage, patients who should be treated twice a day are being seen once; those who should be treated daily are only seen twice a week and the outpatients service is closed in the afternoons. Junior staff and students are having to do work that should be reserved for their senior colleagues.

"In the end it is the patients who suffer. They develop complications, or they have to stay in hospital longer — at an increased cost to the health system."

Naidoo was one of only four new physios in the province to get a job in the public sector this year. "We really feel endangered," he said.

Physiotherapists battle to find jobs

JENNY VIALL
HEALTH REPORTER

Four years ago, Sibusiso Sifundza had a choice: he could study music or physiotherapy.

He chose physiotherapy because, he said, music could wait.

Last week he graduated, but his dream of helping people on the road to rehabilitation is on hold because he can't find a job.

Mr Sifundza first came into contact with physiotherapy as a profession while studying in Canada. Part of his course was a community service stint and, being a keen sportsman, he chose swimming and diving with disabled people.

"It was lovely. This is where I was first drawn to physiotherapy and rehabilitation – the ability to help people after they've been injured."

Mr Sifundza graduated from the University of Cape Town with 35 other physio students.

But finding a job has proved to be tough and so far he's had no luck. He's competing with the 280 other physiotherapy students graduating around the country for a very limited number of posts.

In the Western Cape there is a freeze on all posts in the health department and students have been told not to waste their time applying for a job here.

Mr Sifundza can speak several languages and he's looking for jobs elsewhere in South Africa.

He doesn't mind much where he goes, as long as he likes the place.

Mr Sifundza has made inquiries in Mpumulanga and Gauteng where he's heard there may be posts available.

He even tried the Internet.

"It was joke in the beginning, the Internet is my toy. One person responded but didn't ask for my CV."

The private sector prefers to employ people with experience, says Mr Sifundza, and he doesn't know a single black physiotherapist in private practice.

It's not as though physiotherapists aren't needed, he says.

"For example there are two physiotherapists seeing the whole population of Langa and Guguletu, which is crazy," he says.

That's where he wants to work.

He's given himself six months to find a job, but is more or less resigned to leaving South Africa.

"At the end of the day, I'll probably end up overseas," he says.

"There doesn't seem to be much space for me here. It's very discouraging, there's so much I can offer to the country."

Pat Swilling, president of the South African Society of Physiotherapy, says between 80% and 90% of physiotherapy graduates leave South Africa because of a lack of posts.

"Most head for the United States, with the result that Americans are benefiting from the extremely high standards in training that South African physiotherapists get, while South Africa's own people are forced to do without this professional care," she says.

Mrs Swilling says the freezing of physiotherapy posts in provincial hospitals is pushing the patient-to-physiotherapist ratio to "impossible" proportions, endangering quality of care.

South Africa has one physiotherapist for every 12 000 people, compared to one for every 2 155 patients in Britain.

"In seeking monetary relief through the short-sighted solutions of cutting physiotherapy posts, we are likely to see long-term financial repercussions.

"The country will end up paying many more times the cost of maintaining these posts as a result of an increase in the number of non-productive citizens.

"Posts should be created, not cut, especially at community level," she says.

But until that happens, well-qualified professionals will leave South Africa.

"It's the country, the people in the townships, who will lose out," says Mr Sifundza.



OBED ZILWA

Resigned to leaving: newly-qualified Sibusiso Sifundza can't find a physiotherapy post

Better deal for health workers

By Mzwakhe Hlangani
Labour Reporter

AN agreement between the National Education Health and Allied Workers Union and Netcare private healthcare institutions on wages and improved conditions of employment is viewed as a step forward in the provision of a living wage, the union said yesterday.

Nehawu spokesman Mr Joe Lekola called on union members at Netcare institutions to evaluate the agreement and begin to strategise for 1999-2000 wage negotiations.

The wage agreement signed this week will increase salaries of general assistants and healthworkers by between seven and half and 18 percent, ending two months of intensive negotiations and deadlocks. It will raise the minimum wages from R900 to R1 250 a month.

Lekola said the agreement was intended to help employees in remote rural hospitals who earned R300 less than those in the major Johannesburg upmarket clinics. It also sought to balance the bargaining level for different regions.

Maternity leave

Other benefits agreed on include a night shift allowance of R125 a shift, three months paid maternity leave and an improved medical aid scheme.

It was further agreed in principle that housing loans, the grading system and training and development should be discussed further for career empowerment of the workers. The spokesman for Netcare was not available to comment on the agreement.

Lekola also said that further discussions on housing loans would be aimed at finding ways to utilise the provident fund for subsidising the housing scheme for Nehawu members to access affordable homes.

Further agreements on training and development anticipate the development of career paths for nursing and general nursing assistants.

'Race' strife rips hospital union apart

(88) Sowetan 5/3/99

(97)

By Mzwakhe Hlangani
Labour Reporter

THE FORMER whites-only Hospital Personnel Trade Union of South Africa (Hospersa) is reportedly purging itself of senior black executives.

Disillusioned former trade union leaders said yesterday that six more black provincial executive members were expelled from the union as internal racial tensions and suspensions reached a peak this week.

There are charges that the white leadership is resisting transforming Hospersa from "a lily-white bastion" to a workers' trade union.

Former Mpumalanga Hospersa provincial chairman, Mmupi Mogoboya, who was expelled after being found guilty of participating in the disruption of a union congress, claimed that the white union leadership exercised naked racism.

Mogoboya said he was instructed to attend a disciplinary hearing in Bloemfontein without transport arrangements being made for him. When he protested, he was notified that the case would be finalised even if he failed to appear.

Gauteng chairman Moses Ntlhane and his regional executives Gabriel Kgudunge and David Mwale were expelled this week, also for allegedly taking part in the disruption of congress last December.

Others include Mpumalanga treasurer Zodwa Nyalunga, North West vice-president Mackson Ranku and Northern Province executive member Laura Kgaka.

A spokesman for the union denied that the conflict was racial, saying that those dismissed had been found guilty by the disciplinary hearing.

He declined to comment further since union president Gavin Moultrie and secretary general Johan Steyn were on leave.

For some time the union has been embroiled in racial conflict and court interdicts. The entire provincial committee in Northern Province was suspended after its chairman, David Tsheola, was dismissed.

Sowetan 5/3/99

W Cape health job cuts 'devastating'

Marais rues loss of experienced staff

The Western Cape health department was celebrating the success of its plan to cut a R151-million budget deficit, but regretted the impact of drastic staff cuts on health care, health minister Peter Marais said in Cape Town.

"The impact of our staff losses bordered on devastation," Mr Marais said in his provincial health budget speech yesterday.

"While personnel targets have been numerically met, the loss of experience, clinical and corporate memory, and its impact on the quality of care should not be underestimated," Mr Marais said in the provincial legislature.

By April 1, the health department will have cut 2 148 posts, slashing its total staff complement to 24 840 and saving R151-million.

Mr Marais said in a littl more than three-and-a-half years, posts in the health department had been cut by 8 020, the equivalent of shutting down both Groote Schuur (4 225 staff) and Tygerberg (4 359).

He said the latest reduction of

DI CAELERS
HEALTH WRITER



health-care posts meant:

- 1 669 staff took voluntary severance packages or were declared supernumerary (often highly specialised people waiting to be redeployed and who may not be retrenched).
- Another 1 200 left as a result of natural attrition.
- Only 721 appointments were made during 1998-99, 480 of which were actually authorised.

"On March 1 the filled posts stood at 24 723. The target for the end of this financial year was 24 840. These figures show just how well the health department addressed its need to come into budget," Mr Marais said.

Another 160 staff members who had taken voluntary severance packages would leave this month.

But Mr Marais said he would not allow any more drastic staff reductions "as long as I have the political responsibility for this department".

Referring to staff losses at academic hospitals, he said these had lost 5 025 staff members since 1996.

Mr Marais said attention would also be paid this year to attracting more paying patients back to state hospitals to bolster revenue after a substantial decline last year.

Revenue from hospital fees dropped by R10,4-million between 1997-98 and 1998-99.

Among the measures his department would take would be to outsource debt collection and to collect outstanding revenue from universities.

Hospital tariffs had been adjusted last September.

Mr Marais announced a budget of R35-million for new equipment in 1999-2000, up from just R15-million in 1998-99, and said: "This is going to be the year in which we start the onslaught on the equipment backlog".

Let us into the hospitals, traditional healers urge

(97) ARG 10/4/99

MOSES MTHETHELELI MACKAY

South African hospitals should cater for African medicine, say Cape Town's growing band of traditional healers.

They believe hospitals specialising in African traditional healing should be established or existing hospitals should offer African medicine.

But the Government says it doesn't have the money. It says that if traditional healers want their own hospitals, they must build them themselves.

Traditional healers argue that many black people do not believe Western doctors can cure them and prefer African traditional healing methods.

Nokuzola Mndende, a lecturer in religious studies at the University of Cape Town, told Saturday Argus the family played a central role in the African way of life. "Family members know and care about you."

However, the family role was missing from conventional hospitals, she said.

Ms Mndende said the Government had to accept responsibility for introducing traditional healing methods to hospitals because South Africa was a multi-religious and multi-cultural society. She said it was the Government's duty to create space for African rituals and healing methods, such as initiation rites.

Many people used traditional healing methods despite them being undermined by Western doctors.

She said African traditional healing encompassed spiritual healing, sangomas, herbalists, kinship rituals and calling on ancestors to heal.

Phillip Kubukeli, the president of Western Cape Traditional Healers, Herbalist and Spiritual Healers, backed the call for hospitals using traditional healing methods.

"Although this could take 100 years to happen, the Government must allow black traditional healers to meet their patients in hospitals."

He said President Nelson Mandela agreed in 1995 that African traditional healers should work closely with Western-style doctors.

Mr Kubukeli said traditional healers should enjoy the same status and benefits as medical doctors.

Khangelani Hlongwane, speaking for Health Minister Nkosazana Zuma, said: "We can't afford to provide these hospitals at this stage. It should be up to them (traditional healers) to build them."

He said millions of people, particularly in rural areas, had been denied health care but that the department was addressing the problem.

He said traditional healers had a role to play and the health department was co-operating with them in areas like AIDS programmes and circumcision.

Loyiso Mpuntsha, the director of health programmes at the South African Medical Association in Pretoria, said Western doctors appreciated that certain sicknesses were cured by traditional healers.

"Traditional healers should be legally regulated. The public has to know how they work because there are many fakes who make a lot of money out of it," Dr Mpuntsha said.



ALTERNATIVE APPROACH: traditional healers should enjoy the same status and benefits as medical doctors, says traditional healer Phillip Kubukeli

Ambulance staff slated over death

ARG 4/5/99 (97)

Gross misconduct charge

JOHAN SCHRONEN
CRIME CORRESPONDENT

Ambulance boss Alan Dolby says there is evidence of "gross misconduct bordering on dereliction of duty" among staff who handled a call about a man who died last week after waiting nine hours for an ambulance.

He said some officers faced a disciplinary hearing over the death of TB sufferer Benson Mankayi. But he also blamed the "antiquated" control room for foul-ups.

He said the workers could be "only as good as their tools" and it was a problem with which the service had been grappling unsuccessfully for many years.

Operators have no computers, relying on telephones and hand-written slips of paper to prioritise cases.

Mr Dolby, director of protection services for the City of Cape Town, said of the Mankayi case: "It's a culmination of many problems leading to incidents which were totally unacceptable and should never be repeated.

"While we are suffering from under-staffing, under-funding and under-resourcing, we still can't allow poor service."

Mr Mankayi, who had lived in the open on Cape Town station deck for at least seven years, collapsed in agony about 9am last Wednesday.

In spite of repeated calls for an ambulance, no help came. He lapsed into a coma about 5.30pm and died a little later.

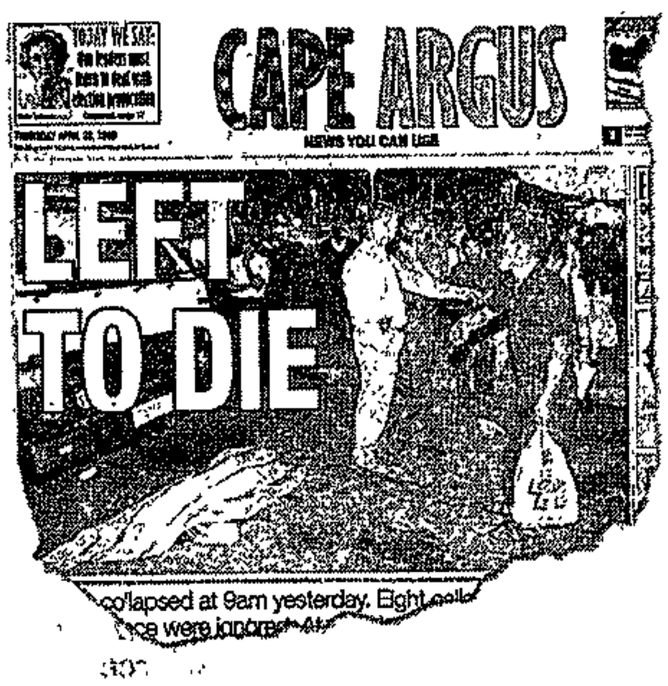
Mr Dolby said internal investigators had listened to the emergency call tapes for last Wednesday and checked documents.

"We have compiled a report showing a prima facie case. We are now arranging for a disciplinary hearing involving the officers under suspicion."

Mr Dolby said the ambulance service still had the support of many dedicated members who "performed miracles" under pressing circumstances.

Isolated cases should not taint the good image of the service. "But where there is a problem or a foul-up we tackle it head-on."

Mr Dolby said he could not divulge more details about the investigation into the case of Mr Mankayi.


CAPE ARGUS
NEWS YOU CAN USE
LEFT TO DIE
collapsed at 9am yesterday. Eight call-
ance were ignored

Flashback: how the Cape Argus reported the death of Benson Mankayi last week

Patients wait in vain for life-saving medicine

■ Overworked pharmacists battle to fill prescriptions ■ People in old-age homes at bottom of pile

(97) ARG 29/11/99

DI CAELERS
HEALTH WRITER

Medication for state patients across the Peninsula is often in short supply as overworked pharmacists battle to fill prescriptions and manufacturers compound the problem by not delivering on time.

At some old-age homes, elderly patients who rely on medication for ailments such as diabetes, asthma and heart problems, have not had their prescriptions filled for two weeks.

Apparently the files of prescriptions for old-age homes are being pushed to the bottom of an already overwhelming pile as pharmacists deal first with patients sitting on benches outside their dispensaries.

Last week 160 items were out of stock at the Cape Medical Depot which supplies drugs to hospitals and clinics throughout the Western Cape, according to Elaine Sclanders, chief pharmacist of the Provincial Administration of the Western Cape.

Although this was a fairly small number considering they carried 1 500 lines, Ms Sclanders said it was frustrating for patients and pharmacists alike. "If pharmacists know there is a shortage of a chronic medication they will limit what they give patients. So instead of giving the patient the usual month's supply, they'll give them only a week's supply.

"This not only means the patient has to return four times during the month, standing in those queues every time and perhaps having to take days off work, but it also means four times as much work for the pharmacist," she said.

Next month pharmacists in the state health service will meet Tom Sutcliffe, superintendent general of health and social services in the province, in an effort to find solutions.

But Ms Sclanders said the problems were multi-faceted. Pharmacists were not keen to take jobs in the state sector because of conditions and remuneration, and especially not at the Cape Medical Depot where they did wholesaling and storekeeping duties.

The depot was short-staffed and had problems getting orders out on time. On the other hand, pharmacists working in clinics and day hospitals were under equal pressure, sometimes not getting their orders in on time.

The depot also had problems with drivers. Last week the Cape Argus took several calls of complaint from patients at Mitchell's Plain Day Hospital who said they could not get medication there. Similar complaints came from Hout Bay.

In Woodstock, residents of several old-age homes who get their medication from the Neighbourhood Old Age Homes Organisation (Noah) clinic had not had their prescriptions filled for two weeks.

Hendrina Phillips, who lives at Eleanor Murray old-age home in Woodstock, said it was a fortnight since she had had her prescriptions filled for her diabetes, hypertension and asthma problems.

"The nurse at the home is borrowing from everywhere she can to make sure I get medication. It's very hard for me," Ms Phillips said.

Louisa Schippers, who lives in a Noah home in Woodstock, takes medication for leukaemia and hypertension, and has also had no medication for two weeks. Her housemate Kathleen Joyce, who takes asthma and hypertension medication, is in the same position.

"I'm using three different pumps for my asthma and for two weeks I come here and there's nothing for me. It makes you feel something is missing, like your heart doesn't pump right," Ms Joyce said.

Every two days Jawyel Salie, who is diabetic, returns to the clinic hoping her prescription has been filled: "I'm very worried. This is bad, I must have my medication," she said.

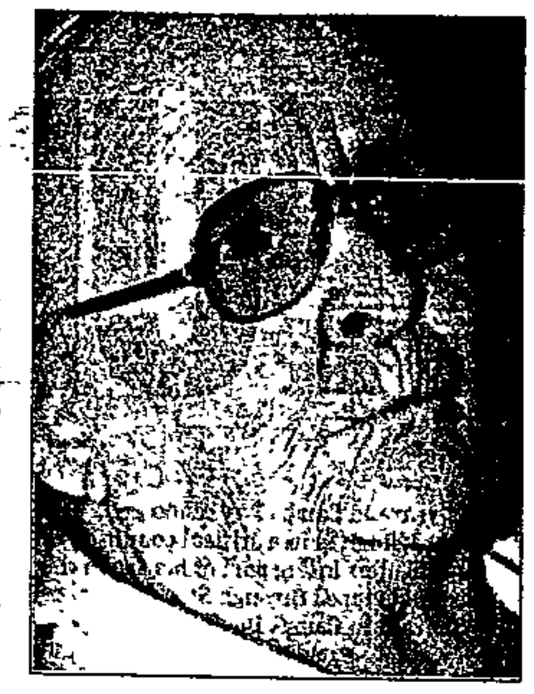
Ms Sclanders said Retreat Day Hospital, which also services various old age homes and other institutions, was in a worse state than Woodstock.

Noah sister Ann Murray said they were having to juggle medicine constantly in an effort to keep their patients well, and Ms Sclanders said pharmacists throughout the service did the same thing constantly.

"Pharmacists are doing a fantastic job finding supplies. They borrow, or in emergencies buy from wholesalers or even borrow from private hospitals. The problem is that this is a job they have to do themselves. Searching around for medicine is very labour-intensive and takes up an awful lot of time that could be better used otherwise," Ms Sclanders said.

Many pharmacists had left the service and had not been replaced, and current numbers were just not keeping pace with the workload.

"Dealing with the homes is one example of extra tasks that have fallen on to pharmacists – these used to be the responsibility of district surgeons. The pressure is just getting worse and worse," Ms Sclanders said.



Hard times: Hendrina Phillips has not had her diabetes, hypertension and asthma medication prescription filled for two weeks



Waiting: Kathleen Joyce uses three asthma pumps and takes medication for hypertension. Her prescriptions have not been filled for two weeks



Nothing: Louisa Schippers takes medication for leukaemia and hypertension, as well as iron tablets. Her prescription has not been filled for two weeks



HANNES THART

Worried: Jawyel Salie, who lives in Salt River with her daughter. She has been waiting two weeks for her diabetes medication

DEREGULATION OF PHARMACIES

FM 10/12/99

REGULATIONS RAISE A HEADACHE FOR PHARMACISTS (97)

If anyone can own a pharmacy, chemists could suffer

If you thought you'd soon be able to buy cut-price prescription medicines in supermarkets, think again. The nation's chemists are going all out to block legislation that would allow anyone — and that means retailers — to own a pharmacy.

The Pharmaceutical Society of SA, representing most of SA's 10 000 chemists, will lobby the Department of Health to tighten up regulations so as to prevent big business from owning pharmacies in all but the most underserviced areas It could get a sympathetic hearing, for government never intended to introduce competition into the sale of medicine by allowing Clicks, Pick 'n Pay and others to sell medicines on every corner.

When former Health Minister Nkosazana Zuma shepherded the Pharmacy Amendment Bill through parliament and into the statute books in 1997, the lawmakers' intention was simply to improve access to medicine by allowing retail chains to sell drugs in areas where it was not viable for small pharmacies to set up shop, such as black townships.

But the regulations to the Act, published for comment on November 19, seem to go much further.

"It allows for a huge loophole," says the society's executive director Ivan Kotze. "We are concerned that it will result in big business establishing pharmacies in competition with existing pharmacies. They'll go to Sandton and buy an existing pharmacy and run it from their own premises."

He fears that if the regulations are passed as they stand, many small pharmacies could go under. Many chemists are appalled at the thought of having to make room for nonprofessionals. After all, doctors, dentists and lawyers don't have to compete with supermarkets, they say.

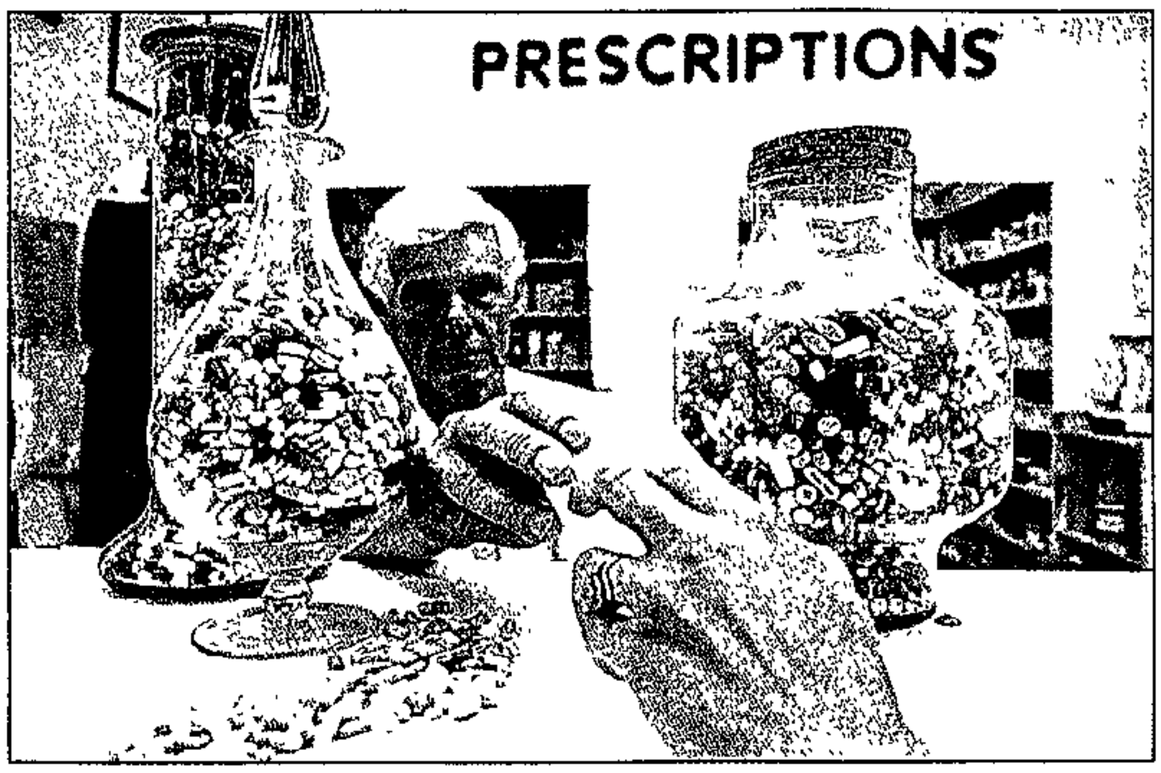
The regulations allow for anyone to own a pharmacy, taking into account the needs of society, the proposed geographical location of the pharmacy and its relationship to existing pharmacies, among other things. These criteria seem to satisfy the law-makers' original intentions but because they seem to apply only to new pharmacies, a loophole has been created.

It's an opportunity that is being welcomed with open arms by the Clicks/Link pharmacy alliance. In August, Clicks bought a 30% stake in Link Investment Trust for R35m, a move which 82% of the 330 Link pharmacy franchisees supported.

Link Investment Trust chief executive Trevor Milton says pharmacy groups have not been very successful in using their buying power to wring better deals out of medicine suppliers. Link pharmacists are looking to Clicks to provide retailing expertise and to achieve economies of scale that will push down the cost of medicine.

Clicks was conceived as an American-style drug store, but because only pharmacists have been allowed to own pharmacies in SA, it was restricted to running the front shop of a pharmacy, building it up into a R4bn business, in anticipation of the day it would be allowed to dispense.

The deregulation of pharmacy ownership has long been argued for in SA as one of the best ways to cut medicine costs. It has been recommended by several health commissions, from the Browne Report in 1985 to the Broomberg-Shisana Report in 1996, that have recognised that restricting pharmacy ownership to pharmacists alone creates the worst of both worlds: low volume turnover and high mark-ups By allowing efficient retail chains to sell medicine, dispensed by a qualified pharmacist, high turnover and low mark-ups are achieved and the consumer wins.



"We believe the only way forward for pharmacies is ownership by larger corporations. That's the way it has worked in North America and the UK," says Clicks MD, corporate services, Peter Green. "Virtually everything sold in pharmacies is more expensive than in Clicks and the same would happen with drugs."

Clicks feels the best of both worlds can be achieved if big business runs the commercial side of the operation, leaving pharmacists to dispense medicine and run all the professional aspects of the business Green says pharmacists — many of whom are struggling to make ends meet in private practice — will not lose out financially under this system.

Clicks is considering various models in consultation with Link They include putting pharmacies into certain Clicks stores; owning and operating pharmacies in their current locations; and operating pharmacies and possibly even primary health-care clinics from some of its 200 Diskom stores, which are situated mainly in low-income and rural areas.

However, Kotze argues that if supermarkets were to sell drugs they would not cut medicine costs because pending legislation will regulate medicine prices, replacing discretionary price mark-ups with a single manufacturing exit price and a fixed professional fee for pharmacists. This has been talked about for years and has yet to get off the ground. How it will be policed is another matter.

Pharmacists are also concerned that medical schemes will use the loophole to open their own pharmacies, drawing members away from existing pharmacies. Funders and administrators are generally pleased with the new regulations as they believe medicine prices will fall. "As long as quality is assured through a professional pharmacist dispensing the medicine, then through large volumes, costs should come down," says Pharmaceutical Benefit Management CEO Laubi Walters.

Health authorities should be trying to reduce medicine prices, not protecting an inefficient retail sector.

Claire Bisseker