

HEALTH & DISEASE

HOSPITALS

1982

JAN. — DEC,

Outpatients' department set to open at Umlazi hospital

(98) Mercury
4/1/82

Mercury Reporter

THE medical superintendent of King Edward VIII Hospital, Dr Priscilla Truter, has welcomed the opening tomorrow of the outpatients' and casualty departments at the Prince Mshiyeni Hospital in Umlazi.

In a statement, Dr Truter said King Edward VIII Hospital looked forward 'with

eager anticipation' to seeing their outpatient and casualty figures drop.

'The opening of the departments should help considerably towards stemming the "tide from the south", she added.

The general wards and nurses' quarters are expected to be completed only in about two years.

The new Umlazi hospital

was in the news recently when the Government was severely criticised by the former MEC in charge of hospitals in Natal, Mr Frank Martin, for delays in building the project. The complex was originally scheduled to be ready in 1968.

Meanwhile, building costs have rocketed from R14 million to R25 million.

Umlazi hospital opens 13 years late

WORKMEN were yesterday busy adding the final touches for the opening today of a section of the KwaZulu Government's showpiece hospital at Umlazi.

The doors of the sprawling Prince Mshiyeni Memorial Hospital, which was originally scheduled for completion 13 years ago, will open to out-patient and casualty cases this morning.

The hospital's medical superintendent, Dr W G McNeill, said yesterday that the out-patient and casualty sections were fully geared to cope with the influx of patients who would normally have gone to King Edward VIII Hospital and other neighbouring hospitals.

'We have a team of five doctors who will be on duty full-time in the two sections. Initially we will be

treating patients with minor illness and casualty cases as we are not yet prepared to handle the more serious cases.

'These patients will be referred to other hospitals,' he said, adding that provision has been made for a 25-bed ward to accommodate patients who would require overnight observation.

**Report by MARIAH VENGTAS
Picture by ELIJAH ZONDI**

Dr McNeill said work on the maternity block had already started, but it was only expected to be ready for occupation in two to three years' time. The sprawling hospital complex which also comprises a nurses' home, was expected to be completed in 1989.

The estimated cost of the project when completed would be in the region of R50 million, he added.

On a guided tour of the hospital yesterday a Mercury team found the out-patient and casualty sections of the hospital in immaculate condition. The tiled floor of the main entrance hall was glittering as hospi-

Hospital Services, Dr F Constable, told the Mercury earlier that the out-patient and casualty sections would serve the needs of the black community in the area until ward accommodation and the maternity section were ready.

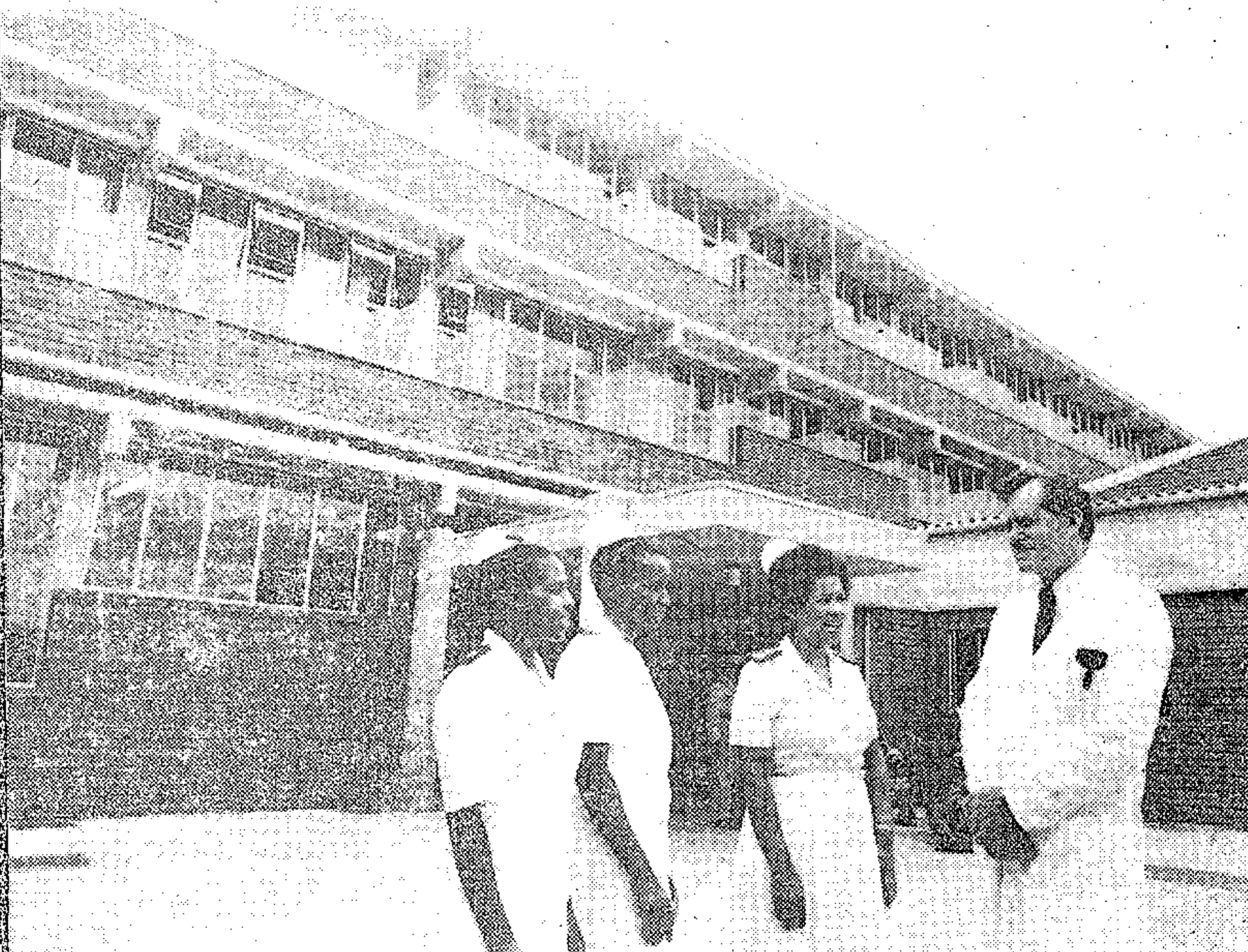
Earlier in the year the South African Government came under attack when a Pretoria architect who worked on the third phase of the hospital revealed that the hospital would take at least another 10 years to complete and that the cost, originally estimated at R14 million, had soared to R25 million.

A random survey among local residents showed an overwhelming joy at the final opening of a section of the hospital — although 13 years late.

tal cleaners went about their final chores.

Surgical instruments lay neatly placed at strategic points in the wards waiting to go into action as groups of nurses received a final briefing from their superiors.

KwaZulu's Director of



DR W G McNeill, medical superintendent of the Prince Mshiyeni Memorial Hospital, chats with three of his staff, from left, Sister G D Gumede, Sister N P Zulu and Matron Enid Bolani.

98
Soweto
8/1/82

End to clinic plan

THE Soweto Council has rezoned a site set aside for a clinic to extend a park.

This strange decision comes at a time when Baragwanath Hospital is said to be facing a serious overcrowding crisis and calls for the betterment of medical services in Soweto are increasing.

The site, which is at 1053 Dube, was said to be "too small" by a meeting of the council which unanimously decided on its rezoning.

Reasons given by the executive committee of the council are that besides its smallness, an adjoining park would be doubled in size if the site is rezoned and several parks and recreation sites have in the past been rezoned for clinics.

The Council's chief director for housing, Mr J J Oosthuizen, said the site was unsuitable for the building of a modern clinic.

It was with the approval of the health authorities, he said, that the site was rezoned for park purposes.

TABLE IV

CISKEI: HEIGHT AS A PERCENTAGE OF EXPECTED HEIGHT FOR AGE*

	6-23 months		2-3 years		7-8 years	
	Rural	Urban	Rural	Urban	Rural	Urban
Mean	96,7	93,9	92,8	92,8	92,8	92,8
S D	5,51	5,23	5,16	5,16	5,16	5,16
n	203	288	222	222	222	222
<90%	10%	8%	24%	20%	30%	21%
>90%	90%	92%	76%	80%	70%	79%

*Calculated in relation to 1

TABLE

CISKEI: WEIGHT AS A PERCENTAGE C

	6-23 months		2-3 year	
	Rural	Urban	Rural	Urban
Mean	99,8	97,9	97,9	97,9
S D	13,5	13,8	13,8	13,8
n	203	288	288	288
< 90%	14%	19%	28%	23%
90-119%	79%	76%	70%	74%
>120%	7%	5%	2%	3%

*Calculated in relation to Harvard 50th percentile

The results obtained for serum albumin are given in Table I. The mean albumin values varied from 4,00 g/dl for the age group to 4,25 g/dl for the oldest. These are highly acceptable values for any population and from the age of 7 years there seems to be very little indication of biochemically detectable protein deficiency. In the 6-23 month old group a 12% incidence of low albumin values, according to the ICNND standards (6) were found, with 7% for the 2-3 year olds. There is, therefore, corroborative biochemical evidence for clinical and anthropometric indications of protein deficiency in the younger age groups. These results strongly suggest that in the age group 7 to 8 years, protein deficiency plays a minor role. In the young age group the mean weight for height is very close to the ideal and decreases rapidly to 87% in the 7 to 8 year old group. Since, in the latter group, there is very little indication of protein deficiency, this finding could only be due to a lack of energy intake.

Chemists short
By MONK NKOMO
GA-RANKUWA Hospital is experiencing an acute shortage of pharmacists.

Dr L van Heerden, deputy superintendent at the hospital near Pretoria, yesterday said there were only three qualified pharmacists at the hospital which has 1600 in-patients and attends to about 1000 out-patients daily.

Although he described the issue as a "temporary crisis",

large number of patients are believed to have been turned away on Tuesday due to the lack of staff. This was denied by Dr van Heerden, who

TABLE II

CISKEI: PERCENTAGE INCIDENCE OF FOUR NUTRITIONAL DISEASES

DIAGNOSIS	6 MONTHS - 2 YEARS				3 - 4 YEARS				7 - 8 YEARS			
	RURAL		URBAN		RURAL		URBAN		RURAL		URBAN	
	BL	POS	BL	POS	BL	POS	BL	POS	BL	POS	BL	POS
Kwashiorkor	9,5	1,1	2,8	0,9	6,7	-	0,7	-	2,6	-	-	-
Marasmus	5,3	-	3,7	0,9	2,0	-	3,6	-	-	0,9	-	-
Rickets	1,1	-	-	-	2,0	0,7	0,7	-	1,7	-	-	-
Pellagra	1,1	-	-	-	1,3	-	-	-	5,1	0,9	-	-

BL = Border-line POS = Positive diagnosis

The results obtained for the weight and height measurements expressed as percentage weight for age, percentage height for age and percentage weight for height, using the Harvard standards (5) as reference, are given in Tables III - V. The percentage weight for age is also interpreted using the Gómez classification. In the age group 6-23 months there is much less evidence of growth retardation, both in terms of weight and height, than was found in the 2-3 year old and especially in the 7-8 year old children. This is also clearly illustrated in the decrease which occurs in the mean values found with increasing age, for all three variables. In contrast, however, the mean percentage weight for height for the lactating mothers was found to be 115% with one-third exceeding 120%, indicating a high incidence of obesity in this group.

TABLE III.

CISKEI: WEIGHT AS A PERCENTAGE OF EXPECTED WEIGHT FOR AGE.*

	6-23 months		2-3 years		7-8 years	
	Rural	Urban	Rural	Urban	Rural	Urban
Mean	96,9	92,2	92,2	80,8	80,8	80,8
S D	16,3	15,5	15,5	10,6	10,6	10,6
n	203	288	288	222	222	222
Gómez classification of malnutrition						
'severe' <60%	2%	1%	1%	0%	4%	0%
'moderate' 60-74%	1%	5%	9%	7%	30%	22%
'mild' 75-89%	26%	25%	39%	39%	48%	53%
'normal' >90%	71%	69%	51%	54%	17%	25%

*Calculated in relation to Harvard 50th percentile.

Detained NIC member loses his hospital job

Mercury 9/11/82

98

329

9/10

Mercury Reporter

SECURITY laws detainee Mr Pravin Gordhan has been dismissed from his job as a pharmacist at Durban's King Edward VIII Hospital.

Confirming this yesterday, Dr DJ Lawson, the hospital's deputy medical superintendent, told the Mercury that Mr Gordhan — who is one of two senior executive members of the Natal Indian Congress still being detained by the Security Branch — had to be replaced because of the build-up of his workload.

'The post has been re-advertised and I suppose Mr Gordhan could re-apply if he wishes if the vacancy is not filled by the time he is released,' said Dr Lawson.

Mr Gordhan, who is being held together with Mr Unus Mahomed under Section 6 of the Internal Security Act, is unaware of his dismissal.

His wife, Mrs Pravina Gordhan, declined to comment when approached by the Mercury yesterday.

Meanwhile, Mr M J Naidoo, vice-president of the Natal Indian Congress, said yesterday that the recent detentions would not deter the NIC from its fight for freedom and justice for all in South Africa.

He said Mr Gordhan, who is also secretary of the Durban Housing Action Committee, and Mr Mahomed, an attorney, were being held incommunicado.

'In spite of the detentions the NIC will continue its struggle, come hell or high water,' he said.

Mr Gordhan and Mr Mahomed were detained by Security Police during a massive national crackdown on trade unionists, clerks and students in November.

Mr Naidoo said he could not understand why the two

Congress men were still being held because they were 'backroom boys' — they assisted in organising meetings — but never addressed public meetings.

Durban Housing Action Committee chairman Mr D K Singh said he knew of no legitimate reason for still holding Mr Gordhan.

For many years Mr Gordhan had taken an active role in trying to alleviate the plight of the underprivileged in Durban municipal housing schemes in Phoenix and Chatsworth, he said.

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Administrator to tour Livingstone hospital

E. Post 15/1/82

98

THE Administrator of the Cape, Mr Gene Louw, will be taken on a comprehensive tour of the sprawling Livingstone Hospital complex next week, during a brief visit to Port Elizabeth.

The chairman of the Livingstone Hospital Board, Dr H E van Zijl, said Mr Louw would also be shown the hospital's new chapel — built at a cost of R80 000.

Mr Louw will be presented with a cheque for R20 000 towards the cost of the chapel. This money was raised by the local Chapel Committee, a non-racial, inter-denominational body of churchmen.

Asked if Mr Louw would be shown problem areas or bottlenecks at the hospital such as casualty and outpatients, Dr Van Zijl replied: "Of course we shall take every opportunity to put our case to Mr Louw. But one must not forget that hundreds of

thousands of rands are to be spent in the near future on extensions to the hospital," he said.

Dr Van Zijl pointed out that Livingstone Hospital provided 90% of the medical care to the coloured, Indian and African communities of Port Elizabeth.

The increased demand for medical care was linked to population growth, and facilities would have to keep pace accordingly.

Dr Van Zijl said he hoped the Administrator's visit would have "fruitful" results.

The chapel in the hospital grounds seats 35 people. It was primarily intended as a place of spiritual retreat for those whose relatives had died in the hospital.

It was also available to hospital personnel.

Hospital 'hard-pressed' with holiday influx

By MARIJYN KEEGAN

THE Hermanus Provincial Hospital can hardly cope with the influx of thousands of holidaymakers to the town during the festive season, according to the superintendent of the small hospital.

The superintendent, Dr J W Tate, said the hospital had no full-time doctors and the part-timers were hard-pressed during the holiday season trying to cope with the extra cases.

He was commenting on the case of a 19-month-old baby who died of meningitis at the hospital on January 2.

When the Cape Times brought the situation to the attention of the direc-

tor of Cape Provincial Hospital Services, Dr R L M Kotze, he said he would conduct a full investigation into the matter.

The mother of the dead child, Mrs Helen Manuel, told the Cape Times she had taken her daughter Jo-Anne to the hospital at 7pm on January 2. The sister on duty had telephoned the doctor on call, who asked what the symptoms of the child's condition were and then prescribed treatment on the telephone. He told the sister to tell Mrs Manuel that if the child had not improved, she should bring her back to hospital.

Mrs Manuel returned home but Jo-

Anne's condition worsened. She returned to the hospital.

"We eventually got hold of a doctor, but by the time he arrived, Jo-Anne was dead."

Dr Tate confirmed that Jo-Anne had died at the hospital but said she had been ill for four days before the parents brought her in. He said they did not want to see the doctor on call a second time and this had caused a delay.

Asked whether doctors were not obliged to answer calls from the hospital, Dr Tate said it was not his function to tell doctors how to handle their cases.

"It is left to their judgment to handle cases. Whether they see a patient at home or at the hospital or give verbal instruction for treatment is entirely their business. It is not my job to play the medical policeman," he said.

Dr Tate said there was a strict rule at the hospital that all patients admitted there had to be seen by one of the six part-time doctors. These doctors worked according to a 24-hour roster.

"So there will always be someone on duty. The only difficulty is that during the holiday season, these doctors can hardly cope with all the calls. They are at their knees to keep up with the demand," he said.

Cape Times 19/1/82

98

But how do we do this

More cuts in State spending



E. Post
2/1/82

By SANDRA SMITH
MASSIVE cut-
backs in Govern-
ment spending
will be announced
in the near fu-
ture, the Adminis-
trator of the
Cap. Mr Gene
Louw, said today.

Louw warns of drastic pruning soon

In an interview at H F Verwoerd Airport, Port Elizabeth, Mr Louw was asked whether cuts similar to those which the Government had made in the funding of housing could be expected in provincial budgets.

He said "This is part and parcel of a wave of such announcements by the Government."

Heavy cutbacks could be expected in provincial budgets and in all Government spending "within a month or two", he said.

Mr Louw was in Port Elizabeth for a brief visit during which he was taken on a tour of Livingstone Hospital, his first since he became Administrator.

He was met by the Eastern Cape's Regional Medical Superintendent, Dr Peter Vurgarellis, who said one reason for the Admin-

istrator being invited to Port Elizabeth was to bring problems being experienced by the hospital to his attention.

"We are trying to get funds allocated, and we are jockeying for position like everyone else," he said.

Hospital projects to the value of R1 425 700 are under way at Livingstone, while other projects to cost an estimated R2 001 900, are planned for the near future.

These included extensions to the hospital's casualty department. Conditions there were criticised in a recent petition signed by hospital doctors and submitted to the Department of Health.

Asked whether these projects would be delayed, Mr Louw said that once the nature of the budget cut-

backs was known, a programme of priorities would be drawn up by the province.

But "the Livingstone casualty project will receive top priority", he said.

In a speech later today to members of the hospital board, staff and invited guests, Mr Louw said: "We will redirect finances where we can and try to be of assistance, but I do not want to raise false hopes -- hence my appeal to you to try and succeed with existing means and funds."

A cheque for R20 000 towards the cost of the hospital's new chapel, built for R30 000, was presented to Mr Louw. This money was raised by the Chapel Committee, an inter-denominational body of churchmen.

R7m to be spent on PE hospital

CAPK TIMES 22/1/82 98

Staff Reporter

THE Provincial Administration will soon spend more than R7-million to improve existing facilities at the Livingstone Hospital in Port Elizabeth, the Administrator, Mr Gene Louw, announced yesterday.

Mr Louw, who was invited to the hospital to accept a cheque for R20 000 from the hospital board for the construction of a chapel on the grounds, said he wished to mention these figures to indicate that the Livingstone Hospital was not "the Cinder-

ella hospital" as some press reports gave to understand.

He was commenting on publication of a report made by three opposition MPC's who visited the hospital in November. They concluded that conditions at the hospital were "horrific", saying it was overcrowded, a fire hazard, badly designed and had hopelessly outdated equipment.

Yesterday, Mr Louw said the Livingstone hospital, commissioned in 1954, had received vast sums of money from the

administration for essential services and accommodation.

"Over and above the prefabricated dormitory blocks for 224 nurses and the pre-fab extensions to the out-patients department costing R394 789, other improvements to essential services costing R324 700 have been completed at the hospital," Mr Louw said.

Projects to the value of R1 425 700 were in the course of construction with further projects worth over R6-million planned for execution in the near future.

Immense demands on the hospital increased the original number of 400 beds to 1 147 but with the completion of the proposed ward block at the Dora Nginza hospital, the actual number of beds at the Livingstone might be reduced to 800.

Dr John Sonnenberg, MPC for Green Point and chief provincial opposition spokesman on health, welcomed news that the administration was at last paying attention to what had become a chronic and unsatisfactory condition.

"The difficulties of poor facilities and over-crowding have been mentioned time and time again to the authorities and it is indeed welcome that they are responding at last."

Renovations

He said R2.2-million had been approved for the Livingstone Hospital in the capital budget. The money was being used for renovations, electrical improvements, fire protection systems and air conditioning.

"It is not clear from the Administrator's announcement whether the money the administration plans to spend on the Livingstone is over and above that approved in the budget.

"While I welcome this news, I must state that tinkering around with hospitals and adding new structures here and there is not a final solution to the problems of medical health services in the Eastern Cape. There is a vast infrastructure in and around Port Elizabeth for a large academic teaching hospital system.

Dire need

"There is a dire need for a medical school to be built at the University of Port Elizabeth and a delegation will meet with the Minister of National Education this coming parliamentary session to put to him the idea of creating a medical school at UPE."

Dr Sonnenberg said while there was no nursing shortage at the Livingstone Hospital, more posts had to be created to ease the burden on staff — who were coping against insurmountable odds.

500-bed hospital 'not big enough'

98 Mercury 1/2/82

Mercury Reporter

LEADERS of the Indian community have expressed disappointment at the Government restriction on the size of the first hospital to be built at Phoenix.

Indian
leaders
unhappy
about size
restriction

Mr Baldeo Dookie, executive member of the South African Indian Council, said it was a pity that the Natal Provincial Administration was not allowed to build the 1 000-bed hospital, as planned originally.

'I think the Government is making a mistake by cutting the hospital by half,' he said.

'When fully developed, Phoenix will be the largest Indian settlement in Natal, superseding Chatsworth which has an estimated population of more than 250 000. A hospital with only 500 beds will be totally inadequate.

Costs

'It must be remembered that the hospital is also going to cater for people from Ottawa, Verulam, Tongaat and possibly even Stanger,' he said. Building costs were escalating each year and it would cost much more should the Government decide to extend the hospital at a later date.

Mr R E Naidoo, executive member of the Phoenix Child and Family Welfare Society, said a 500-bed hospital for an area which would eventually house nearly 400 000 people was inadequate.

He suggested that to ease the pressure on the hospital's services, the Government should consider establishing clinics in each of the 22 units in Phoenix.

Dr Fred Clarke, MEC in charge of hospitals, said last week that the Government would not accept the proposal for a 1 000-bed hospital for Phoenix, but a regional hospital of 500 beds would be built.

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2/3

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52 - 12

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Mercury
2/2/82
Out!

Nursing

98

staff fired

as State

95

takes over

mental

hospital

98

Mercury Reporter

ELEVEN black and three Indian nursing staff at the Springfield Indian Sanatorium in Durban were yesterday served with notice to quit their jobs at the end of the month.

Mr J H Randall, managing director of the Smith Mitchell organisation, a Johannesburg-based company which runs the sanatorium, yesterday confirmed that the jobs of a number of senior black and Indian nursing staff had been affected as a result of the State take-over of the mental hospital.

'We did all we could to obtain the best possible deal for our staff. The bulk of the staff will be retained, but it's a pity that some will lose their jobs.

'For those whose jobs are affected we'll try to arrange some sort of relief, possibly giving them more than their final cheque,' he said.

Shocked

The worried nurses, some who had worked at the sanatorium for more than seven years, said they were shocked when told of their dismissal at a meeting yesterday.

'We were told that the State was going to take over the hospital on March 1 and as the hospital is and will continue to be for Indian patients, our services were no longer required,' said a spokeswoman for the nurses.

She said the nursing staff saw their dismissal as being totally unfair and based on racial grounds.

'We were told last year that our jobs would be secure when the State took over the sanatorium, but now out of the blue we are told to look for jobs elsewhere as our services will be terminated at the end of the month,' a nurse with seven years' service at the hospital told the Mercury.

She said she had five children to support and was worried about her future job prospects. 'It's not easy getting a job these days. I do not know what I'll do if I fail to find suitable employment elsewhere,' she added.

Mr Randall said control of the sanatorium was being passed over to the State as his company found it too small an undertaking to run from Johannesburg.

By Zenaide Vendeiro
Expectant black and coloured mothers are "incensed" because they must pay a deposit of R500 on admission to the Park Lane Clinic in Hillbrow while white women pay R50.

Mrs Dawn Martin of Edgardale told The Star: "It's unfair that we have to pay R450 more because of the difference in our skin colour."

She said she paid a deposit of R20 when she had a baby last year. Recently a friend was required to pay a deposit of R500.

(98) Star 5/2/82
Mothers-to-be

say it's 'baby discrimination'

"This is a lot of money to pay in a lump sum and we can afford it even less than whites.

"I spoke to someone at the clinic and she told me that six months ago a black woman did not pay her

bill and it was therefore decided to charge a higher deposit for non-whites."

The manager of the clinic, Mr C Egnal, said his clinic was not multi-racial.

"We operate on a permit system and are

not obliged to accept non-white patients." He denied that the clinic discriminated against black and coloured women.

"The reason we charge them R500 is because we have to supply them with a private ward and separate facilities."

Mr Egnal would not comment on why the expense of the separate facilities could not be included in the bill presented on discharge.

"This is the way we run this clinic," he said.

~~298~~ Hospital ⁹⁸
fees rise
Star 10/2/82
shock for
the aged

By Gillian Rennie

The proposed provincial hospital increases announced this week have provoked shock and dismay among those who care for the elderly.

The increases will mean that from April 1 in-patients will pay a levy of R10 a day and out-patients will have to pay a levy of R3 a visit.

This means in-patients will pay R35 a day and out-patients R13 per visit.

INCREASED

The maximum salary qualification for the lowest scale has been increased from R120 to R480 and the second lowest from R480 to R600.

Mrs Zerilda Nel, regional representative of the National Council for the Care of the Aged, said today she did not know how senior citizens would afford the increase.

Ninety percent of pensioners are hospital patients. "If they go to hospital three times a month, that's R9 eaten up already. And they have rent to pay, and food and luxuries to buy," she said.

SHOCK

Mrs E Smith, matron of Colrowland Home, said the increases would come as a "big shock" to pensioners. Rent at the home takes R77 out of the pension of R120, so there was not much left for medical expenses, she said.

Mrs Nel said accounts could be waived, but the case had to go through a social worker. "Very often the pensioner does not know he or she can go to welfare for help and they live in fear until the problem is sorted out," she said.

Mrs E Hill, matron of the Ashleigh Geriatric Home, called the increase "a shame."

Private hospitals and clinics will not be increasing their fees because of the provincial hospital fees increase. Mr J H Randall, chairman of the Representative Association of Private Hospitals (Raps), said: "Fees at private hospitals will certainly not be increasing for that reason." Raps usually reviews cost of living increases in April, he said. "So there is a possibility of increases then, but there is no particular reaction from us to this increase."

NO INCREASE

Shock claims by patients at new hospital

By SOPHIE TEMA

never seen anything like this before.

SOME black female patients at the new Hill-brow Hospital have claimed male patients have attempted to rape them while they are sleeping — a ward shortage has meant both sexes have to share wards.

"We have heard that there were instances where men tried to assault women in the wards.

"This is disgusting. It should never happen.

"I would rather they had separate wards for males and females — even if they had to sleep on the floor," he said.

Members of the already short-staffed hospital now have to keep the wards under strict surveillance at night.

A woman patient who refused to be named said she had to fight off a man who tried to jump into her bed while she was asleep.

She said: "I overpowered him and screamed for help."

Confirmed

And yesterday the hospital superintendent, Dr J Nach, confirmed some women had complained they were being attacked at night.

Dr Nach said some of the wards had not yet been opened for use, and this was causing a problem.

"When we admit patients there is always an overflow of either men or women.

"We can never tell how many patients — male or female — to expect.

"There are instances where more males are admitted than females, and this does cause problems," he said.

"We are not using all our wards at present, because we are waiting for more nurses and equipment. The choice at the moment is to provide patients with the right treatment.

Floors

"If we placed them where they belong, then they would end up sleeping on the floors.

"We are trying as far as possible to sort the situation out by keeping admission to a minimum."

Some female patients at the hospital said they felt very unsafe in the presence of men in their wards, particularly after a few incidents where men attempted to assault women late at night.

Mr Simon Moepi, who had visited his sister in one of the hospital's surgical wards at the weekend said: "This is a very unusual situation. I have

English, English, English

* SOURCE In Mec

but does resemble a

se one of the adjectives

ADJECTIVE	NOUN	spherical	ere
		cubical	he
		rectangular	nder
		cylindrical	
		conical	
		straight	
		curved	
		a round	
		to pointed	

SHAPE	2 dimensional
NOUN	circle
	semi circle
	square
	rectangle
	triangle
	ellipse
	hexagon

EXAMPLES
When the object has no well-known object or a square face the following ways:

EXAMPLE
When an object has a re from the table above to

Services to match hospital charges

By Gillian Rennie

Despite the increase in provincial hospital fees, patients are still financially better off than if they chose to go to a private hospital.

A patient on medical aid will pay R35 a day for a general ward in a provincial hospital from April — a R10 increase from the present rate.

But there are no added medical expenses. The patient does not pay more for medication, operating expenses or any care he may receive.

In a random survey, The Star found that rates for a general ward in a private hospital were R34,50 a day. This was for a patient on medical aid and included nothing more than the bed and meals.

All medication and expenses were extra.

A general ward in Marymount Maternity Home was R28 a day. There is no medical aid system.

General wards for a patient without medical aid varied between R40 at Park Lane Clinic to R42 a day at Sandton Clinic.

Brenthurst Clinic, where there are no maternity wards, charges R85 for a private room and R57 or R59 a day for semi-private rooms. A general ward without medical aid was R41 a day.

A private room at Marymount was R32 for mother and child.

The fees for a private room at Park Lane were R72,50 a day. This tariff was the same for both surgical and maternity rooms.

estors shy away from s for TBS could well s, bringing a further

on in November. this may be in anti- three-year government stors were prepared R201m application for ily 1980) is also week to 5,9% this week. able to buyers. One- 1973 - but dealers are now trading around nted to some extent rate last Friday, from rds mid-month. The

of months. a little reason for air lowest levels this week forced

1976. ferro-manganese, ed in the production or electric arc also in large units, on each day. or iron, some of large smelting y to produce metals ranch of extraction

refined in this zinc, copper and neous solution as means of electro- lectro-winning ed in this way. ensive metals such liquid-liquid is such as leaching, eparated by form some other chemical compound

and 1.2 because it is normally expensive. The and 1.1 Chemical metallurgy is not as often used as 1.1

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Trade in BAS and NCDs 11-point 5,29% by the 5,5% - report Year NC Short-t Popular TBS Las to take stock i cipatio While c longer- contin dip in

89
Jan
12/2/82

PHYSIOTHERAPY SHORTAGE

Low salaries at provincial hospitals cause of serious situation

W/E Argus 13/2/82

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

Physiotherapists are vital to the running of an efficient hospital.

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

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

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

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

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

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

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

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

and have families, and are not paid for overtime have not been encouraged by the salaries to return. In provincial hospitals who from this year must complete a four-year B Sc degree to qualify, are paid only a fraction more than nurses. The starting wage for whites, Indians and coloureds is R5430 a year, and for blacks is R4470. There is no sex differential.

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

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

The Director of Hospital Services in the Cape, Dr R L M Kotze, was cautious when asked about the size of the problem in the province. We have had more problems lately than we had before, but our position isn't worse now than it was six months ago. In fact, I would say it is slightly better. We have a bit of a problem in the different categories — you know the story about the paramedical staff had been referred to the Commission for Administration and was receiving urgent attention, he said.

BY WIVEN HORLER

Nurses overtime rule adds 10 pc to salaries bill

98
Jaw
17/2/82

Own Correspondent

A decision to pay nurses for all the overtime they worked had meant an increase of 10 percent in the salaries bill, the Transvaal Provincial Administration heard yesterday.

Speaking during the second-reading debate on the Part Appropriation Draft Ordinance, the MEC in charge of hospitals, Dr Servaas Latsky, said that in the past nurses had to work a 40-hour week, but received overtime pay only if they worked more than 44

hours.

He was reacting to claims by Opposition speakers that he had failed to get a better deal for nurses.

UNORTHODOX

He said that though the new overtime pay deal had been announced by the Minister of Health, it had been due largely to his own efforts.

He said he had fought to such an extent that the Commission for Administration had complained of his unorthodox methods.

But the result was that nurses were now paid for the four hours they had previously worked "free."

Dr Latsky added that hospital tariffs were being examined, but he could not say what would happen until regulations were published.

A thorough investigation was also being carried out into ways of collecting hospital debts, and he hoped to be to tell the council later of an improved system.

Dr Latsky said that in the past year there had been a 15 percent increase — 800 000 — in casualty and outpatients.

FACILITIES

Reacting to Progressive Federal Party criticism of the planned new H F Verwoerd Academic Hospital in Pretoria, Dr Latsky said it was an old building taken into commission in 1932-33.

Its facilities had been patched up and added to over the years.

A new academic hospital was needed in Pretoria to serve an expected regional population of one million by the year 2000.

Dr Latsky appealed for politics to be left out of health services, and said certain political pressure groups — which he did not identify — were very active.

He said blacks and whites would not be played off against each other.

Earlier Dr Latsky pointed out that there was "absolutely the same" tariff for black and white patients with the same income.

JUST

ROM 17/2/82 (98)
**'Separate
 with the NP**

Mail Reporter

SEPARATE hospitals would be provided for separate race groups for as long as the National Party remained in control, the MEC in charge of hospitals, Dr Servaas Latsky, said in the Provincial Council yesterday.

Answering criticism that blacks paid more than whites for hospital services, he said there was no discrimination in tariffs.

Defending expenditure on the extensions and modernising of the H F Verwoerd Hospital in Pretoria, Dr Latsky said the facilities at the hospital did not accord with what was desirable in a teaching hospital.

For years the facilities had been sub-standard. The hospital, he said, had to serve a vast area of the Transvaal. The improvements would be built in stages and could take 15 years.

On hospital management, Dr Latsky said the province faced the same manpower problems as the private sector.

An urgent look was being taken to see how management could be improved.

On toll roads, the MEC in charge of roads, Mr John Griffiths, stressed that no specific decision had been taken to introduce a toll road between the West Rand and the East Rand through Johannesburg.

at part of this question, ess of the given two passages.
 ynopsis and conclusion.

Superberama seems to have the necessary potential for a successful centre. It is well located, the design and layout at the centre is good, aesthetics and housekeeping is excellent. There is adequate security and parking facilities are well provided for. However the centre's potential is not realised and this may be attributed to two factors. Firstly the retail mix is considered to be weak and secondly effective promotion of the centre is poor. A number of people seldom shop at Superberama because there is a poor variety of shops. The large percentage of retailers that have competition at the centre indicates that there is unnecessary duplication of shops. If some of these stores were eliminated and replaced by other stores a better variety would be achieved. Most retailers are however content trading at Superberama which therefore means that extensions will have to be made to the centre. Extensions are however very costly for the owners and since it was further found that promotion of the centre has been insufficient and ineffective, less costly operation to attract more of consumer but some attention must also be mainly directed to capture greater market segments for

1. Discuss
2. In the 1 discuss

QUESTIONS:

CONCLUSION

This report deals with an investigation of the Superberama shopping centre. The attitudes and opinions of consumers, retailers and management based on data derived from questionnaires, have been examined to determine the success or failure of the centre. I feel the findings in this report should aid future developers when designing this sort of development.

SYNOPSIS

5.2.2 The following are extracts from a student report.

TWO COLOURED NURSES 2. Post 20/2/84 WORK IN WHITE WARD

By SHELLAGH BLACKMAN

TWO coloured nurses have been working in a white ward in the Uitenhage Provincial Hospital this month but the hospital authorities insist this is only a temporary measure.

Staff nurse Gloria Barendse, 25, and assistant nurse, Anne Browers, 26, were asked to work in a white woman's surgical ward at the beginning of February, as 80 more white nurses were on sick leave.

"I was so surprised when the Matron Mrs. Datha, told me I had to work in that ward the next day. I asked if I had done something wrong," Miss Barendse said.

Both nurses said that they were enjoying the experience. "The patients are very nice — they don't make us feel out of place," they said.

Both women started their nursing careers in Cape Town — Miss Browers at the Tygerberg Hospital and Miss Barendse at Groote Schuur.

They have worked at the Uitenhage hospital for two and four years respectively.

A spokesman explained that the hospital was not short of staff — the coloured nurses were asked to work in the white ward because there was a temporary staff crisis. It had been decided to keep them there for "a while" so

that in the case of future emergencies they would know what to do, he said.

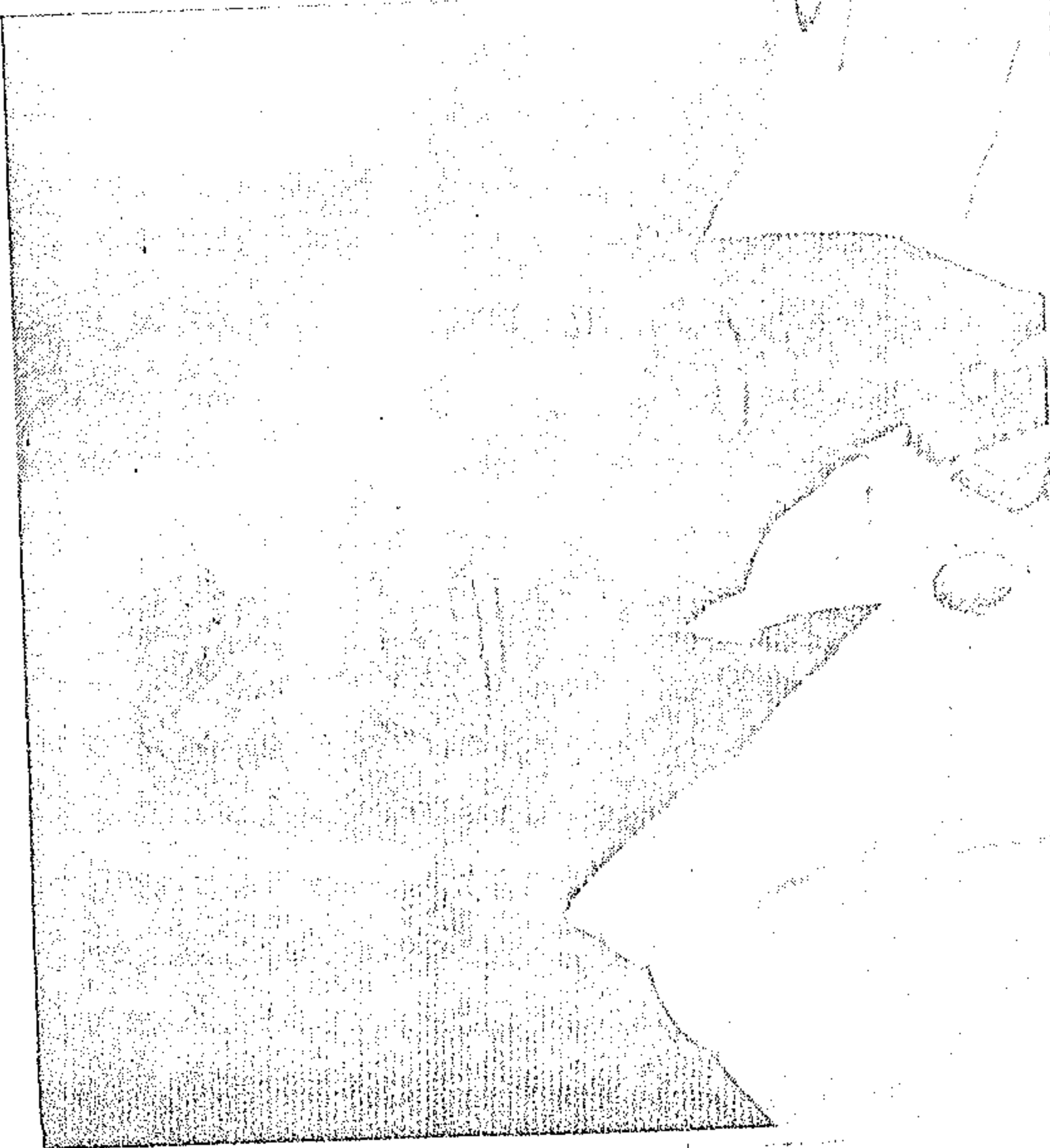
It is the first time that coloured nurses have been used for any length of time in white wards — before this they were only used for a few hours at a time when the ward arose.

The spokesman emphasised there was no change of policy on the part of the hospital — the two nurses had not been permanently appointed to the white ward.

Dr. P. Robinson, medical superintendent of the hospital said there had been no complaints from anyone. Asked in the process of having the nurses on the ward for such an extended period might lead to black nurses being permanent staff in white wards, he said: "If all depend on the availability of staff, if we see this works well and there are no complaints I don't see why not."

Dr. Peter Venter, regional medical superintendent said that black assistant nurses had frequently been used in white wards in the Eastern Cape and black nurses had been used in emergencies. There was no change in policy.

The Provincial Hospital in Port Elizabeth has more than 80 posts for black nursing staff. There is a big black ward at the Provincial Matron Orthopaedic is predominantly a black hospital.



Assistant nurse ANNE BROWERS, 26, (left) and staff nurse GLORIA BARENDSE, 25, have been working in a white ward at the Uitenhage Provincial Hospital for the past three weeks.

Tenders out for 'new' Groote Schuur

By Lynn Carlisle

98
DOCUMENTS and sketch plans for the new Groote Schuur Hospital — a complex which it is estimated will ultimately cost R250-million — are being fed to four civil engineering and construction consortiums invited to submit tenders by about April this year.

Industrial Week 23/2/82

Disclosing this to Industrial Week, Ron Delpont, deputy director of the Cape Provincial Administration's department of works, says the contract for "phase one", the construction of the new hospital in front of the present hospital, will be worth about R100-million and should be announced mid-year.

"We have accepted the four consortiums as potential contractors for this first phase which should take six or seven years to complete," says Delpont.

Phase two will involve the transfer of patients and certain equipment from the "old" to the new hospital which will have a maximum height

of 14 storeys.

The structural design will facilitate a method of incremental construction whereby the building shell is "incrementally" built across the site and down the slope towards the main road.

Phase three takes place at the old hospital which will be converted

"for other purposes," Delpont says.

A scheme based on prestressed precast floor units and an "in situ" reinforced concrete frame has been chosen for the new hospital.

Altogether six structural schemes for the new complex were prepared and priced by the Groote Schuur civil consultants, KFD Wilkinson & Partners and Ninham Shand Inc, the SA Association of Consulting Engineers discloses.

"The floor units span 9,9 m across the building between longitudinal main frames. This system allows main floor construction to proceed without the need for temporary propping or soffit shutters, and floors are constructed 6 m vertically apart," an Association spokesman says.

Ceiling space, made deep enough for people to walk around in, is called an "interstitial floor" or interfloor.

New hospital has problems

SOWETAN REPORTER

THE blacks only hospital opened in Hillbrow 15 months ago has insuperable teething problems which, according to the hospital superintendent, need to be brought to the attention of the community.

Dr John Nach was reacting to a series of reports about the shortage of staff and unsatisfactory conditions prevailing in the hospital. It has been alleged that female patients admitted at the hospital's combined wards feared that they would fall victims of rape.

According to a member of the staff, the incident happened in only one ward, where an intoxicated 'coloured' man sneaked through the partition into the female section and terrorised the patients. He was, however, called to order and no other incidents have occurred.

UNTRUE

This was dismissed by the superintendent as untrue because, he adds, no such incident was re-



SEARCH: The hospital guard with the two women who were

searched while a white young man (out of pic) went past.

ported to him. He also claims that no patient may drink liquor at the hospital. Even patients who are suspected to be mentally distressed were always under guard.

Explaining the circumstances that resulted in combined warding, Dr Nach said many wards were half empty all the time, while the hospital was also facing a crisis in shortage of staff. To alleviate this problem, the hospital realised that it

could kill two birds with one stone — combine the wards that accommodate patients suffering from similar illnesses.

The hospital presently needs 100 nurses. Another nine members resigned this month. It has been reported that the nurses are leaving because they could not be accommodated in the local nurses' home because of the Group Areas Act.

Another hospital official revealed in an interview that registered nurses were permitted to stay at the home. She said only assistant nurses could not be accommodated as these were not difficult to find. The hospital had to recruit registered nurses from as far as Durban and the hospital had to provide them with accommodation.

CRITICAL

Despite the critical situation at the hospital, Dr Nach feels that the hospital has made a tremendous achievement in the short period since it came into operation in November 1980. There are under 700 beds and a "very high" number of outpatients.

Dr Nach adds that they have an X-ray service operating 24 hours a day, and proudly says that 8 000 X-rays were done in January only.

He said the old hospital had only 233 beds, which proves that they have already over extended their services.

"It should be considered that the hospital is not fully opened, and we

cannot bear with all the problems at once," said Dr Nach.

He says the hospital attracts patients from as far as Alberton and Krugersdorp, and states that about 25% of their patients are from Soweto.

The hospital concentrates on emergency services from Saturday lunch-time. It also provides radio therapy services for both the Southern and Eastern Transvaal, he said.

Dr Nach refers to patients absconding as a general problem in all hospitals. He said it is impossible to monitor especially on weekends.

POLICY

Commenting on the hospital's policy to search employees, Dr Nach said all staff members, whether black or white, were subject to the routine searches. He said this applied to all, from ordinary labourers to professionals. He added that he was also searched.

One of the guards who conducted the search told The SOWETAN that only the black staff, including senior profes-

sionals were being searched. He said they have not yet received official instructions to search whites.

A check by The SOWETAN at the hospital gates confirmed that the search was discriminatory. A young white doctor went past the guard while two elderly black women struggled to open their bags so as to be searched.

Another dissatisfactory report was on the meals provided by the hospital.

A professional group, which preferred not to be named, said the white staff was served with better meals. They felt that whites were more comfortable than blacks in the blacks-only hospital.

These allegations were once more regarded as untrue by the superintendent. He said he has never received any complaints about meals. Dr Nach said meals were served according to seniority, and there was no discrimination in the dining halls.

The SOWETAN, could not, however, be taken on tour of the hospital as the superintendent's programme was said to be very tight.

No decision yet on new PE hospital

98

E. Post 27/2/82
Weekend Post
Correspondent

CAPE TOWN — No decision has been taken about a new major hospital for Port Elizabeth, Mr Piet Loubser, MEC in charge of Hospital Services, told Mrs Molly Blackburn (PFP, Walmer) in the Cape Provincial Council yesterday.

Replying to questions by Mrs Blackburn, Mr Loubser said that the suitability of Fairview had not been considered for the establishment of a provincial hospital in Port Elizabeth.

"Various properties have been considered, but finality has not been reached and the investigations are continuing," Mr Loubser said.

Provincial Council

Asked when last the Provincial Administration negotiations had taken place with the Port Elizabeth City Council on land for the establishment of a major hospital, Mr Loubser replied: March 9, 1979.

To further questions by Mrs Blackburn, he said one of the wards closed at the Provincial Hospital over the Christmas period would be re-opened on Monday.

These wards were closed for the festive season to enable more staff to take leave, as had been the practice for many years.

In the past these wards were opened in mid-January, but this did not happen in 1982 because white wards in the hospital had on average been only 67,9% full before to December 15, 1981, and a number of trained nurses had resigned.

Three wards had been closed at Provincial Hospital on December 15 and a portion of the orthopaedic block on January 15.

One of the 33-bed wards would be re-opened on March 1, and the other two when the number of patients warranted it.

Mr Loubser said portion of the orthopaedic block was closed for painting and renovations, and would be re-opened "shortly".

98 **Cheaper
Mercury
medicines
1/3/82
'are not
inferior'**

Mercury Reporter

STATE Health patients who find that cheaper drugs are being substituted for their regular prescriptions, have been assured that this does not mean the medicine is inferior.

Dr J Vorster, Director of Hospital Services, said: 'We found that some part-time district surgeons were prescribing medicines that cost as much as R120 a time, which the Province just could not afford on its limited budget.

'So we have sent out a code list of less expensive but equally effective drugs which must be used, except in special circumstances.'

a
d
Dr Vorster said while the Province preferred to supply medicines from hospital outlets, the authorities realised this was inconvenient for pensioners living in country districts and allowed them to get the medicines from local pharmacies.

A Margate pharmacist agreed that on the whole the new list provided adequate substitutes. However, in a few instances it actually proved more expensive because it did not cover as wide a spectrum.

t
f
He said the only ones who stood to lose were the pharmacists who would be left with old stocks.

(98) Stan 2/3/88

Hospital now has helicopter

The Administrator of the Transvaal, Mr W A Cruywagen, yesterday paid tribute to nurses for volunteering to staff the ambulance-helicopter service when off-duty.

At a function at the Johannesburg Hospital, where a R400 000 ambulance-helicopter was handed to the Transvaal Provincial Administration, Mr Cruywagen referred to nursing as a "really noble profession."

He said the new helicopter was an extension of the accident and emergency service at the Johannes-

burg Hospital and would be available to any member of the public, irrespective of race.

The hospital had previously hired a helicopter for emergency services—the same craft which was used for a twice-daily traffic survey of Johannesburg by Radio Highveld.

The new helicopter is the first to be acquired by Hospital Services.

It can carry two patients and four attendants and has sufficient space for emergency equipment needed to assist critically ill patients.

at would have
r so as to
from the life
edited direct

The death of a partner automatically dissolves the partnership as legal and

Note 2:

At the end of year 03, the life policy would be reflected on the partnership balance sheet as a non-current asset at its surrender value of R240.

Note 1:

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

Year 02 - same as year 01

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

Solution to GL5 (Cont'd)

78) Fort Beaufort: Tower Hospital 2/3/82
Hansard Q 61 356
*4. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether his Department provides accommodation for certified patients awaiting transport to the Tower Hospital at Fort Beaufort; if not, where are such patients accommodated; if so, (a) where and (b) what type of accommodation is provided?

The MINISTER OF HEALTH AND WELFARE:

No, Livingstone Hospital, Port Elizabeth,

(a) and (b) fall away.

*5. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*6. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*7. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

Hospitals warned on 'bad publicity'

CARL TIMES 5/3/82

98

By LOUISE DENDY-YOUNG

PROVINCIAL hospital heads have been warned to be careful what they say in their annual reports, to avoid bad publicity.

This was disclosed in the Provincial Council yesterday by Mrs Molly Blackburn, Progressive Federal Party MPC for Walmer.

"I would like to mention my concern regarding the wording of a circular sent by the Director of Hospital Services to all heads of institutions," Mrs Blackburn told the council.

The circular, dated January 13 and signed by the Director of Hospital Services, Dr R L M Kotze, said: "In the recent past it has happened that certain information contained in annual reports was presented in such a manner that unfavourable



Mrs Molly Blackburn

and unwarranted criticism was elicited from the press.

"It has accordingly, been decided that no annual reports of provincial hospitals and associated institutions may in future be made available to anyone before you, as head of the institution, have satisfied yourself that the annual reports have been drawn up in a responsible manner.

"You will, therefore, be held personally responsible for ensuring that the contents of annual reports are such that these will not give the outside world a false image of the institution(s) under your control, or of the service."

The circular concluded: "Your wholehearted cooperation in this connec-

tion is relied upon."

Mrs Blackburn said the circular gave a clear indication that something was "amiss".

"There is a definite warning here to heads of institutions that they must be aware of their personal accountability for the reports."

Mrs Blackburn said she would hardly have thought it necessary to issue such a warning to people holding such responsible positions.

She then referred to the 1980 annual report of Livingstone Hospital, in which the principal matron (theatre) stated that five of the existing theatre tables were 26 years old.

Quoting the matron, Mrs Blackburn continued: "These tables are hazardous, outdated... the mattresses are in a shocking condition of wear and tear... the theatre ceilings leak and thus impair sterility and the peeling of paint off all the walls has resulted in the harbouring of micro-organisms."

Was this the kind of report that would be considered "inappropriate" in future in terms of Mr Kotze's circular, Mrs Blackburn asked the house.

Order 'a shameful slur on medical men'

AR 605 5/3/82

Political Correspondent
A SUGGESTION by the Cape Director of Hospital Services that heads of hospitals in the province should be careful what they say in their annual reports in order to avoid bad publicity, was slammed today by Dr Marius Barnard, MP.

Referring to allegations made in the Provincial Council by Mrs Molly Blackburn, MPC for Walport for the Department of Health, Dr Barnard, who is of the Opposition's spokesman on health, said that to suggest that the hospital reports in the past had been 'irresponsible' was a shameful slur on the integrity of concerned medical men.

For more than 10 years it was my privilege to write the annual report for the Department of Cardiac Surgery at Groote Schuur Hospital. I was never afraid to state quite clearly what I saw to be signs of deterioration in the high standards in our department.

I, therefore, find the circular of the director distasteful, insulting and querying the integrity of hard-working, dedicated doctors in our professional services.

Dr Barnard said he hoped the circular would be ignored by the medical profession and that the great medical truth that a patient's interest was more important than a doctor's interest would be upheld.

In the Provincial Council yesterday, Mrs Blackburn questioned the purpose of the instruction. She read from a circular letter dated January 13 to all heads of hospitals from the Director of Hospital Services, Dr R L M Kotze.

It stated: 'In the recent past it has happened that certain information contained in annual reports presented in such a manner that unfavourable and unwarranted criticism was elicited from the Press.'

'If, accordingly, held reports of provincial hospitals and associated institutions may in future be available to anyone before you, as head of the institution, have satisfied yourself that the annual reports have been drawn up in a responsible manner.'

'You will, therefore, be personally responsible for ensuring that the contents of annual reports are such that these will not give the outside world a false image of the institutions under your control or of the service.'

Mrs Blackburn quoted from the 1980 Livingstone Hospital report which said five operating tables were 26 years old, 'hazardous and outdated' and that the theatre ceilings leak

(Contd on Page 3, col 1)
See Page 2.

Livingstone had 3 maternity patients to a bed, says MPC

98

E. Post 6/3/82

By SHIRLEY PRESSLY

THREE patients to a bed in the maternity section at the Livingstone Hospital, Port Elizabeth — this was the shock find on a recent visit to the hospital by Mrs Molly Blackburn, Progressive Federal Party MPC for Walmer.

She found some beds with two patients at a time in them and one with three patients in it.

Mrs Blackburn disclosed in the Provincial Council this week that provincial hospital heads had been warned to be careful what they said in their annual reports to avoid bad publicity.

She referred to a circular, dated January 13, which was signed and sent by the Director of Hospital Services, Dr R L M Kotze, to all heads of institutions.

The circular said: "In the recent past it has happened that certain information contained in annual reports was presented in such a manner that unfavourable and unwarranted criticism was elicited from the Press.

"It has accordingly been decided that no annual reports of provincial hospital and associated institutions may in future be made available to anyone before you, as head of the institution, have satisfied yourself that the annual reports have been drawn up in a responsible manner.

"You will, therefore, be held personally responsible for ensuring that the contents of annual reports are such that these will

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Mrs Blackburn said there were clear indications that something was amiss.

She would hardly have thought it necessary to issue such a warning to people holding such responsible positions.

She then referred to the 1980 annual report of the Livingstone Hospital in which the principal matron (theatre) said five of the existing theatre tables were 26 years old.

Quoting the matron, Mrs Blackburn continued: "These tables are hazardous, outdated . . . the mattresses are in a shocking condition of wear and tear . . . the theatre ceilings leak and thus impair sterility and the peeling of paint off all the walls has resulted in the harbouring of micro-organisms."

Was this the kind of report that would be considered "inappropriate" in future in terms of Dr Kotze's circular, Mrs Blackburn asked the house?

She said that, according to statistics, there were 144 beds in the maternity section at Livingstone Hospital, plus 14 beds in the labour ward — a total of 158 beds with six toilets to cater for the patients and staff.

Mrs Blackburn said both Port Elizabeth's main hospitals, their staff and their patients were suffering as a result of the Government's discriminatory legislation.

**CHRONICALLY ILL 'WILL
CRAWL INTO WOODWORK'**

Patients

hit by

S-Express

(98)

red tape

7/3/82

and higher fees

HUNDREDS of poor Transvaalers may die this year because they will be unable to pay the fees for treatment at provincial hospitals. The fees trebled last month.

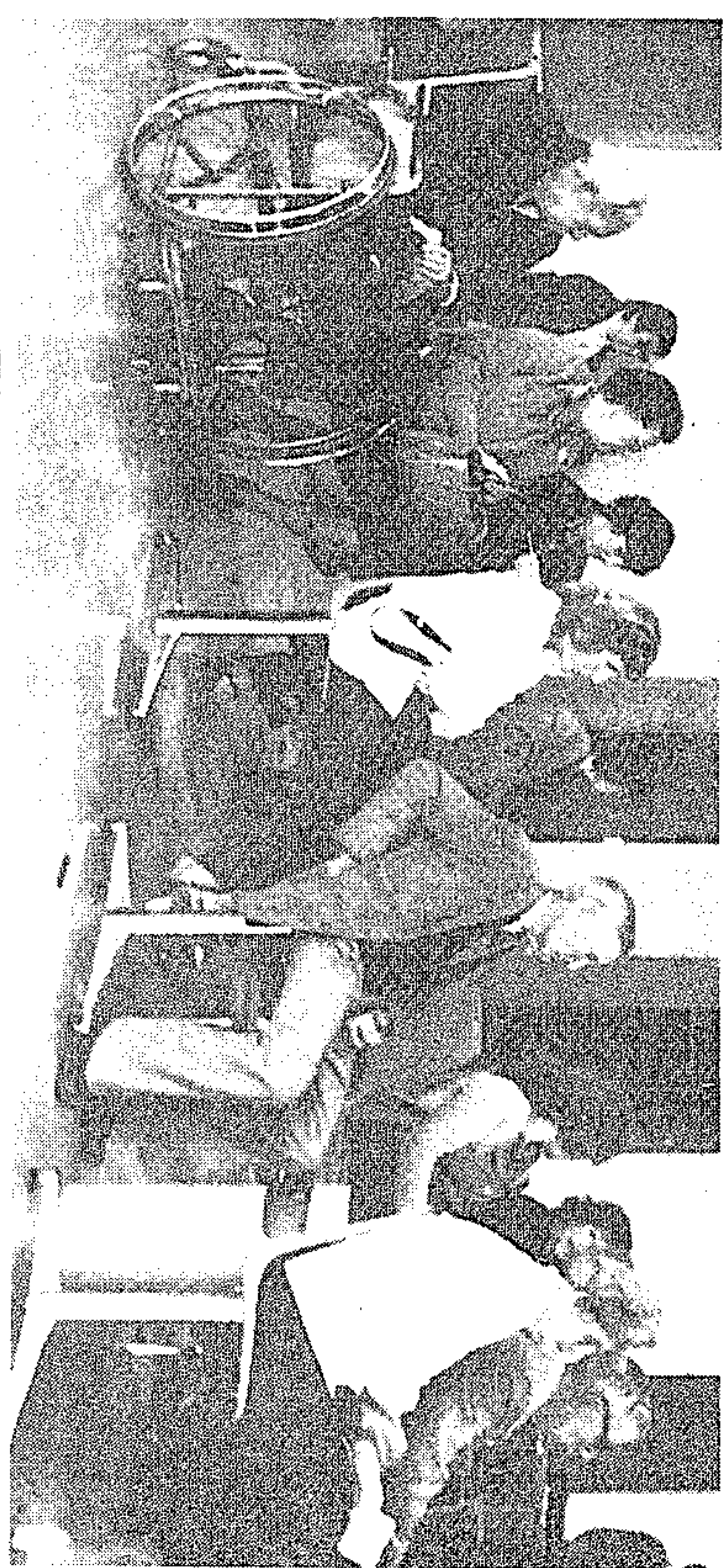
Alarmed doctors predicted that chronically ill patients would simply "crawl into the woodwork" rather than submit themselves to the morass of paperwork that accompanies an application for free treatment.

"Already at R1 a visit many out-patients come once and then stay away," a provincial hospital doctor said.

"Imagine how many will stay away when the fees are increased to R3 a time."

The doctor may not be named because provincial employees are not allowed to speak to the Press.

He believed hospital services in the Transvaal were breaking down because of a lack of planning by the authorities.



⊙ The long wait — patients queue for treatment at the new Johannesburg Hospital in Parktown. Many, if they can't afford the R3 minimum fee, may not return. Some of them could die.

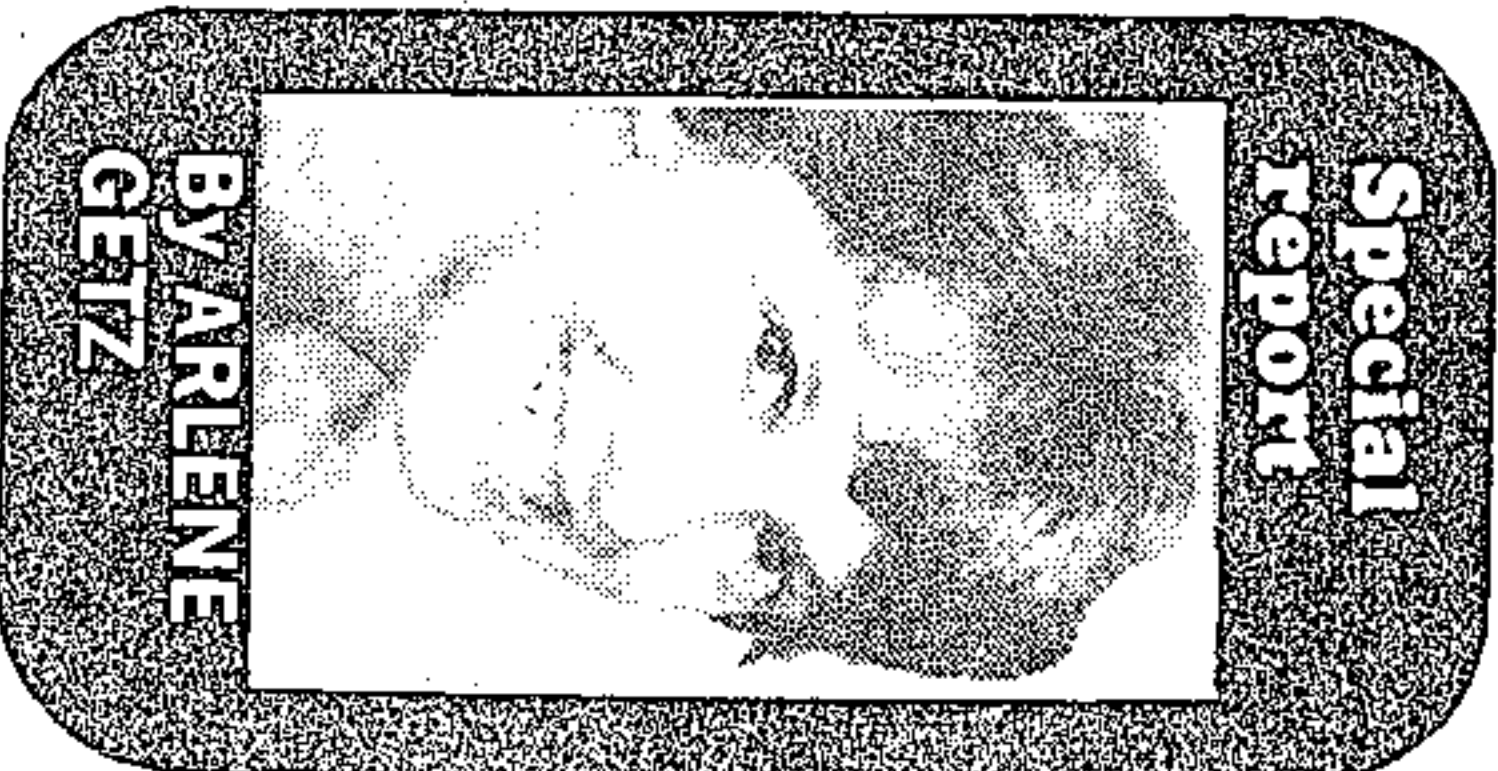
they were treated at a TPA hospital.

The fees for the lowest income group has now been increased by 300% to R3 a visit, and the group now includes people earning up to R40 a month (R480 a year). State pensioners are exempt from these fees.

The new lower income limit for private patients is being raised from R780 to R1250 a year, which means that people earning up to R104 a month will now have to pay R10 for every visit.

He said the provincial administration could save itself a great deal if it established non-paying categories, rather than forcing each person to apply individually.

Hospital services in the Transvaal compared unfavourably with the decentralised system of day hospitals found in the Cape, he said.



burden on the ill person.

"The problem is that the superintendents have no official guidelines on this matter and the application is left to their discretion," he said.

It is the chronically-ill people — most of out-patients at provincial hospitals are in this category — who are most threatened by the new tariff increases, he said.

Theoretically provision is made for those who cannot afford to pay, but the reclassification procedure — which has to be repeated every year — is "very difficult".

Before sick people can apply for this exemption they have to travel to the hospital, stand in a queue to pay an admission fee to "over-worked clerical staff," and then tell the doctor that they cannot afford to pay the tariffs.

The patient and the doctor then have to fill in several forms and send them to the hospital's superintendent, who has to decide whether the fees place a financial

burden on the patient. Dr. Hengstenberg, superintendent at a black hospital, felt that with the electrification of Soweto the State was doing enough for its black patients.

"Another superintendent believed it was undignified for people not to pay for their treatment, and somebody else told me that free care for certain black patients was apparently unnecessary because only fat and well-dressed black people were on the streets."

The latest tariff increase — gazetted by the Transvaal Provincial Administration last month — is linked with a reclassification of patient income in relation to the fees they have to pay.

Until this year those earning less than R10 a month fell into the lowest income category for part-paying patients, which meant that they had to pay R1 each time

Mrs. Pongie Mcnell, MPC for Hongkong, is also concerned about the increased fees and has suggested that TPA provide a special tariff scale for chronically ill patients.

"The problem is that the people who most need free treatment are also the most timid and meek," she told the Sunday Express.

"They aren't going to say that they can't afford treatment, they'll simply avoid paying for it by not coming back."

However, Dr S Latsky, the MEC in charge of Transvaal Hospital Services, said that he was not considering introducing a separate tariff scale for those who needed regular treatment.

"Anyone who is chronically ill can apply individually to receive free treatment, and at the moment we are looking into methods of streamlining the procedure for these applications," he said.



ONE of the Durban and District Community Chest's member societies is the Black Community Welfare Organisation. In the picture: Mrs Enid Keating chats to Catherine Diamini, a blind woman the organisation adopted in 1950.

One-day clinic provides care for thousands

Mercury
9/3/67

Mercury Reporter

FOR the thousands of people living in Kwa Mashu, the sprawling township just outside Durban, regular medical care and welfare work is essential.

One of the few clinics provided for these people is run by an eight dedicated women, most of them qualified sisters, and largely financed by the Durban and District Community Chest.

Every Thursday the Black Community Welfare Organisation's clinic comes into operation. The function of the clinic is to cater for some of the health needs of Kwa Mashu's population.

Non-prescription medicines and nutritious food stuffs are distributed at the lowest price possible while a number of black State-registered and Voluntary Aid Detachment nurses help the qualified white sisters tend to medical complaints and giving advice.

Rezoning

The Black Community Welfare Organisation started operating in Cato Manor in 1949 under the name of Cato Manor Welfare Halls for the purpose of alleviating the poverty which existed in the area.

After the rezoning of Cato Manor the organisation moved to Kwa Mashu. It then officially changed to the Bantu Community Welfare Organisation and also established two children's creches in Chesterville.

Three of the founder members—Mrs R Herzberg, Mrs Enid Keating and Mrs Doris Wallace—still are actively involved with the clinic.

When the Mercury visited the clinic last week it

was bustling with activity. An eye infection had broken out in the area and all available staff had their hands full.

The woman who is largely responsible for the running of the clinic Mrs Jan Ruxton, was busy ferrying patients off to Kwa Mashu's Polyclinic, the only fully equipped medical clinic in the area.

Besides the stir caused by the eye infection, all of the clinic's regular patients, which on an average is between 700 to 800 people every Thursday, were being attended to.

'Adopted'

Some patients have been visiting the clinic since its inception. One of these people is Catherine Diamini, who was 'adopted' by the organisation in 1950 when she was found in Cato Manor, blind and with two children.

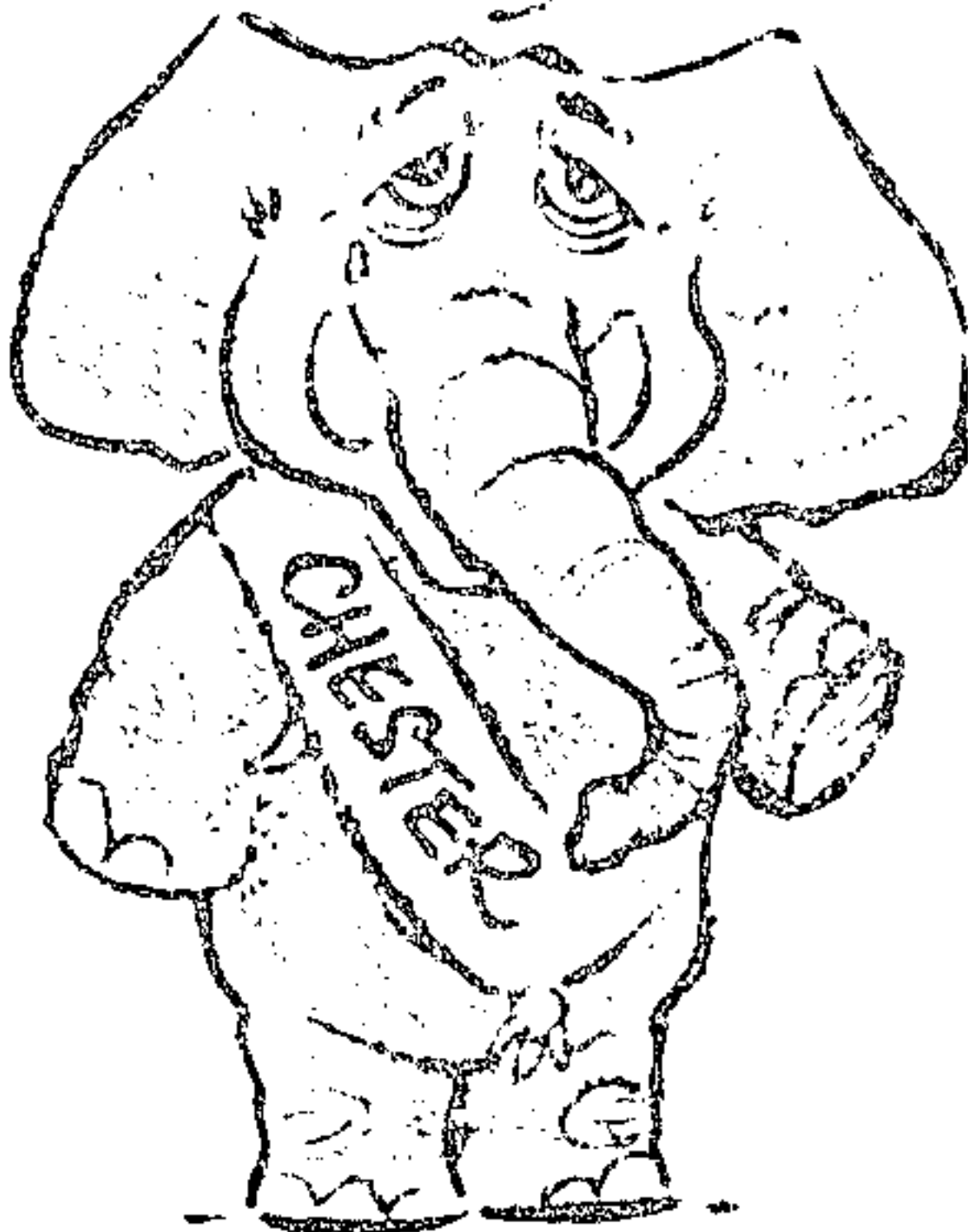
She has been looked after by the organisation ever since, and she was there on Thursday, waiting in the queue for her food parcel.

The distribution of food parcels is one of the welfare services the clinic provides. Mrs P Droth, another long-serving member of the organisation, explained its function.

"We cater for between 30 to 400 people, which at the moment is a much as we can manage. As cases are being treated and if warranted we supply them with food parcels every Thursday."

Mrs Droth is grateful to the Community Chest, which allocates R25 241 to the Black Community Welfare Organisation. "We could not perform much of our work without their funds," she said.

Please!
don't forget...



**BEFORE the end of
March the Commun-
ity Chest needs:**

R 134 970

to reach its target of:

R 1,25 million

**Durban and District
Community Chest,**

**5th Floor, Aliwal House,
35 Aliwal Street,
PO Box 2171,
Durban.**

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EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

98 Soweto 18/3/82

Medical fees to be doubled

MEDICAL charges at hospitals are to go up 100 percent and at clinics by 150 percent from April 1.

This means that sick people and mothers with children who visit the hospitals from April 1 will have to pay R2 rather than the normal R1 fee for medical treatment. Consultation fees at clinics will go up to R3.

nouncing the increases.

But the Soweto Civic Association is rallying people against the increases and meetings are being arranged for the coming weekend to discuss the issue.

Soweto to cope with, and that people were going to be unable to go for regular treatment at clinics because some would find it difficult to raise the extra R1.

A spokesman for the Orlando Civic Association said yesterday that the 100 percent increase would be too much for the ordinary resident of

The Director-General of the Department of Health, Dr J de Beer, was not available this week and his deputy in Pretoria refused to comment.

FAMILY IN FEAR

A SOWETO family has been living in fear of a gang which has been terrorising them for the past two weeks.

younger son, who was forced to point where my daughter had hidden," said the mother.

The mother of the family, who did not want their identity published, told **THE SOWETAN** they suspected that the gang that is after their daughter, is also responsible for the killing of a family friend.

After the boy pointed out the place where the sister was hiding, she was taken out to a nearby house where she was molested.

"When these boys came here they demanded to know where my child was. When we told them that we don't know they started beating up everybody in the house, especially my

The family rushed to the police, who went to the house with the family and found the girl still being molested by the gang. All the members of the gang were arrested and taken to Orlando Police Station.

when the gang arrived again at our home the very same night and told us that they are still going to come back for my child," said the worried mother.

The girl, after being told to go home by the police, went into hiding. The family is still looking for her.

But the gang was released the same night.

"When we told the police about the gang they said there is nothing they can do to help. These police told us to phone them if the gang attack. How will I phone, when I don't even have a telephone?" asked the angry mother.

"We were surprised... Red or green ink may be used... underlining, emphasis or for diagrams, for which pencil may also be used.

3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book (s) are used.

- 3. No part of an answer book is to be torn out.
- 4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

	Internal	External
(1)	(2)	(3)
Examiners' Initials		

... notes, pieces of paper or other material be brought into the examination room candidates are so instructed. ... candidates are not to communicate with other candidates or with any person except the invigilator.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

African patients sleep 2 to a bed

By FAY SALEH

PATIENTS at an Empangeni hospital have to sleep two to a bed because of a lack of beds.

At the Ngwelezana Hospital last week most of the patients in the eight wards were "topping and tailing".

A senior nurse said: "Unfortunately we have the problem of too few beds for too many people."

The hospital has 832 patients for its 660 beds. But Dr M I Girdwood, the chief medical officer, says it is relatively uncrowded.

"Now we have just over 800 patients," he said. "Sometimes we have more than 1 000."

"We cope by putting them two in a bed by topping and tailing, and sometimes we even put patients underneath the bed."

Cholera

Dr Girdwood said the cholera epidemic which is raging through the area had put extra strain on the hospital, but it had received some help from "head office" and was able to cope.

He said an average of 15 patients was now being checked daily for cholera, compared with the average of 40 a day in late January.

Asked if there were any plans to build more wards to deal with the overcrowding, Dr Girdwood said overcrowding was a feature of most hospitals in Africa.

"We try our best to cope, but there will always be overcrowding," he said.

One way of controlling overcrowding was to adjust the criteria for admission to hospitals and by treating people as out-patients.

But he emphasised that desperately ill patients were not turned away from the hospital under any circumstances.

Site for ⁹⁸
E. Post
hospital
25/3/82
offered

Post Reporter

THE developers of a private hospital in the northern areas were offered an alternative site by the Port Elizabeth Coloured Management Committee yesterday.

The developers had applied for a site at the corner of Aubrey Street and Stanford Road, Gelvandale, because of its close proximity to the Livingstone Hospital.

Their application for this particular site was turned down and an alternative site in Rensburg Street, Bethelsdorp, was offered.

A spokesman for Elim Properties (Pty) Ltd, the developers of the project, said the matter would be discussed at a directors' meeting next week.

He said he did not know why the CMC had decided the Aubrey Street site could not be used for the project.

BY LEN MASEKO

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

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

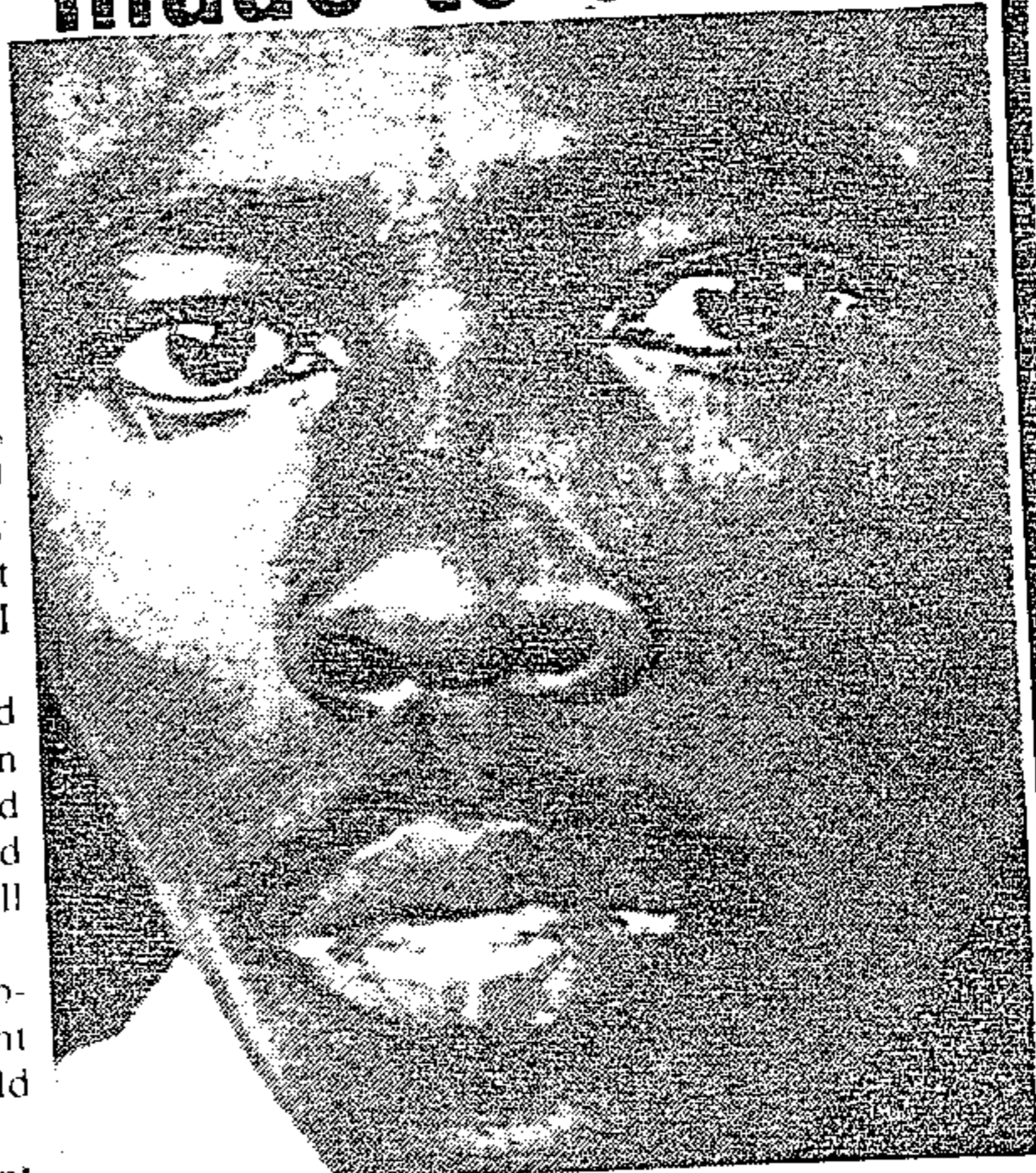
An angry Mr Msomi said: "The driver of the bus did not want to hear anything from me although I told him that I could not walk and that my body was aching. Stumbling and falling, I crawled about 300 metres to the Potchefstroom road where I hiked my way home.

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

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

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

Cancer patient made to crawl



MR COLLEN MSOMI: Lucky to be alive.

cines market.

According to Pick n Pay merchandise director Peter Dove, suppliers will not sell the group products such as Guronsan and Calc-e-vita, calling them "chemist-only" lines, and claiming limited stocks.

Roche Products MD Keleyn Henry says: "We consider ourselves highly ethical in our approach. Calc-e-vita is a high dosage product and should be sold only through pharmacies. This is a policy of Roche worldwide. We think pharmacists have a very useful role because they carry the full range of our products and have a professional attitude."

Clicks MD Harry Goldin disagrees. He says many such products are not professionally handled when sold in pharmacies, but are available on a self-service basis whereby customers can buy as many as they like.

Yet Henry goes further. He says that Roche discourages its wholesaler customers from supplying products like Calc-e-vita to supermarkets "because it is not our policy to do so."

OK Factors (M Finance) Bill Chambers claims his organisation has had similar difficulties in obtaining patent medicines such as Calc-e-vita, and says OK would definitely sell them if it could get them.

Despite these restrictions, discounters are making good profits in markets previously controlled by pharmacies.

Pick n Pay's income from patent medicines and toiletries has increased to R149m/year. Clicks' turnover on patent medicines and toiletries is R45m/year, 40% of turnover.

But many pharmacies are joining forces to give themselves more buying power to counter the low prices of the discounters.

And their locational convenience and exclusive rights on prescription drugs will ensure that they will never be entirely supplanted by discounters.

Plus has 700 franchised retail members out of the 2 200 pharmacies in SA. It promotes 20 - 40 brand leaders or new products from established manufacturers every month.

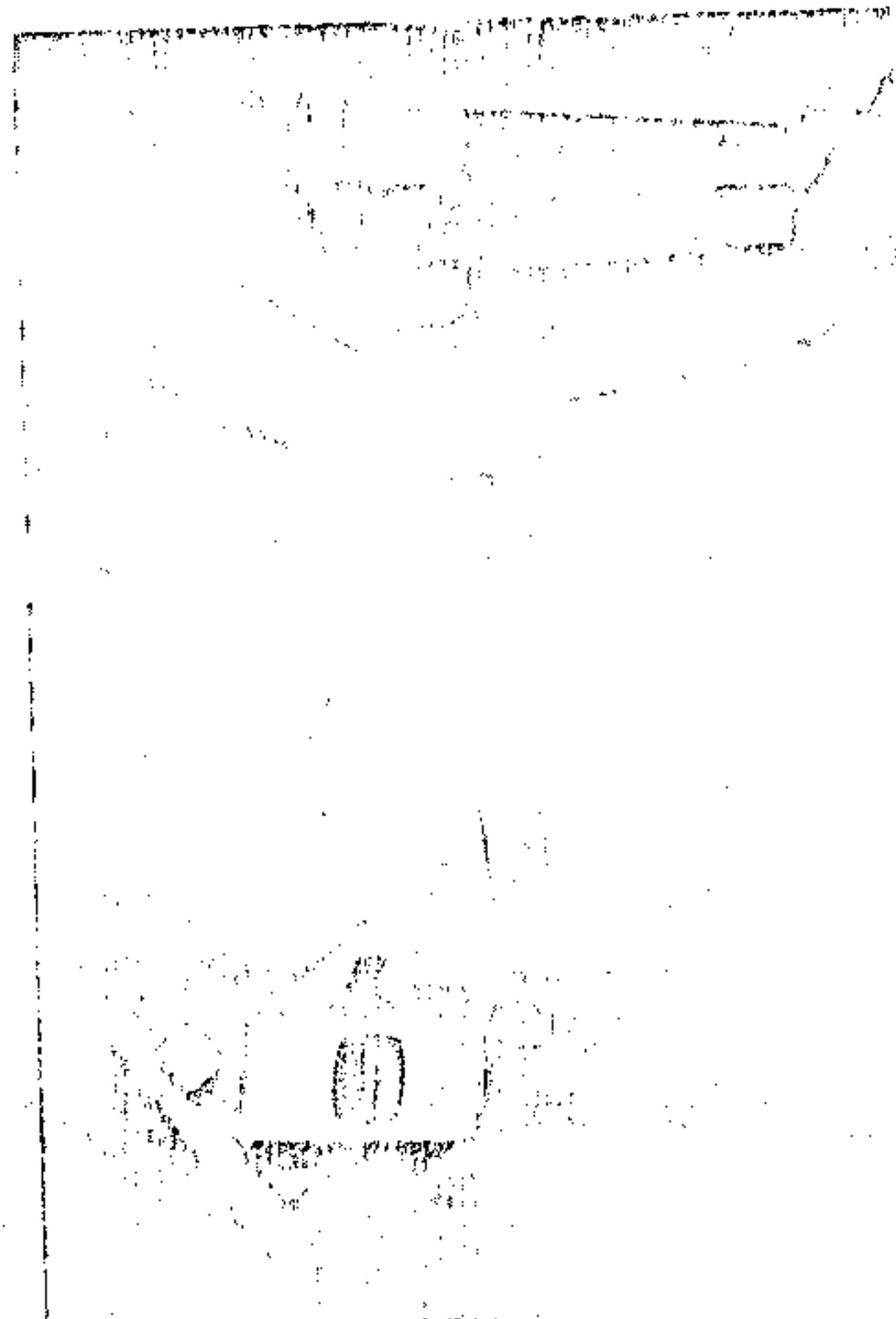
Family Circle is run by E J Adecock with Adecock-Ingram as the holding company. The 100 Family Circle members get special prices on about 1 500 items and even lower prices on monthly specials.

Link is a marketing division of SA Drugists, with 500 members. Members get free promotional material and press advertising.

Adam Smith & David Ricard theory of comparative advantage under the 2 country model we only deal with 2 countries is

The following world and the two countries are wine and cloth

	P.
wine	
cloth	



Discounting chemist lines ... the struggle continues

the advantage we must have. 1) In our country system 2) we only have the costs to the lower units.

commodity, two country units that is required, and commodities are

has an absolute cost Ricardo model able to trade because in the production

value 1 barrel of cloth in order to

RETAILING FM 26/1/82

Unhealthy battle (93)

Pharmaceutical wholesalers are refusing to sell certain patent medicines to supermarkets on the grounds that they do not maintain the professional standards of pharmacies.

But supermarketiers say the real reason is that wholesalers wish to protect their interests with pharmacies on whom they rely for their ethical drug sales. The sales ban on these products, they say is to deprive discounters of further opportunities to undercut pharmacies on patent medicines.

The dispute is one facet of the continuing battle between discounters and pharmacies for the lucrative toiletries and patent medi-

in the production of cloth is however $\frac{100}{120}$ barrels of wine in Portugal 1 barrel of wine cost $\frac{80}{90}$ reams of cloth whereas a ream of cloth costs $\frac{90}{80}$ barrels of wine. Thus

FOLLOWING RAGE IS NOT ROUGH

Hospital fees soar

Mall Reporter 2/3/42

SOUTH AFRICA's already high hospital charges are rising alarmingly, the Progressive Federal Party spokesman on hospital affairs in the Transvaal Provincial Council, Mr Sam Moss, said last night.

It was announced in Pretoria that private hospital fees for medical scheme members are to be raised by 15% from April 1, and doctors' fees are likely to go up later in the year.

The increase is on top of a 10% increase which came into force in September last year.

Earlier this year provincial hospital charges were also raised.

Mr Moss said the higher costs would lead to steep increases in contributions to medical aid funds.

CLINIC WILL *Some town* SERVE *27/3/82* 1000s MORE

By MZIKAYISE EDOM

THE Germiston working committee of the Urban Foundation is building a new clinic in Katlehong to serve about 110 000 people and is estimated to cost about R550 000.

Work on the clinic, which will be situated in Goba section, between Khumalo and Mavuso streets, have already started. It is not yet known when the clinic will be completed.

Mr A P Khumalo, an executive member of the working committee, said yesterday initially the clinic will offer preventative health care and a comprehensive health service will follow. He said the clinic will have a full time nursing staff and will be headed by Dr F Erasmus, the Medical officer of health for Germiston.

At the moment there is no proper clinic in the township. A house in the Administrative Triangle section near the D H Williams hall and a farm house in Hlahatse section are serving as clinics.

Mr Khumalo, who is also chairman of the local council said his council approached the urban foundation for funds to erect the new clinic which will become the main clinic in the township. He also said the Erab and the local council donated R95 000 towards the building of the clinic.

He said that he could not say at this stage whether the clinic will be ready by the end of this year but they were hoping that it would be ready early next year.

For written reply:

98

Handwritten: O. 61. 502 -
Mental health needs
30/3/82
504

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

Whether any State hospitals serve the mental health needs of (a) Blacks, (b) Coloureds, (c) Indians and (d) Whites in the (i) in-patient, (ii) out-patient and (iii) casualty categories; if so, which hospitals in respect of each race group and category?

The MINISTER OF HEALTH AND WELFARE:

(Explanatory note - W = White; C = Coloured; B = Black; A = Asian).

(i) and (ii) Yes:

	<i>In-patient</i>				<i>Out-patient</i>			
Elizabeth Donkin Hospital	W				W	C	B	A
Fort England Hospital	W	C	B	A	W	C	B	A
Komani Hospital	W	C	B	A	W	C	B	A
Tower Hospital		C	B	A	W	C	B	A
Kowie Hospital		C	B		W	C	B	A
Brewelskloof Hospital	W							

78
30/3/82
fees up this week

Provincial hospital fees in the Transvaal go up from Thursday.

The superintendent of Baragwanath Hospital, Dr Chris van den Heever, has urged patients to remember to bring more money to meet the increased tariffs.

The increases for black patients are as follows:

● Outpatients belonging to medical aid schemes who are classified in the H3 to H7 category will pay R5 a visit instead of R2.

● Private patients in the P2 to P5 category will pay R13 instead of R10 and patients in the P6 category will pay R20 instead of R15.

● The fee for patients not belonging to medical aid schemes will go up from R1 to R2.

The increased fees for white patients at provincial hospitals include: patients in the H3 to H7 category will pay R18, patients in the P2 to P5 category will pay R35 and patients in the P6 category will pay R40.

(98) Hansard Q. 61. 512-
Tower Hospital, Fort Beaufort 513

30/3/82
*1. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether patients travelling to (a) the Tower Hospital, Fort Beaufort, and (b) other hospitals outside the Port Elizabeth area are provided with official escorts; if not, why not; if so, what qualifications are such escorts required to have?

†The MINISTER OF HEALTH AND WELFARE:

(a) and (b) Yes; when necessary; depending on the condition of the patient.

513

WEDNESDAY

the escort may be a layman, police officer or nurse.

Thousands oppose medical fee hike

MORE than 3 000 signatures to oppose the doubling of medical fees in the Transvaal have been collected by the Orlando East Health Committee.

By NKOPANE MAKOBANE

17482 (98) Sowetan

The petition is to be sent to Dr Chris van den Heever, the Baragwanath Hospital superintendent, to forward to Dr H Grove, director of hospital services in the Transvaal in a bid to rescind the increase from R1 to R2, which begins today.

A spokesman for the committee told **The Sowetan** yesterday they were pleased with the response from residents and urged more people

to come forward.

At a recent meeting called by the Orlando East Civic Association in conjunction with the committee a number of reasons were spelt out as to why most people in the area objected to the new charges.

It was said that most Orlando East residents were pensioners who could not afford the in-

crease from their meagre pension.

A call was made to residents to keep paying the old fee until a satisfactory explanation was made by the authorities.

The committee invites residents to a meeting on Saturday at the local clinic to discuss what line of action to take, should their petition fall on "deaf ears". The meeting starts at 9 am.

(1)

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

(2)

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

Abalone

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

- (1) Whether there was an over-export of abalone in any of the latest specified five years for which figures are available; if so, in which years;
- (2) whether any investigations are being carried out into such over-export; if not, why; if so, with what results?

The MINISTER OF AGRICULTURE AND FISHERIES:

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

It has meanwhile been established that one of the local packers processed and exported more abalone

- | | |
|-----|---|
| | 1980 |
| (b) | 21 boxes |
| (c) | 457 kg |
| (d) | The contents and mass per tin fell short of the requirements; the texture of the packed abalone was too soft; and the packed abalone lost its colour in the tins. |

than his quota permitted. Action is being taken against the firm

Abalone

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

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

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM

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

(a) Only one packer was involved in both years namely Tuna Marine

- | | | |
|-----|----------|-----------|
| | 1980 | 1981 |
| (b) | 21 boxes | 781 boxes |
| (c) | 457 kg | 17 020 kg |

As a result of adjustments to the factory's production procedure the texture of the canned abalone was too soft and unsuitable for export.

98/88 Hayward Q.61. 556-
Hospital beds and posts 558
2/4/82

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

- (1) (a) How many beds are there for each population group at the (i) Elizabeth Donkin Hospital, Port Elizabeth, (ii) Fort England Hospital, Germiston, (iii) Tower Hospital, Fort Beaufort, and (iv) Komani Hospital, Queenstown, and (b) how many of these beds were occupied on 31 January 1982;
- (2) (a) how many posts are there at each of these hospitals for (i) psychiatrists, (ii) psychiatric sisters and (iii) social workers and (b) how many of these posts were filled by permanent full-time staff on 31 January 1982?

The MINISTER OF HEALTH AND WELFARE:

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

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

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) 896 hectares.

(b) 1 060 hectares.

(c) 1 088 hectares.

(d) 565 hectares.

(e) 2 302 hectares.

(f) 1 542 hectares.

(g) 163 hectares.

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

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

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

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

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

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

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

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

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

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

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

(4) This information is not readily available.

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

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

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

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

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

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

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

(ii) Yes.

(iii) Yes.

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

(b) (i) R2 945

(ii) R30

(iii) R429.33

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

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

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

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

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

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) to (2) As the land concerned already vested in the S.A. Development Trust and the State at the time of the removal of the people, it was not necessary to obtain a valuation of the land. It was consequently not necessary to provide compensatory land of

equal pastoral or agricultural value. A valuation of the resettlement area, being Trust owned land at that time, was therefore also not necessary.

X
~~Mental health clinic: staff complement~~
2/4/82
~~Howard P. G. 566~~

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

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

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

THE MINISTER OF HEALTH AND WELFARE:

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

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

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

98/98 Howard P. G. 566 -
Port Elizabeth: patients who absconded

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

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

THE MINISTER OF HEALTH AND WELFARE:

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

PMH
Staw *98*
**Nurses
skip food
2/4/82
at hospital**

Resident nurses at Coronation Hospital in Coronationville have refused to eat at the hospital's residence since Wednesday morning in protest against the quality of the food served there.

"The service in residence is also terrible," said a nurse who asked not to be named. "Another grievance is the filthy condition of the dining-room."

She said the decision to stop eating at residence was spontaneous.

The hospital's superintendent, Dr. C. H. Kniepe, said he had not been approached by nurses about the complaint.

HOSPITAL TURNS AWAY WOMAN IN LABOUR

AN 18-YEAR-OLD Ateridgeville woman gave birth in an ambulance a few hours after she was turned away by two Kalafong doctors and a nurse who did not believe she was in labour.

Ms Jacqueline Mantsho, of 6 Manakolei Street told The SOWETAN at the weekend of her "harrowing experience which nearly cost me my life and possibly that of the child."

At about 10 am last Monday she complained about labour pains to her mother, Mrs Maria Mantsho. Her sister Mrs Salome Seitei, said an ambulance arrived immediately and rushed her to the Kalafong Hospital.

On arrival, Ms Mantsho said, a student nurse at the maternity ward told her she was not suffering labour pains, ordered her to

BY MONK NIKOMO

pay the R1 hospital fee and referred her to the hospital's clinic.

"I waited until 3 pm when a white and an Indian doctor examined me and told me to go back home because I did not suffer labour pains, but only cramps. They also prescribed me 20 painkilling tablets. I struggled to get out of the hospital to the nearby bus terminus.

"I alighted the bus near the local library still suffering excruciating pains and had to walk slowly, stopping at intervals. The pain became unbearable when I reached the Super

Stadium near the swimming pool, where I lay flat on the ground. I felt terrible and thought I was dying."

Her sister said: "A family friend came to tell me at about 4.30 pm that Jackie was sitting there and I rushed and organised a taxi to bring her home.

"When I reached home I found her bleeding and in a worse state. I rushed again to call an ambulance which came promptly, and rushed her to the hospital. She gave birth at the corner of Moloantona and Thindisa Streets at about 5 pm."

Dr I Kapp, the hospital's superintendent, said Ms Mantsho was referred to the antenatal clinic for a check-up. "According to her file she told the doctors that she had no complaints. The student nurse had no right

to tell her that she did not suffer labour pains. She was completely wrong. Anyway, we will go into the matter and I am very sorry for what happened, although we are still going to investigate."

Ms Mantsho said her problems were aggravated when a hospital clerk refused to serve them when she was discharged on Wednesday at about 4.45 pm.

Mrs Seitei said the clerk told them "they would take the money in his own time and told us to wait. He only helped us at 6.15 pm."

Commented Dr Kapp: "I can not believe that because there has never been a complaint against our clerks. They are the best clerks we have since I started nine years ago."

Boycott of 'rubbish' food at Coronation Hospital

'GARRRRBAAGLE' FOR BLACKS

(98)

Sowetan

7/4/82

You should hear them ring the bell for us to leave the dining-hall — even cows are not controlled this way," the doctor said.

A nursing sister said the authorities were well aware of the food boycott, but were doing nothing about it because only blacks were involved.

"The attitude they are adopting is that 'They don't eat, so what?' I should imagine if whites were involved, someone would have tried to solve the problem at once.

"You should see the remnants in the plates every day. The clever cat in the hospital kitchen himself won't eat the food."

By CHARLES MOGALE

ABOUT 500 members of the black staff at Coronation Hospital have for a week been boycotting "rubbish" food served by the hospital.

Staff members told **THE SOWETAN** that the food served them was "rubbish that a dog wouldn't eat." The food, they said, was by far inferior to that served the white staff.

Several attempts by **THE SOWETAN** to get comment from the hospital authorities failed. On three occasions the superintendent was said to be out, and a woman said nobody else could talk to the Press.

An Indian doctor at the hospital said R2,80 was deducted each month from all staff members for their meals.

"Some of us, especially the whites, may not depend on the hospital meals. But what about the poor trainee nurses who come from as far as Cape Town? They have been forced to spend their own money to buy food simply because someone in authority does not care," the doctor said.

White doctors, he added, could arrange for their meals to be kept warm while they are busy.

"When it is convenient for the white staffer, he will go and have his meal even if it is not eating time. With us, if it is not eating time, no meal is served.

Hospital head rejects staff's food complaint

The superintendent of Coronation Hospital in Coronationville has rejected staff complaints about the quality of the food served at the hospital.

Several staff members have not eaten at the hospital since last Wednesday after they complained about the quality of the food.

"I have completed my own investigations of the boycott and am

satisfied that the bulk of the complaints are not well-founded at all," said the hospital superintendent, Dr C H Kniepe.

"But we will see what arrangements can be made to satisfy the staff members."

A nurse at the hospital insisted that the staff's complaints, submitted to Dr Kniepe in a memorandum, were genuine. "The

service is terrible and the dining room is filthy," she said.

"How can the hospital authorities expect us to eat under such conditions? After breakfast last Wednesday we decided we had had enough.

"We will continue our boycott until something done about the food service."

'Junk ⁽⁹⁸⁾ food' — ^{Sowetan} mouths ^{8/14/87} closed

By CHARLES
MOGALE

CORONATION Hospital authorities yesterday refused to comment on the "rubbish" food boycott that has hit the hospital.

About 500 members of the black staff have been boycotting their meals for a week, complaining that it was "rubbish" and inferior in quality to that served to the white staff.

Reports from the hospital yesterday said the problem had not yet been resolved.

The hospital's superintendent, Dr Carl Kniep, earlier told **The SOWETAN** that the matter had been brought to and was receiving his immediate attention. ...

Approached yesterday, Dr Kniep declined to comment. "I will not discuss anything with **The SOWETAN**. I have nothing to say," he said.



By ANNE SACKS

THE grossly overcrowded Baragwanath Hospital on the outskirts of Soweto is being modernised at a cost of R40-million to become one of the world's most outstanding curative hospitals.

The concept calls for the carefully planned movement of patients to interim wards before outdated buildings can be demolished and new buildings erected to accommodate over 2 000 beds in 10 highrise towers.

Once a store of beds has been established, construction will swing into top gear, and is likely to be completed by 1993.

The modernisation scheme, conceived in the early 1970s, is part of a wider plan to decentralise health care in Soweto, and is linked to the erection of 10 sophisticated community health centres.

Within 10 years, primary health care for Soweto's more than 1-million residents will be attended to by general practitioners and highly-trained nurses at the community health centres.

The first two of these, at Zola and Chiawelo, will be in operation by the end of the year.

Only acute cases will be seen at Baragwanath.

The authorities have opted for modernisation, instead of building a new hospital, for financial and security reasons and because of a shortage of land in the teeming township.

Authorities say the demolishing of houses in central Soweto for a new hospital would cause a massive outcry because of the housing shortage.

And a new site on Soweto's borders could not easily be found because most of the

A R40m overhaul for Bara

COM 13/4/82

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land is owned by mining companies.

They added that most of the doctors are either white or Indian, and would be reluctant to come to work in the centre of the township during unrest.

Also, they say, it is more economical to modernise a hospital than to build a new one.

Said Dr Chris van den Heever, superintendent of the sprawling medical city: "Disease patterns in Soweto are changing as the residents become more urbanised. At the same time, their expectations are changing, and it is no longer acceptable for patients to sleep on the floor."

"In planning the new hospital — to which I devote 20% of my time — we have to look to the future, when we are likely to see more heart attacks, for example, than we see at the moment."

Modernisation is taking place in several phases, starting with "softer" areas and moving to the "hard core".

A new nurse's training college has already been opened, and a new 12-storey

nurses home for 1 072 nurses will be completed this year.

A new recreation hall, which can accommodate 500 people, is under construction, and two interim wards are being built to accommodate the shifting of patients.

Work will start soon on a 10-storey administration block.

The "hard core" development consists of 10 four- or five-storey ward blocks and new casualty, outpatients and x-ray departments and operating theatres.

Other features include a ring road system, helicopter landing site, security gates, and a station-like platform outside casualty for up to six ambulances.

Baragwanath Hospital was built in 1948 by the British for soldiers wounded in Middle and Far East wars. It became a tuberculosis hospital before it was taken over by the Transvaal Provincial Administration.

Over 2 000 medical and surgical experts from all over the world visit it every year.

● See Page 11

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EVERY day at least 10 mentally disturbed patients are admitted to Baragwanath Hospital — but there is no psychiatric unit to receive them.

Lack of psychiatric unit 'astounding'

The lack of a psychiatric unit, doctors say, is astounding in a city where most residents live relatively deprived lives and are therefore more vulnerable to stress, as American studies have shown.

Psychiatrists say deprived people require more psychiatric treatment, but are less able to afford it.

There is a widely held belief that blacks do not suffer from neuroses, but research has proved this is untrue.

There are no facilities at Baragwanath to treat neuroses or the psychiatric conditions arising out of old age or mental retardation.

Another unfounded belief is that blacks do not have suicidal tendencies. In fact, suicide is attempted in Soweto, but there are no facilities there for immediate psychiatric intervention.

However, there is a psychiatric service at Baragwanath, and two psychiatrists each consult one day a week — seeing at most 20

patients in a session. Between them, they see about 150 patients a month.

There is also a paediatric psychiatrist, who consults one morning a week.

The only other psychiatric service for blacks is a clinic in Tladi.

Acute psychiatric conditions, such as alcohol and 'dagga' abuse, and medium-term cases, such as depressives, are treated at Baragwanath, while long-term patients are referred to the Sterkfontein Hospital in

Krugersdorp.

All mentally confused patients are treated in Baragwanath's overcrowded medical wards.

Doctors say about 80% of mentally confused patients respond well to treatment, but the more violent ones can become highly disruptive.

One stunned doctor tells of how a mentally confused patient protested against treatment by bundling her up in his arms and

RAND DAILY MAIL, Tuesday, April 13, 1982

'bundling'

carrying her through the ward. She was rescued by other patients.

Although these are the exceptions, psychiatrists say mentally confused patients require a special ward because their needs are different from other patients.

Isolating them is harmful, and they need open spaces, not crowded wards.

They are often ostracised by other patients because of the stigma attached to mental illness.

There are only eight black psychiatrists — seven Indians and one coloured — in the country. The first African psychiatrist is in training at Medunsa, and a second African doctor begins psychiatric training at the Hillbrow Hospital next year.

Research into the problems of black South Africans is in its infancy, and black psychiatrists find they are only able to skim the surface of a problem.

A fully-fledged psychiatric unit with two wards, a day room, occupational therapy room, and dining room has already been planned as part of extensions to Baragwanath.

Plastering the cracks

98 415 ROM
SEVEN-YEAR-OLD Petrus is suffering from kwashiokor, a protein-calorie deficiency.

He has a bloated tummy, bloated cheeks and his hair is falling out.

With lots of good food his bloatedness will disappear and his hair will grow.

He will be discharged when cured. But Petrus will be back at Baragwanath in three months — suffering from kwashiokor.

Sisters will advise his parents on nutrition but they cannot afford to feed him properly.

And so the cycle continues — for him and hundreds of other Soweto children.

Doctors say Baragwanath provides an excellent curative service, but hardly begins to make an impression on pre-

ventative and rehabilitative health.

For example Bennett, a paraplegic in his 40s, has been in hospital since January 18.

He has bedsores and a urinary tract infection. Plastic surgeons will operate on his bedsores this week.

But Bennett will be back again — and again will leave cured of his ailments but not of his problems.

Besides having beds filled by patients needing preventive and rehabilitative care, Bara has to handle patients inadequately treated by other doctors.

For example James, a railway worker, dropped an iron bar on his foot a year ago. He was treated for pain at the time.

13/4/82
Now he is in Baragwanath after having his foot amputated because the tissue rotted.

Precious beds are filled with patients who could be cared for in homes for the aged but there are none in Soweto.

For example Mary, who is over 80, is mentally confused. She has nowhere to go and no one to care for her.

She sleeps on a stretcher in an overcrowded female ward instead of being in an old-age home.

And so Baragwanath is much more than a hospital. It is a home for the disabled and elderly.

The real wound is Soweto itself — all Bara can do is try to provide some plasters.

Foreign doctors amazed — local medics unimpressed

SEVENTY-FIVE of the 504 posts at Baragwanath are filled by foreign doctors, all attracted by the volume and diversity of cases and the advanced stage at which some patients come to have their diseases treated.

One foreign doctor, impressed by the volume of patients, said he had seen three septic joints on his first day at Baragwanath. He had seen three others in all his 12 years in medicine.

Local doctors say they are "under the impression" that foreign doctors are being awarded posts at the expense of black doctors, although they do not have figures to prove it.

The authorities dismiss this, saying they are forced to recruit doctors from overseas because there are too few local doctors to fill all the posts.

There are several reasons for the shortage of local doctors.

Scores of graduates leave the country to train at reputable teaching hos-

pitals abroad. Then there are medical students who have had their national service deferred until after they graduate, then go overseas to avoid military call-up. Others go into the army, and so on.

The shortage of black doctors is even more acute — there are only 133 at Bara — which many say is absurd since most South Africans are black.

They blame the inferior Bantu Education system for making it virtually impossible for blacks to compete for entry into medical school.

Also, blacks have to compete against each other for a place in "white" medical schools, which have a rigid quota system.

There are only two "black" medical schools, Medunsa near Pretoria and Westville in Durban, while medical schools at the University of the Witwatersrand and the University of Cape Town admit some black students.

Foreign doctors at Bara come for practical experience. Most do not try to understand the socio-economic context in which Bara functions.

A local doctor said: "We could not discuss the Neil Aggett affair with the foreign doctors because they are not interested in politics."

Foreign doctors argue that they are visitors and have no right to tell others to make changes.

They say the lack of identity between doctor and patient is not unique to South Africa. A foreign doctor interviewed by the Rand Daily Mail said Soweto was as much a mystery to him as east Los Angeles.

He said he could not identify with a Chicano patient in a Los Angeles hospital, for example.

Local doctors share the problem of not being able to identify with patients because of the language barrier.

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13/4/82

③ A fall in the rate of interest will increase the liquidity preference of a consumer and increase the marginal efficiency curve which will cause the A-D curve to shift up and more income is spent. This will in turn increase consumption.

③ An increase in the marginal rate of tax will mean the consumption function slope will decrease because when this is saying is that as income for a consumer increases he does his tax rate increase. This is done so as to stabilize the consumption function.

Consumer A and gave it to consumer B. Consumer B would consume R40 more than consumer A have the consumption function will change.

Consumer A MPC = 0.4 with R100 consumption
Consumer B MPC = 0.8 with R100 consumption

③ R40 increase in total consumption

③ An increase in the marginal rate of tax will mean the consumption function slope will decrease because when this is saying is that as income for a consumer increases he does his tax rate increase. This is done so as to stabilize the consumption function.

[Handwritten signature]

Baragwanath Hospital outside Soweto is being modernised. But until the scheme is completed, patients will continue to sleep on the floor, and health care will continue to be compromised. Thousands of patients are admitted every year, most are cured of their ailments, but few of their problems. ANNE SACKS reports.

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13/4/82

OVERCROWDING at Baragwanath Hospital, the sprawling medical city serving Soweto, has become more acute. More and more patients are occupying a limited number of beds, and the hospital is sagging under twice its maximum capacity.

Over 117 000 patients were admitted last year, and the hospital simply cannot keep up with Soweto's natural population growth.

Doctors say 6 000 new patients have already been admitted since the beginning of the year, and this staggering figure does not include outpatients, former patients and the significant number of children under 12.

They say the increase in the volume of patients over the years has led to catastrophic and inhumane conditions, but that concern for human lives has forced people to work in untenable circumstances.

The 41-year-old hospital on the outskirts of the township is an impenetrable fortress. Access is controlled by a security system and information is difficult to obtain.

Yet the overcrowded conditions behind the walls are no secret. The hospital's superintendent, Dr Chris van den Heever, freely admits there are too few facilities for too many patients.

Overcrowding in the 2 713-bed hospital is made worse by the hundreds of aged and disabled who occupy beds for weeks because there is nowhere else for them to go.

Doctors say medical care is compromised by overcrowding, while scores of nurses resign every month because of intolerable working conditions.

Overcrowding affects the health rate, and doctors say the 40 or 50 weekend daylies in their tea room on Monday mornings serve as a

Bara — too many patients, too many deaths

stark reminder of the number of people, especially young people, who are dying at Baragwanath and in Soweto.

Patients feel degraded by having to sleep on stretchers, on chairs, in cots, and on blankets on the floor. They sleep in beds at home and are humiliated and hurt by sleeping on the floor.

The more they try to hide their resentment, the more resentful they feel.

One patient, an unemployed gardener, was so humiliated and furious at having to sleep on the floor that he wept.

A stay in hospital is also drenched in anxiety.

PATIENTS fear they will lose their jobs if they take sick leave.

They fear they will be locked out of their houses by West Rand Administration Board police if they do not collect their wages to pay the rent at the end of the month. Their anxiety is intensified by the numbers in the wards.

There is a lot less of the vital contact a patient needs with the doctor who explains the illness. There is a lot more activity, which makes sleep difficult, and a lot less privacy.

Eighty patients are crammed into a 40-bed ward over weekends, while 60 or 70 are packed into a 38-bed ward. In the children's wards, two, and sometimes three, babies share one cot.

Doctors say the situation will remain unacceptable as long as there is one patient sleeping on the floor.

Solutions to the overcrowding would be more money for more hospitals and a broad preventative health scheme.

The "white" Johannesburg Hospital is not overcrowded because it does not admit a patient unless there is a bed. But whites have a choice of two other hospitals and more than a dozen private clinics to go to.

Health care for Johannesburg's blacks is concentrated in two hospitals, Baragwanath and Hillbrow. Many patients from the East and West Rand are referred there if hospital facilities are inadequate.

Doctors say the life-saving functions at Baragwanath are superb, but overcrowding severely compromises follow-up care, because less time is spent with each patient.

The overcrowding traps doctors in a paradox. They are pressured into discharging patients before they are well, to clear the ward for the next intake. At the same time, patients stay longer than they need to because of long delays in the regime of care.

No one is to blame for the delays. The nurses, to whom doctors must allocate a certain amount of care, simply do not have enough time to carry out all instructions.

Nurses' hardships are aggravated by having to monitor dangerously ill patients who cannot get into a full intensive care unit. Although these patients are in general wards, they still need round-the-clock nursing.

Although the doctors are sympathetic, they do not fully appreciate the nurses' problems. What's worse, say the doctors, there is no mechanism to correct the

As the problems mount, so the doctors' grip on them slips away. The result has been a growing climate of fatalism. The doctors become deeply disheartened, shrug their shoulders, and blame the system.

More and more doctors believe it is not up to individuals but up to the authorities to identify, examine and solve problems.

This fatalism spreads to the nursing staff, and many highly-trained nurses quit to take up jobs in Johannesburg's private clinics.

As a result, more and more skilled work becomes the responsibility of fewer and fewer skilled people. And semi-skilled nurse aides are forced to assume some of the tasks of fully-trained nurses.

MANY of the 4 045 nurses complain they are treated like errand schoolchildren by black matrons, themselves under the whip of white matrons.

The authorities' hold over the staff of Baragwanath has been heightened by a ban on meetings on the premises without the permission of the superintendent.

This has affected members of the Health Workers' Association — formerly the Transvaal Medical Society — an association of skilled and unskilled hospital workers, who once arrived at a meeting to be told by security guards they had no right to be there. They now meet elsewhere.

All these controls have not prevented some doctors from expressing their frustrations. Many have lashed out at the bureaucracy, accusing the hospital of failing to meet the needs of the people it serves.

But it is the patient who ultimately suffers.

Many of the people who are treated at Baragwanath suffer from conditions known in medical circles as "the Bara syndrome".

Their ailments arise out of socio-economic conditions, so that the most common complaints are malnutrition, tuberculosis, rheumatic fever, motor vehicle accidents — because there is no lighting

control in Soweto, burns from primus stoves or open fires, and injuries from violent encounters — classified as trauma.

Some patients come to the hospital when their diseases are far advanced because there are poor facilities in Soweto for routine check-ups.

Because so many of the medical complaints are caused by deprived socio-economic conditions, doctors say the health emphasis in Soweto should be based on trying to prevent illness instead of trying to cure it.

Baragwanath is superb at curing illness — and is proud of it. Yet some bitterly resent the way in which the hospital is used as a showpiece.

They say visitors are astonished — usually because all they see is the impressive intensive care unit, the room that has been converted into an incubator for premature babies, and so on.

Trips around the hospital are structured to leave visitors with the impression that there are no problems at Bara and that care of black patients equals the care given to white patients.



Pictures: STEVE GOLDBLATT

Nurses and doctors are hard-pressed to administer to the needs of patients in the overcrowded wards.



Where there's a space, there's a patient. Stretchers serve as beds. So do chairs, couches, — even the floor in emergencies — in Baragwanath Hospital's overcrowded wards.

Rive quits Soweto Council

ARGUS
14/4/82

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Argus Correspondent

JOHANNESBURG. —

After two years at the helm of Soweto's sensitive development programme, Mr Louis Rive resigned today as chairman of the Soweto Greater Planning Council.

In a letter to the Minister of Co-operation and Development, Dr Piet Koornhof, which Mr Rive made available to the Press, the former Postmaster-General set out his reasons.

He said he had no executive powers and therefore, 'in a technical sense, no responsibility,' adding that he did not want to be a figurehead.

ADEQUATE

Commenting that 'too many cooks spoil the broth,' he said that the chairman of the West Rand Administration Board, Mr John Knoetze, and the heads of the Soweto Community Councils, Mr David Thebehali, Mr Joseph Mamuhushi and Mr Donald Mmesi, were competent and adequately equipped to continue handling matters.

Mr Rive stressed that he did not want to stand

in anybody's path or hog the limelight for longer than was desirable.

Outlining the progress in Soweto since the formation of the planning council, Mr Rive said the Viljoen committee recommendations, which enabled 'a maximum contribution by the State, private sector and the individual to black housing development, had been accepted by the Government.'

He added: 'Although there were still problems, contractual and financial arrangements in regard to the electrification of Soweto had been finalised.'

BY NEXT YEAR

If all went to plan, Mr Rive said, Soweto would be electrified by the end of next year.

The first of 10 community health centres would be completed in June at a cost of more than R2-million.

Baragwanath Hospital and eight clinics would be upgraded and a new hospital built for Soweto when money was available.

Mr Rive also said that the R150-million project aimed at upgrading infrastructural services in Soweto was making good progress.

Hospital life-aid machine lacks safety standards

ONE of the most vital instruments in surgery, the life-supporting anaesthetic machine used in all operations, still lacks adequately specified national safety standards in spite of appeals by doctors.

An Argus investigation has revealed widespread concern among doctors — concern expressed publicly a year ago when three professors of anaesthesia called in the SA Medical Journal for minimum safety standards for the machine.

There are safety standards for cars, there are standards for aeroplanes but there are no minimum standards for anaesthetic machines,' Professor G G Harrison said when approached by The Argus.

Professor Harrison is head of the department of anaesthesia at the University of Cape Town. The anaesthetic machine featured in an inquest on a Newlands woman who died after a varicose operation in a private hospital in Cape Town.

The inquest magistrate, Mr Peter May, found the anaesthetist had been negligent, but evidence was led in the case that anaesthetic machines used in the country had a design fault and had to be serviced and checked regularly to maintain safety.

vertent administration of pure nitrous oxide.

About the same time Cape hospital authorities, who modified their machines and safety procedures, submitted a memorandum to the South African Bureau of Standards through the National Health Policy Council and urged the bureau to lay down minimum safety standards.

The bureau has not done anything about it yet — apparently because

it lacks the required expertise.

The critical feature of the machine is a needle valve on the gas control line which can loosen with use. In these circumstances the gas flow can be altered with a light brush against the control knobs.

The modifications, devised by medical technicians of the Cape Provincial Administration some years ago, sound simple but they are very expensive to introduce.

An apparatus which automatically mixes nitrous oxide and oxygen has been made a compulsory specification in CPA hospitals.

The apparatus makes it impossible for a patient to get less than 30 percent supply of oxygen.

An oxygen analyser which gives an automatic warning when the oxygen level drops is being installed at all CPA hospitals.

the gas flow have been touch-coded by altering the shape of the knobs.

The University of the Witwatersrand has developed a pressure coding system for the gases used in a hospital so that anaesthetists can check that the oxygen and nitrous oxide pipelines are not crossed at the wall outlet.

At Tygerberg Hospital the knobs which control the gas flow have been touch-coded by altering the shape of the knobs.

the court cases has alarmed anaesthetists and those pushing for minimum safety standards.

The publicity associated with the court cases has strengthened the hand of those pushing for minimum safety standards.

Last week the heads of all the university anaesthesia departments in the country met and after eight hours of discussion they formulated minimum standards for the machines.

These standards were presented to the SA Society of Anaesthetists which will take the matter further.

It's the start of a long process,' Professor Harrison said. The legislative process to introduce minimum requirements for safety could take up to five years.

The deputy-director of hospital services in the Cape, Dr M Jooste, emphasised that the machines used in the Cape were of world standard.

'We have taken every reasonable step to ensure the safety of these machine and we check and service them regularly,' he said.

'It is still much safer to have an anaesthetic with these machines than to drive your car to work,' he said.

TPA ⁽⁹⁸⁾ invites Bara tenders ^{Star 16/4/82}

Municipal Reporter
The multi-million rand extensions to Baragwanath Hospital receives a shot in the arm this week with the invitation for tenders by the Transvaal Provincial Administration for the installation of a drainage system.

Applications for the contract must be lodged with the chairman of the Transvaal Provincial Tender Board by May 21.

The R40 million which will be injected to upgrade facilities at Baragwanath represents 10 percent of the total hospital services budget and is the same amount spent annually to run Johannesburg Hospital, excluding maintenance.

The TPA has also invited tenders for renovations to the Edenvale Hospital creche, various projects at eight schools and landscaping at the Loskop

Dam public resort.

Facilities will be improved at Die Fakkel Hoerskool, Johannesburg, Hatfield Primary School, Pretoria, John Mitchell Primary School, Johannesburg, Klopper Park Nursery School, Germiston, Meyerspark Laerskool, Pretoria, Monumentpark Laer, Pretoria, Nelspruit Hoërskool and the Sir Edmund Hillary Primary School in Johannesburg.

Hospital

19/4/82

turns away

critically ill

By Pamela Kleinot

More and more critically ill patients are being refused admission to the Johannesburg Hospital because of the drastic shortage of nurses.

In some cases the hospital cannot even continue to treat critically ill people who have already been admitted. They have had to be transferred to the J G Strijdom Strijdom Hospital.

Doctors at the hospital are concerned about the deteriorating situation in the past year, which has led to the closure of many beds.

Half the wards at the 2 000-bed hospital are permanently closed because there is not enough staff to man them. Some wards were never opened.

By February this year there were 100 fewer nurses at the hospital than last year. Only 56,4 percent of nursing posts were

filled compared with 60,6 percent last year.

"The Johannesburg Hospital can no longer fulfil its role as the final referral centre for problem and critically ill patients," said a doctor.

"For many years the hospital was the last port of call for patients from all over the Witwatersrand requiring intensive care.

"The hospital has the medical staff and equipment for this purpose but it no longer has the adequate nursing back-up. "The result is that critically ill patients are being refused admission."

Dr Neville Howes, superintendent of the Johannesburg Hospital, said:

"We still have a problem with acute patients. We are concerned and making every endeavour to solve the situation."

In Pretoria the superintendent of the H F Verwoerd Hospi-

tal, Dr E van Wyn-gaard, said his 1 350-bed hospital had closed 250 beds in the past year because of the shortage of nurses and other manpower.

"Although we have not yet refused admission to critically ill patients we will be in trouble if things get worse," he said.

Mrs Irene Menelle, a PFP spokesman on health matters in the provincial council, said: "The crisis in hospital services is the result of an extraordinary snarl-up due to poor planning and gross maldistribution of curative medical services.

"We are faced with the ridiculous situation of an oversupply of beds and an under-supply of nurses in the white sector and in the black sector an under-supply of beds and an oversupply of staff.

"The hospital service ticks on only because of the heroism of the staff."

New coat for Louis Botha Ave

For the next four weeks Johannesburg municipal workmen will be resurfacing Louis Botha Avenue between Savoy and Orchards.

Peak hour traffic will not be affected.

surfacing will take place only between 9 am and 3 pm.

The city engineer's liaison officer, Mr John Bates said only one lane at a time would be re-surfaced to minimise in-

convenience to motorists on this heavily congested route.

The stretch which will be resurfaced is between Grenville Avenue in Savoy and Garden Road in Orchards.

Star 20/4/82

(98)

Nurse crisis overloads homes that can't cope

By Pamela Kleinot

Taxpayers are said to be often forced to pay for inadequate intensive care at private nursing homes because the Johannesburg Hospital cannot admit them.

Spokesmen at private nursing homes said that nursing attention was generally better because they have more nurses but they could not compete with the Johannesburg Hospital on certain levels.

It was reported yesterday that more and more critically ill patients were being refused admission to the Johannesburg Hospital because of the drastic nursing shortage.

Hospital doctors said private nursing homes can at best offer "high care treatment" but few, if any, could offer the wide range of facilities provided at the Johannesburg Hospital.

None of the nursing

homes I spoke to had a resident doctor in the intensive care unit and all agreed they did not have all the "sophisticated or fancy equipment" the Johannesburg Hospital had.

One spokesman who did not want to be identified said that if it were not for private nursing homes "South Africa's health care system would have collapsed."

88 98 227 RDM 21/4/82

Lapa to be quizzed on camp facilities

By JOHN BATTERSBY
Political Correspondent

CAPE TOWN. — The claim by the Minister of Health, Dr L A P A Munnik, that health services in the Onverwacht resettlement camp are "as good as anything in Houghton" has precipitated a major row.

An outraged Dr Marius Barnard, chief Opposition spokesman on health, has tabled a series of questions in Parliament seeking information on conditions at the camp in the Free State.

And a community worker, who has asked not to be named, has painted a drastically different picture of Onverwacht.

Dr Munnik told Parliament on Monday that every house at Onverwacht had a tap and that it had a clinic

and a health service which was "as good a health service as any of you people have in Houghton".

Dr Barnard said "Dr Munnik has a very sad record of insensitive statements and this must rank as one of the worst".

Onverwacht is a resettlement camp, about 15km from Thaba Nchu on the SA side of the border with Bophuthatswana, housing about 120 000 people, mainly in tin shanties.

It was established in 1979 to house non-Tswanas from Bophuthatswana.

A community worker who has worked at Onverwacht said the health services at the camp consisted of a clinic staffed by 12 nursing sisters and a doctor.

The clinic gave a good service but it was quite inadequate to serve the 120 000 people, he said.

There was a tap "about every 100m or every 10 houses".

In normal conditions this did not lead to undue congestion. But last November and December, when there was a water shortage, it led to serious congestion.

Work had begun on a new section at Onverwacht which appeared as though it would have running water and water-borne sewerage for each unit.

There were about 10 000 stands in the main section — about 600 were brick-and-mortar dwellings, about 50 were tents and the vast majority tin shanties.

There was no water-borne sewerage and there were bucket latrines which were supposed to be emptied twice a week but often the cart came round only once a week and "things got quite unpleasant".

By ADA STUJT
and ANNE SACKS

ONVERWACHT is no Houghton, despite claims by the Minister of Health to the contrary.

Dr L A P A Munnik told Parliament this week that "the health service at the Onverwacht re-settlement camp in the Free State was as good a health service as any in Houghton".

He also said every house in Onverwacht had a water tap.

An outraged Dr Martinus Barnard, chief Opposition spokesman on health, has now tabled a series of questions in Parliament on the health situation in the area, a re-settlement camp 10km from Thaba Nchu in the Free

Onverwacht IS NO Houghton

State.

The camp was established by the Government to house Basothos who had to be re-settled urgently after nearby BophuthaTswana became independent.

Onverwacht houses an estimated 200 000 people, most of them young families with small children, local authorities said yesterday.

Comparisons between the Onverwacht and Houghton areas show that Dr Munnik's comparison is highly inaccurate.

For example, Onverwacht has one tap for every 50 houses.

Medical facilities at the camp consist of one clinic — only recently completed — which houses one eight-bed maternity section and a facility for 12 emergency treatment beds.

One doctor, helped by 11 nurses, sees about 300 patients a day. Four doctors alternate duty at the clinic during the week. Seriously ill patients are always transferred — by two ambulances — to Thaba Nchu, which has

250 beds in its four hospitals for blacks, said Dr A P van Dendberg, district surgeon of the area who worked at the clinic yesterday.

"We are always very busy here, and of course medical services here are never adequate. I see as many as 300 patients a day with the largest variety of complaints you can imagine."

The area is unhealthy to live in.

There are only dirt tracks to serve as roads which at the moment have big, water-

filled potholes where mosquitoes find a happy breeding ground.

When it rains, a small stream running through the settlement serves as the local swimming hole for thousands of children and adults.

There was a high incidence of pneumonia and TB during the rainy season, clinic nurses said yesterday.

The Government rents out 600 new brick houses to the new settlers at R30 each. Onverwachters usually build their own shanties.

Each shanty is provided with an outdoor toilet with a bucket which is emptied once a week. The people pay R1 a year to the Government for this service.

The toilet system leaves the camp permeated with a foul odour.

Houghton's councillor, Mr Ian Davidson, yesterday described "as ludicrous as it is ridiculous" Dr Munnik's comparison of the health facilities at the camp with those in Houghton.

Mr Davidson invited the

Minister to tour the area so "he might realise the folly of his words".

"It might also induce him to think before he speaks."

For example, there are only about 2 500 people living in Houghton; one Houghton family occupies an average of 4 000m² and 33 doctors live in the suburb.

All of Johannesburg's hospitals and private clinics serve Houghton. The new Johannesburg Hospital is on the doorstep, while the Kenridge Nursing Home, Park Lane

Clinic, F Benthun nearby.

All the homes have sewerage

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316 lose jobs ^{(335) (92) (140) RDM 22/4/82}

as VW plant

trims its staff

By STEVEN FRIEDMAN
Labour Reporter

THE giant Volkswagen motor company yesterday retrenched 316 workers at its Uitenhage plant — and unionists said they feared more motor firms might retrench. Volkswagen employs 8 700 workers.

A spokesman for the National Automobile and Allied Workers Union, which is recognised by Volkswagen, said the union opposed retrenchments and believed employers could take other measures to respond to the downswing in the economy.

But he said negotiations between Volkswagen and NAAWU had reduced the number to be retrenched from around 500 and that talks were under way between the company and union shop stewards to reduce the number to a minimum.

Workers with five or more years' service were not among those to be retrenched.

The company's industrial relations director, Mr Ollie Rademeyer, said that in the light of the already severe unemployment situation in the Eastern Cape, "every effort" was made to minimise the number of workers affected.

He added that, for the first time in two years, Volkswagen dealers were "reasonably stocked" and, with interest rates at their present levels, together with economic conditions, Volkswagen needed to "adjust production".

A NAAWU official, Mr Les Kettleidas, said yesterday the union had retrenched workers despite NAAWU objections.

"We are opposed to retrenchments in principle. We believe there are other measures employers could take, such as working shorter weeks and banning overtime, to meet the new economic conditions," he said. About 30 000 workers were already jobless in the area and those retrenched would have



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Overwacht is no Houghton

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"We are always very busy here, and of course medical services here are never adequate. I see as many as 300 patients a day with the largest variety of complaints you can imagine."

The area is unhealthy to live in. There are only dirt tracks to serve as roads which at the moment have big, water-

filled potholes where mosquitoes find a happy breeding ground.

When it rains, a small stream running through the settlement serves as the local swimming hole for thousands of children and adults.

There was a high incidence of pneumonia and TB during the rainy season, clinic nurses said yesterday.

The Government rents out 600 new brick houses to the new settlers at R30 each. Overwachters usually build their own shanties.

Each shanty is provided with an outdoor toilet with a bucket which is emptied once a week. The people pay R1 a year to the Government for this service.

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For example, there are only about 2 500 people living in Houghton; one Houghton family occupies an average of 4 000m² and 35 doctors live in the suburb.

All of Johannesburg's hospitals and private clinics serve Houghton. The new Johannesburg Hospital is on the doorstep, while the Kenridge Nursing Home, Park Lane

Clinic, Rosebank Clinic and Brenthurst Clinic are all nearby.

All the plush Houghton homes have water, lights and sewerage.

There is no municipal child health clinic in Houghton, but there are clinics in the surrounding suburbs, all of which are easily accessible to mothers.

Communication — by road and telephone — make health services in Houghton far more accessible than those at Overwacht.

For example, Overwacht

is highly inaccurate.

Comparisons between the Overwacht and Houghton areas show that Dr Munnik's comparison is highly inaccurate.

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SAFETY SIGN
The mayor's slogan

Curb of MPCs on tour of mental hospital

Argus
22/4/82

98

Argus Bureau

EAST LONDON.—The superintendent of the Tower Psychiatric Hospital in Fort Beaufort has confirmed that he had been instructed not to allow two MPCs to inspect hospital facilities at the weekend.

Mrs Molly Blackburn, MPC for Walmer, and Mrs Di Bishop, MPC for Constantia, were refused permission to enter the wards and had to sit in a hospital combi during the tour.

Mrs Blackburn and Mrs Bishop were on a tour with Dr Marius Barnard, MP for Parktown, to investigate mental health facilities for blacks at the Tower Hospital and the Komani Hospital in Queenstown.

AWKWARD

Dr L J Claasen, superintendent of Tower Hospital, said the hospital authorities had been put in an 'awkward' position but had no alternative but to obey an instruction from their head office not to allow the two MPCs into the wards.

The head office had been directed by the Minister of Health, Dr L A P A Munnik, Dr Claasen said.

Dr Barnard had been allowed to inspect 'everything he wanted to' and the hospital authorities had later discussed the facilities with Mrs Blackburn and Mrs Bishop.

Dr Claasen said no reasons had been given for the instruction.

The hospital had nothing to hide and the staff were proud of their work and the facilities the hospital offered. Dr Barnard had been shown the community facilities which were probably the best in the country.

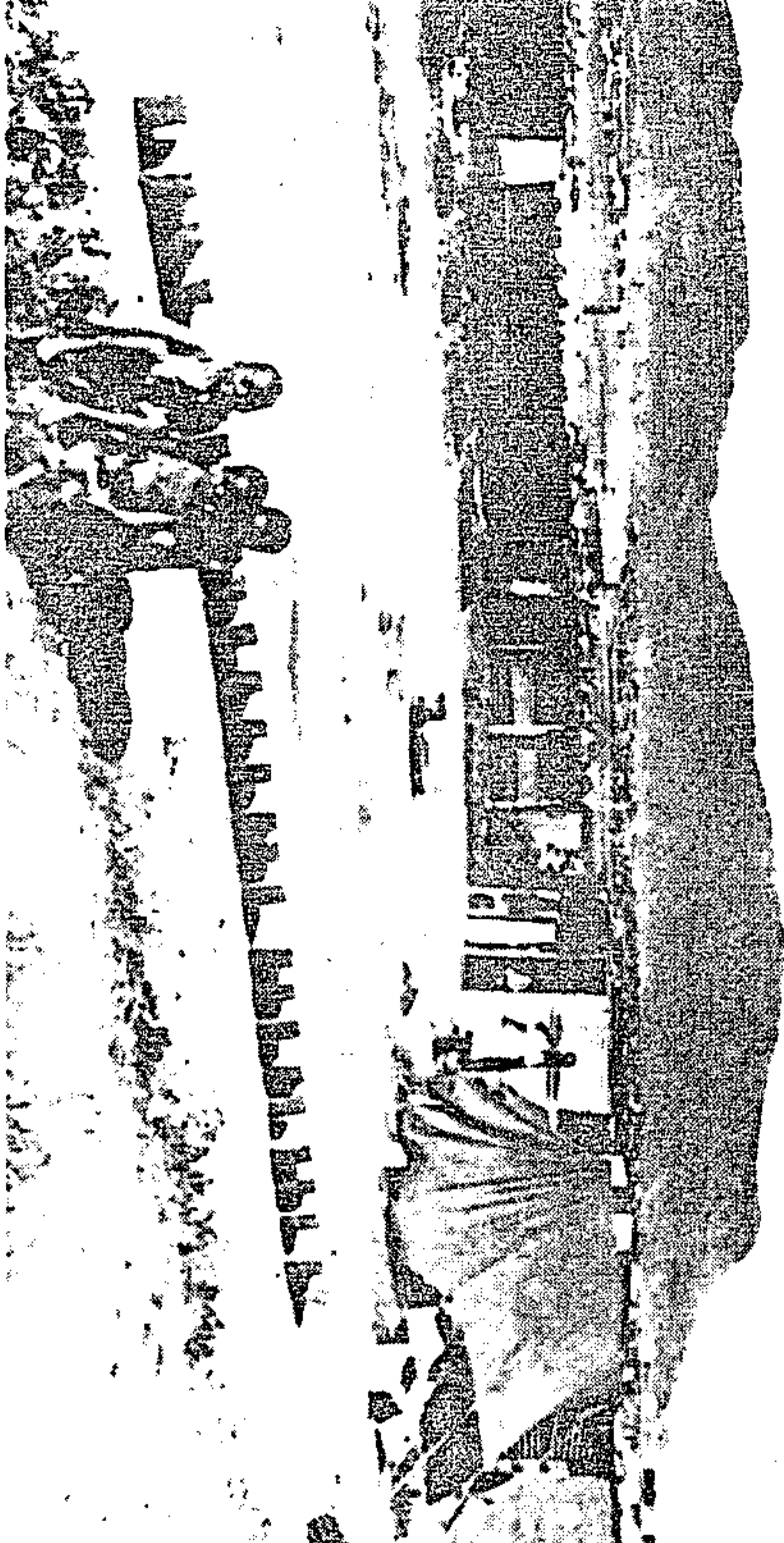
OPEN DAYS

Dr Claasen said open days were held at the hospital where members of the public were invited to inspect the facilities. It was policy to have the hospital open and encourage public awareness of the work being done.

Mrs Blackburn, who has a psychology degree, and Mrs Bishop, who is a qualified registered social worker, were allowed to enter the wards of the Komani Hospital with Dr Barnard to complete their investigations.

There's not much to choose really . . .

98 23/4/82



WORLDS APART . . . Shanties at the Onverwacht resettlement camp near Thaba Nchu contrast with a plush Houghton home. Dr L P A Munnik claimed in Parliament this week that the health services of the camp were as good as Houghton's and that every house in the camp has a water tap. In fact, there's one tap for 50 houses, one bucket toilet per house emptied once a week) and one clinic for 200 000 people, while in Houghton (2 500 people) high quality health services are easily accessible and taps certainly aren't an issue.

Workers tense over East Rand sackings

By STEVEN FRIEDMAN
Labour Reporter

FACTORY tension over retrenchments is growing on the East Rand.

Metal and Allied Workers Union shop stewards from 72 factories in the area met on Wednesday night, a union spokesman said yesterday. They vowed to fight further retrenchments.

The firms felt this was the province of the Metal Industrial Council and the Steel and Engineering Federation, said Mr Mayekiso.

"More East Rand firms are retrenching workers and shop stewards are determined to fight it. Workers are very angry — they say they are the only ones who suffer when the economy runs into trouble", he said.

On claims that some firms worked overtime while retrenching, leading to union charges that employers were firing workers in order to cut costs, Mr Van Collier said employers had told unions on the council they were prepared to take part in a joint enquiry into concern about excessive overtime.

A union organiser, Mr Moses Mayekiso, said shop stewards from Wadeville, Germiston and Alrode took resolutions which accused employers of working overtime while retrenching workers because of alleged lack of

Workers believed employers could cut production in other ways.

Selisa's director, Mr Sam van Collier, said yesterday there were no provisions in the metal industrial agreement providing employers to

At the same time, the agreement did not allow an employer to work more than ten hours a week overtime without council permission.

"We are quite prepared to discuss this issue with unions, but we cannot lay down over-

Urgent move to halt Kirsh deal on Greatermans

Court Reporter

AN URGENT application was brought in the Rand Supreme Court yesterday asking for an interim interdict restraining the Johannesburg Stock Exchange from approving the proposed takeover scheme involving Greatermans Stores.

The application was brought by Dawn Laan Investments (Pty) Limited against the Johannesburg Stock Exchange, Griffin Holdings (Pty) Limited, Greatermans Stores Limited, Kirsh Industries Limited, Kirsh Limited, Metro Corporation Limited,

quire control of Greatermans was not obliged to extend the proposed offer to the holders of these shares.

Alternatively, the court was asked to remit the matter to the stock exchange.

Investments, said that Dawn Laan was the holder of 55 900 non-voting shares in Greatermans.

He told the court that there were 3 052 296 Ordinary

At the same time, the agreement did not allow an employer to work more than ten hours a week overtime without council permission.

"We are quite prepared to discuss this issue with unions, but we cannot lay down over-

FM 23 4.82
PRIVATE CLINICS
Blacks cough up

98

281

Some privately-owned hospitals and clinics in Johannesburg will admit blacks, Indians and coloureds only in private wards — not in general wards. This is the complaint of a number of patients, who claim they are the victims of discrimination.

Specifically, the charge has been made that private nursing homes and clinics force these patients to occupy private wards and to pay the difference between these and general wards. No choice is being allowed.

The discrimination lies in the fact that a white patient may choose a private or general ward and pay accordingly. A black, coloured or Indian patient frequently has no such option, and private hospitalisation costs him considerably more than a white patient. The situation is exacerbated by the fact that medical aid societies are unwilling to pay for a private ward.

When approached by the FM, the receptionist at the Rosebank Clinic confirmed that blacks, coloureds and Asians are not admitted to general wards under any circumstances. She disclosed the following tariff of charges:

Private ward, R80/day; general ward, R39,50/day. Since blacks are admitted to private wards only, they are forced to pay the difference (R41,50/day) out of their own pockets.

At Milpark Clinic, these patients may occupy semi-private wards, which cost R60/day or R80/day for a private ward; and here again the difference is for the patient's account. At Milpark, too, they may not occupy general wards.

Open to all

The only exception found by the FM is the Kensington Clinic, a Catholic institution, which opens both its general and private wards to all race groups.

A former patient at the Rosebank Clinic, Ismail Suliman, of Lenasia, disclosed to the FM that when he was admitted to the clinic last month he requested a general ward, because "I did not want to pay a lot of money."

However, he was told he could only occupy a private ward and was made to pay in the difference of R41,50/day before he was discharged. When Suliman demanded to know why he could not occupy a general ward, he was told it was a "matter of policy."

Norman Weinberg, director of Brenthurst Clinic, a private nursing home off Clarendon Circle, said he was unable to go into the matter of discriminatory charges and referred the FM to the Representative Association of Private Hospitals (Raph). Raph president John Randall said the problem was not a new one. It had been discussed by his association following the receipt of a letter on the subject from the

Medical Association of SA — without being satisfactorily resolved.

Randall says: "Non-white patients tend to be hospitalised in private wards to overcome the problem of providing separate toilet and related facilities."

According to the receptionist at Milpark Hospital, the hospital is not multiracial and the separation of races was "government policy."

In current circumstances, provincial hospitals are grossly overcrowded, and an increasing number of patients are being forced to turn to the private institutions. It seems inequitable that some of them should be forced to pay a premium because of the colour of their skin.

Munnik prevents visit to hospital

APL Times 22/4/82

Staff Reporter ⁹⁸

A DIRECTIVE issued by the Minister of Health, Dr Lapa Munnik, prevented two MPCs from studying health facilities at the Tower Hospital in Fort Beaufort at the weekend.

Mrs Di Bishop, MPC for Gardens, and Mrs Molly Blackburn, MPC for Walmer, accompanied Dr Marius Barnard, MP for Parktown and PFI spokesman on health, on a visit to see the facilities at the hospital which accommodates black psychiatric patients from Port Elizabeth.

As a matter of courtesy, Mrs Bishop said, the group had informed Dr Munnik of their intended visit.

On arrival, however, only Dr Barnard was allowed entry.

"The staff of the Tower Hospital were placed in the most impossible position in that they were prevented by a directive issued by the Minister of Health from showing us

the facilities they have to offer patients," said Mrs Bishop.

She understood the Director of Health had also phoned the hospital personally to stop the visit.

"The staff told us that the policy of the hospital is to encourage public awareness of the work they are doing. The hospital has open days on which the public are free to enter the hospital. By written instruction they were allowed to permit only Dr Barnard to look at various aspects of their hospital.

"Although we were part of the same study group we were prevented from entering the wards and had to stay outside in the hospital kombi during the tour," Mrs Bishop said.

The two MPCs experienced no difficulties in visiting other hospitals in the Eastern Cape.

Dr Munnik said yesterday he had no comment on the incident.

AY.

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23/11/82 Sowetan
R13-m hospital planned

98 SOWETAN REPORTER

A NEW hospital, estimated to cost about R13-m, will be erected in Tsakane near Brakpan within the next three years.

The hospital, which will serve Tsakane, KwaThema and Duduza

residents, will be erected in the open space between KwaThema and Tsakane.

Doctor D Olivier, Superintendent at the Far East Rand Hospital, said that plans for the building of this hospital were at an advanced stage and that techni-

cians had already surveyed a spot where the hospital will be erected.

Dr Olivier said that the hospital, which will admit about 200 patients at a time, will have improved facilities that compare with those at the Far East Rand Hospital. He said the hospi-

tal will fall under the Far East Rand Hospital.

The Transvaal Provincial Administration, which is going to build the hospital, said it will be ready for use by the end of 1985 and that building will start at the end of the year or some time early next year.

- Perfect Competition
- (a) members > 75
 - (b) perfect mobility
 - (c) same product
 - (d) no control of price
 - (e) no barriers



UNIVERSITY OF CAPE TOWN EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

Nurses' food strike

AK645 23/4/82 (48) (98) (AL)

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BETWEEN 80 and 90 drawn up a list of their nurses staged a breakfast complaints about the food, stayaway at Somerset Hos- Dr Bank and his senior pital today — apparently staff will meet them as a protest against cater- again.

The Superintendent of Somerset Hospital, Dr Jack Bank, met representa- tives of the nurses and asked them to formulate their complaints. 'I cannot understand why they did not make a formal complaint before staging the stayaway,' said Dr Bank. 'The doors are always open to them to register complaints of any kind.'

When the nurses have

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Date

Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.)

Subject
(to be copied from the heading on the Examination Paper)

Paper No.
(to be copied from the heading on the Examination Paper)

	Internal	External
(1)	(2)	(3)
1 b		
2 a		
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NOTE CAREFULLY

- The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
- Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
- Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
- Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

WARNING

- No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
- Candidates are not to communicate with other candidates or with any person except the invigilator.
- No part of an answer book is to be torn out.
- All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

EXPRESS CLOSE-UP VISITS THE RURAL SLUM WHICH MUNNIK

The Dumpings Ground



THE day after Minister of Health Dr Lapa Munnik compared health facilities at the Onverwacht resettlement camp in the Free State to Johannesburg's Houghton, two children died of starvation and nearly 300 people lined up at its clinic waiting for attention by one of its two doctors.

Onverwacht — a conglomeration of despair and squalor — nestles at the foot of a chain of koppies 15km from Thaba 'Nchu and houses about 160 000 people.

Driving through the dust-bowl they call 'Botshabelo' — a place of refuge — the young and old sat outside their tin shacks and mud-

houses seeking warmth from the wintry Free State sun.

There is little the clinic can do to alleviate the many seasonal health problems encountered by the residents in this resettlement camp established in May 1979.

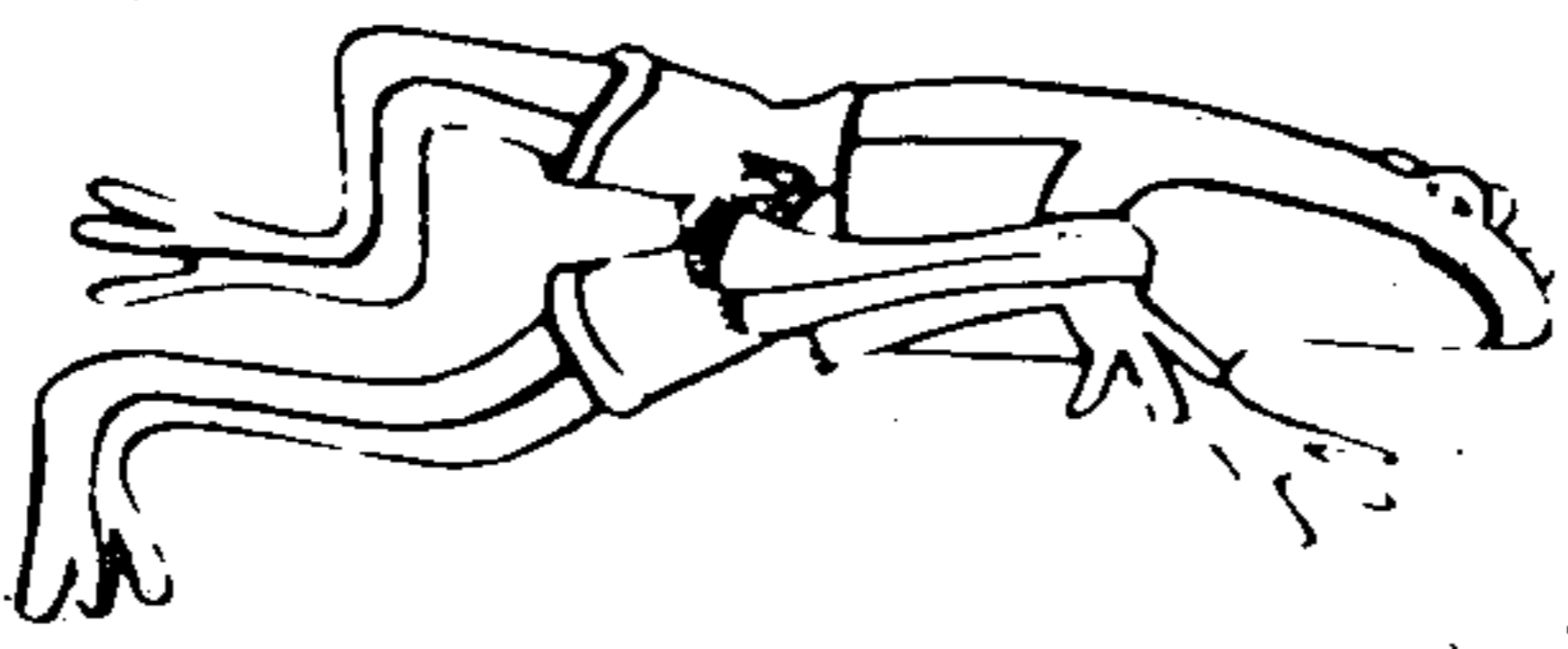
So far the work of the 12 nurses and the two South African Defence Force doctors has hardly made an impact on the daily lives of those living at Onverwacht.

Recently they had to stand helpless as up to 70 children a day were rushed to Pelonomi hospital in Bloemfontein — 60km from the camp — during a gastro-enteritis epidemic. A nurse at the clinic said the medical staff could not cope with emergencies.

"If there are any emergencies after 4pm the patients are either taken by our ambulance to the Moroka hospital or they catch one of the buses to Thaba 'Nchu," said the nurse.

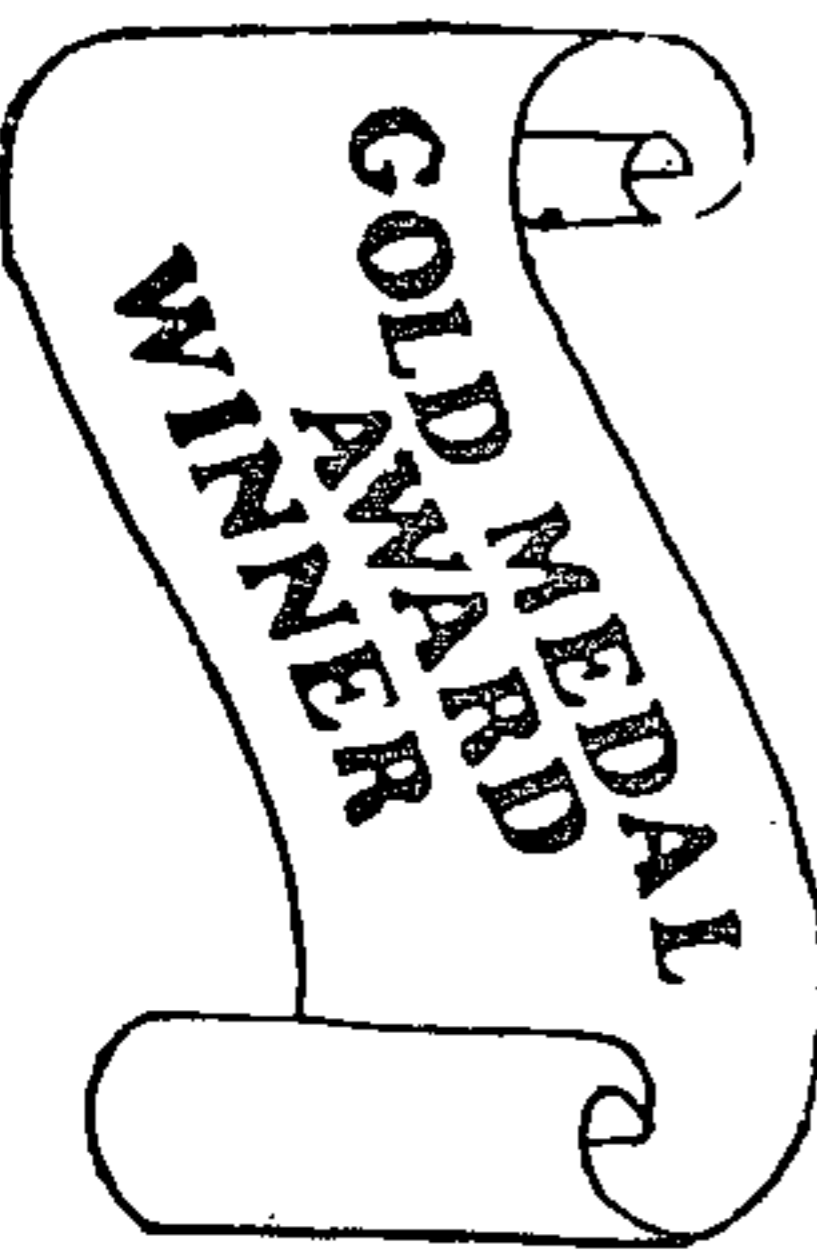
Another cause of discontent is the lack of preventive medical care at Onverwacht. Community health, said the nurse, was non-existent because of staff shortages.

Reports
By
LIZ VAN DEN
NIEUWENHOF
PHOTOS
By
DENIS
FARRELL



YOU'VE SEEN THE REST NOW CONTACT THE BEST

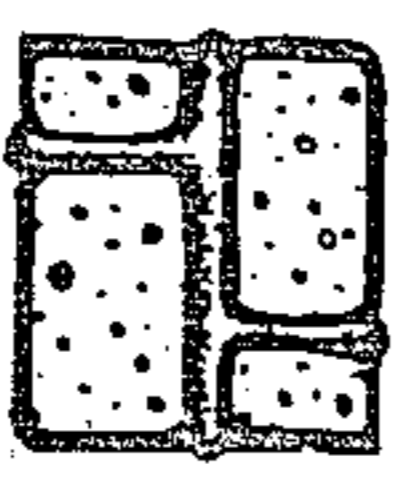
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EXPRESS PHOTOGRAPHER VISITS THE RURAL SLUM WHICH MUNNIK

The dumping ground

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Reports
by
LIZ VAN DEN NIEUWENHOF
Pictures
by
DENIS FARRELL

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● Dusty squalor is the lot of 160 000 people who live in the rural slum of Onverwacht.

Where barbaries starve

One of thousands of makeshift tin shacks in which most of the Onverwacht residents have to live.



When the Sunday Express arrived at Onverwacht the medical staff was arming itself against the predictable outbreaks of pneumonia and bronchitis as the Free State winter approaches.

The nurse said that the health resistance of most Onverwacht children was "very low" — mostly due to malnutrition.

The day we arrived at Onverwacht six children were treated for malnutrition at the clinic.

One was 18-month-old Mavis Mgezo who was suffering from kwashiorkor. Lying limply on a bed in a one-roomed tin shack and in the care of her grandmother, Mavis has been crying for the protein her body craves.

She had all the symptoms of being underfed ... skin peeling around her mouth, swollen eyes, hands and ankles.

Mavis is one of hundreds of Onverwacht children who have to make do with the little food available in their homes. As most of their fathers are either working illegally in Bloemfontein and Welkom or are migrant labourers at the mines, their mothers are left to provide for them.

'Smart alex' Munnik

HELEN Suzman, PFP spokesman on black affairs, said: "Dr Munnik is, I'm afraid, an incorrigible smart alex.

"He cannot resist making insensitive remarks such as his favourable comparison of the primitive health conditions at Onverwacht where a sad, poverty-stricken community struggles to exist, with well-endowed Houghton.

"The comparison is so absurd that it's hardly worth a comment. One can only hope that sooner or later Dr Munnik will realise that his offensive remarks reflect very badly, not only on himself but on his department which cannot dissociate itself from him."

The shortage of food is evident in the increasing number of children suffering from pellagra — vitamin B deficiency — who are fed by the clinic's feeding scheme.

The nurse commented: "We think the problem is far more widespread than we are aware of because most of the deaths are reported to the commissioner.

"We are not given the official infant mortality statistics at the clinic."

A community worker in Thaba 'Nchu said that about three out of five funerals arranged by the Roman Catholic Church are for children.

When the Sunday Express was at Onverwacht on

Wednesday funeral arrangements were being made for a four-month-old baby and 17-month-old baby.

Sanitation and the inadequate water supply makes Onverwacht a health inspector's nightmare.

Most of the shacks and mudhouses are interspersed with corrugated iron pit-toilets and although officially the toilet buckets should be emptied twice a week residents said that they were being emptied once a week.

A few white-washed matchbox houses lie scattered among the tin shacks.

No official figure on the number of new houses built could be obtained but ac-

were moved to Onverwacht but had to take out Qwa-Qwa citizenship although the area is not part of the homeland.

Mrs Alice Mashode's case is typical of the many families who have been relocated.

A mother of four, she was dressed in a short yellow dress, torn and stretched through years of trying to

keep making it fit despite being made for a teenager.

She took me into her tiny 3m² corrugated iron shack, its sides pasted with newspapers to keep out the dust and draught.

Her husband is a migrant labourer who works in Henne-man and only sees his family once a month when he brings home a family allowance of R50.

According to the community worker the Economic Development Corporation had built about 600 homes.

"These are for those who have work seekers' permits and are bought for between R4 300 and R6 000.

"But most Onverwacht residents live in one-roomed tin shacks and there are quite a number of families still living in the tents issued by the Government when they were first moved to Onverwacht four years ago," said the community worker.

Most of the people at Onverwacht were moved from the Kromdraai squatter camp in Thaba 'Nchu after Bophuthatswana independence.

Before independence the 'non-Tswanas' lived in harmony with the Tswanas.

But after independence in December 1977 conflicts with the Bophuthatswana citizens became an everyday happening and those at Kromdraai — mostly South-Sotho speaking — were harassed by the police.

They were not allowed to work in Bophuthatswana and their children were prevented from attending Bophuthatswana schools.

To 'quell resentment' they

It is a hard life for Mrs Mashode and her family. To buy their meagre groceries she either goes to the supermarket where products are sold at three times the price they are sold at in Thaba 'Nchu or catches a bus to Thaba 'Nchu.

"But there's never enough. I have a baby who is starving. I don't know what to do," she said.

By KEVIN DAVIE

(98)

S. Times 25/4/82

Row over unkind hospital cuts

A DIRECTIVE to economise has sliced out a hospital's theatre sisters' lunchtime sandwiches.

Dr Hennie Grove, director of Transvaal Hospital Services, asked hospitals to "make sure that they don't waste money" and that "they live within their budgets".

At Pretoria West Hospital, the first economy cut came on Monday when theatre sisters were deprived of their lunch-time sandwiches.

They were also told that, in future, they would only be allowed one cup of tea instead of the usual two.

These unkind cuts provoked an uproar. But now, in

an effort to placate the sisters' wrath, the hospital will again provide their daily bread as from tomorrow.

"We don't have time to go to the canteen to buy lunch, and often don't even have time to order lunch, which can take a half an hour to get down to the theatre," one sister told me.

Dr Grove said the economy drive had nothing to do with the sandwiches.

"All hospital staff are supposed to pay a nominal fee

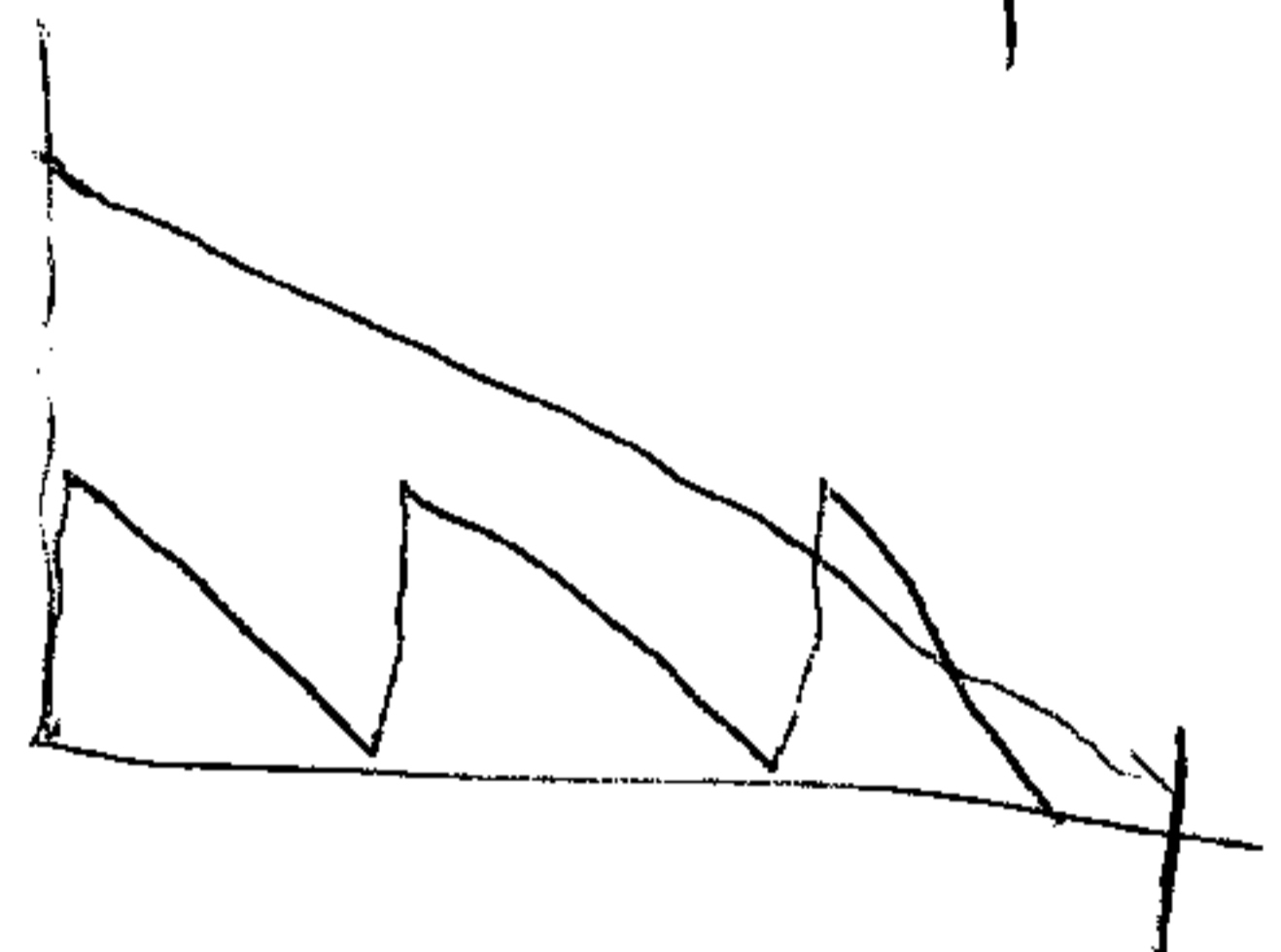
for their sandwiches, but in fact many have taken them for granted and have not been paying.

"This we cannot allow."

The superintendent at Pretoria West, Dr H S C Malan, claimed the cost savings were "in the interest of the country".

"The sandwiches have nothing to do with you," she said.

"If you use the name of the hospital, there'll be big trouble."



preca

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ONVERWACHT: Die ... van Houghton in Johannesburg. See Page 2.

Onverwacht: OFS 'Houghton' of sickness and squalor



INSIDE
TODAY

Pitco
fares
GO UP
PAGE 3

All the
racing
results
PAGE 15

R22 000
to be
WON
PAGE 15

Onverwacht: OFS 'Houghton' of sickness and squalor

FORRRRR CAMP

Some fan 26/4/82

Handwritten notes in circles: 98, 100, 100, 100

MORE THAN 1 900 people have died so far at the squatters' camp of Onverwacht, near Thabanehu in the Orange Free State.

The camp, established in June 1979 to accommodate people who did not want to belong to Bophuthatswana after the homeland had opted for inde-

pendence, returned to the public spotlight last week after a claim in Parliament by the Minister of Health, Dr Lapa Munnik, that health service at Onverwacht was as good as in Houghton, the prestigious Johannesburg suburb.

ter told Mrs Helen Suzman, MP (PFP). During a two-day visit, reporters found that 1 949 people had died at Onverwacht since the camp was established, 1 025 of them children. Most of the dead children were under the age of three.

Desperate youths swindled

173 BY ALNADIR 26/4/82

ONVERWACHT has become the target of swindlers who prey off its misery.

SOWETAN The heard a startling tale from two young men hired out of the Free State labour pool with the promise of a job.

Mr Johannes Lekgotjana (18) and Mr Lazarus Tinte told how two men, one white and one

black, came to Onverwacht and told them "to prepare your things as fast as you can — if you want to find yourselves good jobs in Johannesburg."

Said Johannes: "We were all excited, but little did we know what we were in for."

"These men had showed us a corner where they would wait for us, and they warned us to be as fast as we

could. "Wishing us luck, some of our parents offered their hard-earned cents to us to buy food on our way. I, for instance, was given R10."

Lazarus said that "this white man often comes to Onverwacht for youths."

The youths said they became suspicious when the white man, whom they knew only as "Ou-baas", suddenly stopped

the car and demanded that each pay R10 for petrol.

But a bigger shock awaited them in Johannesburg, when "Ou-baas" dropped them outside Ellis Park Stadium.

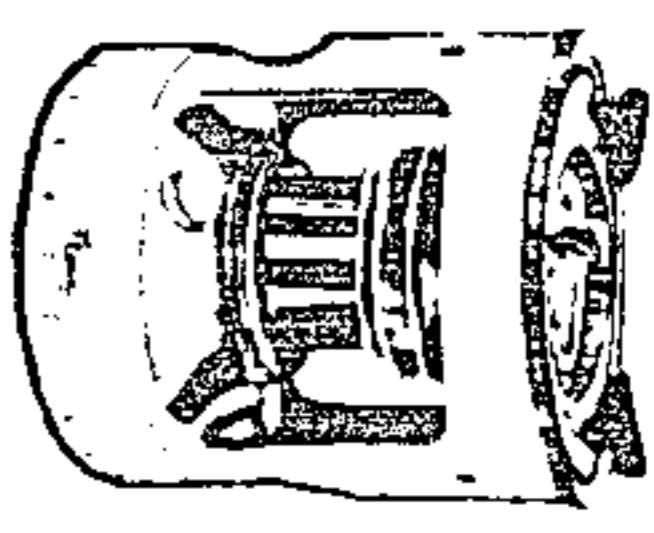
"Ou-baas said he had lost interest in our labour. We told him we had no money but he dismissed us and said: 'Gaan julle weg,' said Lazarus.

The greatest killer diseases at Onverwacht now are gastro-enteritis, kwashiorkor and pneumonia. Infectious diseases like measles are also prevalent.

A new clinic has been built, but a nursing sister said that the staff of 12 was not coping.

Onverwacht has an estimated population of 134 000 and more than 300 patients are treated at the clinic every day. It does not provide a 24-hour service and is closed over week-ends.

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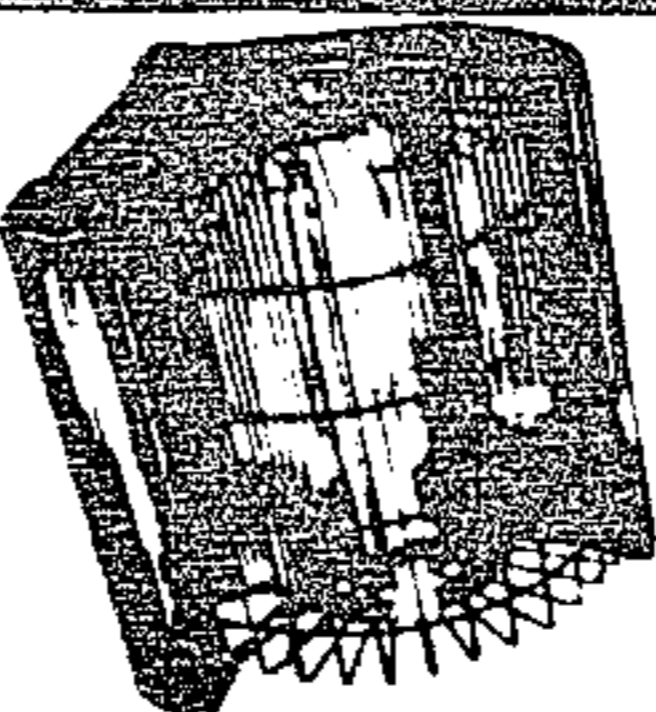
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R150m (98)
 hospital
 project

Pretoria Bureau

THE Government is to spend R150-million on building a new Ga-Rankuwa Hospital to make it suitable for the training of medical students of the University of Southern Africa (Medunsa).

The hospital superintendent, Dr L van Heerden, said yesterday construction started last year and would be completed in 10 years' time.

According to Dr Van Heerden the hospital's wards and other buildings would be broken down and new ones built. Patients would be transferred to empty wards during building.

"If we had land we would be erecting additional buildings to the existing hospital, but we have no alternative save to break down the buildings as we will be building for efficiency and service," he said.

Dr Van Heerden said the hospital was not originally planned for medical students. With the advent of Medunsa, innovations had be effected.

The SA Government is paying for the undertaking.

He said the hospital could accommodate 2 000 patients but would accommodate 1 200 after renovation.

This was in accordance with new policy that an academic hospital should at most have 1 200 patients.

Registration cancelled 26/1/

Membership		Year		
	White	Asian and Coloured	African	
				1970
				1971
				1972
				1973
		980		1974
	..			1975
	980	980		1976
	980	980		1977
				1978
				1979
				1980
Total				
				200

Patients sleep on floor as 30 wards stand empty

WHILE ABOUT 30 new wards for whites at the Boksburg Benoni Hospital have been standing empty for two years, black male patients are made to sleep on the floor and under beds.

The patients also say they are not satisfied with the food they are given and many prefer buying their own food. They are supplied with felt mats and about three blankets each. One patient said the mats were so hard it was almost impossible to sleep on them.

Another said: "When it is time to sleep, one wishes that the sun should not set, because sleeping on the floor and under beds is a horrible experience. But what can one do, because we are here for health? The food is also bad and one has to buy one's own food if he want a decent meal."

A senior nursing sister at the hospital told **THE SOWETAN** yesterday that originally the 30 new wards were to be used as intensive care units for white patients, but this plan had to be abandoned because of the shortage of white nurses at the hospital.

Suggestions were made to the hospital's senior officials that for the time being the wards could be used to accommodate black patients when their wards were overcrowded," she said.

BY MZIKAYISE EDOM

"But there has been no response from the authority so far, and meanwhile the new building has been a white elephant. We hope that one day these wards would be used to accommodate black patients, to avoid overcrowding at the hospital.

Dr G C Gravett, superintendent of the hospital, said he was not prepared to comment on the issue.

"I have been instructed not to make any press statements and that is all I can tell you," he said.

1980 - Receives permission from the Minister of Manpower Utilisation to open membership to all races.

Membership																
African	261	255	254	239	237	266	290	298	15	286	278	259	256	292	315	318
Asian and Coloured	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
White	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Starving farm people come to Soweto for help

S. Express 2/5/82

By HELENE ZAMPETAKIS

FARMWORKERS' starvation wages are being blamed for the high number of malnutrition and kwashiorkor cases admitted to Soweto's Baragwanath Hospital, doctors at the hospital told the Sunday Express this week.

The disclosure was made after the announcement that the National Manpower Commission had appointed a commission of inquiry into conditions of farm and domestic labour.

The commission would investigate, among other things, whether to impose the Wage Act on farm labour.

Baragwanath doctors told the Sunday Express most malnutrition cases came from Reef farming areas.

In their desperate attempt to get treatment, these patients claim to be Soweto residents.

In 1980, about five cases of malnutrition were admitted to the hospital daily.

A sixth of all patients in the children's ward were suffering from malnutrition. Most were from rural areas.

Mr Eugene Roelofse, an independent ombudsman, told the Sunday Express that according to his research, this was 'only the tip of the iceberg'.

Recent research has shown that Reef farm wages varied between R10 and R20 a month, with a sack of mealie meal as rations.

Prof Harry Stein, head of the paediatrics ward at Baragwanath, said that with together with malnutrition, gastroenteritis made up "substantially half of the cases admitted to the hospital".

In 1980, 1 089 children suffering from malnutrition were treated at the hospital.

"A fair number of them come back because they return to the same conditions as they left," Prof Stein said.

One doctor told the Sunday Express: "It is common knowledge at Baragwanath that when a malnourished kid comes in it is likely he has been living on the farms.

"We keep them for about three weeks to feed them up but some of them die."

Doctors said that white farm areas were badly served by health clinics but because transport was poor, only a fraction of malnourished cases ever reached Baragwanath.

A group of independent researchers is conducting a study of farm labour conditions around Piet Retief, Muldersdrift and Amersfoort. They asked not to be identified while research continues.

Mothers had told them that frequently "swollen babies die of hunger" — an indication of widespread kwashiorkor.

The researchers found that labourers worked 12 to 14 hours a day with no overtime or leave pay.

"When they lose their job, they lose their house. One family said they earned R180 a year from the mother and father's wages. Women can make R1 from three days of washing," a spokesman for the group said.

Workers who earned R20 a month — or 9c an hour — had to work for one and a half days before they could afford a tin of corned beef at trading store prices.

The commission of inquiry will work with farmers from the South African Agricultural Union.

In a recent debate in Parliament, a nominated MP, Mr J W van Staden, said farmers were not afraid of an inquiry into farm labour because they looked after employees extremely well and provided them with rations.

The first trade union for farm workers was organised this year under the Orange Vaal General Workers' Union.

Organiser Mr Philip Masia said: "We welcome a spotlight on farm labour but if the commission into farm labour is to be effective it must work independently of farmers who have vested interests in paying low wages."

Address:

P.O.

Joh.

200

Telephone:

Officials:

Area of Operati

Founded: 1979

Registration:

A.

(1) Applied for registration but objections raised by other registered unions.

(3) whether any conditions governing such open days have been laid down; if so, what are the conditions?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
- (2) yes;
- (3) open days are arranged as it is convenient for the hospital, and all visitors are subject to the provisions of the Mental Health Act, 1973 and the regulations promulgated thereunder.

Mr. D. J. N. MALCOMESS, Mr. Speaker, arising out of the reply of the hon. the Minister, could he perhaps comment on why two MPCs, viz. Mrs. Blackburn and Mrs. Bishop, were prevented from visiting this hospital?

The MINISTER: Mr. Speaker, had the hon. member been aware of what is happening in the House, he would have realized that the next question deals with that matter.

Tower Hospital: For Beaufort

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

Whether permission for two members of the Cape Provincial Council to visit the Tower Hospital at Fort Beaufort and the Komani Hospital at Queenstown was refused recently; if so, (a) on whose authority and (b) on what grounds was such permission refused?

The MINISTER OF HEALTH AND WELFARE:

- Yes;
- (a) the hon. member is aware thereof that he directed a request to me in this regard, to which I replied in writing;
 - (b) the reply is embodied in the following procedures which I now wish to make known to hon. members for information.

Visits by MPs

If a mental hospital institution is situated in a constituency of a MP, the residing MP can, with prior arrangement with the medical superintendent, pay visits. The residing MP may invite other MPs or MPCs to accompany him but must inform the medical superintendent of his intentions. If a mental hospital institution is not in a MP's constituency, the customary practice is for the MP to request the Minister's agreement to such a visit.

It must be realized that the residing MP has a direct responsibility to Parliament and the public for the mental hospital institution in his constituency. Other members of Parliament also bear responsibilities in this regard and when this functional responsibility is carried out by such a member by way of a visit, it is not customary for him to be accompanied by persons outside Parliament.

Inspection visits by MPCs

If MPCs wish to pay visits to familiarize themselves with such mental hospitals institutions they should contact the relevant member of the Provincial Executive Committee for Hospital Services, who is a National Health Policy Councillor, and who would make suitable arrangements with the Minister.

The above procedure pertaining to MPs and MPCs are effective to avoid any confusion that may arise as to the functional responsibilities of the two tiers of Government.

Open days

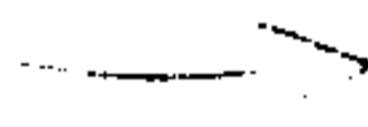
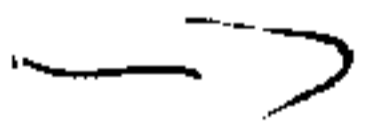
If such days are arranged by the medical superintendent to enable the public to visit Hospitals Institutions, any member of the public who wishes to attend is at liberty to do so.

I shall convey this procedure by letter to the chairmen of the respective health groups and the MECs charged with hospital services.

98) Hansard Q. 61.760-X
Tower Hospital: Fort Beaufort 762
5/5/82

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

- (1) Whether it is the policy of his Department to encourage public awareness of the work being done in the Tower Hospital at Fort Beaufort; if so,
- (2) whether this hospital has open days on which members of the public are welcome to visit the hospital; if so,



98 Hansard Q. 61.758 - (3/1/82)
Commitment of Miriam Hammond-Simon
88 Ngcobo to hospital 760
5/3/82

Mr. G. B. D. McINTOSH asked the
Minister of Health and Welfare:

- (1) Whether (a) Miriam Hammond and (b) Simon Ngcobo were committed to the Midlands Hospital; if so, (i) when, (ii) by whom were the committal papers signed and (iii) when were such papers completed;
- (2) whether they were examined prior to being committed, if so, (a) by whom, (b) on what grounds were they com-

759

WEDNESDAY, 5 MAY 1982

760

mitted and (c) at whose request were they examined;

- (3) whether they died while being patients at the Midlands Hospital; if so, when; if not, (a) where and (b) when did they die?

†The MINISTER OF HEALTH AND WELFARE:

(1) (a) and (b) Yes;

(i) 4 June 1981 and 19 September 1981 respectively;

(ii) in the case of Miriam Hammond, the application form (G2/1) was signed by an S.A.P. constable, the two medical certificates (G2/2) were signed by Dr. M. Moolley-Smith and Dr. F. H. Peer of the Dundee Provincial Hospital and the reception order was signed by Mr. G. D. Cason of the Magistrates Court, Dundee; and

in the case of Simon Ngcobo the application form (G2/1) was signed by his brother, Mr. Zwelihle Ngcobo, the two medical certificates (G2/2) were signed by Dr. K. M. Pillay and Dr. Kahn and the reception order was signed by Mr. P. A. van Aardt of the Magistrates Court, Port Shepstone;

(iii) 3 June 1981 and 18 September 1981 respectively;

(2) Yes;

(a) Miriam Hammond was examined by Dr. Moolley-Smith and Dr. Peer and Simon Ngcobo by Dr. Pillay and Dr. Kahn;

(b) it is not general practice or in keeping with medical ethics to make public the diagnosis for which the patient was admitted to hospital;

(c) the South African Police;

(3) Simon Ngcobo on 19 September 1981 in the Midlands Hospital;

(a) Miriam Hammond died in the Northdale Hospital;

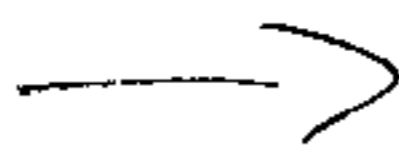
(b) 5 June 1981.

Mr. G. B. D. McINTOSH: Mr. Speaker, arising out of the reply of the hon. the Minister, would he, in view of the fact that both these people are dead, be prepared to give the grounds on which they were admitted to the hospital? I appreciate that if they were alive, it would be correct not to give those grounds.

The MINISTER: Mr. Speaker, the reply would have been the same whether those people were dead or not, because the question whether a person is dead or alive does not affect medical ethics when it comes to publicizing particulars concerning his condition. Those particulars are normally not made public and in this case it will not be done either.

Mr. G. B. D. McINTOSH: Mr. Speaker, further arising out of the hon. the Minister's reply, is he aware that the *post mortem* on Simon Ngcobo indicated that he had suffered injuries four days before he was admitted to the Midlands Hospital?

The MINISTER: Mr. Speaker, that does not concern my department. If there is a problem, the hon. member should take up with the S.A. Police.



Hospital

visits:

ARG 5
6/5/82
98

New rules

Political Correspondent
THE Minister of Health, Dr L A P A Munnik, has laid down procedures whereby MPs and MPCs must obtain permission to visit hospitals.

The opposition's chief spokesman on medical matters, Dr Marius Barnard, MP, today dismissed these procedures as "totally unnecessary."

Two Cape MPCs, Mrs Di Bishop (Gardens) and Mrs Molly Blackburn (Walmer), were recently refused permission to visit two mental institutions, the Tow Hospital at Fort Beaufort and the Komani Hospital, Queenstown.

Answering questions put to him in the Assembly by Dr Barnard, Dr Munnik confirm this.

CUSTOMARY

He said that if a mental hospital or institution was situated in an MP's constituency he could, by

prior arrangement with the medical superintendent, pay visits.

The residing MP may invite other MPs or MPCs to accompany him, but must inform the medical superintendent of his intentions.

If a mental hospital/institution is not in an MP's constituency, the customary practice is for the MP to request the Minister's agreement to such a visit.

It had to be realised that the residing MP had a direct responsibility to Parliament and the public for the mental hospital/institution in his constituency.

Other MPs also bore responsibilities in this regard and when this functional responsibility was carried out by such a member by way of a visit, it was not customary for him to be accompanied by persons outside Parliament.

Private hospitals used to 'test attitude of whites'

8 and with

PRIVATE hospitals are being used as guinea pigs to assess white attitudes to racial integration by allowing restricted opportunities to black nurses and patients.

This was claimed by Mr J Randall, president of the Association of Private Hospitals, who said such hospitals were being planned in areas such as Lenasia and Soweto. This was to make hospitals more convenient for black patients and visitors, he said.

But in most cases no sane entrepreneur would be willing to build a private hospital under existing medical tariffs with building costs soaring.

These were major factors against developing private hospitals, he said.

The State's attitude was also negative, he told a Johannesburg seminar on economic factors influencing the future supply of medicines in South Africa.

The State thought more private hospital beds would deprive provincial hospitals of nurses, and the critical nursing shortage worked against health services.

The cost of a modern hospital built to the February, 1980 regulations would be between R25 000 and R35 000 a bed, which means R5-7-million for a 200-bed hospital, he said.

Dr James Gilliland, deputy director-gen-

By DEBRA CLEVELAND

eral of health and welfare, said positive steps should be taken to benefit the community by providing services for the entire population at the lowest possible cost.

The parallel system of private and public health services would continue, he said, but he suggested a division as suggested by a National Health Plan — drawn up by the health matters advisory committee.

These would be a 350-bed local community hospital; an 800-bed regional hospital which would provide basic specialist services as well as the usual ones; and a 1 100-bed academic hospital which would provide sophisticated equipment and specialised personnel.

On price control on medicines, Mr E G de Beer, deputy director-general of industries, commerce and Tourism, said the pharmaceutical industry depended on imported raw materials to a large extent.

The cost of these raw materials were continuously subjected to increases by overseas suppliers.

The Government intervened in the economic system to provide the infrastructure for health and community services and in other essential areas, he said.

433658

Report
Annual Fosatu
1980/81

Year	Membership			Total
	African	Asian and Coloured	White	
1980				460
1979				445
1978				..
1977		30	347	377
1976		21	201	222
1975		26	305	331
1974		28	294	322
1973		98	320	418
1972				
1971				
1970				

JEWELLERS AND GOLDSMITHS UNION

78 98

Munnik defends State's role in the bulk tender purchasing of medicines

Post Correspondent
JOHANNESBURG — A secret war that has raged for the past two years between retail pharmacists and the State about "creeping socialism" in health services, and particularly the State's increasing "takeover" of the distribution of medicines, is now in the open.

In a controversial speech to the Pharmaceutical and Chemical Manufacturers' Association at the weekend, the Minister of Health, Dr Lapa Munnik, defended the State's growing role in the distribution of medicines, but denied that the Government had embarked on a programme of socialisation of health services. He also:

- Defended the Government's purchases of medicines on a tender system, despite the fact that pharmacists have claimed this

means private patients have to pay up to four times the price the Government pays for medicines.

- Attacked doctors for refusing to prescribe medicines by type rather than brand name.

- Rebuked manufacturers for their reluctance to make medicines similar to those of competitors once competitors' patents had expired.

- Defended Government regulations which force

doctors employed by the State to prescribe only those medicines included in a limited official list — usually only those medicines the State stocked.

That the State buys more than 60% by volume of all medicines sold in South Africa for distribution to its patients was a new fact of life that would simply have to be accepted by pharmacists and the pharmaceutical industry, Dr Munnik said.

But Dr Munnik denied the State was in the process of socialising the supply of medicine to the public.

"The Department of Health and the four Provincial Administrations are simply compelled by Acts of Parliament to render a health service to a large sector of the population.

"The tenderer has the right and privilege to determine at what price he wishes to supply his product to the State," said Dr

Munnik.

The report of a Government inquiry into the tender system had still to be tabled in Parliament but, he believed, it might solve some of the problems.

A secret survey commissioned by the Pharmacists' Association last year found that the major factor threatening the survival of family pharmacists was that the largest buyer and distributor of medicines — the State — buys its medicines by calling for tenders.

Pharmaceutical manufacturers competing for the State's massive orders were prepared to supply the State at cost or even below cost and then make their profits by forcing retail pharmacists and their private patients to pay up to four times the price for the same products.

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been established:

- National Federation of Workers
- Orange-Vaal General Workers Union
- General and Allied Workers Union

AGRICULTURE, FORESTRY AND FISHING

- Black Allied Workers Union
- Farmworkers Union
- Food and Canning Workers Union
- National Certified Fishing Officers Association
- Orange-Vaal General Workers Union
- Trawler and Line Fishermen's Union

MINING AND QUARRYING

- Amalgamated Engineering Union of S.A.
- Amalgamated Union of Building Trade Workers
- Amalgamated Society of Woodworkers of S.A.
- Black Allied Workers Union
- Black Mineworkers Union
- Federated Mining Explosives and Chemical Employees Union
- Iron Moulders Society of S.A.
- Mine Coloured Staff Association of South Africa
- Mine Surface Officials Association of South Africa
- Mine Workers Union
- S.A. Boilermakers, Iron and Steel Workers Shipbuilders and Welders Society
- S.A. Electrical Workers Association
- S.A. Engine Drivers, Firemen and Operators Association
- S.A. Technical Officials Association
- Underground Officials Association of S.A.

Hospital creche will help mum to visit

98
 staff
 10/5/82

By Pamela Kleinot
 The Johannesburg Hospital is to open a creche for toddlers whose mothers have to spend long hours with other of their children who are ill.
 This results from a survey of 40 mothers with children in hospital. They all said there was a need for such a facility.
 The survey was made by Mrs Jean Graham, a qualified nurse and nursery school teacher who is a final-year social work student at the hospital's Child, Adolescent and Family Unit.
 One mother said she

had to send her four-year-old son to relatives in Cape Town because she had nowhere to leave him when she visited another of her children who has leukemia.

contact was essential, and the Johannesburg Hospital allowed parents unrestricted visits to paediatric wards.
 "Separation from mothers can affect children adversely," she said.

AIM
 Other mothers said they were running out of people with whom they could leave their children while they visited others who were ill.
 "The aim of the creche is to meet the psychological needs of children in hospital who need their mothers," Mrs Graham said. Continual parental

VOLUNTEERS
 The hospital needs volunteers who can spend at least four hours a week helping at the creche, which will operate from 9 am to 5 pm.
 Volunteers will be given a short training course. Those interested should contact Mrs Graham at 786-9524, or Sister Poulter at 643-0111, ext 2302.

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- COMMER
- Black
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- S.A. E
- Steel,
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- S.A. C
- Port E
- CONSTRUCTION
- Johannesburg Municipal Water Work Mechanics Union
- General Workers Union
- Escom Workers Association
- Escom Salaried Staff Association
- Escom (Cape Western Undertaking) Salaried Staff Association
- Cape Town Gas Workers Union
- DIAMOND CUTTERS UNION OF SOUTH AFRICA
- Jewellers and Goldsmiths Union
- Optical Workers Union
- S.A. Association of Dental Mechanicians
- S.A. Diamond Workers Union
- ELECTRICITY, GAS AND WATER

- Amalgamated Society of Woodworkers
- Amalgamated Engineering Union of South Africa
- Amalgamated Union of Building Trade Workers
- Black Allied Workers Union
- Blankenbougwerkersakbond
- Building, Construction and Allied Workers Union
- Building Workers Union
- Electrical and Allied Trades Union of South Africa
- Electrical and Allied Workers Union of South Africa
- Engineering and Allied Workers Union
- Engineering Industrial Workers Union of South Africa
- General Workers Union
- Metal and Allied Workers Union
- National Union of Engineering, Industrial and Allied Workers
- Plumbers Employees Association

Claims in council: PFP attacks MEC

CAPL TIME 12/5/87

Membership: 196

Staff Reporter

Barlows
Stone Street & Hansen
Selchain
Craft Engineering
Vosa
Alusaf
McKennon Chairs

OPPOSITION whip Mr Frank van der Velde began yesterday's session of the Provincial Council by asking the house to find Mr P J Loubser, MEC in charge of hospital services, in breach of privilege.

Mr Loubser, Mr Van der Velde said, had either been "grossly careless" or had "deliberately misled" the House in the previous sitting by saying Groote Schuur Hospital, the Provincial Hospital and Livingstone Hospital in Port Elizabeth all had special psychiatric emergency units attached to their casualty departments which were available for the detoxification of alcoholics. Mr Di Bishop, PFP Gardens, had raised the issue during a debate last August and Mr Loubser had told her he would give a full account of such facilities at the hospitals the next session. Mr Loubser, therefore, had had seven months in which to verify his facts, Mr Van der Velde said.

Recognition:
Registration:
Founded: 197

Area of Operat
Officials: Secr
Address: 1 Ce
Durb
4001

Tribute to Argus

Staff Reporter

(031) 69215

THE Provincial Council yesterday congratulated the Argus on 125 years of unbroken news coverage, and expressed the hope that its high tradition would continue.

The motion was introduced by Dr J T Sonnenberg, MPC for Green Point, and unanimously accepted by the House.

Dr Sonnenberg said the Argus had faithfully reflected the Cape scene since its first edition appeared in January, 1857. It had had its failings, but had at all times tried to keep up its standard of excellence and reliability.

Mr P J Loubser, MEC, said: "This side of the House associates itself wholeheartedly with the Honourable Member's motion of congratulations to the Argus on its achievement."

The hard-won struggle for the freedom of the press was something precious in any democratic community, he said. And it was in this spirit that the Nationalist members associated themselves with the motion, although the Argus had definitely not been known for the zeal with which it supported the Nationalist members or the standpoint they represented.

Visit
However, during a recent visit to Livingstone Hospital, Mrs Bishop had discovered there were no detoxification facilities at the hospital.

Mr Loubser denied he was in breach of privilege. "I made a mistake saying there was a psychiatric unit at Livingstone Hospital," he said.

He said what he thought Mrs Bishop was interested in was whether people in need of such care (as detoxification) were being given it. Of this he had assured her.

Mr J B de R van Gend, PFP Constantia, said Mr Loubser admitted "he made a mistake when he said there was such a unit (for the detoxification of alcoholics) at Livingstone Hospital but our information goes further.

"There is not even a psychiatric unit at Livingstone Hospital. He misled the house by saying there was psychiatric treatment in a specialized form."

Dr J T Sonnenberg, MPC for Green Point, said that according to his information there was not even a psychiatric-trained nurse at the hospital.

The chairman of the House, Dr J J de Jager, said he withheld a ruling on whether or not there was a *prima facie* case for breach of privilege against Mr Loubser till the finding of a select committee on a similar motion was available.

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Fosatu Annual Report Nov. 1980/81

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6 700	*
3 900	*
3 900	+
Total	

Hospital in PE: MEC admits 'fault'

ARGUS 12/5/82 98

Provincial Staff

THE MEC in charge of hospital services, Mr Piet Loubser, told the Provincial Council yesterday he made "a fault" in stating in March that there was a "special psychiatric emergency unit" at Port Elizabeth's Livingstone Hospital.

Mr Loubser was responding to a motion on a breach of privilege, introduced by the Opposition whip, Mr Frank van der Velde (PFP, Pine-lands).

Mr van der Velde quoted from the Hansard of a debate in the Provincial Council on March 4. Mr Loubser then said: "At the Groote Schuur Hospital, the Provincial

Hospital and Livingstone Hospital, Port Elizabeth, special psychiatric emergency units exist which are attached to casualty departments and which offer multi-disciplinary services for the detoxification of alcoholics."

Mr van der Velde said Mrs Molly Blackburn (PFP, Walmer) and Mrs Di Bishop (PFP, Gardens) had visited Livingstone Hospital. The Medical Superintendent there denied that any special psychiatric unit existed.

He contended that Mr Loubser had misled the council.

In reply, Mr Loubser said: "I made a fault. At Livingstone Hospital there is not a special unit."

Mr Loubser said the information had not been

given in bad faith. "I have nothing to hide or for which to apologise."

Dr John Sonnenberg (PFP, Green Point) said the Provincial Council should be able to accept readily the correctness of a prepared statement from a MEC.

Mr H J Kriel, MEC, said the crux of the matter was that there was no deliberate misleading of the council. There was no ground for a motion on breach of privilege.

The chairman, Dr J J de Jager, reserved his decision, pending the report of a select committee of the council on a similar motion of breach of privilege.

The "similar motion" concerns Mrs Di Bishop.

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Steel,
Transva
United African Motor and Allied Workers Union

Base Metal Industries and Manufacture of Fabricated Metal Products
Machinery and Equipment

Black Allied Workers Union
Cape Explosives Industrial Workers Union
Chemical and Allied Workers Union
Chemical Workers Industrial Union
Chemical Workers Union
Durban Rubber Industrial Union
Engineering and Allied Workers Union
Engineering Industrial Workers Union of S.A.
Federated Mining, Explosives and Chemical Employees Union
Industrial Salaried Staff Association
General Workers Union
Metal and Allied Workers Union
National Union of Engineering, Industrial & Allied Workers
National Union of Motor Assembly & Rubber Workers of South Africa
S.A. Chemical Workers Union
South African Allied Workers Union (SAAWU)
Steel, Engineering and Allied Workers Union
Umbogintwini Industrial Workers Union
Weskaapse Plofstof & Chemiese Operateursvakbond

Non-Metallic Mineral Products

Building, Construction and Allied Workers Union

Glass & Allied Workers Union

Glass Workers Union

National Cement Employees Union

National Union of Brick and Allied Workers

Transport & General Workers Union

Chemical & Chemical Products, Coal, Rubber & Plastic Products

BLACK HOSPITALS ⁽⁹⁸⁾ Better treatment

FM 14/5/82

Blacks and Indians can look forward to better treatment. They will soon get four new private hospitals and a further six are being planned. First on stream will be a R3m Lenasia hospital with 72 beds, which will be ready by November 1983.

The project was initiated by Lenmed Investments, whose 61 shareholders come mainly from the Indian medical profession. Lenmed director Dr Rashid Salojee says the scheme could be financed entirely by community shareholders, but funds may also come from pension companies and other institutions.

A Pretoria West hospital will be built near the Kalafong black provincial hospital. It will initially hold 150 beds. Initial costs will be R5m - R6m, but it may be enlarged later. Funds will come from three unnamed financial groups.

In Korsten, Port Elizabeth, a group of investors has bought a former warehouse

which will be renovated and equipped at the cost of R2m to hold 70 beds. There are now 49 shareholders but more are being sought.

A doctor involved in a Soweto hospital project says there are financial problems and it is still too early to discuss the undertaking. It is believed that Clinic Holdings, whose hospitals include Milpark, Park Lane, Rosebank and Rand clinics, is behind the scheme.

Plans for a Laudium private hospital have been temporarily shelved with the completion of a R12m provincial hospital in the area. But two others are being planned for the Natal north coast.

"Private hospital occupancy has improved to the extent that, for the first time since 1970, reasonable returns may be made on capital invested," says John Randall, president of the Representative Association of Private Hospitals. "State departments are getting less and less money. And capital projects are likely to be delayed for years, leaving a void for the private sector to fill."

He says it now costs about R6m to build a 200-bed hospital and R25 000 for each additional bed.

The image of private hospitals became somewhat tarnished during the Seventies when inexperienced operators entered the field only to burn their fingers.

A commission of inquiry consequently recommended strict control and that the State provide health care wherever possible.

Existing private hospitals are now thinking of expanding. Their provincial counterparts, short of funds and nurses, are turning away cases.

Although the private sector is being encouraged to invest in health services once more, hospitals remain a risky undertaking. Private hospital companies are currently making little more than 8% profit after tax.

Private hospitals break even at 55% - 60% occupancy and 80% is generally the

maximum because of restrictions on mixing the sexes, races and ages. Also, the average length of stay has dropped - from nine days to four in the past 15 years.

About 80% of patients in private hospitals are on medical aid and fees are paid in arrears. Increases are opposed on principle resulting in bed tariffs which are now allegedly below cost. Profits tend to come from the dispensary.

"Government allows private hospitals to employ black nurses and to admit black patients, possibly using them as guinea pigs to assess white attitudes towards integration," says Randall.

348 (98) 95 Hansard Q. 61. 847
Tembisa - 848
18/5/82
600. Mr. B. B. GOODALL asked the
Minister of Health and Welfare:

- (1) Whether there are any clinics in Tembisa; if so, how many;
- (2) whether there are any (a) doctors, (b) community health workers, (c) social welfare workers and (d) nurses in Tembisa; if so, how many in each category?

18 MAY 1982

848

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
3 full-time clinics and 3 part-time satellite clinics;
- (2) yes;
 - (a) 1 part-time Medical Officer of Health, 2 part-time Clinical Medical Officers, and 1 full-time Tuberculosis Medical Officer;
 - (b) 5 Community Health Nurses, 1 Health Educator, and 3 Health Inspectors (4 posts, 1 vacant);
 - (c) 4, employed by East Rand Administration Board (12 posts, 8 vacant);
 - (d) 19 registered Nurses and Midwives for general clinical work, 1 Sister—family planning, 1 Sister—geriatric services, and 3 Psychiatric Nurses.



The trend to the socialisation of medicine is continuing in South Africa according to Mr John Toerien, director of Northern Transvaal Chamber of Industries.

This, he says, is bringing about a total distortion in the market place and placing an unnecessary burden on the State and taxpayer. It is also discouraging the natural development of the pharmaceutical manufacturing industry.

Mr Toerien said an estimated 65 percent of manufacturers' sales were directed through the State.

He added that about 55 percent of the medical profession and 70 percent of nurses were already employed by the State and, according to the present trend, these employment figures by the State could dramatically increase.

"There seems to be a very close correlation of volume of medicine sup-

Star 21/5/82 Taxpayer hit by socialised medicine

plied to the State and professional engagement of staff — a remarkably high figure within the philosophy of the free enterprise system," he said.

Mr Toerien said the pharmaceutical manufacturing industry was the most investigated industry in South Africa and none of the investigations carried out had found evidence of the industry "abusing its position in the market place."

Mr Toerien said there was nothing illegal or immoral in providing health services at a profit to the entrepreneur.

Referring to an accusation that the private sector was

now subsidising the price of medicines to the State, he said the prices became so uneconomic that the private sector withdrew from manufacturing and promoted generic prescribing and generic dispensing.

Medicine is bought by the State through the tender system, with price the determining factor.

Mr Toerien said he did not think the present system of medical care in South Africa would be able to meet future needs. It was therefore time to pursue actively a policy of returning health care, including medicine supply, to the private sector.

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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Candidates' Initials		

All answers

Number
Number

Surname

First Name

Date

Degree you are

Subject (to be)

Paper No. 2
(to be copied from the heading on the Examination Paper)

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

The case of KwaZulu

KwaZulu's health problems are identical to those you would expect to find in any Third World country. "You have an abundance of problems and scarcity of resources." So says KwaZulu Health and Welfare Minister Dr Dennis Madide.

There is indeed an abundance of problems. The homeland's 3,5m people are served by about only 200 doctors, some of whom are in private practice, and the health department has 70 vacancies. The doctor patient ratio is 1:17 500.

The situation as it exists in KwaZulu today is a microcosm of the general rural SA picture. KwaZulu has, after all, not opted for independence and is still part of SA. But since Madide's department was established in 1977, responsibility for the health care system has gradually been transferred to KwaZulu.

In an interview with the FM in Ulundi last week, Madide said the transfer process had been completed. Twenty-eight hospitals, many of them formerly mission-run, now fall under the department and Madide said KwaZulu is considering taking over or running on an agency basis a number of hospitals in white areas which serve KwaZulu citizens.

The department's budget for the 1981 - 82 financial year was R110,4m out of KwaZulu's total budget of R324m. This year's budget is R129,3m. Pensions, however, take up at least 50% of this amount.

KwaZulu's major health problems are infectious and parasitic diseases (TB, bilhazia, malaria, typhoid, cholera, measles, infantile gastro-enteritis), diseases of malnutrition, complications of pregnancy and childbirth, and dental decay.

The shortage of qualified medical personnel — not only doctors but *all* categories of para-medics and dentists — create obvious problems in the health service. The only workers in adequate supply are nurses.

These considerations, as well as widespread poverty, some resettled populations and enormous transport and communication problems, mean that KwaZulu faces tremendous obstacles in providing a health service for all.

"The aim of our comprehensive health care scheme is not just to concentrate on curative services but also to promote prevention and rehabilitation," said Madide. People must be educated to change their attitude towards health and the health service. The authorities, on the other hand, must aim at providing primary health care for all.

To achieve this aim, KwaZulu policy is that each hospital superintendent is made responsible for a geographical district. Bud-

getary allocations to hospitals depend on services offered and the number of clinics operated.

Clinics staffed by qualified sisters have been established in outlying areas to cater for the many people who cannot easily reach hospitals. Hospitals also operate mobile clinics, regularly sending nurses and sometimes a doctor out in vans loaded with a supply of drugs to specific places. If the clinic cannot handle the problem, patients are transferred to hospital.

KwaZulu has 135 permanent clinic buildings. Madide estimates that 350 are needed if the department is to fulfil its aim of providing a clinic within walking distance of all. It would take 20 years to reach that figure, he said, by which time the population would have grown and more would be required. "Unless we get a drastic increase in funding we are never going to catch up," he commented.

Nurses play a vital role in the health care scheme, and the emphasis is on hospitals providing them with in-service training in primary health care. Training at present, however, is not standardised. Some 80 nurses have received only one month's training while about 30 have completed a one-year course.

"We are going to live with a doctor shortage for a long time in KwaZulu and nurses are going to take tremendous responsibility," said Madide.

In the long periods between clinics when there are no qualified personnel to serve

the health needs of the people, the homeland's very few community health workers have an important role to play. They are individuals recruited from the community for training in basic health care and the link between the people and the clinic.

"It's early days yet to say how much impact these workers have had," said Madide "but a positive sign is that attendances at clinics have improved."

Manguzi Hospital, situated in northern KwaZulu 14km from the Mozambique border, is a former Methodist mission hospital which was taken over by the KwaZulu government in October last year.

The hospital, which had a budget of R11m in the 1981-82 financial year, has 240 beds and runs 26 clinics — both permanent and mobile — serving 30 000 people living in the 110 km² area around it.

"Basically, life hasn't changed very much since the KwaZulu takeover; our methods of administration have just changed," says superintendent Dr Det Prozesky. He regards the new red tape involved as "necessary." But one unfortunate result of the take-over has been that the future of the hospital's plane, piloted by Manguzi's maintenance officer, is in doubt because of lack of finances. The KwaZulu government has agreed that the plane can be used to transport emergency cases and in situations when it is necessary for the maintenance of the hospital, but will not subsidise it fully.

This has created problems for Manguzi, the most isolated hospital in SA. The plane was previously used to help overcome the problems of communication and supply from the outside world. Prozesky estimates that if a sponsor could be found to finance flying time and pay for the plane's upkeep the hospital would benefit greatly. About R150/month is needed.

The other major problem is that communication with the clinics is almost non-existent between visits. The installation of radios at the 10 permanent clinics would solve this but the hospital does not have the necessary R10 000.

As far as the future is concerned, Madide is pessimistic: "Improvement in the health status of the people is dependent on improvement in the quality of life. The position in KwaZulu now is quite grim. We are trying our best to cope with it but the problem is money. I foresee that the health budget is going to decrease relative to the other needs of the area. We need to increase the number of doctors and need a lot of money pumped in for bursaries and, of course, more space at medical schools."

The picture is one of uphill struggle by all concerned.



KwaZulu clinic ... problems overwhelming resources

Sector	Percentage
Johannesburg—Cape Town— Johannesburg	64,4
Johannesburg—Durban— Johannesburg	66,8

Handwritten: 34 Howard Q. Col. 867 19/5/82
639. Mr. R. A. F. SWART asked the Minister of Law and Order:

How many persons were found in 1981 to be in possession of fire-arms for which they did not have licences?

The MINISTER OF LAW AND ORDER:

3 805 persons.

Gifted White child

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

(1) Whether his Department (a) recognizes and (b) subsidizes organizations offering educational facilities for the gifted White child; if so, (i) how many such organizations are there in the Republic, (ii) where are they situated, (iii) how many children do they cater for in each case and (iv) what amount is allocated for each child; if not,

(2) whether gifted White children are catered for in the Republic; if so, what procedure is followed in this regard?

The MINISTER OF NATIONAL EDUCATION:

(1) (a) and (b) The Department of National Education is conscious of the fact that certain private organizations offer extra-curricular programmes for gifted pupils, but it is not known how many organizations or children are involved. One organization had applied for financial assistance to attend the World Conference on Gifted Children in London in Septem-

ber 1975, but funds for this purpose were not available. So far, no other organization have applied to the Department for financial assistance or for official recognition.

(2) Gifted White pupils are being provided for in two ways: First by enriching the prescribed syllabuses in the primary standards, by presenting secondary subjects in the higher grade and by allowing the pupils to take more than six subjects for their senior certificate course; and secondly, by offering special programmes for gifted pupils during or after school hours. During 1981, some of the provincial education departments commenced with such programmes and it is expected that other education departments will follow their example in due course.

Gifted White child

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

Whether any specialist courses providing for the education of the gifted White child are available for teachers trained at universities and colleges falling under his Department; if so, (a) what courses and (b) at which (i) universities and (ii) colleges?

The MINISTER OF NATIONAL EDUCATION:

Attention is being given to the education of gifted pupils in the general training courses for teachers, but specialized courses are not being offered. Consideration is, however, being given to the establishment of such courses at training institutions. The University of Port Elizabeth has included a module on the education of gifted children in the training courses for teachers for primary and secondary schools, at the beginning of 1981.

The Department of National Education requested the Human Sciences Research Council at the beginning of 1982 to invest-

investigate the whole matter relating to the education of gifted pupils, including the training of teachers, in its entirety with a view to formulating a comprehensive policy in this regard.

Handwritten: 3 General Q. Col. 869 Agricultural Credit Board 19/5/82
656. Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

What amount was allocated by the Agricultural Credit Board over the latest specified period of two years for which figures are available, in respect of (a) housing for, (b) the electrification of houses for, and (c) the provision of water for domestic consumption by farm employees?

The MINISTER OF AGRICULTURE AND FISHERIES:

(a) R9 818 776 (1980-'81 and 1981-'82)

(b) R 263 425 (1980-'81 and 1981-'82)

(c) R 560 745 (1980-'81 and 1981-'82)

Handwritten: 3 What Howard Q. Col. 869 - Beef 21/5/82
683. Mr. R. W. HARDINGHAM asked the Minister of Agriculture and Fisheries:

(a) What quantity of beef was imported into the Republic in each of the latest specified three years for which figures are available, (b) through which ports was the beef imported, (c) what was the country of origin in each case and (d) at what average price was the beef landed in the Republic in each such year?

The MINISTER OF AGRICULTURE AND FISHERIES:

(a) 1979—None.
1980—1 460 tons.
1981—399 tons.

(b) Table Bay and Durban.

(c) Australia in both instances.

(d) The weighted average c.i.f. price in both years was 166c/kg (processing grade).

FRIDAY, 21 MAY 1982

X Indicates translated version.

X For oral reply: *Handwritten:* 98 Howard Q. Col. 870
Citizens of national states: access to health facilities in Republic 21/5/82

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

(1) Whether citizens of (a) Bophuthatswana, (b) Venda, (c) Transkei and (d) Ciskei are allowed free access to (i) hospitals, (ii) clinics and (iii) any other health facilities within the Republic of South Africa; if not.

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

†The MINISTER OF HEALTH AND WELFARE:

(1) Yes. (2) no.

Citizens of foreign countries: access to medical facilities in Republic

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

(1) Whether citizens of foreign countries other than the independent Black states are allowed access to medical facilities in the Republic of South Africa; if so, what was the cost to the State in respect of such citizens in 1981; if not,

(2) whether such citizens were allowed access to these facilities in the past; if so.

(3) whether such access was withdrawn; if so, (a) when and (b) why?

The MINISTER OF HEALTH AND
WELFARE:

- (1) Yes; full details of the cost are given in Annexure 42 of the Annual Report for 1981 of the Department of Health and Welfare;
- (2) and (3) fall away. ✓

21/5/82
98

Natal: resettlement areas 21/5/82

654. Mr. R. A. F. SWART asked the Minister of Co-operation and Development:

- (1) In which compensatory resettlement areas to which Black communities in Natal were moved over the past five years (a)(i) had clinics been established prior to, and (ii) were clinics established subsequent to, such communities being resettled there and (b) have no clinics been established to date;
- (2) whether clinics are planned for any of these areas for the next five years; if so, (a) for which areas and (b) how many clinics are planned for each such area?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1) (a) (i) Compensation—One clinic
Ntambanana—Three clinics.
(ii) Oliviershoek—One clinic
and one mobile unit with
five visiting points.
(b) None—Falls away.

- (2) (a) and (b) The provision and erection of clinics depends on the population density. The population density at Compensation does not justify the erection of a second clinic at this stage.

A fourth clinic is planned for the Ntambanana area at a later stage.

The erection of another clinic at Oliviershoek is presently being investigated.



UNIVERSITY OF CAPE TOWN EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

Private hospitals 'not so profitable'

98
Star
2/5/82

By Pamela Kleinot,
Medical Reporter

Private hospitals make poor profits in terms of the economic climate, says Mr John Randall, president of the Representative Association of Private Hospitals.

"No new private hospitals have been built since the early 1970s, hardly a sign of good profits," he commented.

Mr Randall said private hospitals operated under stringent legislation and heavy competition from provincial hospitals.

His other complaints included "tariff imbalance," arrears in medical aid payments, and day clinics and unattached operating theatres taking away business.

Mr Randall was speaking on "The Role

The role of private hospitals was one of the topics discussed at a recent seminar on "Economic factors influencing the future supply of medicine in South Africa."

of Private Hospitals in the Health Care System."

Private hospitals had a distorted image, Mr Randall said, because they were alleged to be profit-oriented, that they took only profitable cases, charged more than provincial hospitals, fragmented those charges compared with the province's all-inclusive fee, provided no training and enticed provincial staff away from their hospitals.

"Is that the truth?" he asked.

Mr Randall said that from 1970 to 1980 was

a depressing time for private hospitals and "unwarranted stories of superprofits" led many inexperienced entrepreneurs into the field where they promptly burnt their fingers.

Mr Randall said that with a reduction in funds allied to a nursing shortage, provincial hospitals were being forced to turn away private or medical aid cases, and for the first time since 1970 private hospital bed occupancy had improved. This resulted in reasonable returns on capital invested.

Commenting on government regulations in Western countries resulting in "greater socialisation" of health care, he said: "In South Africa it appears that the private sector will be tolerated, if not encouraged, and may expand by default as the State finds it increasingly difficult to provide the services.

"But it would help if legislation were made less restrictive."

The State would never be able to provide enough beds for blacks and the private sector should be given some incentive to encourage it to step into the breach.

"Our greatest wish at the moment is to have some influence on the planning process," Mr Randall said.

External

(3)

TRUST LIQUIDATORS

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

No jabs attached in R3 cholera deal

S. Times 23/5/82

By MIKE HEWITT

A DISTRICT surgeon's office has issued some travellers with cholera certificates at a charge of R3 each — without giving them the vaccination.

The incident happened recently at the district surgeon's office in Cape Town, where 8 000 people went for cholera inoculations last year.

Now the city's district surgeon, Dr I J Coetzee, has given an assurance that it will not happen again.

The Opposition spokesman on health, Dr Marius Barnard, said the allegations were so serious that an immediate investigation was called for.

"The International Health Certificate is accepted by countries around the world as evidence that the traveller has received the vaccinations stated on it," he said.

There have been 100 deaths from cholera and 10 000 proven cases of the disease in South Africa.

During a week in March, four people had their health documents stamped in Cape Town without receiving the injection, although they paid the standard R3 fee.

One person was not even

present when a sister at the district surgeon's office stamped her book

I was one of those who paid without receiving the injection, before travelling to Swaziland — one of the Southern African countries which requires a valid cholera certificate.

When I visited the district surgeon's office for my vaccination, a nursing sister said it was not necessary to receive the cholera shot as it gave inadequate protection.

A person could also become a carrier without realising it, and it was, therefore, better not to have the injection, she claimed.

If a person did contract cholera, she advised immediate hospitalisation, where the victim would be cured within three days.

I accepted this advice and had my international health document stamped to say that I had received a 1-ml dose of vaccine.

The nurse also gave me a stamped certificate for a friend travelling with me.

A few days before, another couple received the certificate without vaccination.

When I first approached Dr Coetzee for comment, he said he could not believe it.

"We always treat people

according to the rules of the World Health Organisation," he said.

When I told him I was one of those not vaccinated, he said: "Then, I do not want to give an opinion — the sister obviously expressed herself wrongly."

Later, after further investigation, I again approached Dr Coetzee, who said the Regional Director of State Health Services, Dr N J le Roux, should be approached.

However, Dr Coetzee said he had investigated the matter and gave the assurance it would never happen again.

Dr le Roux could not be traced for comment.

guess who got a r



Who else Senior Citizer

They've just received their Trustbou payment we've made from our surplus pro investors.

You see, Trustbou is the building Senior Citizens. We pay them top interest r profits are good. And if they have R10 000 c can choose to have their interest paid mont

If you're over 60, you could be ju

Trustbou's Senior Citizer

Mushrooms - the slimmers' friend

Cape hospital costs up R49-m

ARGUS
27/5/82

98

Argus Correspondent

PRETORIA — Alice was on the verge of giving up when she found a mushroom in Winkler's and grey weather experiments show that mushrooms are slimmers' friend.

So if you can't force another grape or grapefruit down and you don't believe plump is pretty, try a mushroom.

That mushrooms act as an appetite suppressant was discovered accidentally during experiments to determine the protein value of dehydrated mushrooms.

RATS FED

When rats were fed mushrooms with other food, they turned their noses up at most of the food.

Scientists at the National Food Research Institute at the CSIR in Pretoria soon narrowed the cause down to the inclusion of mushrooms in the diet and discovered some interesting things about the sanophyte.

Cooked or raw mushrooms when dehydrated are extremely water absorbent and swell to fill the stomach.

As well as feeling you have had enough to eat after a helping of mushrooms, you can feel secure in the knowledge that at least 30 percent will not be digested and retained in the body.

Dr J Dreyer head of the biological evaluation division at the NFRI, says he suspects mushrooms remain in the stomach longer than most foods, thus staving off hunger pangs.

However, mushrooms are the slimmer's friend when they have been dehydrated.

RED BACKING

TOKYO — The Chinese Foreign Minister, Huang Hua, said in Peking yesterday that China continued to support African countries in their struggle toward "liberation and economic development," the official Xinhua news agency reported. — Sapa-

Provincial Staff

THE RUNNING of provincial hospitals in the Cape this year will cost R422-million compared with R373-million last year, with the daily cost of a hospital bed rising to almost R72 at teaching hospitals.

The increase of R49-million, or 13 percent, includes administrative costs of provincial hospitals, staff salaries, store and working costs of the hospitals and their associated services, such as laboratories, maternity units and nursing colleges.

Answering questions by Dr John Sonnenberg (PFP, Green Point) in the Provincial Council, Mr Piet Loubser, MEC in charge of hospital services, gave the average daily cost of hospital beds at April 1 this year throughout the Cape

FIGURES

The figures are: Grootte Schuur R71.51; Tygerberg R71.92; Somerset R46.76; Woodstock R23.41; Red Cross R62.43; Victoria (Wynberg) R45.58; False Bay (Fish Hook) R33.57; Provincial Hospital (Port Elizabeth) R47.85; Livingstone R29.91; Frere (East

London) R31.74 and King George R32.58.

Budget figures for 1982-83 show that the province will spend R188.7-million on teaching hospitals this year, compared with R165-million last year.

Figures for the regional services (with last year's running costs in brackets) are: Western Cape R94.6-million (R83.7-million); Eastern Cape R81-million (R71.8-million); Border R33-million (R29.9-million) and Northern Cape R24.9-million (R22.1-million).

BUDGET

Budget votes set aside R125-million for the teaching hospitals — R68-million for the Grootte Schuur group and R57-million for the Tygerberg group.

The Grootte Schuur group includes the Carinus Nursing College, the Nowbray and Peninsula maternity hospitals, the Aviation Treatment Centre, the Red Cross Hospital and the Nico Malan Nursing College.

The Tygerberg group includes the Otto du Plessis and Sarleh Dollie nursing colleges and a district midwifery service.

See page 25.

Vaal take four title

Alan Simmonds

Argus Bridge Correspondent

VAN DER BIJLPARK. — Transvaal retained the South African title when they comprehensively won an 80-board final by 261-89 at the South African sponsored bridge congress at the Holiday Inn here last night.

They were always in command against a Durban/Johannesburg side of Petra Mansell, Cris Gower and Judy and Hymie Osie who saw their hopes dashed as aggressive bidding and superb card play by the champions offered them little respite.

It was in the third set of 16 boards that the score soared from a difference of two points to 63.

In the next 16 boards Eber added another 60 to put the issue beyond doubt.

The final of the Congress Trophy was a down affair with the original No 1 seeds for the whole tournament — Marta Novic, Marsden Kaye, Giodman, Cone and Mervis—enjoying a comfortable passage through against the Por Elzabeth/Durban side of Strelitz, Anderson, Hill and Linder by 208-123.

The finals of the SABC Plate went to Nestoridis, who overcame a 32-point deficit in the last 16 boards to snatch a dramatic tie with Smolian, Smith, Maydeski, Williams and Copeling on 114 each before winning 127-119 after an extra eight boards.

'Discrimination' in US - SA doctor sues

Argus Bureau

NEW YORK. — A South African doctor, a member of Michael de Bakey world famous heart surgery team in Houston, Texas, has charged in a law suit he was discriminated against because he is Jewish.

Dr Stuart Linde and another anaesthetist at the Baylor College of Medicine, where Professor de Bakey is chancel-

they earn about R100,000. The college is also paid.

Dr Linde said yesterday he and a colleague had brought the suit "merely as an effort to get compensation. There is a principle involved."

He said he had not been discriminated against in America because he was Jewish — except for the Saudi programme.

for ourselves but also for others who have been affected."

Dr Linde moved to America three years ago. He came, he said, "to get a broader education, to see America, to travel." He was emphatic he had not left for political reasons.

"South Africans need to hear that someone has found there was a

ARGUS
28/5/82 98

Private hospital fees to rise again

Argus Correspondent

PRETORIA. — Private hospital fees are to be increased—for the second time this year.

From June 1, fees at private hospitals will be increased by an average of 8,25 percent. Fees were last increased at the beginning of April.

The April increases were granted by the Registrar of Medical Schemes to compensate private hospitals for general cost increases.

The latest price hike is to allow them to match State and provincial salaries paid to nurses following recently announced pay increases.

In terms of a notice in today's Government Gazette, the increases will mean patients will have to pay an extra R3 a day for a ward in a private hospital with less than 70 beds.

BIGGER

Ward fees for bigger hospitals will increase by R3,50 a day

Theatre fees for in-patients will rise by R5 and R5,50 respectively for the first 15 minutes, with

further increases for each additional 15 minutes.

Intensive care units will cost an extra R7 in the smaller hospitals, and R7,50 in larger hospitals, excluding the use of certain respirators, the cost of oxygen and consumable materials.

Post operative high care ward fees will increase by R4,50 a day and R5 a day respectively.

DISCOUNT

The increases will mean that ward fees at smaller hospitals will range from R37,50 a day for a bed in a general ward to R61, less a discount of 10 percent, for private wards prescribed for medical reasons.

Theatre fees at these hospitals will be R23 for the first 15 minutes for out-patients, and R66,50 for in-patients for the same period.

Intensive care units will cost R89 a day, and post operative high-care wards R59,50 a day.

In the larger hospitals bed costs will range from R43 a day in a general ward to R66,50 less 10 percent, for private wards prescribed for medical reasons.

Plans ^{(98) Mercury} to improve all Natal hospitals at cost of R386,5 m

He was confident that the new salary scales for nurses, due to come into effect in October, would not only improve morale in the service but would draw back former nurses to the profession.

Replying to the budget debate, he said there were staff shortages at every level in the hospitals division at a time of an increasing number of aged and black patients.

Students who left Natal to study medicine in the Cape or Transvaal rarely returned to the province.

Geriatric

Dr Clarke said Natal would continue to employ black nurses where there were shortages but the NRP believed patients should be nursed by people of the same race group.

The increased life span of the elderly was leading to more aged patients in Natal hospitals. For this reason, geriatric sections would be opened at most provincial hospitals.

St Anne's Hospital in Pietermaritzburg would become a geriatric hospital when the new Grey's hospital opened.

Natal had become the first province to offer training in geriatric nursing.

Political Reporter

PLANS were on the drawing boards for improvements at every one of Natal's 22 provincial hospitals at a cost of R386,5 million, Dr Fred Clarke, MEC in charge of hospitals, said yesterday.

He told the Provincial Council that the hospitals division was happy with the R22,5 million allocated for improvements in the current financial year. On the estimates for future improvements was an amount of R200 million for the restructuring of King Edward VIII hospital in Durban and R50 million for Phoenix hospital.

The principle of setting up a medical faculty at the University of Durban-Westville had been established but the New Republic Party could not support ethnic tertiary education.

It was decided at a meeting with two Cabinet ministers two weeks ago that the Province and the two Government departments would undertake 'an urgent re-appraisal of the whole matter, including a teaching hospital and a medical school'.

Dr Clarke said Natal's nursing shortage was worse than it appeared because most hospitals needed more nursing

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This guidance is essentially twofold: first, the provision of a scientific foundation and the formulation of policy at all levels, even those of technology and techniques, which in modern times have also penetrated the higher education forms an integrated whole. As the university by virtue of its character pursues knowledge and science and has to render service to all who have functions of an intellectual nature, it is essential that all other forms of tertiary education should turn to the universities for guidance, especially since all

The University as the Leader in Education at the Tertiary Level

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29/5/82 Star 98

Hospital costs up, but aid fees stay

Medical aid subscriptions are unlikely to rise because of the new increase in private hospital fees.

Mr John Ernstzen of the Representative Association of Medical Aid Schemes (Rams) said yesterday that most members would be able to absorb the increases.

It was announced in the Government Gazette yesterday that fees at private hospitals

will rise by an average of 8.25 percent from June 1. The last increase was in April.

The increases mean that ward fees in smaller hospitals will range from R37,50 a day for a bed in a general ward, to R61 — less 10 percent for private wards prescribed for medical reasons.

Theatre fees at these hospitals will be R26 for the first 15 minutes for out-patients, and R66,50 for in-patients.

Intensive care units will cost R89 a day, and post-operative high care wards R59,50 a day.

In larger hospitals, bed costs will range from R43 a day in a general ward, to R66,50 (less 10 percent) for private wards prescribed for medical reasons.

Theatre fees will cost R28 for the first 15 minutes for out-patients, and R73 for in-patients.

Private hospitals put up their fees

98 Mercury 29/5/82

Mercury Reporter
PRIVATE hospital fees are to be increased by an average of 8.25 percent from Tuesday.

A spokesman for St Augustine's Hospital in Durban said yesterday the price of a private ward had gone up from R61,50 to R66,50. Theatre fees had increased from R67,50 to R73 for the first 15 minutes.

'The increases are to help us keep abreast with rising costs and with staff salary increases,' the spokesman said.

The increases appeared in yesterday's Government Gazette.

According to the Gazette, ward fees in smaller hospitals would range from R37,50 a day for a bed in a general ward to R61.

In the larger hospitals bed costs would range from R43 a day in a general ward to R66,50.

This is the second increase this year. The April increases were granted by the Registrar of Medical Schemes to compensate private hospitals for cost increases and to allow them to match State and provincial salaries.

Other	
Diamond Cutters Union of South Africa	Jewellers and Goldsmiths Union
Optical Workers Union	S.A. Association of Dental Mechanicians
S.A. Diamond Workers Union	
ELECTRICITY, GAS AND WATER	
Cape Town Gas Workers Union	Escom (Cape Western Undertaking) Salaried Staff Association
Escom Salaried Staff Association	Escom Workers Association
General Workers Union	Johannesburg Municipal Water Work Mechanics Union
CONSTRUCTION	
Amalgamated Society of Woodworkers	Amalgamated Engineering Union of South Africa
Amalgamated Union of Building Trade Workers	Black Allied Workers Union
Blankenbouverkersakbond	Building, Construction and Allied Workers Union
Building Workers Union	Electrical and Allied Trades Union of South Africa
Electrical and Allied Workers Union of South Africa	Engineering and Allied Workers Union
Engineering Industrial Workers Union of South Africa	General Workers Union
Metal and Allied Workers Union	National Union of Engineering, Industrial and Allied
Port Elizabeth Operative, Plumbers Employees Associat	S.A. Operative Masons' Society
S.A. Woodworkers	Steel, Engineering and Allied Workers Union
S.A. Electrical Workers Association	
WHOLESALE & RETAIL TRADE AND CATERING AND ACCOMMODAT	
Wholesale & Retail Trade	Black Allied Workers Union
Commercial Catering and Allied Workers Union	

1/6/82
Seweyan

Bara nurses continue boycott

By WILLIE BOKALA
CONFUSION still reigned at the Baragwanath Hospital yesterday following a call by nurses and other workers to boycott food at the hospital's canteens.

While the general feeling was that the boycott was going well, senior nurses were reported to be against it and urging juniors to end the boycott.

The decision to boycott the canteens was

reached at a meeting attended by about 150 staff members last week.

The staff complained about conditions at the hospital, including cases where nurses and other workers had been dismissed unfairly while others had been unjustly victimised. It was also said that the food served to staff at the hospital canteens was 'dirty'.

The boycott followed a day after workers at the hospital's laundry

went on strike complaining about pay and working conditions.

Nurses interviewed yesterday said food was being boycotted but then refused to discuss the counter campaign said to be waged by hospital authorities and other senior and "loyal" staff.

The Health Workers Association, a multiracial organisation formed

to secure better pay and working conditions for staff, has drawn up a petition calling on the authorities to settle workers' grievances.

Notices are being placed on doors and walls calling on nurses to support the boycott and demand the reinstatement of nurses and workers who have been unfairly dismissed.

UNIONS OPERATING I

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MANUFACTURING

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Medical

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aid
Mercury
fees
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likely

to rise

Mercury Reporter
MEDICAL aid fees are likely to rise after an announcement yesterday that medical tariffs are to increase by an average of 6,6 percent from August 1.

Meanwhile, private hospital fees increased yesterday by an average of 8,25 percent with the cost of a bed in the general wards of smaller hospitals now ranging from R37,50 to R61 a day.

A spokesman from the National Medical Plan scheme said medical aid fees 'probably' would be increased.

He said the company had already budgeted for an escalation in doctors' fees, but the increase in private hospital tariffs would call for a re-examination of their budgets.

A spokesman for Durban's St Augustine's Hospital said the price of a private ward had gone up from R61,50 to R66.50. Theatre fees had increased from R67,50 to R73 for the first fifteen minutes.

Margin

Mr John L. Owen, chairman of the Representative Association of Medical Schemes said medical aid subscriptions might rise but it 'depends on each scheme's financial position at the moment'.

He said it was hoped schemes which had increased subscriptions recently had allowed a sufficient margin to carry the rises in nurses' salaries and doctors' and private nursing home fees.

A spokesman for the South African Medical and Dental Council said the council had been informed yesterday that the application for the increases had been approved by the Minister of Health, Dr L A P A Munnik.

ING TO INDUSTRIAL CLASSIFICATION

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rs Union (Cape)

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been included.

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Black Allied Workers Union

Farmworkers Union

Food and Canning Workers Union

National Certified Fishing Offi

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MINING AND QUARRYING

Amalgamated Engineering Union

Amalgamated Union of Building

Amalgamated Society of Woodwo

Black Allied Workers Union

Black Mineworkers Union

Federated Mining Explosives a

Iron Moulders Society of S.A.

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MANUFACTURING

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East London Meat Trade Union

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The HWA fully sup-
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The recent call for a
food boycott and a
meeting to discuss many
of these issues has its
roots in these problems.
The HWA fully sup-
ports the aspirations of
the workers and urges
the authorities to pay ur-
gent attention to many

The HWA, a non-ra-
cial body formed to im-
prove pay and working
conditions for staff, said
in a statement yester-
day: "Grievances relat-
ing to the quality of
food, salaries and gene-
ral working conditions
can only escalate into a
state of unrest if intran-
sigent attitudes persist.

Supporting the boy-
cotted staff, the body
called on hospital autho-
rities to take "active
measures in implement-
ing immediate reforms,
and thereby avert a
health crisis."

THE Health Workers'
Association (HWA), for-
merly the Transvaal
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Hospital authorities to
look into the grievances
of the nurses and other
workers at present boy-
cotted the hospital's
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**Health
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3/6/82
Somerton

Employees
(Cape)

Plan for new PE hospital

(98) E. Post 5/6/82

200 beds in multiracial centre

By JANE STREAK
Weekend Post Reporter

A MULTI-million rand 200-bed private hospital is being designed for the Greenacres complex, Port Elizabeth, to take the load off the casualty department and surgical wards at the Provincial Hospital.

The new multi-racial hospital will be situated alongside Cape Road between Rochelle Road and Greyville Road.

Three floors will be built in the initial stage, expected to take nine months, and a further four floors will be added later.

News of the new private hospital comes amid indications that a fifth hospital is soon to be built in the city — a teaching hospital probably situated in the Western Suburbs.

The Port Elizabeth doctor heading the Greenacres project told the Weekend Post that the hospital would be financed by several financial institutions. He said the most important feature of the hospital would be the casualty department on the ground floor.

"Obviously it will take a big work load off the Provincial casualty department."

He said the design for the seven floors included a complete operating theatre section on the second floor.

The remaining floors would provide the normal four bed, two bed and single bed wards.

The hospital would accommodate 200 patients. Included would be a number of luxurious suites which would cater for patients, such as farmers, who wanted their wives to stay with them while they were receiving treatment.

"An important aspect is that emergencies and cold patients (non-emergency cases) will be treated separately, unlike at other casualty wards. This means a child with a broken leg will not have to see a patient with his head bashed in.

"The surroundings will be pleasant and the hospital will have top class facilities."

The hospital will be built he said, to cater for the eventuality of a fifth hospital being established in the city — in this case a teaching hospital — which would be closed to private patients.

He added that in the

beginning the private hospital would only work after normal hours — from 5pm to 8am — but when completed it would run for 24 hours a day, seven days a week.

To cover cases where private doctors couldn't get to the hospital in time a doctor would be in attendance at all times.

The doctor stressed the central situation of the hospital and the 165 parking bays to be built would make it most convenient for the public.

He said building would start within the next few months, and he expected that the first three floors would be operational within nine months.

He was not sure when the entire project would be completed.

Mr Rodney Philip, of a local firm of architects, said that definite proposals had been put through, but it had not been finally decided what form the hospital would take.

"There are proposals for

consulting rooms, a day hospital, chemist, first aid and emergency rooms, but the needs of the doctors have to be assessed first. Once this has been done the findings will be analysed."

The architects involved are the Pretoria town planning firm, Stauch-Vorster and Partners and their local branch, which incorporates Vos and Philip.

A partner in Stauch-Vorster in Pretoria, Mr Robin Vorster, said an exact figure for the project had not been fixed yet but it should be known within the next few weeks.

● The NG Kerk has already bought ground and had its plans approved for the construction of a 60-bed home for the frail aged, also to be built at Greenacres.

● Millions to be spent on upgrading Livingstone Hospital in Port Elizabeth. —

Page 4.

● Shortage of nurses delays operations at Port Elizabeth's Provincial Hospital, surgeons say. — Page 8.

Livingstone to be upgraded at cost of millions

3 Post 5/6/82

Weekend Post Correspondent

CAPE TOWN — The Cape Provincial Administration is to spend millions of rands on upgrading the wards, theatres and casualty department of Livingstone Hospital, and creating a new intensive care unit.

Mr Willem Loubser, MEC in charge of works, outlined the improvements to the hospital when he replied in the Provincial Council yesterday to Mrs Molly Blackburn (PFP, Walmer), who asked for "top priority" for Livingstone's casualty department.

This year's capital vote includes six projects totalling R2,5 million at Livingstone Hospital, with R717 000 provided this year.

The budget includes four projects at Provincial Hospital, to cost a total of

R765 000, of which the first R230 000 is to be spent this year.

Mrs Blackburn said this year's budget provided R200 000 for additions and alterations to the casualty department of Provincial Hospital, with the first R44 000 to be spent this year.

"Port Elizabeth has waited a very long time for this section of the Provincial Hospital to be brought into line with the rest of the hospital.

"I would like a definite indication from the MEC as to how near or how far from reality this project is at this stage."

The Administrator, Mr Gene Louw, visited Livingstone Hospital in January.

The Evening Post quoted him as saying: "Hospital projects to the value of R1 425 700 are under way at Livingstone, while other projects to cost an

estimated R2 001 900 are planned for the near future."

Mrs Blackburn said there was no allocation of capital funds for improvements to Livingstone's casualty section this year.

In reply, Mr Bouwer said Mrs Blackburn should realise that "considerable capital funds" had been spent on upgrading Livingstone Hospital "and an active programme of upgrading is in progress".

Mr Bouwer said millions of rands would be spent in future on upgrading the wards, theatres, main kitchen, laundry and nurses' homes.

A new intensive care unit would be built, and the casualty department would be extended and improved.

He did not indicate when these improvements would take place.

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CONSTRUCTION

Cape Town Gas Workers Union
Escom (Cape Western Undertaking) Salaried Staff Association
Escom Salaried Staff Association
Escom Workers Association
General Workers Union
Johannesburg Municipal Water Work Mechanics Union

ELECTRICITY, GAS AND WATER

Diamond Cutters Union of South Africa
Jewellers and Goldsmiths Union
Optical Workers Union
S.A. Association of Dental Mechanicians
S.A. Diamond Workers Union

Other

X 6/16/82 (98) S. Express X

Lives on the line as hospital costs soar

A HANDFUL of chronically ill Transvalers are trying to eke out their monthly supply of drugs in an effort to postpone their regular hospital visits.

By not taking their medication properly they are running the risk of having a stroke, a heart attack or dying.

They believe they have no choice — financially.

On April 1 this year Transvaal provincial hospital fees were doubled and in some cases trebled for the poorest groups — and doctors, alarmed by mounting costs, were afraid hundreds of people might die or “crawl into the woodwork” because they could not afford to pay for treatment.

Spokesmen for both Baragwanath and Johannesburg hospitals said their figures during the past two months had not dropped.

But the recent pink eye epidemic may have buoyed up dropping casualty figures.

Other sources said they had noticed a definite “quietening down” in the atten-

dance of some chronic patients.

It is the chronically ill people — who make up about 60% of the out-patients at provincial hospitals — who are most threatened by the tariff increases.

“It’s impossible to make any deductions from comparing this year’s records as there are too many variables involved,” said a provincial hospital doctor.

“For example, the dispensary at the Hillbrow Hospital filled prescriptions for an average of 553 patients a day in March, 565 a day in April and 533 a day in May.

“This looks as though the figures have remained almost constant with a slight increase in April — the month the fees went up.

“However, one must take into consideration the pink eye outbreak in April and the fact that May marks the beginning of winter with its attendant increase in flu and other infections.”

This week the Sunday Express investigated the plight

By ARLENE GETZ

of the chronically ill men and women who have to visit the Hillbrow Hospital’s hypertension clinic every month.

Most of them know the importance of obtaining regular treatment and many still try to attend.

But a number were afraid that eventually the additional expense would place a strain on the family pocket.

A hospital source who works with some of these patients said that the number of “defaulters” — those who failed to keep their scheduled appointments — was slowly increasing.

“In the early part of the year the hypertension clinic averaged about 11 defaulters a day but on May 25 a total of 26 people out of about 100 did not attend,” she said.

“I would estimate that about half of them were not there because they could not afford it.”

Theoretically, provision is made for those who cannot afford to pay, but the reclassification procedure —

which has to be repeated every year — is complicated and involves a mass of paperwork, said the doctor.

The latest tariff increase was linked to a reclassification of patient incomes in relation to the fees they pay.

Until this year those earning less than R10 a month paid R1 each time they were treated at a TPA hospital.

This lowest income has now been increased by 300% to include people earning up to R40 a month (R480 a year), but these patients now have to pay either R2 or R3 for every visit.

State pensioners are exempt from these fees and concerned doctors have suggested that the provincial administration should establish other non-paying categories.

Dr S Latsky, MEC in charge of Transvaal hospital services, said earlier this year that he was not considering introducing a separate tariff scale for those who needed regular treatment.

“Anybody who is chronically ill can apply for free treatment and we are looking into methods of streamlining the procedure for these applications,” he said.

1 400 beds may go for new training facilities

AT a time when black hospitals are dangerously overcrowded, the Department of Education and Training has disclosed that it may spend millions of rands replacing a relatively new black hospital — which has 2 000 beds — with one which will be used mostly for training purposes.

The new hospital will be built, according to reports, at a cost of R150-million. The present hospital — the only one available to a population of over 1-million people and which treats 1 000 outpatients daily — will be reduced to two wards offering only 600 beds.

For four years the hospital at Ga-Rankuwa near Pretoria has served as a clinical training centre for students from the Medical University of South Africa (Medunsa).

Mr J Schoeman, public relations officer of the Department of Education and Training, told the Sunday Express the department did not consider the hospital’s facilities adequate.

He said reports that the new hospital

By HELENE ZAMPETAKIS

would cost R150-million were speculation. “Parliament still has to approve the plans,” he said.

Medunsa’s public relations officer, Mr Nic Ligthelm, said parts of the present building would probably remain.

“We need more sophisticated instruments, a psychiatric ward, a radiology therapy centre, and lecture rooms next to the wards.”

The hospital’s superintendent, Dr L van Heerden, said although the hospital was not old, it did not fulfil its purpose as an academic institution.

The present hospital would, however, have 1 400 fewer beds after the new one is built.

At present, it serves a population of more than 1-million people, and also admits patients from the Northern and Eastern Transvaal and neighbouring homelands.

“It’s possible it would cost just as

much to modernise the existing hospital as it would to build a new one,” Dr Van Heerden said.

However there was a danger that modernising would lead to a “patchwork hospital”.

Plans for changing the hospital into a training centre have been in the pipeline for “a long time” but recession had retarded its development.

Dr Van Heerden denied allegations that the proposed replacement indicated bad planning and amounted to a waste of taxpayers’ money.

“More comprehensive facilities are needed to train students and there isn’t enough space simply to add new departments,” he said.

The hospital had managed to keep two wards vacant “with a view to the future”.

When the hospital is demolished, patients would be moved with the minimum of disruption, he said.

The proposed replacement is being handled by the departments of Health and Education and Training.

Finance and crime floor the patients

By MOKONE MOLETE

THE high crime rate and a drastic cutback in State funds have led to an over-crowded intake at black hospitals — and in at least one case, patients have been sleeping on the floor and under beds.

Between 15 and 20 patients at the Benoni-Boksburg Hospital have had to sleep on mats and layers of blankets in the surgical and maternity wards.

And because of the rising crime rate, the hospital's surgical wards are struggling to cope.

The hospital's superintendent, Dr G C Gravett, said the hospital could manage the inflow of medical cases although weekend assault victims needing long-term treatment were occupying much of the surgical ward space. This was the hospital's biggest problem in addition to the maternity wards.

Mrs Irene Menell, the PFP spokesman for health in the Transvaal Provincial Council, has warned that overcrowding could help disease spread.

Dr Gravett said it was not policy to disclose the overall effect of overcrowding on the hospital.

No funds were immediately available to improve conditions, but he believed the situation might ease when Baragwanath was renovated. Millions of rands were required to extend hospital facilities.

The hospital was responding to a need. "I feel as a medical man that we must give patients the best attention we can and not turn them away."

Representations were made to the TPA for two more maternity wards, but he did not know when they would be built.

The hospital had two branch clinics, one at Daveyton, the other at Wattville, run part-time by two doctors.

"We have from 5 800 to 8 100 out-patients and 1 800 to 2 500 casualty patients coming to the hospital monthly," Dr Gravett said.

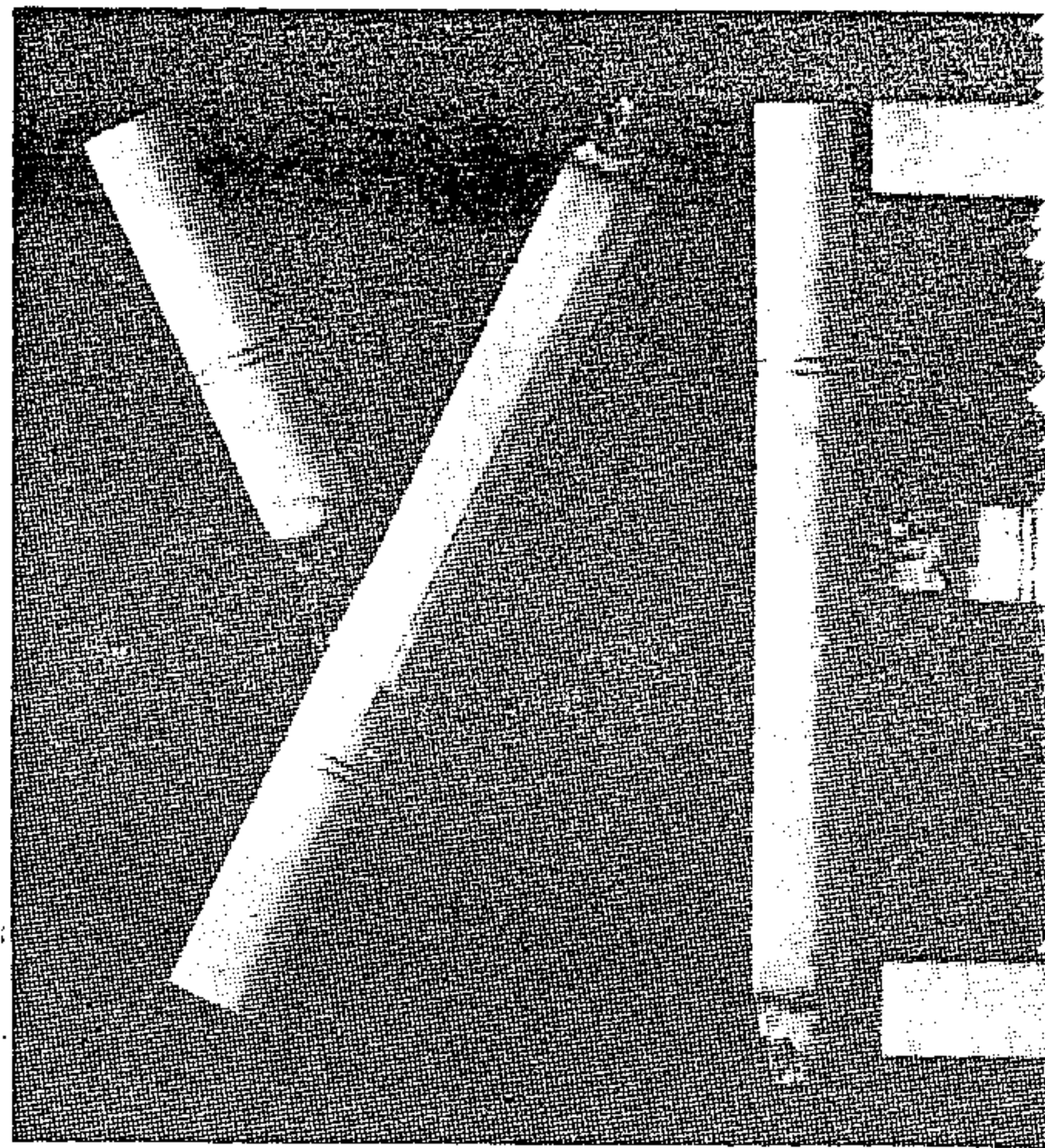
Mrs Menell, speaking in the provincial council, said the problem could be solved by integrating wards at white hospitals.

"Even if one does not want total integration, certain of these wards could be made available for blacks," she said.

The real problem lay with poor provincial administration.

Facilities at white hospitals were about 60% utilised, whereas black hospitals were 100% utilised. Ideally hospitals should be 75% occupied, she said.

The cutback in expenditure in this year's provincial budget meant that of nine hospitals and clinics planned for Soweto two years ago, only two would be built. Even plans for a 'grand' 1 800 bed hospital in Pretoria would be affected, Mrs Menell said.



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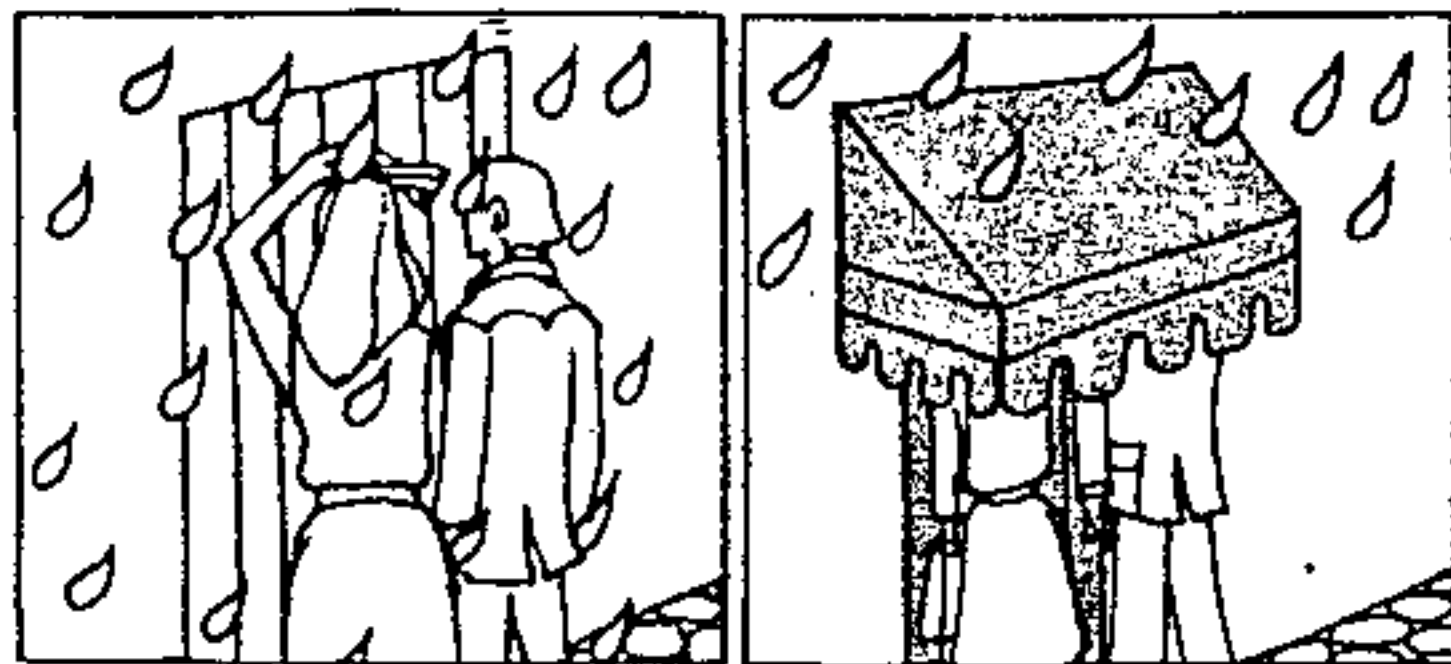
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Acherbach admitted that although he was required to visit detainees every hour in their cells he did so after three hours.

Captain J K Strauss, who arrested Dr Aggett at a house in Crown Mines said he arrested him in connection with charges of furthering the aims of the banned African National Congress.

There was a lengthy argument in which Mr Kuy wanted to know if Dr Aggett was arrested or detained. Captain Strauss insisted that he arrested him. He said he fully understood the difference between an arrest and a detention.

The hearing continues today.

Cracks close wards



FALLING DOWN: A crack in the wall of the Natalspruit Hospital which is said to have been caused by a burst water pipe.

PICTURE BY LEN KUMALO

A BURST pipe, which has forced water to seep through the soil, is the main cause for gaping cracks in the walls of the wards in the eastern wing of the Natalspruit Hospital.

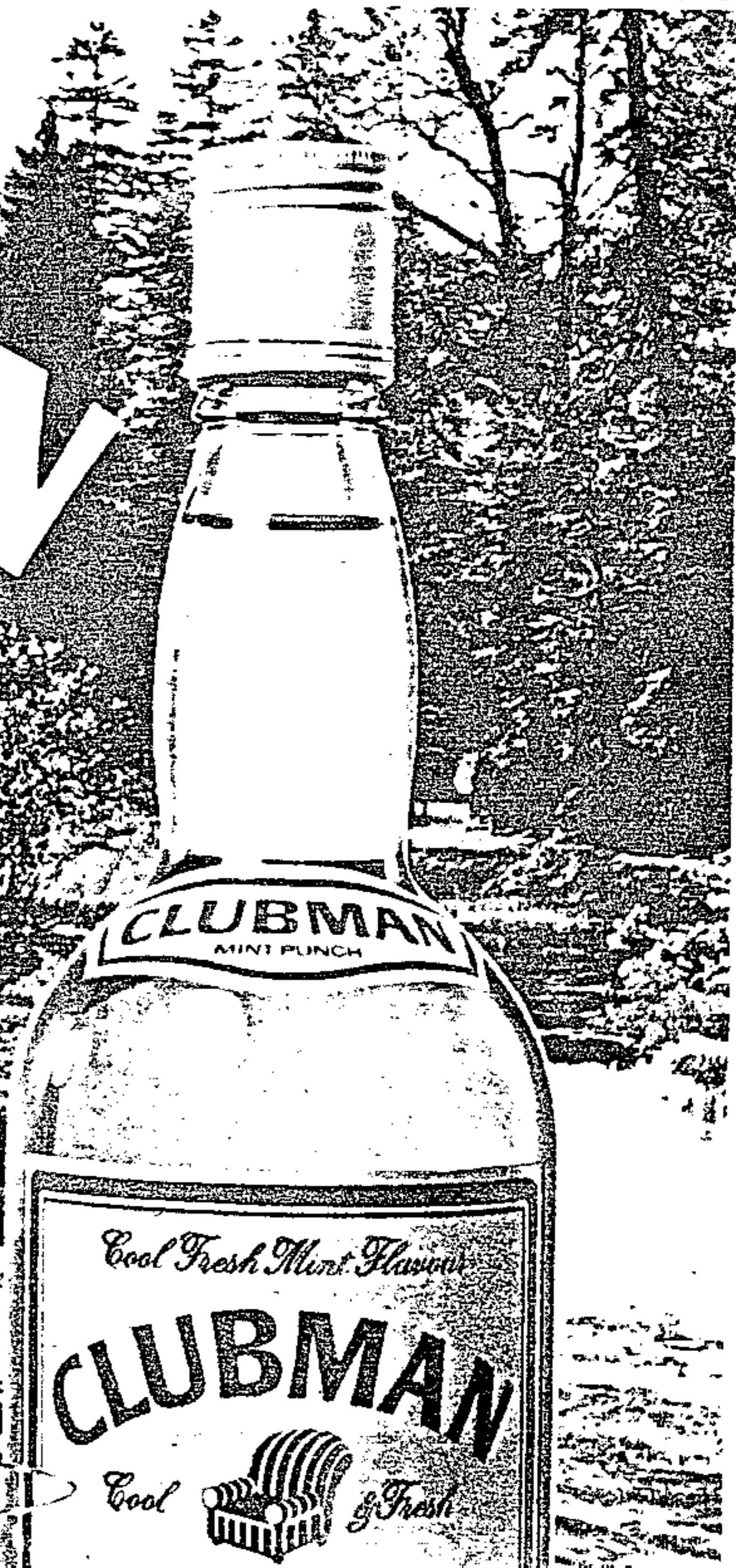
The sagging building forced hospital authorities to remove about 200 patients — 150 of them children — from wards 13, 16 and 19 to be housed elsewhere in the hospital. Patients realised that the walls of their wards were cracking on Sunday and panic struck.

Yesterday structural workers were called to the hospital to determine the cause of the cracks. But the hospital's superintendent, Dr A F Chemaly, said there was no cause for alarm, and they hoped to restore the building.

Come to cool, fresh

LUBMAN

MINT PUNCH



(5) No. ~~271/344~~ (98) Hansard
Q.61.1009
Inanda: health services -1040
11/6/82

724. Mr. R. A. F. SWART asked the Minister of Health and Welfare:

- (1) Whether there any clinics in Inanda; if so, how many;
- (2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Inanda; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

JUNE 1982

100

(1) Four clinics and one mobile clinic;

(2) yes.

(a) sixteen full-time and eight part-time;

(b) 202; and

(c) two health assistants and one family planning motivator;

(a) and (b) include the staff of Osindisweni Hospital namely six doctors and one hundred and fifty-two nurses.

~~340~~ ~~35~~ Hansard Q. Col.
Crossroads: health services 1056-
11/6/52 1057
760. Mr. S. S. VAN DER MERWE asked
the Minister of Health and Welfare:

- (1) Whether there are any clinics in Crossroads; if so, how many;
- (2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Crossroads; if so, how many in each category?

1057

FRIDAY, 11

The MINISTER OF HEALTH AND WELFARE:

(1) Yes; one:

(2) yes:

(a) Divisional Council doctors attend the clinic on a sessional basis twice per week;

(b) nine nurses from Nyanga clinic;

(c) one social worker serving Langa, Guguletu, Nyanga and Crossroads

340 *85* *98* Nyanga: health services 11/6/82
Howard Q. 61. 1055-6

753. Mr. S. S. VAN DER MERWE asked the Minister of Health and Welfare:

- (1) Whether there are any clinics in Nyanga; if so, how many;
- (2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Nyanga; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes; one Divisional Council clinic, three satellite clinics and also one day hospital which serves Nyanga and Guguletu;

(2) yes:

- (a) a doctor of the Divisional Council attends clinics on a sessional basis and the day hospital has five full-time doctors;
- (b) fourteen at the clinics and twenty-three at the day hospital;
- (c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.

Guguletu: health services

755. Mr. S. S. VAN DER MERWE asked the Minister of Health and Welfare:

- (1) Whether there are any clinics in Guguletu; if so, how many;
- (2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Guguletu; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes; one clinic and also one day hospital, which serves Guguletu and Nyanga;

(2) yes;

- (a) municipal doctors attend the clinic for eleven sessions per week and the day hospital has five full-time doctors;
- (b) twenty-one nurses at the clinic and twenty-three nurses at the day hospital;
- (c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.

98
Langa: health services
Hansard
Q. No. 1053 -
11/6/82

745. Mr. S. S. VAN DER MERWE asked the Minister of Health and Welfare:

- (1) Whether there are any clinics in Langa; if so, how many;
- (2) whether there are any (a) doctors, (b) nurses and (c) community health workers in Langa; if so, how many in each category?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes; one clinic and one day hospital.
- (2) yes:
 - (a) there are three full-time doctors at the day hospital and a part-time doctor (eight sessions per week) at the clinic;
 - (b) twelve nurses at the day hospital and fifteen nurses at the clinic;
 - (c) one social worker serving Langa, Guguletu, Nyanga and Cross Roads.

271 98 Hammond Q. Col.
 Onverwacht: health services 1046
 11/6/82 1049
 Mr. A. GULDENHUIS asked the
 Minister of Health and Welfare:

What is the (a) nature and (b) extent of the health services provided at Onverwacht?

The MINISTER OF HEALTH AND WELFARE:

(a) A comprehensive health service is rendered in the area. Medical cover is provided

1047

FRIDAY, 11 JUNE 1982

1048

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FRIDAY 11 JUNE

daily by two army medical practitioners; three days per week by the part-time district surgeon, Thaba Nchu; and when necessary by the part-time district surgeons, Bloemfontein.

and dental services are rendered daily by an army dentist.

Patients requiring hospitalization, are referred to Moroka Hospital and Pelonomi Hospital. All tuberculosis patients requiring hospitalization are referred to Allanridge Chest Hospital.

Primary health clinic services embody the following:

- Healthy mother and child
- Immunization against communicable diseases
- Tuberculosis
- Veneral diseases
- Psychiatry
- Geriatrics
- Dental Services
- Pre- and antenatal care and confinements
- Nutritional deficiency services
- Health Education

Confinements were taken care of at the clinic during office hours. If a patient had not delivered by 15h30, she was transported by ambulance to Moroka Hospital. A 24-hour confinement service at the clinic is rendered from 1 June 1982.

These services are rendered by the following personnel:

- 2 Senior Sisters
- 11 Sisters
- 7 Staff nurses
- 2 SANTA educators

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Family planning services are rendered at the clinic and from a mobile clinic by:

- 1 Senior Sister
- 4 Sisters

- 2 Nursing Assistants
- 5 Female educators
- 2 Male educators

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Environmental health services are rendered by two health inspectors:

(b) the clinic facilities consist of one twelve bed ward; one maternity ward with two beds; two four bed wards; one two bed ward; two examination rooms; one treatment room; a dentist consulting room; one pharmacy; one waiting room; one admission room; one duty-room; two bathrooms; four toilets; kitchen; pantry; linen closet and medicine storeroom. Provision has been made in an iron building for psychiatric community services, family planning and the treatment of children suffering from malnutrition.

150-200 Patients on average per day receive curative services at the clinic of whom approximately 20 per week are referred to Moroka Hospital and five per week to Pelonomi Hospital. On 7 April 1982 136 patients and on 23 April 1982 76 patients were examined by the medical practitioners as part of the curative services. The attendance figure for primary health services clinics (excluding family planning) is approximately 4 250 per month. During March 1982 370 home visits were carried out by registered nurses.

The confinement figure was approximately ten per week and approximately 40 cases per month were referred to Moroka Hospital for confinements after hours.

The family planning clinic has approximately 835 clients per month.

A mobile x-ray unit was recently stationed for six weeks at Onverwacht. During that time approximately 2 400 x-rays were taken and 12 new cases of tuberculosis were located. 134 Patients receive at present out-patients treatment for tuberculosis at the clinic.

Malnutrition is combated by a nutrition scheme with P.V.M., enriched mealie meal, skimmed milk powder, soup and vegetables from the garden of the clinic. Education is performed by health personnel and with the assistance of a combi equipped with loud speakers.

A psychiatrist from Oranje Hospital renders services one day per week and psychiatric nursing services are rendered from Oranje Hospital at Onverwacht two days per week.

Dental services are daily available by an army dentist. The services of an army pharmacist has become available from 24 May 1982.

Four reservoirs receiving water from Rusfontein dam, have already been completed. A water-supply network has been constructed in the area and provision has been made for a water tap for every five houses.

Each lot is provided with a toilet and a bucket and nightsoil is removed two times per week. During an investigation it was found that the capacity of buckets is exceeded on those premises where unlawful occupants are present. No pit-latrines are allowed and if it is located, care is taken that it is filled up.

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Staff likely to leave for new hospital

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E. Post 12/6/82

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By JANE STREAK
WARDS are standing empty in the Port Elizabeth Provincial Hospital and yet there are plans to build a private hospital within walking distance away.
The question has been asked: does this make sense?
The big difference is that the proposed Greenacres Hospital will employ staff and treat patients of all race groups.
The Provincial Hospital has had to close down two wards with 30 to 35 beds in each because of the shortage of staff.
Recruitment of coloured nurses could have solved the problem, but any attempts to find out why coloured staff were not employed — and if this was the reason doctors were building their own private hospital — met with an evasive response from officials, who said they did not want to get involved in a "political arena".
A spokesman for the Provincial Hospital said he, personally, had no objection to employing coloured staff.
He felt, however, that people should not keep making an issue of the problem because the introduction of coloureds in the hospital would gradually take place.
Asked if a new hospital was necessary in Port Elizabeth, the Regional Medi-

cal Superintendent for Hospitals in the Eastern Cape, Dr T P Vurgarellis, said it was not necessary but he thought it a good idea.
This was because the hospital would be multiracial and would be able to assist those coloureds and Indians who could afford and wanted private treatment.
Another reason was the importance of the planned Casualty Department — although the Provincial Hospital was coping, it would reduce the waiting time.
"Patients at the Provincial might have to wait for an hour to be treated."
The congestion at the Provincial would also be relieved because, at present, doctors could not always operate when they wanted to.
Another problem the Provincial will have to face is the possibility of losing staff to the private hospital. As with all private hospitals and clinics, the wages are higher and State-employed nurses are going to be tempted to apply for positions.
The doctor heading the project for the building of the private hospital said he was aware of the problem of nurses being lured away from the Provincial Hospital but the new hospital's authorities would do their best to keep this to a minimum. They would be as selective as possible.
Unlike in the past, doc-

tors and nurses would be drawn from other centres.
A committee would be set up for the selection of staff and many coloured nurses would be recruited from hospitals in Cape Town. Many of these hospitals had teaching and training facilities for both coloured and white nurses.
The doctor said there were many unemployed qualified nurses in Port Elizabeth who had left the profession to have families and, for the right money, could be enticed back.
Although the entire staff complement had not been decided upon, the Casualty Department on the ground floor would employ four trained sisters, four trained staff nurses, four assistant nurses and four porters.
The spokesman for the Provincial Hospital agreed there was a possibility of losing staff, particularly if the proposed hospital was a day one.
"We'll lose staff because a day hospital has better working hours."
He was not aware of what nurses were being paid at the moment, but wanted to stress that the problem was not salaries but working hours.
A spokesman for the Livingstone Hospital said he expected to lose many of his staff and would consider the possibility at a later stage.

Visit to EL expo

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Weekend Post Reporter
EAST LONDON — The visit to East London on Friday of the Minister for Transport Affairs, Mr Hendrik Schoeman, could be of vital importance to the city.
This is the view of East London's Mayor, Mr Err Spring.
In an interview this week, Mr Spring said his council hoped to persuade Mr Schoeman that East London should remain South Africa's major maize

Teaching Provincial Hospital suggested

98 54

E. Post 12/6/82

Weekend Post Reporter
CONSTRUCTION and siting of a new Provincial Hospital with the potential to become a teaching one is what the community should start considering.
This is the opinion of a leading doctor in Port Elizabeth, who feels this kind of hospital should be built now to relieve the present shortage of beds. In years to come the hospital could be used to train nurses and doctors.

idea and would assist in alleviating the bed shortage at the Provincial Hospital.
Another doctor said a hospital at the campus would be totally impractical and inaccessible, particularly during the summer months.
"It would be difficult getting there during the Christmas season with all the tourists. On a Saturday afternoon it could take an hour to get there."
A private hospital at the Greenacres

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Teaching Provincial Hospital suggested

98 E. Post 12/6/82

Weekend Post Reporter

CONSTRUCTION and siting of a new Provincial Hospital with the potential to become a teaching one is what the community should start considering.

This is the opinion of a leading doctor in Port Elizabeth, who feels this kind of hospital should be built now to relieve the present shortage of beds. In years to come the hospital could be used to train nurses and doctors.

He said he would like to see the hospital built on the campus of the University of Port Elizabeth. There was so much ground available which could be got for next to nothing and he felt the university authorities would be only too pleased to have a hospital on its grounds.

The teaching hospital should have special units and this would make the siting on the campus ideal. It could use the faculties and facilities of the university and possibly come to some arrangement with the university about using common student residences.

Asked whether it would not be too far out of the city, he said one had to compromise and that it was found in other big centres where hospitals were built around people, the hospitals became flooded with primary care cases — the initial treatment normally given by general practitioners to patients.

Some doctors disagreed, however, one saying the Summerstrand area would be inundated with cars and cause even further traffic problems. The proposed private hospital at Greenacres was a much better

idea and would assist in alleviating the bed shortage at the Provincial Hospital.

Another doctor said a hospital at the campus would be totally impractical and inaccessible, particularly during the summer months.

"It would be difficult getting there during the Christmas season with all the tourists. On a Saturday afternoon it could take an hour to get there."

A private hospital at the Greenacres complex would be ideally situated and was probably needed, he said. The good parking facilities would also be welcome because his patients often complained about the lack of parking bays near his surgery.

He and several other doctors did, however, have reservations about the private rooms for doctors at the new complex. He had heard that rentals might be as high as R1 200 a month and this was more than double what he was paying now. If this was the case, he would remain in his present rooms and continue to use the Provincial Hospital.

Another doctor, who has his practice in Main Street, thought the suggestion of a campus hospital "terrible" and said hospitals should be centrally situated. It was also a bad area for it to be built because it had affluent residents who could afford to send for their private doctors.

"What would happen if one of the poorer members had to receive treatment and did not have a car? It would be much too far for him to get out there."

The problem was not the shortage of beds, but the shortage of nurses, he said.

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Weekend Post Reporter
EAST LONDON — The visit to East London on Friday of the Minister for Transport Affairs, Mr Hendrik Schoeman, could be of vital importance to the city.

This is the view of East London's Mayor, Mr Errol Spring.

In an interview this week, Mr Spring said his council hoped to persuade Mr Schoeman that East London should remain South Africa's major maize exporting port.

The city's status has been threatened by a move in the Maize Board to establish large-scale export facilities at Richards Bay.

Mr Spring believed Mr Schoeman was "conducting to being convinced".

"We have had several meetings with Mr Schoeman in Cape Town and Pretoria and, as a result, he is now coming to an inspection of our facilities in loco."

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as many as you wish — W
JULANCE CROSSWORD
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No. 460. No outright winner. J. J. MAASTRECHT, 9 Victoria

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All-race liquor store refused

288 E. Post 12/6/82

THE Liquor Board has refused an application by the Solly Kramer's chain to be allowed to serve all races at its biggest Port Elizabeth store, in Newton Park.

According to the company's development director, Mr Richard Dimitri, the Liquor Board's refusal to allow them to desegregate the Newton Park store from an exclusively all-white store to a store for all races is "a great pity".

"We firmly believe that

no retail store of any kind should be open to only one race.

"We are aware of the problems that can result if the worst kind of liquor buyer is admitted, but our policy is not to allow anyone to shop in our stores should they not behave in an orderly and decent manner," he said.

Mr Dimitri said they would approach the Liquor Board again in due course to reconsider their decision.

Out of a total of 72 applications by Solly Kramer's to have race barriers removed, 68 had been successful.

Four have been refused — in Welkom, Bloemfontein, Port Elizabeth and Springs.

Mr Dimitri said segregation had never been a legal constraint; it was merely a licence condition imposed by the authorities.

"But, until the Minister of Commerce and Industry

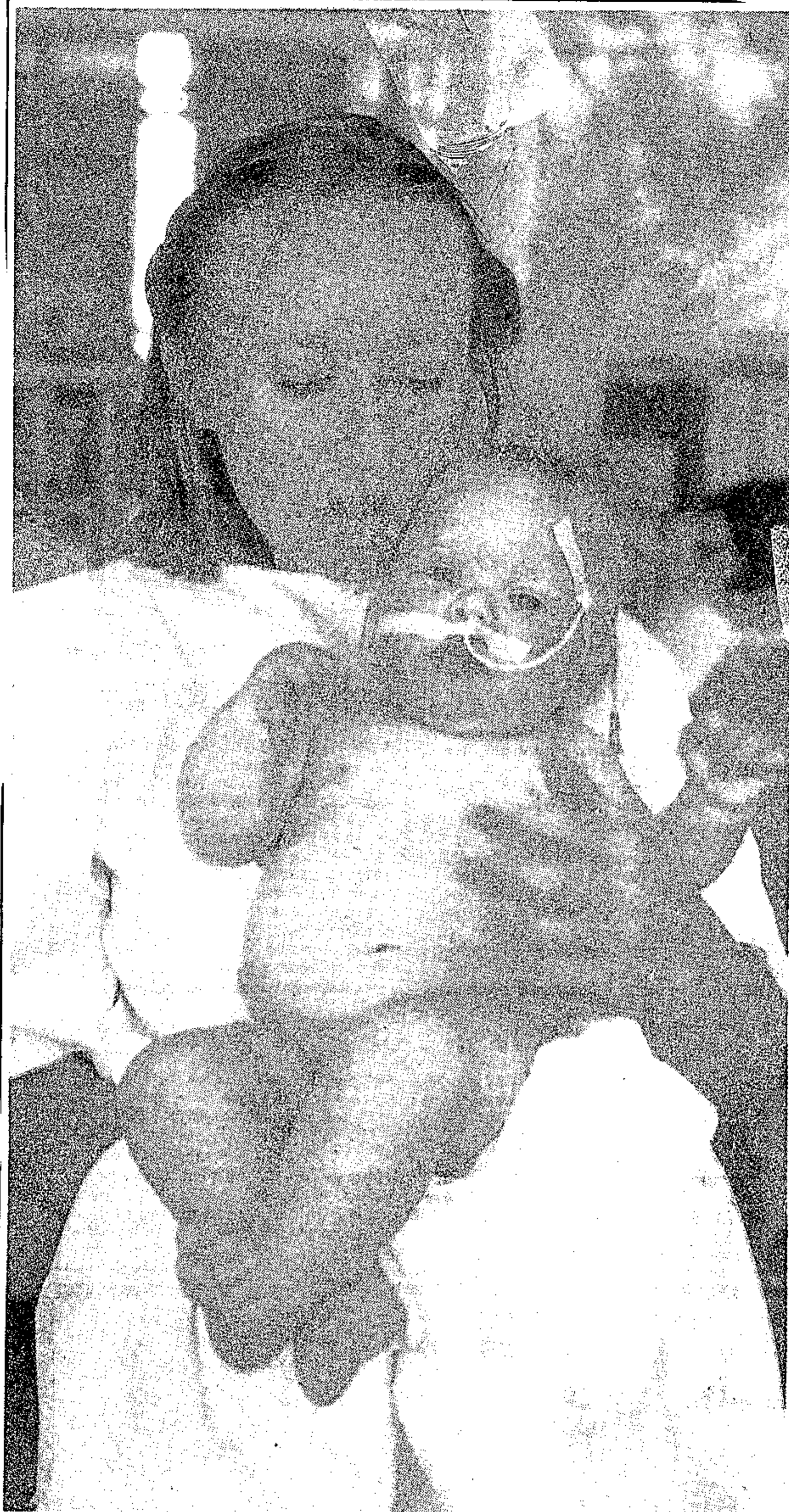
relented was impossible progress.

"We have had resistance to date in from any this is so artificial race kind are Dimitri a

Their Walmer, and Durban shopping.

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WEDNESDAY 16th JUNE — 8.30am - 6pm
THURSDAY 17th JUNE — 8.30am - 6pm

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Mrs Vicky Obhlidal with her seriously ill baby, Mark, who was refused admittance at the Johannesburg Hospital because of a staff shortage and had to be taken by ambulance to the J G Strijdom Hospital.

Sick babies turned away

98
ROOM
12/6/82

Mail Reporter

THE ultra-modern Johannesburg Hospital is turning away dangerously ill infants because a staff shortage has closed its wards.

At least two babies, suffering from an outbreak of gastro-enteritis which has struck the Reef, have been turned away in the past 48 hours.

Their parents were either told there were no beds or not enough staff to attend to their children. And a hospital spokesman last night confirmed that more babies could be referred to other hospitals if the situation worsened.

Mrs Vicky Obhlidal of Berea was one of the distraught mothers who had to hire an ambulance to transport her baby, Mark, to the J G Strijdom Hospital after a doctor at the Johannesburg Hospital told her Mark was in a serious condition but could not be admitted.

The Mail's deputy news editor, Mr Paul Bell, also experienced the trauma of being told his 13-month-old daughter, Antonia, could not be admitted because the hospital wasn't taking "any more gastro's".

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Hospital turns away dangerously ill babies

Cape Times 12/6/82 (98)

Own Correspondent
JOHANNESBURG — The ultra-modern Johannesburg Hospital, one of the most sophisticated in the world, is turning away dangerously ill infants because a staff shortage has closed its wards.

At least two babies suffering from an outbreak of gastro-enteritis which has struck on the Reef have been turned away to other hospitals in the past 48 hours.

Their parents were either told there were no beds or not enough staff to attend to their children. A hospital spokesman last night confirmed more babies could be referred to other hospitals if the situation worsens.

The two babies seen yesterday by the Rand

Daily Mail were admitted to the J G Strijdom Hospital on Wednesday after they could not be admitted to the Johannesburg Hospital.

Mrs Vicky Obhlidal of Berea was one of the distraught mothers who had to hire an ambulance to transport her three-and-a-half-month-old son Mark to the J G Strijdom Hospital after a doctor at the Johannesburg Hospital told her that her baby was in a serious condition but could not be admitted to the hospital because of a staff shortage.

"They told me to go to a private clinic. I cannot afford the R30 a day tariff and decided to take a chance by having him taken to the J G Strijdom hospital," Mrs Obhlidal said.

Her son was put on a drip and driven to the J G Strijdom by ambulance where he was admitted without delay. They arrived at the Johannesburg Hospital at 8.30pm but by the time they got to the J G Strijdom it was close to 1am in the morning.

The Mail's senior deputy News Editor, Mr Paul Bell, also experienced the trauma of being told his by a doctor at the Johannesburg Hospital that his 13-month-old daughter Antonia was not able to be admitted because they were not taking "any more gastro's".

A spokesman for the Johannesburg hospital last night said babies will be referred to other hospitals if the hospital could not accommodate them.

"All children brought in are treated. When we don't have enough beds available we will try to find them either at the South Rand Hospital or the J G Strijdom Hospital. If there are no beds at these hospitals we will just have to find them."

She confirmed that more than the usual num-

ber of babies suffering from gastro-enteritis have been admitted to the hospital in the past few days.

"We have 11 cases at the moment but it is not that unnatural as gastro-enteritis occurs more often during the change of season."

Half the wards of the 2 000-bed hospital are permanently closed because of the staff shortage.

Johannesburg Hospital Superintendent, Doctor I Costa, last night said no more wards had been closed nor did the staff position deteriorate.

Yesterday's drama involving at least six seriously ill infants turned away from the Johannesburg Hospital was described last night as "appalling" by a Progressive Federal Party spokesman on health.

Mrs Irene Mendel, MPC for Houghton, said it was shocking to hear babies suffering from gastro-enteritis were being turned away and sent to the J G Strijdom Hospital in Auckland Park when they should be receiving immediate attention.

RENTABED IN ACTION

98

Showcase

hospital

forced to hire beds

S. Express
13/6/82

98
S. Express
13/6/82

TRANSVAAL'S Department of Hospital Services has been hiring 49 beds at a private hospital in Johannesburg — at a cost to taxpayers of R250 000 during the past year.

PATIENTS SHUFFLED AS CRISIS WORSENS

By **GERARD CLEWLAND**

The department is being forced to hire the beds at the Kensington Clinic as a result of wards being closed at the Johannesburg Hospital and because of the high cost to the department of accommodating patients, most of them long-term and chronically ill.

The MEC in charge of hospital services, Dr Ser-vaas Latsky, said this week that the hiring of beds had cost the province R249 755 in the past year.

The overall cost at the Kensington Clinic is, in fact, higher than R250 000, which does not include the cost of drugs or doctors' fees.

The Johannesburg Hospital, which is short of staff, has been hiring beds at the clinic for two years. Half the wards at the 2 000-bed hospital have been closed.

But a spokesman for the Kensington Clinic, Mr J H Randall, said the figure was much higher if doctors' fees and drugs were taken into account.

With the clinic's daily rate — R16,40 — the 49 beds are costing the Transvaal Department of Hospital Services about R24 000 a month.

The PFP opposition spokesman on health in the provincial council, Mr Sam Moss, said that the hiring of beds was, ironically, saving the Johannesburg Hospital beds, space and money.

Patients using these beds are, in most cases, chronically ill and can be accommodated comfortably and receive medical attention at a lower cost to the province than if they were in the Johannesburg Hospital," he said.

Although this may be a saving now it would cost the Johannesburg Hospital far more to maintain additional wards to accommodate long-term chronically ill patients now being transferred to the Kensington Clinic.

So that while the Transvaal Department of Hospital Services was hiring beds at a private hospital, the

saving in cost may not be as much as Mr Moss believed.

Used mostly by elderly and chronically ill patients, the hired beds are part of an increasing problem. Because of a lack of beds and a staff shortage, the Johannesburg Hospital is unable to accept them, so patients must be transferred to other hospitals.

More and more critically ill patients are being refused admission to the Johannesburg Hospital and in some cases the hospital cannot even continue to treat patients who have already been admitted.

They have had to be transferred to the J G Stridom Hospital.

By February this year there were 100 fewer nurses at the hospital than last year. Only 56,4% of nursing jobs were filled, compared

with 60,6% last year.

"The Johannesburg Hospital can no longer fulfil its role as the final referral centre for critically ill patients," said a doctor.

"For many years the hospital was the last port of call for patients from all over the Witwatersrand requiring intensive care.

"The hospital has the medical staff and equipment for this purpose, but it no longer has the adequate nursing back-up. The result is that critically ill patients are being refused admission."

Mr Moss said that although the recruitment of foreign nurses to the Johannesburg Hospital had slightly relieved the situation, there was still insufficient

staff to open the hospital "anywhere near its capacity".

"I still believe there should be a top-level Government inquiry into the shortage. Health services have got to be expanded, but there seems to be a lackadaisical approach by the authorities in mastering the problem," Mr Moss said.

Of the Kensington Clinic, Mr Randall said: "I know it sounds odd, but the recession might bring nurses back to the profession since everyone will be struggling to find jobs.

"We are already struggling at the clinic, but I think the shortage is really going to hit everyone in a couple of years unless something is done to improve salaries."

Row grows over babies at hospital

(98) EDM 14/6/82

By ADA STUIJT

THE ROW over the Transvaal's biggest hospital — the R165-million Johannesburg Hospital — took a new turn yesterday when the superintendent said it had not been built to "treat all of Johannesburg's residents".

It was only for patients who could not afford private hospitals, he said. And Dr Hennie Grove, Director of Hospital Services, said yesterday provincial hospitals would "get into trouble with the medical associations if they were competing too much with private hospitals."

They were reacting to criticism after at least four seriously ill babies, victims of the Reef's gastro-enteritis epidemic, were turned away because of a "lack of beds" at the 2 000-bed hospital. Dr Grove said many patients used provincial hospitals instead of the private hospitals many could afford.

Dr Neville Howes, the superintendent, said: "Johannesburg Hospital is, first of all, a provincial teaching hospital and only for patients who cannot afford private care."

The Johannesburg Hospital, perched high on Parktown Ridge, is the only provincial hospital which has had to turn away dangerously ill infants during this epidemic — although other provincial hospitals suffer equally from the serious nursing shortage.

All other provincial hospitals serving the Johannesburg area, approached for comment, said their children's wards were overcrowded with gastro-enteritis patients.

But none had turned any of these patients — they simply added more beds and called in extra staff to cope with the epidemic.

Spokesmen for J G Strijdom, Edenvale and South Rand Hospitals said yesterday their nursing staff was managing well. They had received many referrals from Johannesburg Hospital, but none could provide exact figures yesterday.

The paediatric wards of both J G Strijdom and South Rand Hospitals were full, the spokesmen said.

"Our nursing staff is working overtime, and many have been called in who were off-duty, because we recognise that emergency measures needed to be taken to battle this epidemic," a spokesman at J G Strijdom hospital said.

Johannesburg Hospital yesterday shifted some patients around to make room for children needing emergency treatment in isolation wards — but no new wards had been opened.

Over one third of the Johannesburg Hospital's paediatric wards are permanently closed.

Doctors at the hospital said that under normal conditions, the staff was magnificent in the way they coped — in spite of the staff shortage.

"This epidemic has shown all of us that our hospital cannot cope with any mass emergency," a doctor said.

In their recruiting efforts, the hospital has drawn retired nurses back into hospital service, hired nurses from abroad and has drawn black janitorial staff into doing very minor nursing duties, such as making beds.

But in spite of this, by February this year, there were 100 fewer nurses at the hospital than last year — with 54,4% of nursing jobs filled as compared to last year's 60,6%. The province has steadfastly refused to hire black nurses to nurse white patients at its hospitals.

Dr Howes yesterday said that gastro-enteritis was a serious disease which leads to dehydration and can be fatal if left untreated.

Asked how the hospital could turn away such seriously ill infants "because there were no beds," when there were plenty of beds in closed wards, he said plenty of other hospitals could treat the sick children.

"Why does Johannesburg Hospital have to treat all of Johannesburg? There are plenty of other hospitals in the area.

"We are a provincial teaching hospital, first of all, and we only treat those patients who cannot afford private care. We always make arrangements for alternative hospital care elsewhere for any patient we cannot accommodate ourselves."

Spokesmen for private hospitals and clinics commented that they would treat all gastro-enteritis patients, but only when these had been referred by private physicians — not by provincial hospitals.

Mr Sam Moss, PFP opposition spokesman on health in the Transvaal Provincial Council, has asked for a top-level Government inquiry into the nursing shortage.

Phoenix hospital 'five-year delay' warning

Mercury Reporter

A PROPOSED R50 million hospital for Phoenix would be delayed by five years if the Government decided to use it as a teaching hospital for Indians, Dr Fred Clarke, MPC, hospital matters in the Provincial Council, warned yesterday.

Addressing members of the South African Indian Council in Durban, Dr Clarke said the Province had plans to start with the 500-bed cottage-style hospital at Phoenix but there was a delay because of a problem over the siting of a new medical school in Durban.

He said the Province was opposed to an ethnic teaching hospital in Phoenix — a totally new concept — to be attached to the University of Durban-Westville.

'The present training school at King Edward VIII Hospital is old and antiquated, therefore we have called for a modern multiracial set-up at Cato Manor,' Dr Clarke said, adding that if the Government agreed to a medical school in Cato Manor then the training school at the Phoenix hospital would be unnecessary.

However, he said he was expecting a decision from the Government about the multiracial teaching hospital in Cato Manor within a month.

'We have made it clear to the Government that we are opposed to two separate medical schools in Durban,' Dr Clarke said.

Mr Amichand Rajbansi, chairman of the Indian Council's Executive Committee, said although the Indian Council had asked for a separate medical school for Indians in 1970 to be attached to the University of Durban Westville, it would withdraw the call if a multiracial teaching hospital were sited in Cato Manor and there was a guarantee of a greater intake of students from all communities.

He said he would be holding talks with two Cabinet ministers this week in connection with the Phoenix hospital.

Site

'The council will press for the Phoenix hospital to go ahead even if it is earmarked as a training hospital,' he said.

Dr Charles Roper, chief planner for hospitals in Natal, said the site for the Phoenix hospital had been acquired from the Durban City Council for R600 000.

It would be built on similar lines as the Northdale Hospital, in Pietermaritzburg, and the wards would be like those earmarked for the super-specialist wards at Wentworth Hospital, he said.

However, the Phoenix hospital would be built in such a way that it would be able to accommodate some teaching facilities as well, Dr Roper said.

'The cost of each ward would be about R600 000 to R700 000 and the number of wards could be increased to meet demand,' he said.

(98)
Mercury
15/6/82

Plan for new day hospital

78 Municipal Reporter

PART of the Rondebosch Town Hall — recently vacated by Southern Life — may be used for a day hospital.

Supporting the plan, the City Administrator, Mr Joe Adams, told the Executive Committee yesterday that the service, intended to cover Rondebosch, Claremont and Newlands, would fulfil "a sorely felt need for pensioners and indigent local residents".

The plan which has been backed by the Medical Officer of Health, Mr R J Coogan, and the various ward representatives, still has to appear before the full City Council.

Patients in those areas have had to attend the day hospital in Diep River after the recent closure of the district nurses' room in Claremont.

Mr Adams recommended that the council grant the application, letting the area — the supper room — at an annual all-inclusive rental of R1 200.

ARGUS 18/6/82
Rondebosch
 (98)
day hospital
applied for

Municipal Reporter

THE Cape Town City Council has received an application from the Day Hospitals Organisation to set up a day hospital in part of the Rondebosch Town Hall.

The application said the organisation had received many requests going back to 1979 to establish a day hospital to serve Rondebosch, Claremont and Newlands.

There were at least 2 224 people living in the three areas who qualified for treatment at a day hospital.

This included old age pensioners, the blind, war pensioners and those on maintenance grants.

The organisation added it believed there were many more people whose income was below the R240 income limit.

The Town Hall was convenient and centrally situated close to a bus route and Rondebosch station.

Cape Town's Medical Officer of Health, Dr R J Coogan, supports the proposal.

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22/6/92
Natal nurse
apartheid to
stay MEC

204
Mail Correspondent

DURBAN. — The Natal MEC in charge of hospitals, Dr Fred Clarke, has turned down a call by an Indian Council member, Mr Ismail Patel, to open all Natal Hospitals to nurses of all race groups.

But he said any nurse would be accepted at any hospital "when the need arose". Although the province believed patients should be treated by nurses of their own race groups, specialised nurses or personnel could be drawn from any race group.

Dr Clarke also said the new Phoenix Hospital would not be open to all nurses.

Nurses of a particular race group would find it easier treating their own kind "because of the religion and culture", Dr Clarke said.

Mr Patel said the main reason for the "artificial shortage" of nurses was colour discrimination. Private hospitals had recruited Indian, Coloured and black nurses to alleviate the shortage of nurses. There had been no hitches, he said.

Dr Clarke said he doubted if there would be a shortage of nurses for Phoenix Hospital — the R K Khan Hospital in Chatsworth had increased its intake of nurses while the intake at Northdale, in Maritzburg, had doubled.

A dying industry

98

While provincial hospitals report chronic staff shortages and lapses in service facilities, private hospitals are in a state of rapid decline. Ironically, the state is responsible — yet another example of a carefully-forged monopoly undermining a complete industry.

This is the stark conclusion of a recently completed report on the private hospital industry in SA. The report was commissioned by the Representative Association of Private Hospitals (Raph) and written by Professor Jan Hupkes. It is backed by financial analyses from two independent firms of auditors.

In its own words: "The private hospital industry operating as it does under the prevailing constraints is a dying industry. No new entrepreneurs have been attracted in the past decade and those operating in this sector only manage to survive because their building stock is relatively old. Once this becomes obsolete, the industry will be phased out."

The conclusions of the Raph report are supported by a strong body of evidence which demonstrates "the absolute straitjacket that is effectively squeezing the private hospital industry out of existence."

The straitjacket is both a legal and financial one and its origins lie in the attitude of the State to private hospitals. This is illustrated by the report of the De Villiers Commission of Inquiry into Private Hospitals in 1974.

The commission made clear its belief that private hospitals have a function only when the state's facilities are inadequate. Resting on the assumptions that health care is a human right and the primary re-

sponsibility of the State, the 1974 Commission appeared to express the desire "to ultimately phase out private hospitals from the health care scene altogether." This view was subsequently reinforced by regulations that put private hospitals under full State control, and subordinated their needs to those of the provincial hospitals.

The Raph report examines the role of SA's private hospitals within the context of the wider area of health care in general. Based on trends in other countries, it assumes that SA's total health care costs will continue to rise relative to gross domestic product. Hospital costs will remain the largest component and follow the steepest growth curve. Factors explaining this include the broadening demographic base of insurance, medical aid and social services in general.

The Raph report urges an integrated approach to health care, citing other countries where it is regarded as a multi-disciplinary field requiring skilled co-ordination on all levels, from the fiscal to the surgical. Private hospitals should be seen as one element within a strategic whole aiming at cost-optimisation. In fact, evidence suggests that increasing centralisation and socialisation of health care tends to increase, rather than optimise, the overall sectoral cost picture.

The Raph report is in advance of (and intended as a guide to) the Browne Commission of Inquiry into the question of health care in SA. Noting a similarity between the structure of the Australian and SA health care industries, it examines extensively a recently-completed Australian commission of inquiry into hospitals and

analyses its conclusions.

"The commission concluded that the maintenance of a "mixed economy" in health service delivery is desirable, with private sector facilities, subsidised or not, co-existing with government-funded facilities." And it adds: "The market discipline of the private sector must be used in an effort to curtail rising hospital costs."

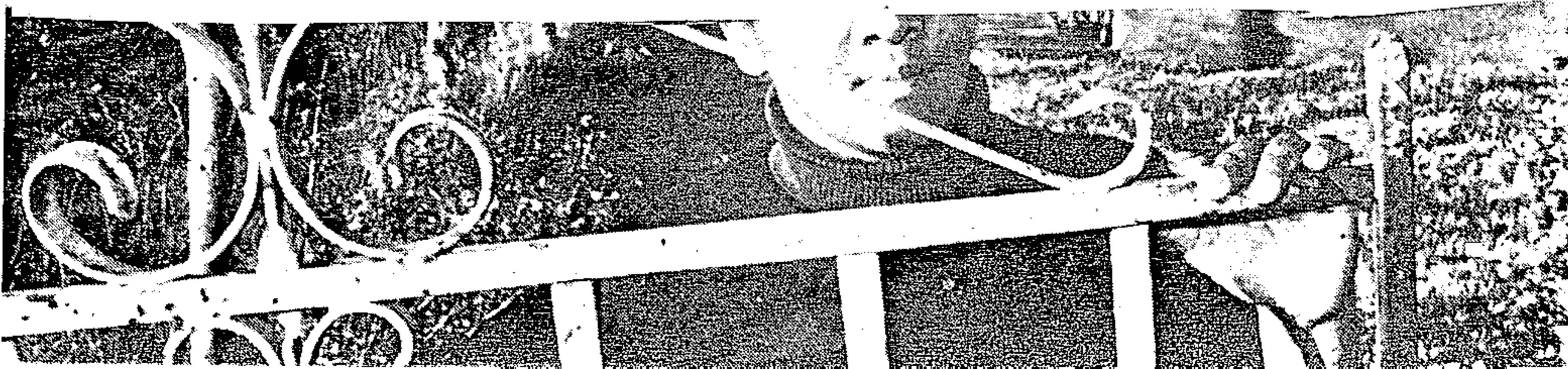
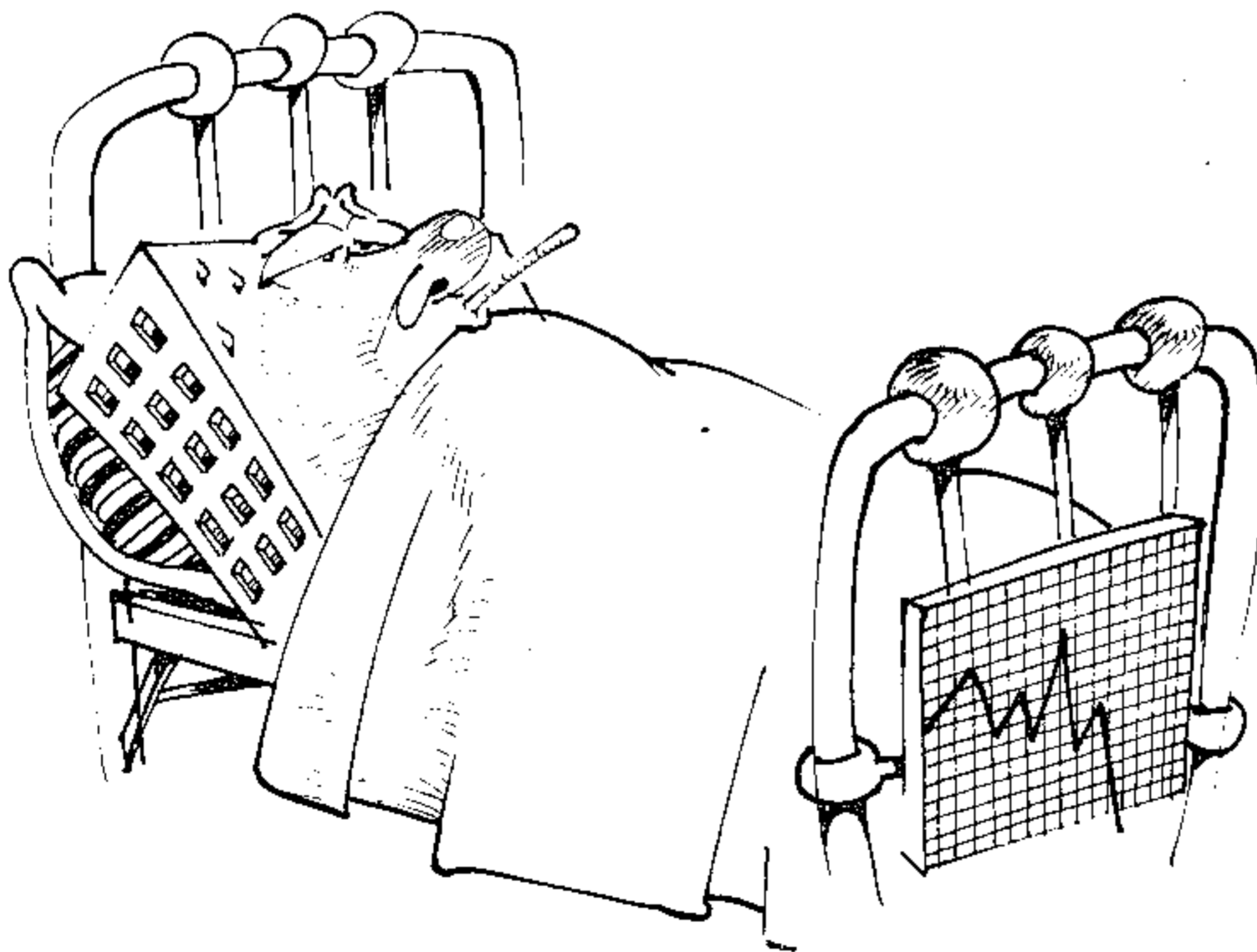
Ready acceptance of these ideas is not to be found among the SA authorities, as the preceding examples make clear. At the same time private hospital revenues in SA are partly controlled by the State through the Medical Schemes Act. This lays down a lengthy, unclear system of negotiation "which private hospitals have to go through in order to obtain medical aid tariff increases." The result is that, at least in the last 10 years, tariff increases have barely kept up with the rate of increase of the consumer price index and often lagged far behind it, as they did in the period following the 1974 Commission.

Consequently, as the auditors' analyses show, private hospital services operated at a loss in the three years between 1977 and 1979, the period examined. These losses were covered by profits on medicine dispensing, one factor believed by Raph to have contributed to the "profiteering" image of private hospitals. Another might be that private hospitals must compete with provincial hospitals, where "tariffs bear no relation to true costs," and where no "true cost" breakdowns exist to provide means of comparison.

The auditors' reports also provide an industrial average for returns on capital over the three sample years. None is higher than 9% and none sufficiently attractive to induce new investment. "No large new private hospital was built since the early Seventies." The lack of incentive is aggravated by the negative effects exerted on future cash flow projections by the erratic history of tariff increases.

The Raph report warns: "The time has come for the Authorities to make a very critical decision on the future of the private hospital industry. If they continue on the present course (as envisaged by the 1974 Commission of Inquiry), they will definitely achieve the aims of the Commission's report, namely, to phase out the role of private hospitals in the health care field. The state will then also have to take over these responsibilities."

If, on the other hand, the private hospitals are accepted as vital elements of total health strategy, the existing legal and financial restraints on them must be revised or, better still, removed.







DAILY DISPATCH, SATURDAY, JULY 3, 1982 — 7

Doctor: ruling could hurt jobless

JOHANNESBURG — A ruling against two doctors by the disciplinary committee of the Medical and Dental Council will cause suffering to thousands of jobless black patients and their families.

This was claimed here yesterday by an East Rand practitioner at the hearing of Dr J. Nell and Dr S. J. Gous.

Both doctors were accused of disgraceful and improper conduct by contravening the medical practitioners' code of conduct.

Unemployment funds payable by the Department of Manpower Utilisation to blacks who had been without work because of illness would either be delayed or not paid at all because of the outcome of the hearing, the practitioner, Dr Peter Urbani, told the committee.

"Thousands of people are waiting for the outcome of this hearing", Dr Urbani said.

Dr Gous, a senior medical officer of the Transvaal Provincial Administration, and Dr Nell, an East Rand practitioner, were found guilty of contravening a Medical and Dental Council code which prescribes the filling in of doctors' certificates.

Dr Gous was found guilty on the alternative charge of improper conduct and cautioned. The committee is to recommend to the council that Dr Nell be suspended as a practitioner for three months.

Dr Nell was found guilty on both charges. He twice provided medical certificates to three black workers who had been fired after an illegal strike on the East Rand in 1980. Dr Nell had found that all three suffered from the same disease.

Dr Gous signed a certificate as a locum tenens for a patient of the medical partnership he was working for, accepting the diagnosis of and treatment by senior doctors to corroborate the word of the patient.

Dr Urbani, who gave evidence in mitigation of sentence, said doctors "all over the country" were breaking rule 17(a) of the code of conduct to expedite payments by the Department of Manpower Utilisation to "thousands of hungry black families."

According to the code, doctors have to fill in "as informed by the patient" on all medical certificates of illness where they have not personally attended to the patient.

Both doctors had failed to do this. Certificates filled in this way were, however, rejected by the Department of Manpower Utilisation which caused long delays in payment of unemployment benefits to workers who had been off sick. Dr Urbani said.

Dr Urbani told the disciplinary committee that he was prepared to break rule 17 of the code himself if it was "in the interest of my patient".

He later told a reporter that he believed there were about 5 000 families in Kwa-Thema on the East Rand alone who were waiting for unemployment insurance payments. — DDC

4. Do not write in the left hand margin.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

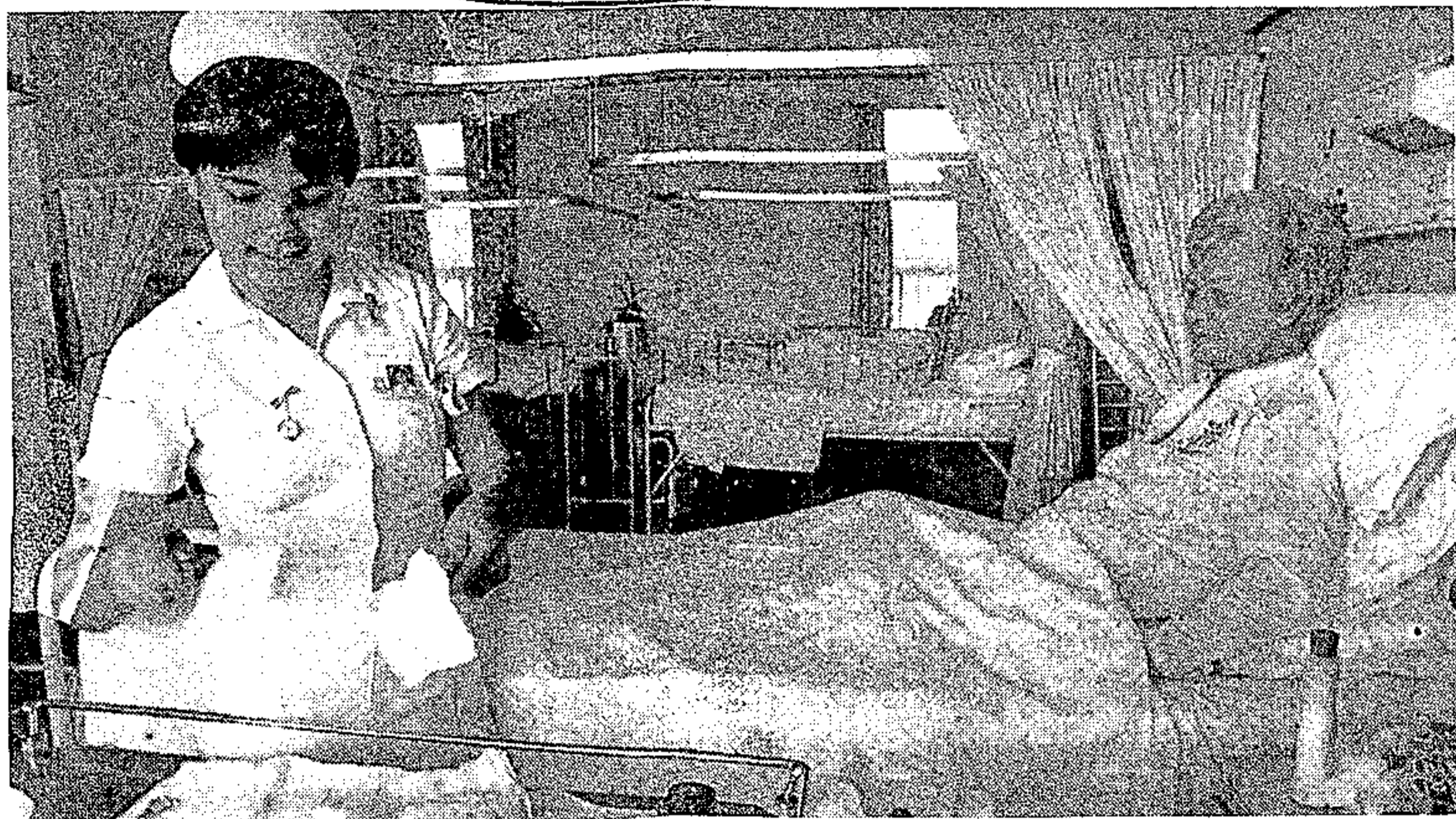
1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

WARNING

Examiners' Initials													(1)	(2)	(3)	External

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

IN/OK



● Student nurse, Fransina van der Linde, prepares a dressing for a patient at the Edenvale Hospital. Edenvale is one of the few adequately staffed hospitals in the country.

Picture: PIERRE OOSTHUIZEN

A cure for an ailing hospital

98

Hospitals throughout the country are in a crisis situation because of lack of staff. Yet Edenvale Hospital is overcoming the problem in a unique, enlightened way. CHARLOTTE BAUER reports.

MOST hospitals around the country are still struggling to keep their heads above water in coping with a white nursing shortage that is no less chaotic now than it was this time last year.

But at one hospital on the Reef, things are different.

While most provincial hospitals flounder in a bureaucratic quagmire of abysmal working conditions, frugal salaries and 'Whites Only' posts, the Edenvale Hospital is faring a little better.

Winter 1981 was a black period for all Transvaal provincial hospitals. Wards were closed, staff left in droves and, in some cases, patients who were not critically ill were turned away.

Today many of those wards remain closed — half the wards at the 2 000 bed Johannesburg Hospital have shut down — and trained white nurses are as hard to find as gold nuggets.

Harassed hospital superintendents have had to cope with the meagre means at their disposal without the benefit of being allowed, like private clinics, to exploit the existing black nursing talent.

Each unused bed is a sorry symbol of the wastefulness of the system.

Every patient turned away is a cruel reminder that the roots of the crisis lie squarely on the shoulders of the Government.

Edenvale also has to contend with all these problems — and more — this year more than 80% of its beds are in use — a 30% improvement on last year when, at most, 50% of the beds were open.

Only this month Dr Servaas Latsky, MEC in charge of hospital services reiterated that the nursing shortage has never been more serious, revealing, that by February this year, 40% of white nursing posts were vacant.

nurses out of their self-imposed exile and back to the profession.

"We asked trained staff who were no longer working to come back on any basis they wanted — full or part-time.

"We got a fair amount of response to this plea, especially from housewives who had given up nursing," said Dr Perling.

With a fresh injection of staff, the hospital was able to start operating a few more beds.

Next, Dr Perling set about trying to recruit qualified sisters who were either not working or were in another occupation, to work one or two night sessions a week.

Offering R5,20 an hour, the hospital was able to employ about 50 additional part-time sisters.

This scheme, the first of its kind to be introduced on an organised basis, lessened the workload of full-time sisters, many of whom would no longer be required to work night shift.

"Today this is how we manage to run our night set up," explained Dr Perling. "Without these extra sisters we would never have been able to operate as many beds as we can now.

Now that the sister problem has been solved, Dr Perling has turned his attention to the most severe shortage of all — nursing assistants.

Not content to sit back on his laurels, the energetic doctor has again embarked on a flamboyant publicity campaign to find the staff he needs.

Assistants to nurses need no qualifications other than a Std VI certificate.

Their job, quite literally,

is to aid nurses in every aspect of their job. There is no upper age limit and the carrot being dangled this time is the offer of near-free accommodation on the hospital premises.

In addition to a salary, nursing assistants are entitled to a private room in the hospital grounds, laundry and all meals for R20 a month.

Said Dr Perling: "If I could get enough nursing assistants, we can open up the whole hospital again."

Remarking that running the Edenvale Hospital sometimes felt like steering a sinking ship, Dr Perling said he believed he had managed to avoid crises by the skin of his teeth, because of a staff system of 'power-sharing'.

No decision is taken before discussions have taken place with senior nursing and paramedic staff. Nothing is done without the knowledge of staff representatives. Working conditions are carefully monitored.

"I do not believe in overburdening my staff. When I first came to the hospital we actually reduced the number of beds until the situation eased a little. We would rather cope adequately with what we've got than overstress staff and have them resigning," said Dr Perling.

What Dr Perling has achieved is a temporary stop-gap.

But the future of the medical profession is still skating on thin ice and, according to medics, will only move onto firmer ground once the authorities take heed of the warning signs and start changing their discriminatory hospital policies.

Witwatersrand superintendents are beginning to get used to closing wards, but few can boast of opening new ones.

Yet in the same month that Dr Latsky issued grim warnings about the state of the medical profession, personnel at the Edenvale Hospital were holding a cocktail party to celebrate the opening of a new spinal unit.

Dr George Perling, the hospital's superintendent believes he is experiencing fewer staff traumas because of a year-long intensive Press campaign and publicity drive that has rewarded him with enough new nurses to adequately run almost all the wards at his 200 bed hospital.

When Dr Perling joined the hospital at the beginning of 1981, the picture that greeted him was a bleak one.

"There was a terrific shortage of nurses at all levels, from the bottom to the top. It was terrible, but every hospital had it."

Dr Perling set to work and, with the help of local newspapers, announced a scheme intended to lure

(98) E. Port
8/7/82

Site of private clinic to be raised

Municipal Reporter

THE location of a private hospital in the northern areas will be discussed by the Port Elizabeth City Council's Administration and General Purposes Committee this afternoon.

The item has come before the committee before but there was a difference of opinion between the City Engineer's Department and the Coloured Management Committee on the choice of a site for the hospital.

The City Engineer, Mr A Clayton, recommended that the development company, Elim Properties (Pty) Limited, which is 80% coloured-owned, be offered a site on the corner of Aubrey Street and Stanford Road, in Gelvandale.

The CMC, however, favoured a site in Rensburg Street.

A special meeting of the Administration and General Purposes Committee to which the CMC was invited, was held in May, when it was decided that the CMC would renegotiate with Elim Properties.

But at its next meeting, the CMC resolved to endorse their earlier decision to recommend the Rensburg Street site.

In the meantime, the Mercantile Syndicate has objected to the Aubrey Street-Stanford Road site.

This company was given permission to establish a private nursing home/hospital in the Mercantile Centre and they argue that it would not be economically viable to establish another hospital in close proximity.

In spite of the CMC recommendation and the Mercantile Syndicate's objection, Town Clerk Mr P K Botha also recommends the site on the corner of Aubrey Street and Stanford Road.

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Hospital staff strike

MORE than 100 general workers at the Kenridge Hospital in Parktown, Johannesburg, yesterday downed tools in protest against what they termed "junk" food.

A workers' spokesman yesterday said they

had decided not to work until something was done about their grievance. They stopped working at lunch-time after they discovered that the meat given to them was a mixture of chicken throats and turkey.

~~192~~ 98 ~~97~~ 16/7/82
Sowetan

C. Herald
**New black
nurses'
canteen**

98

17/7/82

BLACK nurses at Groot Schuur Hospital, who for some time have had problems with their canteen, now have a sparkling new one... but there are still a few gripes.

Firstly, black nurses had complained that their old canteen was some distance away from the ward, or another building. A large part of their tea-times had been spent walking to and from this canteen.

White nurses on the other hand had a canteen very close by.

Now the black nurses have been given their white counterparts' canteen and the white canteen has been moved some distance away to the nurses' quarters.

What black nurses fail to understand, according to a few who Cape Herald interviewed, is why, in the first instance, there should be separate canteens.

SILLY

"In this day and age I think it is rather silly to insist on the races being separated," said a black nurse, who asked not to be named.

She added that many whites have also complained of the separate canteens.

SJF 5/28/82 98 S. Express 18/7/82

Hospital will not re-hire banned pharmacist

By DARYL BALFOUR

A BANNED former detainee and executive member of the Natal Indian Council has been refused his old job back at King Edward VIII Hospital in Durban — despite a shortage of qualified chemists there.

The sacking of Mr Pravin Gordhan while he was in Security Police detention earlier this year has been labelled 'political victimisation' and a petition is being circulated to have him reinstated.

This week Mr Gordhan lodged papers suing the Minister of Law

and Order, Mr Louis Le Grange, for R10 000 for alleged torture while in detention.

He was detained last November 27 under Section 22 of the General Laws Amendment Act, and later held under Section 6 of the Internal Security Act. When released on May 7 he was banned.

Mr Gordhan worked as a pharmacist at King Edward Hospital for eight years before his detention.

He is now unemployed and his wife Pravina, a nurse, has to support him and their five-year-old

daughter.

Mrs Gordhan said that when her husband applied for his job back he received a letter from the Natal Provincial Administration saying there was no suitable post for him at the hospital.

"But the hospital has been employing people over 60 on a half-day basis as pharmacists.

"If they can find the need to employ these people, surely it would be better to employ a man who has already worked there for eight years and knows the job and the people."

She said she was sure there has been outside pressure on the hospital and NPA not to re-employ her husband.

"Pravin was offered jobs as a pharmacist in Linzinto and Chatsworth, but was refused permission to work there by the chief magistrate," she added.

In terms of his banning order he is restricted to the magisterial district of Durban. The chief magistrate is empowered to set aside certain restrictions on application.

A spokesman for the Directorate of Hospital Services in Maritz-

burg, Mr G Grobler, said if Mr Gordhan was unhappy about not getting his job back he should lodge a complaint in writing.

Meanwhile Dr Jerry Coovadia, of the Durban Medical School, who is vice-president of the Natal Indian Congress, said several hundred people had signed the petition.

The petition notes that the Director of Hospital Services, Dr Fred Clarke, said in a statement at the time of Mr Gordhan's detention that he would be reconsidered for his old post when released.

Dr Clarke was on holiday this week and could not be contacted

(29/11/82) (98) NDM 19/7/82

Two die from gastro-enteritis

By MAURITZ MOOLMAN

TWO patients from the Weskoppies Psychiatric Hospital in Pretoria have died from gastro-enteritis and 16 blacks from the surrounding area — five of whom are confirmed cases — are under treatment at the Kalafong hospital.

Dr J Gilliland, deputy Director General of Health, said yesterday that the condition of all the confirmed cases had improved since the two people died in the Kala-

fong hospital last week.

Tests are still being done on 11 other patients from various areas of Pretoria.

The victims, a man and a woman, died after contracting the highly contagious disease in the Weskoppies hospital. It is believed they were contaminated by a new patient who was admitted while suffering from gastric fever.

They were transferred to the Kalafong hospital and died there.

Dr Gilliland said the situation is under control and steps had been taken to prevent the disease from spreading.

About 5 000 people in South Africa contract the disease every year, though deaths are rare.

● No new cases of polio were notified last week. So far 19 people have died from the outbreak in the Northern Transvaal homelands and two in Pretoria. Altogether, 226 polio cases have been reported.



Emergency in the wards

By Jean Hey

The Johannesburg Hospital desperately prepared to work unusual hours to help ease its staff shortage.

Women who wish to work flexi-time or part-time are being accommodated as far as possible because the hospital needs all the manpower it can get.

The shortage is so acute that in an effort to curb its

problem the hospital runs a bus service to nearby towns such as Vereeniging and Vanderbijlpark.

In these areas jobs are scarce and pay is lower than in Johannesburg.

The hospital has also had to rely heavily on refreshment recruits to fill the gap in staff.

Last year the ingenuity department was saved from a serious

breakdown by refresher course members.

In a further effort to find staff, the hospital sent a recruitment team to Europe last year.

It now has about 50 Britons and Germans working as nurses, radiographers and in administration.

The most understaffed section at the hospital is administration with nursing a close second.

The telephone exchange, which needs 42 people, is run-

ning on a skeleton staff of 16.

The hospital's creche, too, needs more workers. It was recently expanded to take 200 children, but because of the staff shortage can cater for only 77.

"In the nursing section, we will train women with no experience," says Miss M Somers, the hospital's chief matron.

"We find older women are generally good employees because they are

settled with a family.

"They are also more capable of dealing with stress situations because they encounter them frequently in the family."

However, joint taxation has meant that many married women limit working hours in order not to pay the heavy tax that married couples do.

"This taxation system works against us," said Dr Neville Howes, hospital superintendent.

"Without it many women would be prepared to work longer hours."

However, pay was at the heart of the staff shortage, he added.

"In the nursing field we are competing with private doctors and private hospitals," he went on.

"In the administrative sections our rival is free enterprise.

"Job opportunities for women are far greater than they used to be,

particularly in big city centres such as Johannesburg.

"At the hospital we cannot match salaries offered by business."

"Still, if the hospital is to operate smoothly it needs more workers.

"It is important to get trained people back on our staff, whether full-time or part-time," said Dr Howes.

Telephone 643-0111. Ask for Personnel Department, extension 2100.

SAA gives your wallet a holiday...

Pay Now, Pay Later



Clash on refusal to re-employ banned chemist

By KENNY NAIDOO

THE Natal Provincial Administration and a number of medical and health organisations have clashed over the NPA's refusal to re-employ banned Durban pharmacist Mr Pravin Gordhan.

He had worked at the King Edward VIII hospital in Durban for eight years as a pharmacist.

The organisations allege that the refusal to re-employ him was politically motivated.

But Dr Fred Clarke, MEC in charge of hospital services for Natal, this week rejected the allegation as "a lot of rubbish".

Dr Clarke said the policy regarding employment in his department was set by him and "the political background of any candidate applying for appointment with the NPA in no way influenced his appointment".

Decision

Dr Clarke added that detainees and ex-detainees in the past who had applied to the department for employment had been taken on and were still employed.

The hospital's decision to refuse Mr Gordhan employment was not influenced by the fact that he had been banned for two years.

But the organisations campaigning for Mr Gordhan's reinstatement have refused to accept these explanations and have condemned the dismissal as "victimisation".

They are the Natal Health Workers' Association, Medical Graduates' Association, Alternate Medical Association and the Medical Students' Representative Council.

S. Times
1/8/82

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Contradiction

Massive jump in hospital fees

98 Mercury 5/8/82
Political Reporter

FEES in Natal provincial hospitals will jump by between 20 percent and 66 percent on October 1, exactly 12 months after the last increase of up to 50 percent.

Patients of all races will be affected by the hikes, which will bring Natal into line with hospital tariffs in the Cape and Transvaal.

Dr Fred Clarke, MEC in charge of hospitals, said yesterday the increases would be inclusive of the extra services such as whole body scanning and ultra sound scanning which at present were charged separately.

This would drastically reduce the administrative workload on overburdened hospital staff.

Patients such as the aged who received free medical treatment would not be affected by the latest round of increases.

Dr Johan Vorster, Natal's Director of Hospitals, said the increased tariffs were necessary to 'keep pace with the astronomical rise in medical costs'.

He pointed out that a single body scanner, considered essential for modern day diagnostic medicine, cost just under R1 000 000, the same as the recently installed laser surgical unit at Wentworth Hospital in Durban.

'To give an acceptable medical service to the public we need sophisticated medical equipment, a comprehensive range of medicines and we need to pay our nurses reasonable salaries.'

Dr Clarke said the increased tariffs would bring in an additional R1 770 000 but because charges for extras would be dropped, the actual income would be R1 300 000.

The income from fees in Natal hospitals last year had been R8 770 000.

New rates

The new rate for white in-patients in closed hospitals in general wards (with the old cost in brackets) would be R30 (R22,50) a day while the cost of a private ward would be R35 (R27).

According to remarks in a comparative schedule drawn up by the provincial hospitals headquarters, an attempt had been made to narrow the gap between whites and non-whites in the case of full-paying patients and statutory patients.

Non-white statutory in-patients in general wards in closed hospitals would pay R35 (R30) and full-paying patients R25 (R15) per day.



DR Fred Clarke ... keeping pace with the astronomical rise in costs.

In private wards in the same category, the new charges would be R40 (R35) for a statutory patient and R30 (R18) for a full-paying patient.

In an open hospital, whites in general wards who are private patients would pay R15 (R12) a day while the tariff for statutory patients would be R30 (R25).

In private wards, white statutory patients would pay R35 (R30) per day while the tariff for private patients would be R20 (R16,50).

Non-whites in general wards who are statutory patients would pay R25 (R20) while private patients would be charged R10 (R7,50).

Extra hospital ⁹⁸ *Mercury* services include ^{6/8/82} modern equipment

Mercury Reporter

EXTRA services which will be included in provincial hospital fees when the increases come into effect on October 1 will include some of the most expensive and up-to-date medical equipment being used.

One of the extra services will be the body scanner which is due to be installed at Addington Hospital later this year.

Dr Johan Vorster, Natal's Director of Hospitals, gave details of the full services to be included in the increased fee yesterday.

These will be treatment and diagnosis using body and ultra sound scanners, which can cost patients in private hospitals more than R200, radio isotopes, surgical sundries, fluorescence angiography and the theatre fees for cosmetic surgery.

Dr Vorster said it would be impossible to calculate how much these extra services would be worth to the public in real terms because hospitals did not

count capital costs, but pointed out that the scanner at Greys' Hospital had brought in R15 000 last year.

He added that the scanner which Addington Hospital has bought for just under R1 000 000 would be installed this year, and said the new Grey's Hospital would be buying a scanner as soon as the money was available.

Meanwhile, private hospitals said yesterday that the inclusion of extra service charges into the increase in provincial hospital fees would have no effect on them.

According to Mr L Goldman, medical superintendent at St Augustines' Hospital, the increase would not amount to unfair competition for private hospitals.

'Patients at provincial hospitals will still be paying for extra services — they won't be given away for nothing,' he said.

A private radiologist at St Augustines' Hospital said: 'The new provincial hospital system should not affect our practice.'

CMC views on hospital site

98 E. Post 6/8/82

Municipal Reporter

THE Coloured Management Committee will have the opportunity to forward objections to the choice of site for a private hospital in Gelvandale.

This was pointed out by the chairman of the Port Elizabeth City Council's Administration and General Purposes Committee, Mr Aubrey Braude, after yesterday's meeting.

His committee recommended that the site on the corner of Aubrey and Standford roads should be rezoned for institutional purposes to enable it to be sold to the developers, Elim Properties, for the building

of a private hospital.

The decision was taken despite objections to the choice of site by the CMC.

The Administration and General Purposes Committee also decided to:

- Hold an on-site inspection of buildings on an erf on the corner of First Avenue and Cape Road in Greenacres before taking a decision on a request by the Wedgwood Park Country Club for a "second home" on this site.

- Recommend to council that the Old Apostolic Church in Heugh Road be relocated in Villiers Road, Walmer.

CANC 7/18/81
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Concern on hospital managers

Staff Reporter

THE Administrator, Mr Gene Louw, yesterday expressed concern that doctors who were administrative heads of hospitals might lack the managerial skills that their positions demand.

He urged universities to look into the matter.

Opening the annual academic day of the Faculty of Medicine of the University of Stellenbosch, he said heads of hospitals lacked the academic background to qualify them as medical managers.

He said universities, the Provincial Administration and the Medical Research Council should compile a formal specialist training course to qualify doctors as medical administrators.

Mr Louw also announced that next year, the Provincial Administration hoped to open the long awaited R7-million tumor and cancer department at the Tygerberg Hospital, where the country's fast-increasing number of cancer patients would be treated.

He said cancer was the second main cause of death in South Africa.

"In spite of an unbearable shortage of funds, the Provincial Administration is doing everything in its means to hasten the project — to literally save human lives," Mr Louw said.

Phase I of new hospital soon

Cape Times 10/8/82

98

Chief Reporter

THE first phase of a massive redevelopment project in which a new Grootte Schuur Hospital will be built at Observatory at an overall cost of about R200-million, is expected to be started at the end of this year.

Designed to provide for more than 10 000 people of all races daily — patients, staff, outpatients and visitors — the new hospital has for some time been regarded as an urgent necessity.

The present hospital, in spite of additions made over the years, has been described as "hopelessly inadequate" and the patient overcrowding there as "intolerable".

12-storey building

In an announcement yesterday, Mr Willem Boucher, MEC in charge of works, said the first phase of the project would be the construction of a new 12-storey hospital building to house 1 440 beds and services.

In addition, under-cover parking would be provided for about 1 700 cars.

Tender documents for the first phase were expected to be ready by August 23 and tenders would then be invited immediately.

Mr Boucher said the four selected consortia of building contractors would have to submit their tenders five weeks later and the Administra-

tion would then have to decide within 45 days whether or not to accept a tender.

"This means that, should a tender be accepted, it will be possible to hand over the site to the successful tenderer early in December."

Four consortia

The four consortia that would be invited to tender were:

- Hochtief/Murray and Roberts Concor/Combrink.
- LTA/Comiat (Pty) Ltd.
- Philipp Holtzmann/Clifford Harris (Pty) Ltd/Ovcon Cape (Pty) Ltd.
- Stocks and Stocks/CMGM (Pty) Ltd.

Mr Boucher said the first-phase contract would be for six years and the entire project was expected to be completed in 10 years.

Second phase

The second phase would be the upgrading and conversion of the existing Grootte Schuur Hospital and the third the provision of staff quarters.

The new hospital has been designed in such a way that it will not detract from the mountain backdrop vista of the original Herbert Baker building, which after upgrading is to be used for paramedical services, laboratories and administration and other offices.



Three of the rescued hikers, 17-year-old A Gibbon, and the party's leader, Mr Mike blankets in the back of an ambulance. Mr C deep gash just under his

Bikini Beach record missing

Staff Reporter

THE Gordon's Bay municipality has no property record card for Bikini Beach and rates have not been paid on the property since it was bought in 1851.

This disclosure by the Gordon's Bay town clerk is expected to add a new twist to the controversy over the proposed R45-million luxury flat development which will be discussed at a public meeting in the town tonight.

It was disclosed last week that the beach is controlled by the developers who recently bought nearly 14 hectares of land to build the complex on the mountainside above the harbour.

Concerned residents of the town fear that the beach, Erf No.4, could become the exclusive preserve of wealthy jet-setters who occupy the flats.

Attorneys

"The council has appointed an investigation to look into the fact that rates have never been paid on the beach. But we

Men 'convicted' taking 8

Staff Reporter

THREE divers who could not "resist the temptation" to land perlemoen were yesterday fined a total of R (or 400 days) each on counts of contravening perlemoen regulations. Part of the sentence R300 (or 150 days) on each count, was suspended for five years.

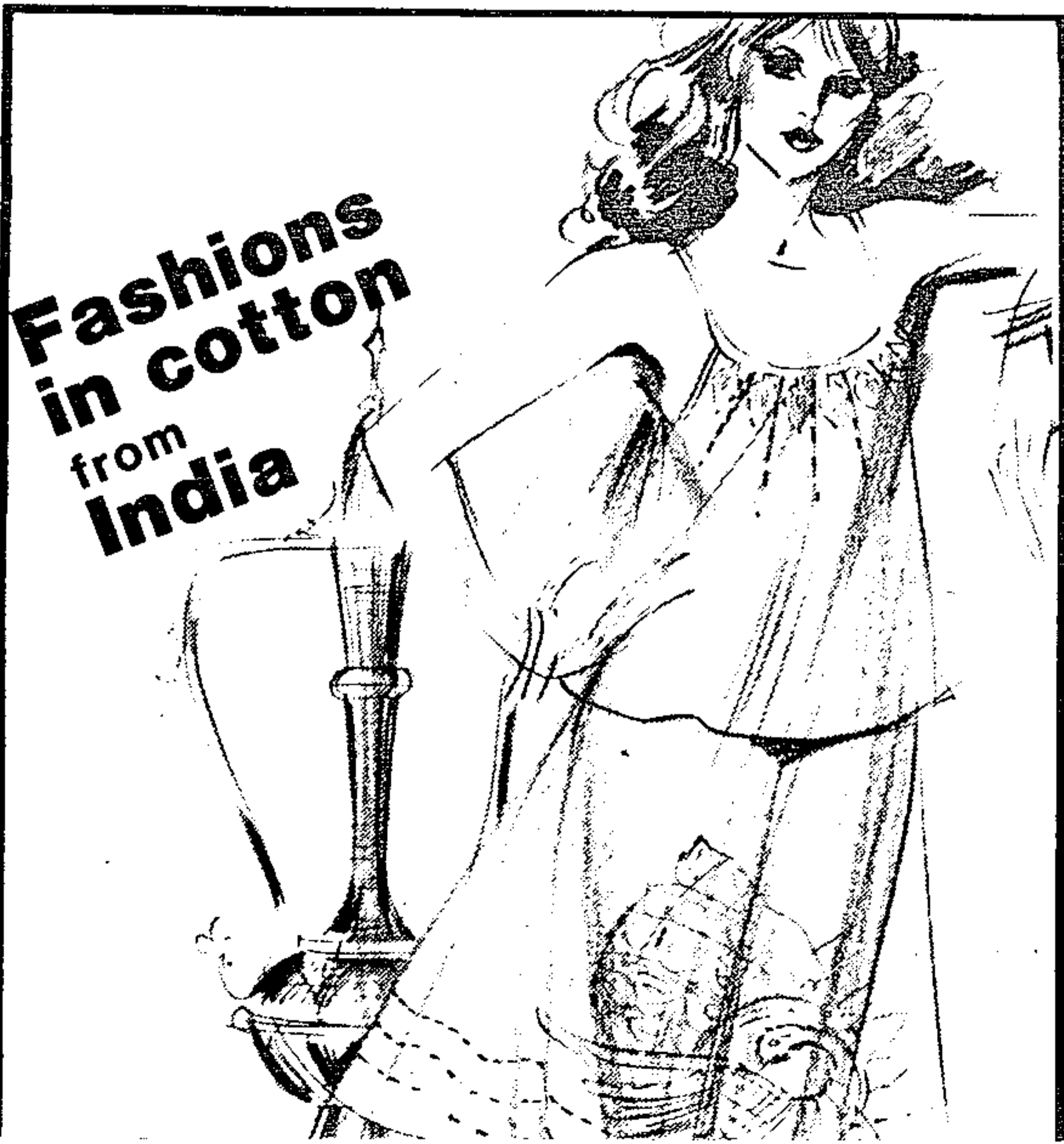
Gino Ajaro, 22, Ritchie Street, Woodstock, Mick Shearer, 21 Brachior Road, Green Point, and Stewart Girton, 20, of Algoa Road, Milton, all pleaded guilty to charges of landing perlemoen which was not in a whole state, catching more than 1 perlemoen without a permit.

Evidence was that on August 7 at Three Anchor Bay the men, diving from a boat owned by Ajaro's father, landed perlemoen after they had removed the shells with their diver's knives.

Boy, 12, drowns on Sundays

Staff Reporter

A 12-YEAR-OLD boy drowned in the Sunday River near Graaff-Reinet on Sunday when he fell into a deep pool while playing with two friends.



Hospital staff shortage 'critical'

Cape Times
17/8/82

98

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By JANE ARBOUS

SERIOUS shortages of medical staff at Groot Schuur Hospital are continuing, often to the detriment of patient care, according to many of its departments.

In the hospital's annual report for 1981, departments from pathology to engineering and maintenance reported little or no improvement in the staff situation over the previous year. The shortages in some areas were "critical".

The report comes after a warning earlier this year by Dr R L M Kotze, the Director of Hospital Services, to all provincial hospital heads that their annual reports should be "drawn up in a responsible manner".

While the Chief Medical Superintendent, Dr H Reeve Saunders, referred in her report to recruiting problems in the clerical, nursing and radiographic areas, the head of the Division of Medicine, Professor S R Benatar, reiterated the lack of adequately trained nursing staff.

Many of the nursing posts had been filled by nurse aides during last year and the number of senior student nurses or trained staff "has often been inadequate to permit delivery of the high standard of care we should like to see our patients receive", he said.

He praised the dedication of existing senior staff who voluntarily worked in the hospital over weekends outside their normal hours.

The Carinus Nursing College reported that the first white intake applications for this year were a third below normal, while the current establishment of all students from all affiliated hospitals was also a third below normal. The trend — which was seen as a result of the need for improved service conditions, the national manpower short-

age and the negative influence of media reports — was expected to continue.

The hospital's Chief Matron, Miss L J du Preez, said all categories of nursing staff had responded to the call to work overtime to keep the wards and departments "covered".

Professor Chris Barnard, head of the Department of Cardiac Surgery, cited the continuing shortage of trained nursing staff, particularly in the intensive-care units, as a factor hindering the work of the department.

One of the most "critical" shortages throughout the year was in radiography, forcing the Diagnostic Radiology Department to rely heavily on part-time radiographers, many of whom did not do night work, according to Professor R E Kottler.

In the Department of Biomedical Engineering, Dr G Jaros said the shortage of technicians created "a major problem" in providing an efficient service to patients. While this had improved with a revision of the department's technical structure, the support staff remained critically low.

Professor C J Uys, head of the Division of Pathology, pointed to the increased workload and demand for more-sophisticated investigations and



The Leader of the Opposition, Dr Van Zyl Slabbert, at a Party press conference yesterday. Behind him and MP for Pinelands

Slabbert outlines

Political Correspondent

THE Leader of the Opposition, Dr Van Zyl Slabbert, plans to highlight weaknesses in the government's constitutional proposals through a series of penetrating questions.

Dr Slabbert believes the plan for a three-chamber parliament under an executive president contains a number of fatal flaws and that, without substantial alteration, the system will be unworkable.

Last week he focused on the domination built

into the proposals, asking whether the Prime Minister, Mr P W Botha, would be prepared to serve under a coloured or Indian executive president in the system now suggested.

He predicted Mr Botha would not because it would give them the same domination over him that Nationalists planned to exercise over other races through the proposals they had devised.

Dr Slabbert has compiled a list of questions to be posed in a tour of

Irish: Handle with care

LONDON. — The Irish in Britain Representation Group is claiming its first victory in its campaign to force the withdrawal from sale of joke Irish mugs. The mugs have the handle on the inside.

A London retailer, the Covent Garden General Store, had stopped selling the mugs and returned

Police accused of hitting

Cape Times 17/8/82
Own Corr.

JOHANNESBURG. — Two charged with assaulting a

a Regional Court magistrate. The State had alleged Deetlefs, 32, of Beech Ave. Officer Lawrence Charles assaulted Miss Barbara Anne

FINAL DRASTIC REDUCTIONS

ROMENS WINTER SALE

Smorlage 'critical'

By JANE ARBOUS

SERIOUS shortages of medical staff at Groote Schuur Hospital are continuing, often to the detriment of patient care, according to many of its departments.

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Professor C J Uys, head of the Division of Pathology, pointed to the increased workload and demand for more-sophisticated investigations and said that in some of his departments the shortage of trained technologists "is beginning to assume critical proportions".

This was a manifestation of the general shortage of skilled manpower and he hoped the situation would improve this year.

According to the Department of Ophthalmology, adequate use could not be made of a second operating theatre because of the shortage of nursing staff. This resulted in emergency cases having to be handled in the routine operating lists — "an unsatisfactory state of affairs".

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Own Corres

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FINAL DRASTIC REDUCTIONS

ROMENS WINTER SALE 3-PIECE SUITS

Best known
makes Trevira/
wool and pure
new wool

From
only

R59.⁹⁵

NOW LESS 33 1/3%

★ All Jeans,
Trousers,
Raincoats,
Overcoats, Winter



Shortage of nurses in West Cape still 'critical'

ARGUS
17/8/82

98

Medical Reporter

THE nursing shortage in the Western Cape is still critical, according to the Grootte Schuur Hospital group's report for 1981.

And the continuing decrease in students enrolling for a nursing career at Cape Town's Carinus Nursing College "is a reflection of a critical shortage of white students experienced throughout the country."

Writing in the report, the senior principal of Carinus, Mrs B Goodchild-Brown, says the shortage reflects a state of affairs requiring urgent attention.

INTAKE

Mrs Goodchild-Brown says the 1982 first intake applications for women entering the nursing profession are one third of the normal.

The present establishment of all students from all affiliated hospitals is also only a third.

The trend, she adds, is expected to continue.

Mrs Goodchild-Brown says in her report the pertinent problems seem to arise from the national manpower shortage, the competition from the private sector, the need for improved conditions of service, improvement of image and status of the profession and the negative influence of mass media reports.

WAITING LIST

In her report on the nursing division of the group, the chief matron, Miss L J du Preez, says the number of appointments of white student nurses continues to decrease, while there is a waiting list for black nursing students and pupils.

Miss du Preez says: "There were 121 appoint-

ments (of white nurses) in 1981, compared with 186 for the previous year."

This represents a decrease of about a third over a year.

Miss du Preez says that "all categories of nursing staff responded to the call to work overtime in order to keep the wards and departments covered."

OVERTIME

She added that implementation of the overtime system in February placed a tremendously heavy burden on the already overloaded nurse administrators.

Because of a lack of clerks, university students were employed part time to assist with the clerical work.

The nursing shortage is affecting several departments in the group.

One of them is the department of cardiac surgery.

According to the department's head, Professor Chris Barnard, work was limited at intervals by the continuing shortage of trained nursing staff.

PROBLEM

The department of physiotherapy says in the report that the treatment of patients requiring long-term rehabilitation remains a major problem.

"The facilities for caring for these patients are inadequate and many patients who would benefit from the specialised physiotherapy available, are deprived of this due to their premature discharge to unsuitable home experiences."

Tributes are paid by other departments to nurses for their dedication while working under pressure.

Call for boost to South Africa's basic health care facilities

ARGUS 18/8/82

97 98

THE president of the World Medical Association, Dr A G Martins of Portugal, today called for an improvement in basic health care facilities in South Africa, particularly in rural areas.

At a Press conference after a two-week fact-finding mission, Dr Martins said medical technology in the country was very advanced but a balance had to be struck between medical care in rural areas and medical care in the big cities.

TRADITIONS

He said he was very impressed with the "exceedingly good services" for blacks at Baragwanath Hospital but the Alexander Health Centre in Johannesburg lacked facilities and had a shortage of staff, especially doctors.

"South Africa has a combination of third world and first world

traditions and one would have to change the attitudes of a big part of the population before the health problems could be solved," he said.

He said if the population explosion in the country continued, there would never be enough hospital beds and urged coloureds, blacks and Asians to apply family planning.

Dr Martins said he was against segregation but added that even if hospital beds for the various population groups were opened to all groups, there would still not be enough beds.

WORKING

He urged people of the "less-favoured" population groups to make an effort to better their position by "applying family planning, working hard and fighting for education".

"Everybody speaks of human rights but there is

also something like human duties. People cannot expect that everything be done for them", he said.

Dr Martins, who met representatives of the Detainees' Parents' Support Committee, said the two doctors who had seen Steve Biko before his death in detention, had "behaved disgracefully" but the Medical Association of South Africa (Masa) could not be held responsible for it.

"Masa has changed its rules so that it can take a direct stand if that sort of thing should happen again", he said.

Cape Times 28/8/84 (98)

Botha opens new hospital

Own Correspondent

JOHANNESBURG. — The Prime Minister, Mr P W Botha, said yesterday that South African fighting men were no squealers and they served their country with dedication, distinction and valour.

Opening the new multimillion-rand 1 Military Hospital at Voortrekkerhoogte near Pretoria, Mr Botha said the men's morale was strengthened by the sure knowledge that excellent medical care was available at all times.

"Although the medical services cannot win a war, no defence force will ever win a war without efficient medical support," he said.

The new hospital has 560 beds and has been described as one of the most modern hospitals in South Africa, with the latest and most modern

equipment to aid doctors and nurses.

The hospital's intensive-care unit is ultra-modern, with highly sophisticated equipment, including a computer facility which can monitor up to 16 patients simultaneously.

Soldiers of all race groups and their families will be able to receive treatment at the new hospital.

The Prime Minister said the new hospital with its sophisticated equipment could not be considered luxurious.

"For more than half-a-century the medical services had to treat members of the Defence Force and their families often in what originally were temporary and badly-planned buildings with inadequate facilities."

New military hospital ensures best of care

Argus Correspondent

PRETORIA. — The advanced technology used in the new 1 Military Hospital in Voortrekkerhoogte ensures the best medical treatment for South Africa's soldiers.

The ultra modern, multi-million rand 10-level complex perched on a ridge near the Iscor headquarters was officially opened by the Prime Minister, Mr P W Botha, after a decade of planning and construction.

This showpiece to the South African Medical Service was designed to ensure maximum efficiency, with its 556 beds, 15 operating theatres, up-to-date intensive care units, radiology sections, as well as having one of the biggest orthopaedic units in the country and three helipads just outside the front entrance.

SOARING

Initial tenders for the complex in 1975 were registered at R21-million, but no figure has yet been given for the completed project, which has been hit by soaring inflation and building costs.

It was not only one of the most modern military hospitals in the world, but it also offered training facilities, said Colonel Dries Coetzer, Officer Commanding the hospital.

A tour of the hospital discloses a host of fascinating equipment.

Computerised X-ray equipment, to monitor and capture on film minute and intricate problems within the human body, is available. Some of it seen for the first time in Africa.

In the intensive care unit, a senior sister, Captain Annetjie Verluis, demonstrated how the computerised monitoring panels attached to each patient in the ward could be controlled from a central panel as well as checked from each individual monitor.

CLINITRON BED

A Clinitron bed, which is used for patients with burns, has been set up in a sterile room.

The bed is also fitted with a stretcher which can be hoisted to allow the nursing staff to get patients into a bath.

But like all hospitals, the new 1 Military Hospital is also faced with a staff problem.

Colonel Coetzer confirmed this, but said they were able to cope.

Because the hospital and its facilities were new it had drawn a lot of interest and, in addition, the new pay dispensation would help to draw more staff, he said.

1 Military Hospital is the first major hospital for men flown from the operational area and could play an even greater role should new fronts open in the terror struggle in Southern Africa.

MATERNITY WARD

But it does not handle only the medical attention of men injured in the bush war being waged in SWA/Namibia.

The families of soldiers are also treated for all the medical problems which they encounter and the hospital caters for pregnant women with a fully equipped maternity ward.

Should there be a nursing crisis at the hospital, consideration would be

given to training nurses from other population groups, said Major General J Wasserman, personnel staff officer to the chief of the service, Lieutenant-General N J Nieuwoudt.

There was no difference in the treatment or the facilities for white and black troops injured on the border, but they were treated in separate rooms, he said.

Among the finer points of the hospital, which was designed and built by a company which has built 60 hospitals round the world, are a well planned air conditioning system, a firefighting system and an emergency control room which monitors all emergency systems throughout the building.

There is also a kitchen which can prepare 4 320 meals a day which can be stored for up to three days in cool rooms at 4 deg C before being reheated and served.

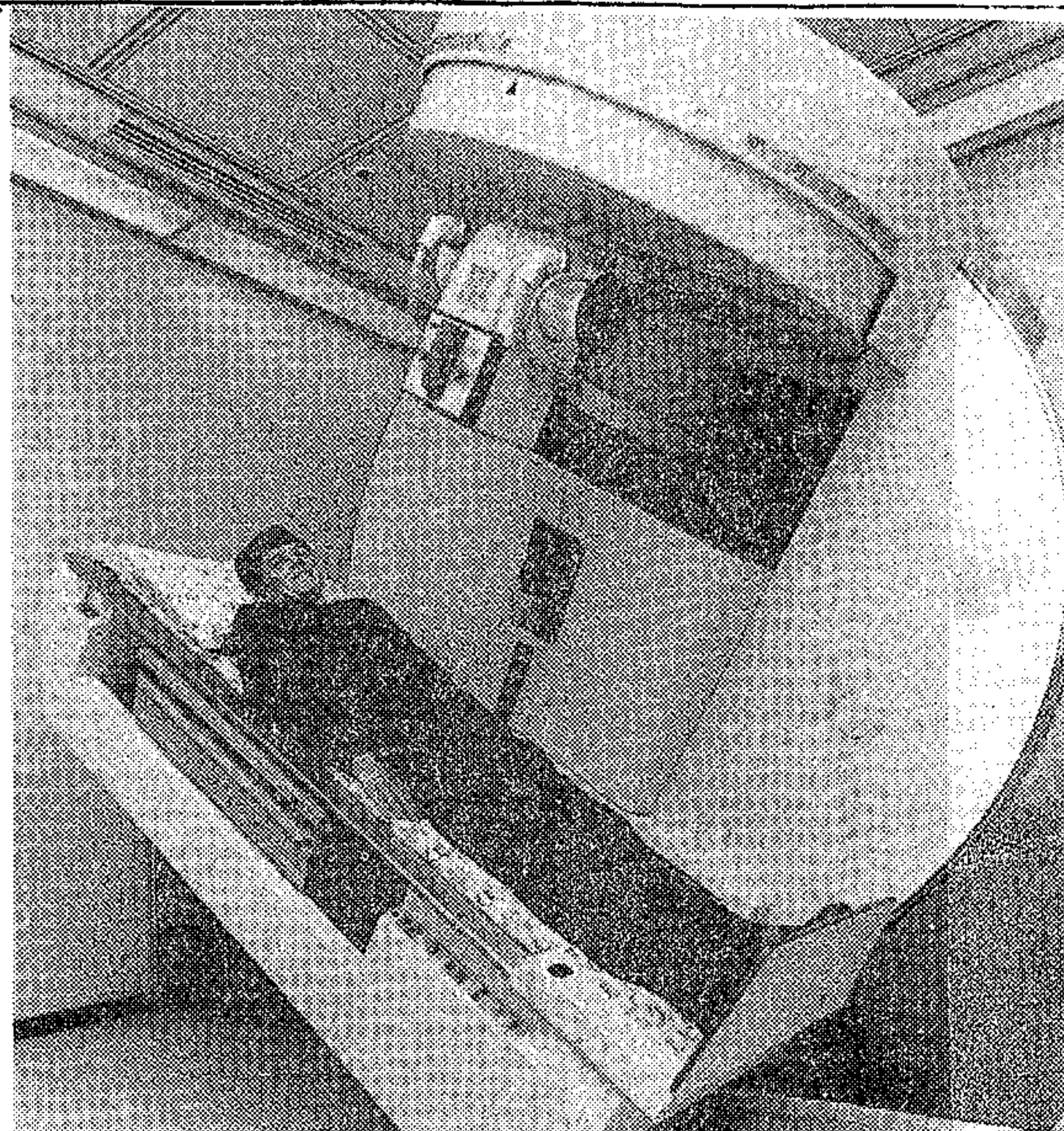
KEPT OPEN

Even though the new hospital has bed facilities for 556 patients, 150 beds are being kept open at the old military hospital deeper into Voortrekkerhoogte.

The old hospital is being converted into a recuperation centre with facilities for therapy.

It also has a gymnasium to help orthopaedic cases. A swimming pool is to be built on the site of the new hospital as well, to help with this type of therapy.

In times of need the hospital could be used again to boost the number of beds from 556 in the new hospital to more than 1 000.



A highly sophisticated X-ray machine is tried out by Cavalryman Bernard Strydom.



The new 1 Military Hospital has overhanging panels which provide shade from the sun to increase the efficiency of air-conditioning.

Too few staff in ⁹⁸ health ^{1/9/81} services

1/9/81. C. Times
Municipal Reporter

A "chronic" understaffing in the Divisional Council health services had been a feature for years and was not likely to improve until there was an upswing in the economy, the Medical Officer of Health, Dr L R Tibbitt, said yesterday.

In his report to the council on the Peninsula's combined health control scheme for 1981, he pointed out that the government and the council "had seen fit" to limit any further increases in nursing staff.

This was because of the national policy of financial stringency.

However, Dr Tibbitt said, the shortage of nursing staff was a major problem and redeployment and reorganization had resulted in only "minimal benefits".

The opening of new clinic facilities and the five percent increase in clinic attendances over the previous year had aggravated the problem.

Dr Tibbitt said the infant mortality rate — a sensitive indicator of effectivity of services — had dropped slightly in all races.

Family-planning was the department's major priority. The number of active attenders was "disappointing", but the limiting factor was the lack of staff.

Ischaemic heart disease still topped the mortality list for white people. He suggested that when funds and staff permitted, the council should run hypertension screening clinics for all races.

In spite of the council's effective tuberculosis treatment schedule and BCG vaccination, it was not winning the battle against the disease. In 1981 there had been an increase in new notifications — 1949 compared with 1782 in 1980.

Natal snubs Marius



NRP BANS HOSPITAL VISIT

By RON GOLDEN

DR Marius Barnard, the PFP's spokesman on health, was refused permission this week by the NRP-dominated Natal provincial authorities to visit the Kokstad hospital — a decision he described yesterday as small-minded and terrifying.

Apart from the political overtones of the incident, he said the incidence of tuberculosis in the East Griqualand area was frightening and the follow-up medical care situation was alarming.

Dr Barnard, MP for Parktown, Johannesburg, went to the Kokstad area on Wednesday with the dual purpose of addressing PFP meetings and having an overall look at the health facilities, which he said he considered part of his duty as the official Opposition spokesman.

On Thursday he went to the East Griqualand and Usher Memorial Hospital at Kokstad, a provincial institution, but was politely told by the superintendent, Dr Jack Lewis, he could not be shown over the hospital.

Dr Lewis was the provincial official caught in the middle of a political muddle that both NRP and PFP spokesmen agreed yesterday must have been embarrassing for him.

Frank Martin, senior member of the Natal Executive Council, said yesterday he was with Dr Fred Clarke, MEC for hospitals, when Dr Clarke willingly gave the go-ahead for Dr Barnard's visit over the telephone to a PFP official, Kokstad farmer James Rennie.

Mr Martin said there was one proviso: that the NRP MP for the area, Ralph Hardingham, was told.

Mr Rennie said the affair was "simply political nonsense" by the NRP. He spoke to Dr Clarke and was told by him the visit was fine and to pass on his contact Mr Hardingham. He was asked to tell Mr regards to Dr Barnard, of it as a courtesy — "asked and not told to tell him". He was unable to contact Mr Hardingham.

"Where else in the world do you need to tell a local MP that a doctor wants to visit a hospital in his area? This is just not the case," he said.

Mr Hardingham could not be contacted yesterday.

Dr Barnard said he believed the decision barring him from the hospital was politically motivated by the NRP because its own MPs had probably not been visiting hospitals as they should and were unaware of the situation.

"It is remarkable that I can visit hospitals anywhere in the world and be welcomed with open arms but here in my own country I can't."

In the area he visited there were only about five private practitioners serving 200 000 people, of whom less than 5 000 lived in South Africa.

"It is no wonder there are outbreaks of cholera and tuberculosis," he said.

"The health care in the Transkei is under great stress and as a result people from these areas are crossing the border into Natal and placing the Natal-based services under increasing pressure.

"My objective now is Government aware of to make the the situation," which has arisen as a direct result of the separate development policy."

Natal should get more cash to deal with it.

5/9/82

89

98

No ^{D. Disruption} clinics for resettled ⁹⁸ says cleric ²⁷¹ ⁴⁸⁵

EAST LONDON — About three quarters of the 150 families due for removal from Kammaskraal to Peddie had been resettled, the rector of St Peter's Anglican Church, the Reverend Alf Dlamini, said yesterday.

Mr Dlamini said the removal of the families and their belongings started on Thursday and took place in rainy weather. Some people's belongings had been soaked and he anticipated that a number of them would catch cold.

He said one of the most important things the families had not been provided with was health clinics.

Mr Dlamini said the commonage area where the people had been resettled would become a township of despair if those in authority did not take steps to provide them with job opportunities.

Mr Dlamini said another problem the people faced was a scarcity of water. At present they were supplied from a nearby dam but the reservoir also served Nompumelelo Hospital and an old age home and the Feni and Durban locations.

Mr Dlamini said Peddie had previously been declared a drought-stricken area.

The Ciskei Minister of Public works, Chief D. M. Jongilanga, could not be contacted yesterday for comment on what job opportunities were to be provided for the resettled families. — DDR

Fourth soldier dies

PRETORIA — The accident in which six national servicemen were seriously burnt when they were cleaning the floor of an oil store with petrol at Ondangwa on Monday, yesterday claimed its fourth victim.

A Defence Force spokesman said here that Private R.P. Van Spronsen of Newlands, Cape Town, died of his injuries in the No 1 Military Hospital at Voortrekkerhoogte.

Private H. L. Groenewaldt of Krugersdorp and Private J. G. Crosland of Ladysmith died on Wednesday and Private J. A. O'Neil of Bloemfontein died on Saturday.

The spokesman said that four of the men suffered critical injuries in the accident, while two were treated for lesser burns.

Private J. J. Swart and Private H. L. Graaf were in a satisfactory condition under the circumstances and were responding to treatment, the spokesman said. — SAPA

Pretoria bond wins

PRETORIA — The first prize of R50 000 in last month's bonus bond draw was won by the holder of certificate number 0505692945, bought at the Pretoria Post Office, the treasury announced here.

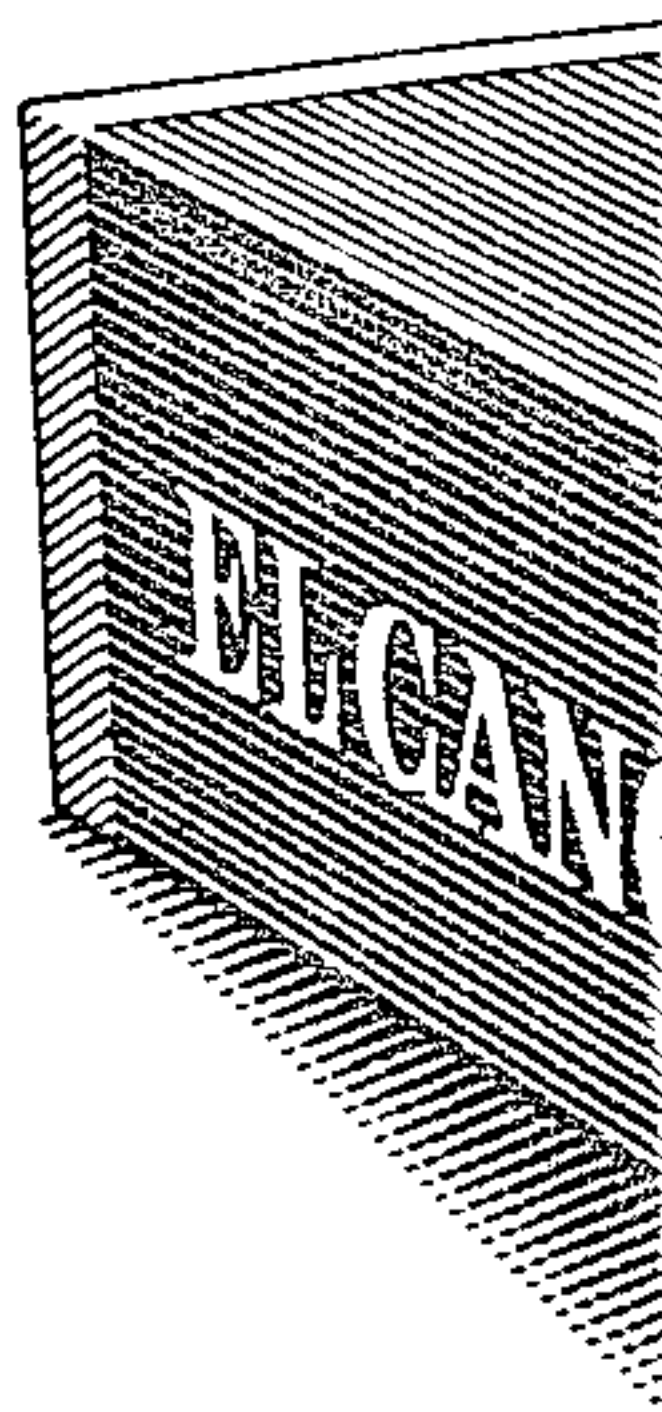
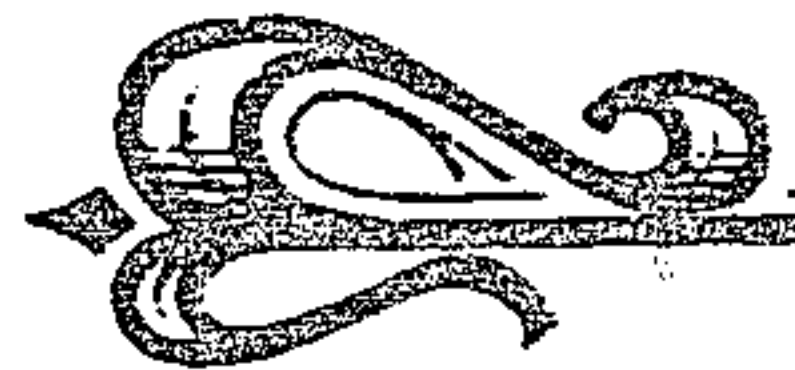
Second prize of R30 000 went to the holder of certificate number 1206272538, purchased at the Newcastle Post Office.

A certificate bought at the Potchefstroom Post Office, certificate number 0102383332, won the third prize of R15 000.

The draw involved all bonus bonds bought before July 1 this year. — SAPA

Shooting contest

BURGERSDORP — Mr Bennie de Klerk won the Border practical shooting championships which were held here. Mr Dan Putter and Mr Rob Fleisch, of East London, were placed second and third respectively. — DDC



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First real health clinic

98 (34/34)

Sowetan
7/9/82

THE FIRST ever health care clinic to be erected in Katlehong, near Germiston, will be opened in October — if all goes according to plan.

This was announced yesterday by Mr G van Oudtshoorn, a public relations officer with the Urban Foundation which is financing the project. He said that the clinic, which is being erected by Germiston businessmen and industrialists with the help of the Germiston working committee of the Urban Foundation, will cost about R500 000 on completion.

He said that the Foundation had granted R110 000 toward the project. He said the Foundation had also made available R337 000 for bridging finance.

He said the East Rand Administration Board had donated building material worth about R53 000. "We are working around the clock to have the building completed before the end of October, so that it can start operating."

At present there is no clinic in Katlehong. The Germiston Health Department is using two ordinary houses in the township as clinics and is also using make-shift buildings and church centres to provide health care services to the residents.

About 80 000 patients are treated at the two clinics each year and it is hoped that the number of patients will increase.

Lead

IT'S MEDICAL AID WITH A DIFFERENCE AS NATALIANS FORK OUT FOR TREATMENT FOR TENS OF THOUSANDS OF HOMELAND BLACKS IN THE PROVINCE'S OVERCROWDED AND UNDER-STAFFED HOSPITALS

By STAN



MAHER

TENS of thousands of homelands blacks are using Natal's hospital services for next to nothing — and the cost to the province is a staggering R49-million a year.

I saw the problem first-hand this week when a Tribune team visited hard pressed frontline hospitals in Kokstad and Matatiele, near Transkei's border. Besides serving more than 30 000 Natal residents, Kokstad's hospital is the first port of call for northern Transkeians, who fill 40 percent of its beds throughout the year often at a nominal cost to the patient.

Matatiele's Taylor Bequest Hospital draws 98 percent of its patients from the Transkei. It serves an area of some 200 000 people. Only 5 000 of them live in Natal. Dr Fred Clarke, Natal's MEC in charge

REPORTERS SHOCKED BY NATALIANS' REPORTS

R49m

Yearly

Spent



LEFT: James Rennie... the farmer who invited Marius Barnard to probe border health problems



LEFT: Mr Roger Ellis... no real health services in Transkei

RIGHT: Dr John Lewis... 30 to 40 percent are Transkei patients



A Transkeian patient receives treatment in Natal



Stabbing victim... crossed the border for treatment

PICTURES: Morris Reddy

of hospitals, spoke of the "untold strain on our doctors and nurses" caused by having to serve Transkei and Kwazulu.

He said the effect on medical staff was "absolutely soul-destrating" and claimed that Natal's slender financial resources were being severely strained.

Natal's biggest health problem is that everyone of our hospitals is burgeoning with foreign blacks for which we get paid only a nominal fee," he said.

"But there's no question of our turning them away. As doctors, we cannot say: 'Take your pneumonia back to your own area.'"

"If this money could be spent on Natal's own needs, we would shape well. But because we have to cope with this flood across our borders, less money is available.

"The result is that hospitals like Stanger are bursting at the seams and need to be rebuilt. Newcastle just cannot cope and the long queues at King Edward in Durban make the work soul-destrating. The amount of work being done is phenomenal."

Dr Clarke reeled off a list of hospitals urgently requiring rebuilding work or extensions. They include Stanger (estimated at R35 million), Wentworth (R45m),



Dr Fred Clarke, MEC in charge of hospitals... untold strain on doctors and nurses. 'It's absolutely soul-destrating'

Newcastle (R12m) and Greytown (R12m).

"We also desperately need to build hospitals at Cato Manor and Phoenix," Dr Clarke said.

"The Cato Manor hospital would cost R80 million, plus R30 million for a teaching hospital and Natal's share of this would be R50 million. To build one at Phoenix would cost another R50 million."

There is no prospect of any of this happening, however. And the R2000 million needed to rebuild the giant King Edward Hospital, which is doing more heart work than any hospital in South Africa, is an impossible dream.

Natal's capital allowance for hospitals

last year was a miserly R22 million. This year it will go up by a mere 10 per cent. "That," says Dr Clarke, "is like going backward, rocket-rocket way."

The hospitals in Kokstad and Matatiel are particularly hard-pressed. Both are staffed by doctors who run their own private practices in the border towns.

Three of Kokstad's five part-time doctors are on call three nights a week and each of them is lucky if they are not called out more than three times a night, one of them said.

"We are the first port of call for people in Transkei north of Umtata," said superintendent Dr John Lewis. "All the whites there depend on us, and many of the blacks come to us."

"We serve them in addition to the 20 000 blacks in the East Griqualand area, and the 12 000 whites and coloureds."

"Most of our cases are orthopaedic ones because of the large number of road accidents in the area, but we handle everything. We do a wide range of operations, deliver babies, immunise... you name it, we do it."

at the hospital said Transkeians made up 80 per cent of his private practice. "They are happy to come here and pay cash for treatment, although they have access to free treatment in Transkei," he said.

"It is obvious that if health facilities there were up to scratch, we wouldn't have to handle as many cases as we do."

Roger Ellis, chairman of the board of Kokstad's East Griqualand and Usher Memorial Hospital, was blunt about the state of Transkei hospital services.

"A major problem is that Transkeians don't think their own services are good enough. They still think that facilities which carry the white man's stamp are better."

"There is no real health service in the Transkei, like travelling clinics for instance. Transkei blacks pour across the border from 20 km away to attend clinics in Cedarville, Natal. If they had enough of their own clinics, they wouldn't have to do that."

Transkei's hospital facilities had deteriorated since independence in 1976. "They Africanised posts," said one of the part-time doctors in Kokstad. "Many white doctors simply left."

wanted," said a doctor, who fulfils a similar function at Matatiel's Taylor Bequest Hospital. "We were going there to help out and the Transkei Health Ministry simply told us to stop. Now they have hardly any doctors. Transkei doesn't encourage whites."

Dr John Lewis, superintendent at Kokstad's hospital, said: "My grandfather laid out the town of Bizana. All of us have roots in this area, which includes Transkei. But the white man's way of life there ended at independence and many doctors left."

But Transkeians' links with the doctors did not end. Dr Rob Mears, part-time superintendent at Matatiel's hospital, said: "These people are doing what they've always done. Just because someone has drawn a line between us that represents a border doesn't stop them from going to their doctor."

To run the Kokstad hospital a year, Dr Lewis said, about 40 percent of its 180 beds are filled by Transkeians.

During 1980, 8 152 patients were treated — 3 166 of them out-patients. More than 1 700 operations were performed, 803 maternity cases treated and 1 179 infectious diseases

handled. In addition, the mobile clinic gave more than 13 000 treatments. The Matatiel hospital is even busier, with occupancy figures sometimes soaring to 160 percent, when women with babies at the breast boost the statistics.

During August, the hospital admitted 27 white patients, 38 coloureds and 835 blacks — 98 percent of whom were from Transkei.

Last year's African admissions totalled 9 912, all but a few of them Transkeians. If they are unemployed or poor, as is frequently the case, they pay nothing. People in employment are charged on a sliding scale, but the cost is never more than R5 a day.

Tuberculosis is a constant concern for both hospitals. All confirmed cases are immediately sent to the

Santa treatment centre in Matatiel, which houses 250 patients and is always full. Matron Janne Brusser said the centre admitted 50 new cases a month and released an equal number. Ironically, however, both border towns are heavily dependant on Transkei trade in every form.

Not only the doctors make a good living out of the Transkeians. "This town is full of Transkei blacks at the end of a month," said Dr Lewis. "One day I walked down the street and someone stopped me and said: 'Hello, you're the first white I've seen today.'"

One doctor said the hospitals' services to Transkeians were "a bit like the price we have to pay for having them shop here. Our wholesale and retail trade depends on them." Mr Ellis estimated that not more than 10

percent of Kokstad residents shopped in the town. "They go to Pietermaritzburg, 183 km away," he said. A housewife who agreed with this, added: "It's cheaper there and you get a better selection. It's the Transkei people who shop here."

One of Matatiel's part-time doctors said the town had become a black village. "You can't move here on shopping days," he said. "We have three times the shopping trade that Kokstad has and it all exists for the people from the Transkei. They come here to shop and they visit the hospital or their doctor at the same time. They always have."

Kokstad residents agreed that the cross-border flow made a mockery of the Government's insistence on border formalities which identify the Transkei as an independent state.

Mr James Rennie, the Kokstad farmer who invited Dr Marius Barnard to the town a week previously, in his capacity as Progressive Federal Party spokesman on health matters, was vehement about the border situation.

"It shows the homelands are just not coping with matters like health and that their problems are spilling over the borders," he said. Dr Barnard visited Kokstad as part of a tour of health facilities, but was refused entry to Kokstad Hospital by an embarrassed Dr Lewis on instructions from higher up, because of a misunderstanding over protocol arrangements.

"Dr Barnard had also visited the Ciskei and Transkei's western border," said Mr Rennie. "He found a chronic breakdown of health services in those areas."

"Make no mistake, we are extremely proud of our health services in Kokstad, but it is clear they are endeavouring to prevent a breakdown in these border areas. "As yet, nothing drastic has happened. But everyone is very overworked. I think a special case exists for devoting funds to health facilities in these areas."

"Before Transkei became independent, Pretoria could send in teams to inoculate in those areas. Now they can't. Our hospitals are having to cope with the overload."

Both Dr Barnard and Dr Clarke urged the Government to allow health care to be unified, transcending other boundaries. Dr Barnard said the crux was whether health problems could be solved "within the ambit of continued fragmentation of health services in the

services in the vices should be provided by the province. "I believe in the funds are available," Clarke said.

State Health as well as care among the dependent and governing states." Dr Clarke pleaded all health matters those controlled provinces — directed by authorities closest to the people.

"We have a state 20 000 in Natal, we can cope without having division?" he asked. "The money go State Health come to the province. He said the icic the provinces have curative health while the State Department cope preventive and motive work. A dichotomy which be done away with."

"I believe in the services in the vices should be provided by the province. "I believe in the funds are available," Clarke said.

use those hospitals, those towns couldn't Matatiel is a white spot which has no ca a hospital just for its white population. weren't for Transkeians, they would never been built.

"Dr Clarke is right to ask for more need they have always met, whatever side border they are on. Nothing has really changed in that respect. "Our hospital in Butterworth area the whites seconded to the Transkei. If both ways."

It works both ways, says Transkei health official

Tribune Reporter

A TRANSKEI Health Ministry official declined to comment on claims that Natal was subsidising Transkei health services. He referred the Tribune to doctors at Umtata hospital.

A source at the hospital agreed that the Transkei was struggling to meet the increasing demand for medical services and had an acute shortage of doctors. "But we have very highly-trained nurses who are doing a fine job of work," the source said. "The shortage of resources has definitely

hindered the development of health services here. "Even the shortage of trained drivers hinders us in getting mobile TB clinics to people who are too ill to walk to a hospital. We are acutely short of transport."

The source pointed out that neither the Matatiel nor Kokstad hospitals had been built by Natal. "Both were mission-built hospitals which belonged to the Cape and were only handed over to Natal a few years ago. In fact, if it weren't for the Transkeians who shop in those towns and

NEWS

Patients escape sinking hospital wing

78

Industrial Week

By Lynn Carlisle

21/9/82

NEARLY 100 patients and medical staff had to be evacuated from the west wing of the Natalspruit Hospital at Kettleong, outside Alrode after the building began to sink.

Engineers and architects are struggling to stop the subsidence which is thought to be caused by water saturating the hospital's dolomite foundations.

Disclosures made to Industrial Week indicate that the wing of the hospital, built in the early 1960s, may not be saved.

Bursting at the seams, the 916-bed complex — often stretching its facili-

ties to accommodate up to 1 100 black patients is now in "a helluva state", according to a senior hospital spokesman.

Evacuate

"We had to evacuate 25 % of the patients from all three floors in the west wing.

"A few nights ago windows came crashing from all floors as the building

subsided further."

Chief structural engineer for the Transvaal Provincial Administration, Thys Frylinck, said that water had saturated the dolomite subsoil, which had turned spongy, possibly as a result of sewage and draining problems.

A leaking sewer two years ago started the rot but the matter was then controlled.

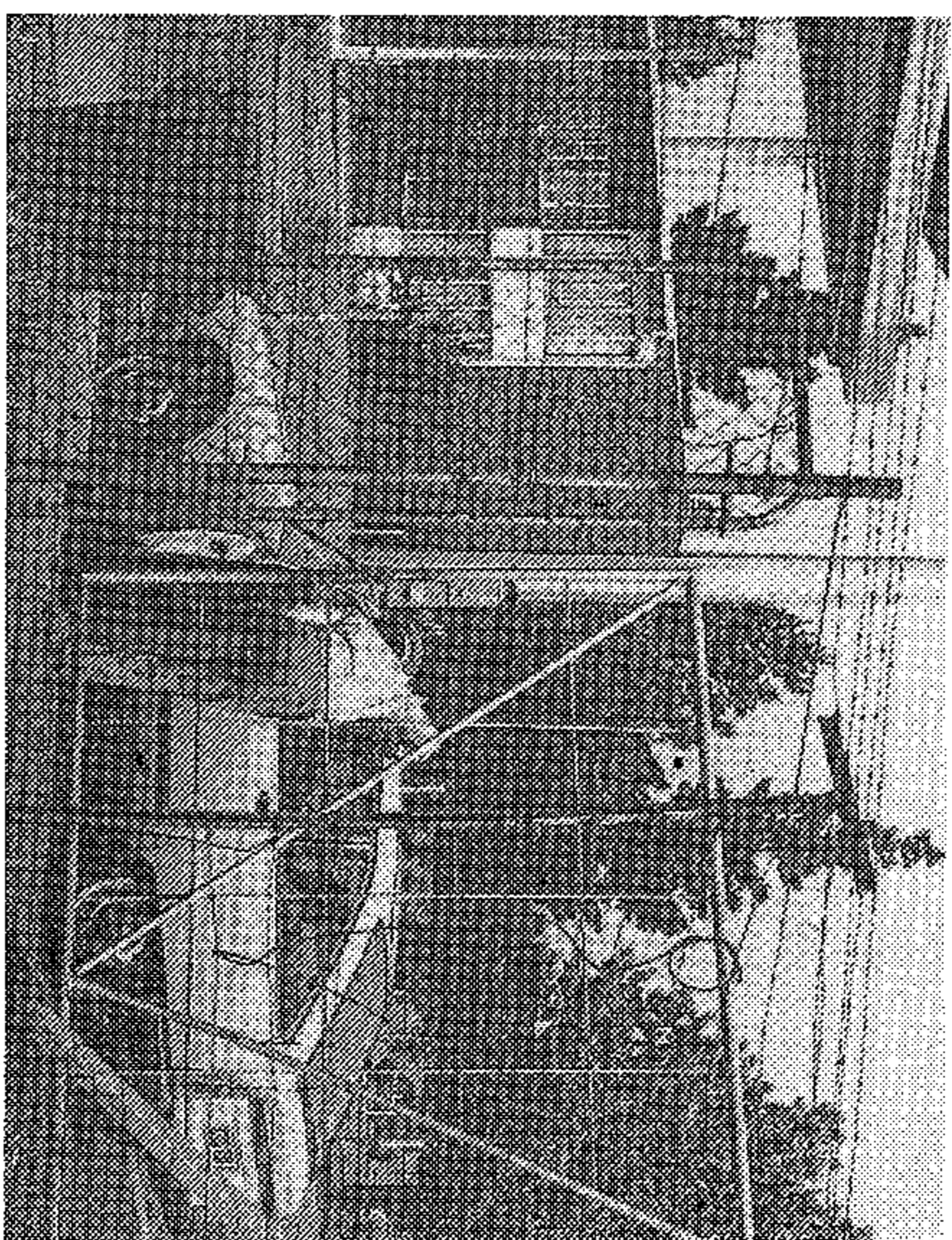
"We now have another discharge of water in the area and a portion of the building has subsided. "We are thinking of us-

ing jacks to see if the fitting could go down further, or to jack up part of the building.

Repairs

"But repairs to the sewer will have to take place first," said Frylinck.

At this stage the investigation had not provided a clear picture, and only when the extent of the work required becomes known will it be possible to determine whether repairs could be carried out at a departmental level.



Natalspruit Hospital . . . Industrial Week's photographer was denied permission to take pictures of the subsidence.

End of road for Jo'burg's private hospital for blacks

THE only private hospital for blacks in Johannesburg is closing next month. The Crown Mines Hospital, south of Johannesburg, existed originally to cater for workers of what was once the Witwatersrand's largest gold mine.

When the mine closed in 1977 the hospital carried on treating cases — mostly private Workmen's Compensation patients — and it was established as the only private hospital for blacks in the Johannesburg area.

A private surgeon said the Crown Mines Hospital had served an important need for black private patients in

By STEPHEN DAVIMES

Soweto and Johannesburg.

A director of the Rand Mines Group, Mr Colin Steyn, said staff, equipment and existing patients would be transferred to a hospital in the Roodepoort municipal area in October.

The operation had been bought by the Smith-Mitchell Group which owned a number of private hospitals in South Africa, he said and would be relocated in Main Reef Road, Maraisburg.

The 170 beds would be transferred

from Crown Mines Hospital and a theatre wing would be added. It will in future be called the Main Reef Hospital.

Joint managing director of Rand Mines Properties, Mr Tony Hall, said it was not his company's business to operate hospitals on a commercial basis and a decision was taken some time ago to close the hospital.

Suitable arrangements had been made with Durban Roodepoort Deep Ltd, which operates a fully equipped mine hospital, to take care of Rand Mines employees, he said.

How black patients make an appointment

THE DOOR IS

SICK AND injured workers who are referred to a Pretoria "clinic" after treatment at Kalafong Hospital have to place their appointment cards under a stone, use a makeshift shelter of four steel poles and a corrugated-iron roof, while waiting for hours before doctors attend to them.

These are some of the shocking conditions experienced by workers who are injured or get sick at work at the "clinic" situated at the back of swank consulting rooms for whites in Schoeman Street, Pretoria.

Tired and frustrated-looking black patients are attended to at the back portion of the plush white consulting rooms.

The majority of patients say they are first treated at Kalafong Hospital. They also have appointment cards—small pieces of paper—bearing the name of Dr Paul de Muelenaere, date and time of appointment.

When **The SOWE-TAN** went to the place,

there was this small shelter made of four steel poles and a corrugated-iron roof. It serves as the waiting

By MONK NKOMO

appointment card under a stone next to the glass door leading into



WAITING: Patients in shelter and on grass.

98
Sowetan
11/16/22



UNDER STONE: Appointment card.

for 15 to 30 patients who get treated on Mondays and Fridays.

There are three wooden benches and two long planks balanced on empty 25-litre containers.

At 10am we found a number of patients waiting inside the shelter. Others lay on the dirty grass in scorching heat.

A number of white patients were seated on sofas, paging through magazines, inside the plush consulting room in the front of the same building.

But at the entrance to the shelter, each patient would place an

the room. Although the times on the cards generally read 10am, the doctors, **The SOWETAN** was told, sometimes arrive at 12.30pm and as late as 1.30.

When **The SOWE-TAN** was there, a doctor wearing a green safari suit arrived at 11.20am. He opened the glass door, took the pieces of paper from underneath the stone, and called the first

For Page 4

Cont

D

The doctor is out ^{10/82} ⁹⁸ ^{Southern}

• From Page 1

patients —three at a time — into the consulting room.

It is a tiny, shabby room with six chairs, a small table and a shelf stacked with small boxes and medicines.

Inside, three patients sat on chairs placed against the wall. The doctor sat in front of the table. He attended patients in front of others. There is no privacy. Stitches and bandages are removed right there.

An Atteridgeville woman who fell and injured her knee at work was called in with two male patients. The doctor inserted a syringe into the knee and extracted some fluid. He gave her some cottonwool and told her to report again.

Another doctor arrived a few minutes later and sat at the other end of the table. The two called in their patients and examined them — some standing — while the doctors sat. There was no nurse seen at the place.

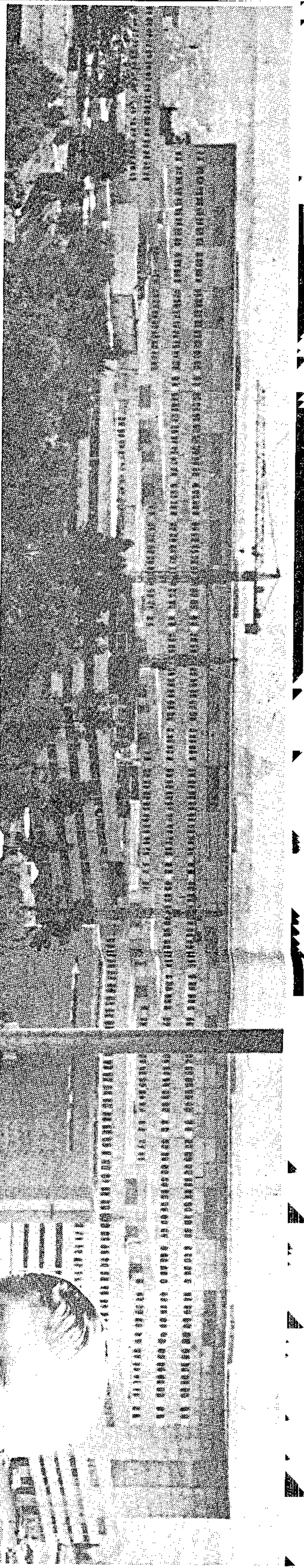
"Although there is talk that the Government is trying to move away from racial discrimination, apartheid at the clinic will definitely be stopped only after a very long time," said a male patient. "I am still sick but I am going to ask for a discharge because this place is not for people. Each time I think of this place I get worse."

Outside in a shelter, an elderly woman sat flat on the ground, next to three black refuse bags. Obviously in pain, she said: "I am sick and feeling dizzy but there is just no decent place to relax properly."

When approached for comment, Dr Gustave de Muelenaere, now retired, said he would tell his two sons, Dr Paul and Dr Luke de Muelenaere, about the allegations. "I do not know anything about conditions there and have heard no complaints. But I will discuss the matter with my two sons and we will try to do our best to improve the place. You must understand that you cannot react if they do not get complaints," he said.

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781011



PROMINENTLY displayed in the suite of offices occupied by the Chief Superintendent of the Johannesburg Hospital is a notice which reads: "The Complaints Department is on the 46th floor. Please use the stairs."

It's a message, lighthearted though it may be, to those who would seek out Dr Neville Edward Howes, the man who holds what is arguably the busiest and most controversial position in South African hospital services.

Prematurely grey — he is only 44 years old and when he became Chief Superintendent three years ago was one of the youngest men ever appointed — Dr Howes is in fact scrupulous about complaints directed at his hospital. He insists that every last one, written or verbal, is brought to his personal attention.

"It's a very big hospital so we obviously get quite a few complaints. But the letters of congratulation far outweigh the critical ones. I see every letter because I believe that public reaction is the best way to gauge exactly how this hospital is functioning."

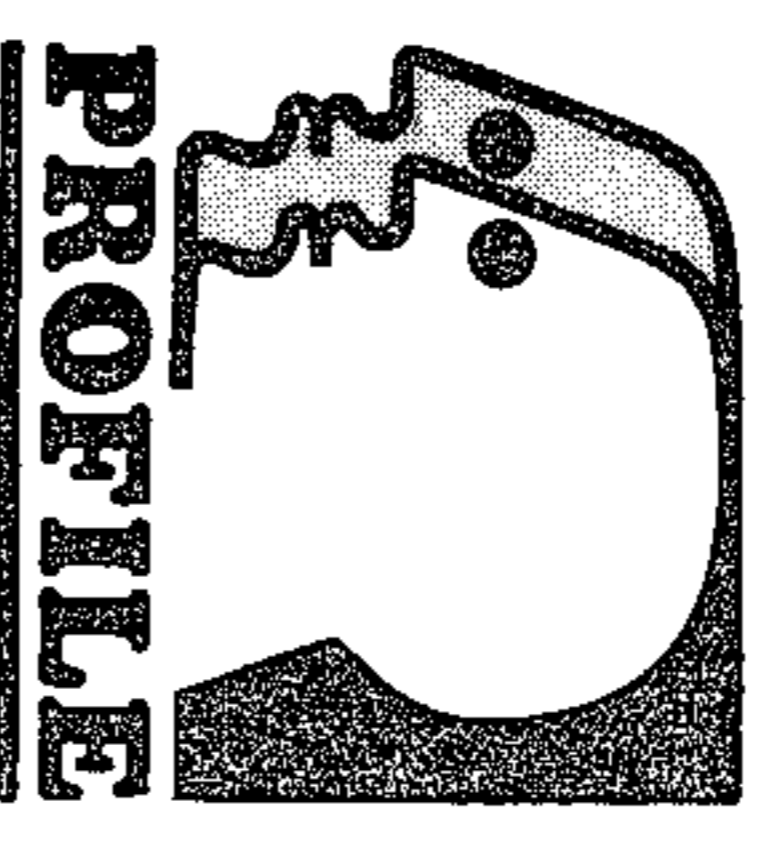
Running the hospital — it has an annual budget of almost R60-million — is a mammoth administrative exercise. One senses Dr Howes would like to do a lot more if it were not that he is restricted by circumstances he cannot change.

Built astride the Parktown Ridge, it has been a controversial project from its inception. Apart from contending with the environmental flak, Neville Howes is obliged to provide a service to the people of South Africa's largest city with severely restricted resources. For example, the hospital was designed to accommodate 2 000 beds. At the moment, only slightly more than half that number are being used.

"This hospital never stands still and I have a situation where I have

At the nerve centre of a medical 'city'

PETER BUNKELL talks to Dr Neville Edward Howes, the man who has his hand on the pulse of South Africa's largest hospital.



the most superb equipment, excellent accommodation and outstanding staff. The major problems, however, are the shortages of nurses and administrative people.

"It is not an easy situation to improve. Administrative staff are particularly difficult to come by as we have to compete with the private sector. The one thing I would really like is to have total autonomy to determine conditions of service for my staff."

The present hospital staff complement is 6 000 and touring the complex one is struck by its vitality. It is more like a town than a medical centre with a huge and busy main thoroughfare named Hospital Street. There are shops, restaurants and even a bank and Dr Howes says the hospital uses more electricity than a town the size of Heidelberg. Its average daily water consumption is some 70 kilolitres. And therein lies a tale.

"One of the worst crises I have ever had to deal with was the day we ran out of water. We have a sophisticated system to monitor the water levels but it was monitoring the roof tanks and not the level in the main reservoir which feeds the tanks. Somehow the flow of water into the main reservoir had been cut — we still don't know whether it was sabotage — and parts of the hospital were left without water. It's the kind of thing that should never have happened and we have

now introduced safeguards to ensure it never happens again.

"It's things like that which make my job so difficult to plan. Every day is different and invariably one's routine is disrupted by unforeseen events."

Another such situation occurred recently when the hospital was told of a serious bus accident involving a large number of children.

"We got a call just before eight o'clock in the morning, and we immediately put our disaster plan into operation. This is a plan that has been devised to mobilise and organise the hospital to deal with a large excess of patients coming into the casualty section. We then do away with the normal admission procedures and set up a system to categorise the types of injuries. We distinguish between people with minor injuries, those who are serious and require urgent resuscitation, those serious but not in need of urgent resuscitation, and those who are dead, or have no chance of surviving."

"The disaster plan has three phases and each area of the hospital has its own instructions, set out on a job card, to deal with the emergency. Fortunately the bus accident was not as serious as we had thought and it was not necessary to take the plan to its final stages. The point is our disaster plan is designed to work at midnight — not necessarily in the middle

of the day when we have maximum staff on duty. If it works at midnight it will work anytime."

A normal day for Dr Howes begins at 7.45am and ends at about 6pm. Johannesburg-born, he graduated from the University of the Witwatersrand (MB BCH) in 1965. He is married and has three children. What does a man to whom the 12-hour day is no exception, do with his spare time?

"I have a small farm in the Magaliesberg to which I don't go as often as I would like to. My wife, Boddli, is interested in roses and we have a nursery out there. I play the piano — during my student days I played in a dance band and as an intern I actually made extra money that way to pay for the birth of our first child."

A member, or chairman, of a wide variety of medical committees and part time lecturer at the University of the Witwatersrand — how did Dr Howes manage to abandon clinical activities in favour of an administrative career?

"I enjoy my job enormously. It is demanding and I don't believe there is anything better for one than hard work. But I do miss clinical medicine. My present job is 100% administrative so to overcome the problem I help out as a doctor at the Kyalami race track. I am not crazy about motor racing but the Kyalami meetings give me an opportunity to spend time

with my family as well as keep up clinical practice."

But running the massive Johannesburg Hospital is not without its lighter moments. Although it sounds like an incident from a "Carry on Doctor" movie, the hospital actually has its own recorded incident of a person disappearing down a laundry chute. Fortunately she was not seriously injured. And it has received a complaint — addressed to the Prime Minister and the Minister of Health — complaining that the food is too good.

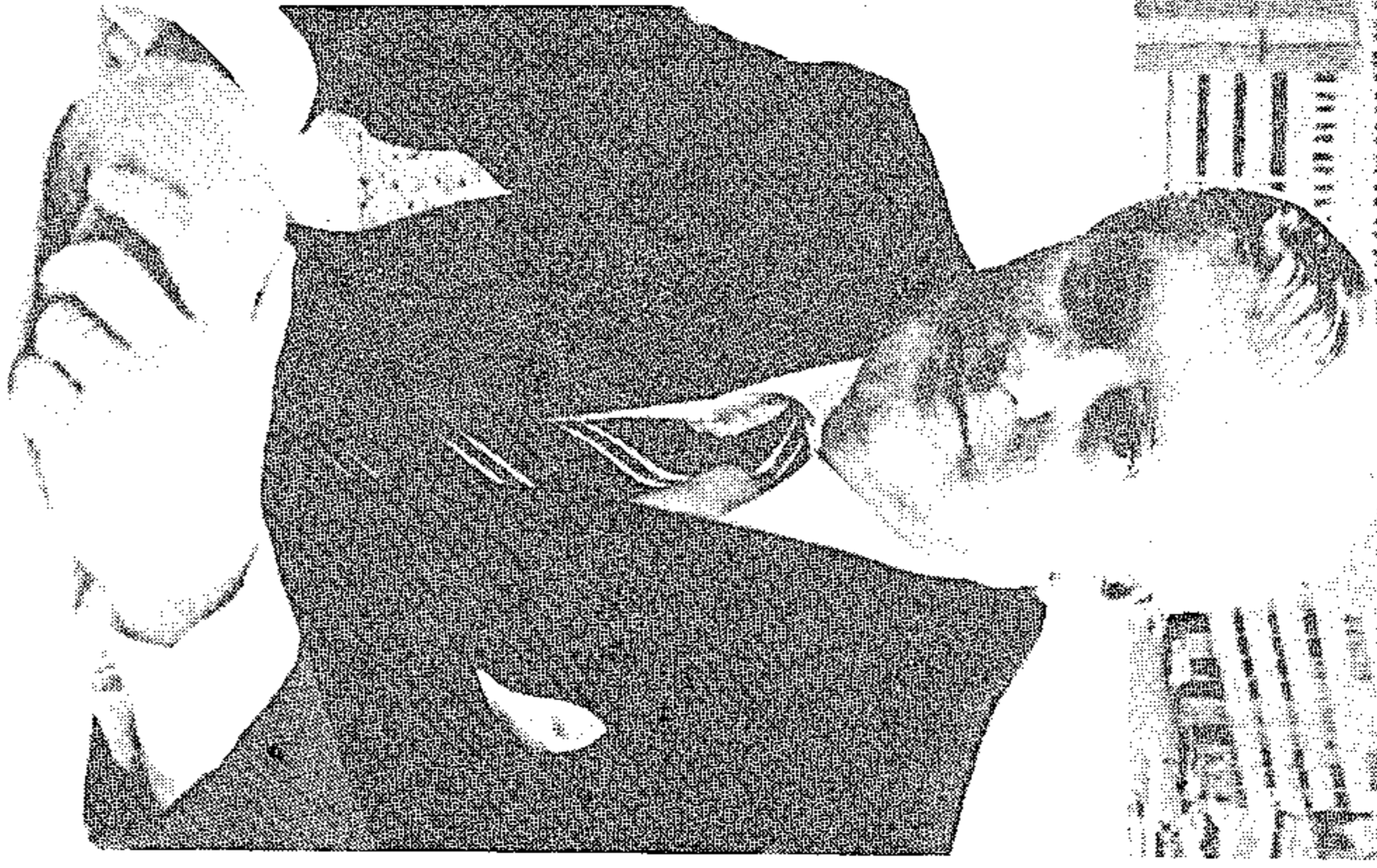
The letter, signed by patients of Ward 482, says the food in the hospital is outstanding but as most of them only have one good meal a day at home they say:

● "We are getting meat up to three times a day and this is far too much meat."

● "We would suggest that there be only one main meal a day — being midday — which should include meat."

● "Evening meals could consist of such items as the delicious cheese crumpets, fish, macaroni and cheese, eggs (scrambled or omelettes, with salads."

"We feel this would not only be healthier for us all, but would also be less expensive to your department." With complaints like that, who needs compliments?



Dr Neville Edward Howes... sees every complaint.

Overcrowded Bara caters for whites too

98

Sowetan
5/10/82

BARAGWANATH, the largest hospital for blacks in the southern hemisphere, treats and admits white patients and, according to officials, this has been going on since 1942.

Hospital officials at Bara said whites who were involved in accidents were transferred from whites-only hospitals to Bara for up-to-date treatment.

The Baragwanath Public Relations Department said white hospitals that did not have enough certain facilities usually brought their patients to this well-equipped black hospital.

About 200 white patients were treated at Baragwanath during 1981, and, today, a number of whites are sleeping in wards awaiting treatment. **The SOWETAN** learnt.

Baragwanath is known as one of the most overcrowded hospitals in the country, with patients sharing beds and some sleeping on the floor. The hospital admits the whites despite the overcrowding.

Although no black patients are admitted to white hospitals in the country, Dr Nthato Motlana, an influential Soweto medical practitioner, said: "There is some progress in recognising that South Africa is indeed a multiracial

By LEN KALANE

country, with facilities such as hospitals shared."

He added: "We want to congratulate the Bara administrator for recognising that human needs must at all times supercede stupid political considerations."

He added: "This is a pointer to the need for the relaxation of the rules that will allow for admission of all races to all South African hospitals without bothering about skin colour."

The Medical Association of South Africa (Masa) would not comment about across-the-colour-line treatment at Baragwanath.

While everybody

seems to be raising eyebrows about the Baragwanath revelations, the director of hospital services, Dr H A Grove, laughed it off, saying this was an "old thing".

"You are living in the 1945 era," he said to this reporter.

Asked if it was not illegal for whites to sleep in a black hospital, Dr Grove asked: "Why should it be illegal? There is no law that makes it illegal. We also treat Indians and coloureds at the J G Strydom Hospital. They are black and the hospital is white."

Dr Grove said that if there was a facility available at a certain hospital, no matter how overcrowded that hospital, a patient would be taken there for treatment.

"Why shouldn't we?" he concluded.

CMC in talks

with Frere

98 (11/11)
Dr D. Disfutch 9/10/82
superintendent

EAST LONDON — Problems the Coloured Management Committee had experienced with Frere Hospital here were in the process of being resolved, the chairman of the CMC, Mr F. N. Barlow, said yesterday.

A CMC delegation had met with the superintendent, Dr Rob Newbery, to discuss problems regarding, among others, the treatment of coloured patients and the "welfare" of coloured nurses working at the hospital, he said.

"We've had frank discussions, it was a matter of straightforward answers and questions and the meeting was fruitful.

"If future meetings take place in the same atmosphere we would

certainly come up with positive results," said Mr Barlow.

He declined to elaborate on matters discussed beyond saying they included transport arrangements for nurses doing shift work.

Approached for comment yesterday Dr Newbery confirmed that there were problems, but said they were not insoluble.

"The meeting was extremely useful and, in fact, was a great help to me. Details of our discussions will become known gradually as we solve these problems," he said.

The local representative of the Department of Coloured Affairs, Mr J. Mauritz, also attended the meeting. — DDR

Hospital keeps racism healthy

By MONK NKOMO

AT Kalafong Hospital in Atteridgeville, Pretoria, white doctors' children are tended by the hospital's black women cleaning staff. The hospital is racially segregated and black staff are refused permission to park their cars within the hospital grounds. (98)

This came out at a meeting chaired by Mr Joe Tshabalala, chairman of the Atteridgeville Community Council yesterday.

Mr Tshabalala said the hospital "is rotten and apartheid is very much alive there".

At a public meeting in the community hall Mr Tshabalala lashed out at the hospital's medical superintendent, Dr I Kapp, "who refuses to co-operate".

He also objected to the practice whereby white doctors brought their children to the hospital to be looked after by the hospital's black women cleaners.

The chairman also strongly objected to the hospital's racist policy of refusing the black staff access to the parking zone.

Mr Tshabalala was considering compiling a memo for the Medical Council about the "unpleasant situation".

FOOD STOLEN

There were also allegations, he said, that senior staff members stole food meant for the patients.

Mr Arthur Ngwezi, an Atteridgeville resident, said the situation at the hospital was beyond control.

The authorities, he added, needed training in human relations and communication.

The council also announced that homeowners who bought their houses under the old 30-year-scheme could get maximum loans of up to R2 000 to improve their homes.

Mainstay Cup final will be h

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IT'S A BLAC way through a

While it would have p torious Cape was in fact th to Amakhos Chiefs victory this same wi burg side a that point, see

And so it is the semi-finalis the Mainstay will be the migh lando Pirates. A Wanderers, Mc Swallows and Chiefs. Wha draw will pro provide is anyt guess, but the will be the sar that two black will feature in final.

Series

While Pirates w most overshadow Witbank Aces and lows drew with Ar this weekend's would not necessar dicate what's in stc this Mainstay serie deed, Pirates, who Aces in this same s



DUEL: Gerald Julius and Trot Moloto in a heading duel during their SAB First Division game at George Goch Stadium yesterday.

PH. LEN KUMALO

The paper with soul

WHAT'S your view on the controversy of jobs for sex? Don't miss Woman's Forum tomorrow — it's the column YOU write

accessories for your fashion wardrobe. And another article on fashion hints that could win you a R500 clothing voucher from Bangor

newspaper with st thing for everyc Join the almost ha million people v read The SOWE7 dail

racism
healthy

By MONK NKOMO

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Interested residents could submit their applications to the local Administration Board.

A B L A

FIN

IT'S A BLACK FINAL. Kai way through against all odds

While it was expected it would have problems playing torious Cape South Western was in fact this wind which to Amakhosi. The goal Chiefs victory was almost of this same wind to give the burg side a victory, which that point, seemed very illus

And so it is that the semi-finalists in the Mainstay series will be the mighty Orlando Pirates, African Wanderers, Moroka Swallows and Kaizer Chiefs. What the draw will probably provide is anybody's guess, but the result will be the same in that two black teams will feature in this final.

Series

While Pirates were almost overshadowed by Witbank Aces and Swallows drew with Arcadia, this weekend's games would not necessarily indicate what's in store for this Mainstay series. Indeed, Pirates, who beat Aces in this same series.



DUEL: Gerald Julius and Trot Moloto in a heading duel during their SAB First Division game at George Goch Stadium yesterday.

FIG LEN KUMALO

The paper with soul!

WHAT'S your view on the controversy of jobs for sex? Don't miss Woman's Forum tomorrow — it's the column YOU write.

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accessories for your fashion wardrobe. And another article on fashion hints that could win you a R500 clothing voucher from Pages Stores.

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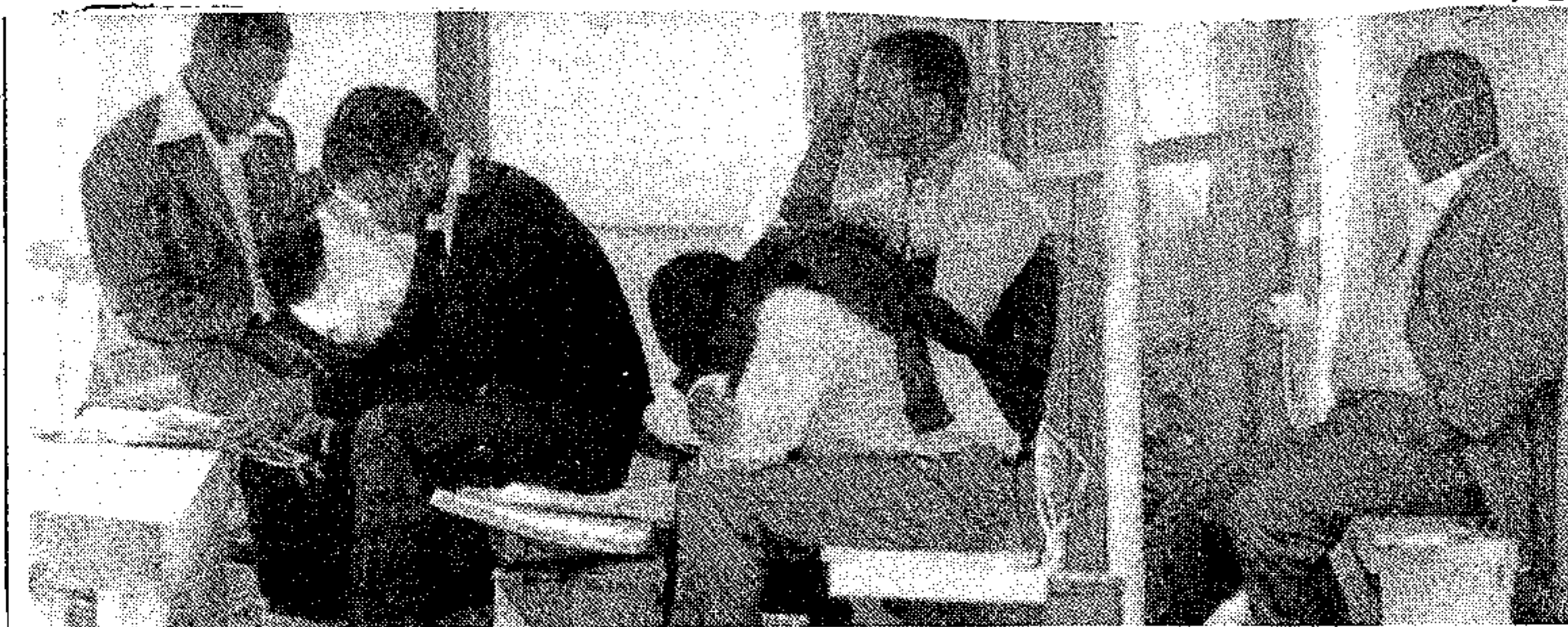
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WAIT: These patients grabbed the only available shade.

'Racist' clinic under fire

By MONK NKOMO

THE chairman of the Atteridgeville/Saulsville Community Council, Mr Joseph Tshabalala, yesterday condemned the treatment given to injured and sick workers at a city "clinic", which he described as "being equal to raping the tolerance, submissive, meek and patient instincts of the entire black people of this country".

Mr Tshabalala, who visited the premises yesterday following a recent report in **The SOWETAN**, said the premises were a health hazard and that "the two metre square consulting room can only be described as a tool-room". He threatened to report the matter to the authorities.

When **The SOWE-**

TAN visited the area yesterday, we found the same small make-shift shelter made up of four steel poles and a corrugated iron roof. There were about eight patients sitting on the three wooden benches and on two long planks balanced on empty 25 litre containers. At the entrance of the "consulting room" were appointment cards placed under a stone.

Asked to comment on the issue, Dr Luke de Muelenaere yesterday said: "I have bought sand and concrete to erect concrete slabs and if you know of any bantu

who does odd jobs, please send him because I am looking for a builder."

Dr de Muelenaere, who said he attended to "Bantu and Europeans at Baviaanspoort Prison," told **The SOWETAN** there was no need to have a full-time nurse to collect the appointment cards, which patients put under a stone.

He added: "The patients put them there so that they should not be blown away by the wind. The other reason is that they want to put them in the correct sequence. I could put a box there but everybody would

say he or she came first. There is no need for a full-time nurse because I am only here three mornings in a week."

In a statement released yesterday, Mr Tshabalala said: "The premises have grass which was wet. There are cigarette stubs all over the grass where people are expected and made to sit down. There is only one toilet for male and females which does not even have locking facilities. The situation that prevails under those circumstances is equal to raping the tolerance, submissive, meek and patient instincts of the entire black people in this country."

Sowetan 12/10/82

98

signs of on begin rface K synod

15/10/82

The synod's Press Commission was instructed yesterday to consult reporters of Afrikaans newspapers to establish sources of reports of a lit in the Moderature.

needed represent Beeld and Die Transvaler. If the reporters refuse to reveal their sources to the Press commission, they could be barred from the synod.

Reports by the SABC and Die Patriot — mouthpiece of the Conservative Party — also came under fire yesterday.

Die Patriot said the Government was trying to pressure the NGK to accept its new race reform policies.

The moderator re-

terday called on delegates to assume responsibility after leaks to the Press of information concerning division in the Moderature.

It has been speculated that a decision on the apartheid — heresy issue will affect Afrikaaner politics profoundly, with the immediate prospect of influencing the outcome of by-elections next month when the three Afrikaaner nationalist parties confront each other for the first time in parliamentary elections.

Also at stake is the NGK's relations with its "daughter" churches. The coloured church, the Sendingkerk, endorsed at its synod two weeks ago the Ottawa resolutions, and said its future ties with the mother church would hinge on decisions on apartheid and heresy.

The president of the WARC, the Rev Alan Boesak of the Sendingkerk, who is attending the synod, said yesterday that discussion of the Ottawa report should not be in camera. — Sapa.

Mothers-to-be on floor in packed ward

98
15/10/82

Pretoria Bureau

Pregnant mothers and those who have just given birth have to sleep on the floor with dirty blankets at Kalafong Hospital near Pretoria, according to patients treated there.

The hospital's administrative superintendent, Dr J. A. Fourie, said yesterday overcrowding at the hospital, especially in the maternity wards, was to blame.

He said it was difficult to keep the wards clean, even if they were cleaned daily, because of the overcrowding.

There were 42 beds in the maternity section but the number of patients was often double that.

Dr Fourie said the problem he faced was that he could not turn patients away.

Patients interviewed complained that an unhealthy state of affairs existed at the hospital. They had nicknamed Ward 1C, the maternity ward, "Marabastad" because of its filth.

Others described the ward as a "squatter area" and said the majority of patients were sleeping on the floor with the same blankets they used before giving birth. Some claim they have to use blankets dirtied by other

patients who had been discharged.

Patients said the situation became worse between Fridays and Tuesdays because no patients were discharged as there were no doctors at the hospital over weekends.

Dr Fourie denied this. He said there were doctors at the hospital all the time.

Some new mothers criticised the hospital for demanding they wash newly born babies. They said they were unable to handle the infants because they were slippery and feared hurting them.

Dr Fourie said mothers should be taught to wash their babies and care for them.

Dr Fourie could not give statistics of the number of babies born daily at the hospital because the number of patients fluctuated.

An Atteridgeville community councillor, Mr Matthew Maglangu, complained that the Transvaal Hospital Services had just increased fees from R1 to R2.

"They should use this money to extend the hospital and to improve conditions. It's very unhealthy for young mothers to sleep with dirty blankets on the floor."

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yer, Cracking, Country Claret, Grand Cru.

Unions cleared to recruit on mines

24
15/10/82

By Tony Davis
Labour Reporter

The Chamber of Mines has granted access to the newly established National Union of Mineworkers to recruit workers on mines in the chamber's group.

A chamber spokesman said access would be determined by individual mine management.

Fosatu meets to discuss retrenchment

140

Labour Reporter

The central committee of the Federation of South African Trade Unions (Fosatu) meets at Wilgespruit, near Roodepoort, this weekend.

Major topics for discussion will be the continuing dispute between the National Union of Textile Workers and the management of Veldspun in Uitenhage, and the retrenchment issue which greatly concerns

Patients sleep on the floor

By MONK NKOMO

KALAFONG HOSPITAL — at the centre of the "apartheid and rotten hospital" controversy — is faced with a massive and almost insurmountable problem of overcrowding.

In an interview with **The SOWETAN** this week, the superintendent, Dr J A Fourie, said the hospital, which accommodated up to 1 500 patients, had only

1 143 beds. He said in every ward patients were forced to sleep on the floor.

Dr Fourie said the hospital, near Atteridgeville, was an academic hospital and the overcrowding was due to patients referred there from as far as Malawi, Zimbabwe, Botswana and Namibia. Another contributing factor was the discharged patients who came from afar and had to wait for trans-

port. When the hospital was built, Dr Fourie added, the maternity ward was designed to only treat complicated confinement cases. "But we cannot turn these people away. We rather help them and make them sleep on the floors rather than leave them without help", said Dr Fourie who, pending the availability of finances, expected to have an extra 40 beds in the ward.

Sowetan 15/10/98

R12-m 'FLAGSHIP' HOSPITAL FOR CITY CENTRE

Medical Reporter

A R12-million, 250-bed hospital — the most up-to-date and sophisticated private institution of its kind in South Africa and 'Flagship' of a big group — is under construction in Cape Town.

It will open in mid-1983.

The hospital will occupy the top six floors of the City Park building in Bree Street and is expected to

upgrade and revitalise this part of the city centre.

The project is a joint venture between Clinic Holdings (Pty) Ltd., which controls 13 hospitals throughout South Africa, and African Oxygen Ltd (Afrox), which already has interests in several private hospitals and nursing homes.

Each company will have a 50 per cent share in what will officially be

known as the City Park Hospital and Medical Centre. The R12-million which will go into developing City Park excludes the cost of some of the most sophisticated medical equipment available.

Features planned for the hospital are:

● A radiology section with the latest equipment for ultra sound and body scanning.

● A 24-hour pathology service on the premises.

● Two theatres, specially dedicated to open-heart surgery.

● A cardiac catheterisation laboratory, costing around R1-million, for cardiac diagnostic purposes.

● A coronary intensive care unit.

● A surgical intensive care unit for specialised post operative care.

● Maternity and neonatal wards.

The theatres will provide for disciplines including cardiothoracics, orthopaedics, urology, plastic and reconstructive surgery, neurosurgery, gynaecology, ear, nose and throat and general surgery.

The site for the hospital was chosen for its central position and easy access from main roads and freeways.

Businesses occupying the ground floor section flanking Loop Street have already moved out, and there is a possibility that the Viaberg Post Office, may be moved as well.

Parking in the lower part of the building will remain open to the public, staff, patients and visitors.

Four floors will be devoted to the hospital section itself and two

(Cont. from Page 1)

Floors will become the medical centre, including doctors' consulting rooms.

In the hospital section there will be nine ultra-modern operating theatres, 200 beds and a maternity section with about 50 beds. The neonatal unit, according to a spokesman for the two companies, will be comparable with the most modern in the world.

The spokesman said that the accent at City Park will be on comfort, convenience and total patient care.

Almost all of the R12-million allocated for the project will be used to refurbish the interior and medical equipment costs will be additional. Various medical experts are

Hospital

98

Arcaus 19/10/82
being consulted to assist with the installation of medical equipment.

City Park, according to the owners, is likely to become the "Flagship" of Clinic Holdings, whose other hospitals include such institutions as Garden City, Millpark, Park Lane, Rand Clinic and Rosebank Clinic in Johannesburg, Nedpark Clinic and Jacaranda Hospital in Pretoria, St Augustine's Hospital and Parklands Nursing Home in Durban, and Glynwood in Benoni.

The architects are Louis Karol, in association with Monty Simon of Johannesburg, and the building contract has gone to Murray and Roberts.

(Turn to Page 3)

Thirty wards stand empty while . . .

Male patients sleep on floor

Sowetan 19/10/82

(98)

THE MALE surgical ward in the black section of the Boksburg-Benoni hospital is severely overcrowded, with patients sleeping on the floor, while in the white section, vacant wards have been closed due to a lack of staff.

An investigation by The SOWETAN over the weekend showed that up to 90 patients in the black male surgical ward slept on felt mats in a 32-bed ward.

Investigations also revealed that about 30 new wards have been standing empty for the past two years. According to sources within the hospital, the wards were originally intended as intensive care units for

By MZIKAYISE
EDOM

white patients, but the plan had to be abandoned because of the shortage of white nurses.

The sources said that suggestions have been made that the wards should accommodate black patients when their wards were overcrowded, but so far authorities have not re-

sponded and the new buildings have remained a white elephant.

Dr G Gravett, medical superintendent of the hospital, yesterday blamed the high assault rate among the black population for aggravating overcrowding.

"I admit we have a major problem here, but there is nothing we can do about it. It is not just a question of supplying more beds or even a new hospital, which in itself, could cost R10 000 per bed. It is a problem of trying to acquire additional staff to cope with the demand," he said.

Clinic gets doctor after two weeks

Sowetan 20/10/82 (98)

THE Vosloorus clinic near Boksburg, which has been without a doctor for the past three weeks, has been rescued.

The clinic was this week supplied with a doctor, who has to attend to hundreds of patients daily.

Community leaders and residents in the area feel that to cope the clinic needs at least two more doctors. For the past three weeks, senior sisters at the clinic were faced with the task of "performing" doctors' duties alone.

This meant that only minor cases could be treated and that the serious cases had to be referred to the nearby hospital in Katlehong, Germiston.

Nurses interviewed by **The SOWETAN** at the clinic said it was "frustrating" to be expected to perform doctor's duties with little experience in that field.

The SOWETAN also learnt that the previous doctor who was in charge at the clinic has been transferred to Katlehong.

The management committee of the Vosloorus Community Council held a special meeting last week to discuss this issue. The committee resolved that senior officials at the Natalspruit Hospital should be contacted and be asked to send at least one doctor to the Vosloorus clinic.

Bills ⁹⁸

anger patients

By MONK NKOMO

A MAMELODI business man paid R300 for the ten days his brother spent at the Atteridgeville Kalafong Hospital — underneath a bed.

Mr Joe Hlongwane said his brother Sam was recently taken to the hospital after he had been injured at work.

"He had a private doctor and I paid R30 daily for his treatment while he slept on the floor underneath somebody else's bed," said Mr Hlongwane who added: "The health situation at the Kalafong hospital is in chaos."

His condemnation comes in the wake of new complaints by patients who claim they are being turned away at the hospital and referred to as private patients and urged to consult their respective private doctors.

The hospital's administrative superintendent, Dr J Fourie, yesterday confirmed that patients were being treated according to their salaries. Patients who earned "reasonable" salaries with few or no dependants, were referred to as private patients, according to Dr Fourie.

Watch it!

YOU just can't afford to miss Monday's SOWETAN. When you have read about the Pirates — Chiefs clash, read the REAL story on Monday in The SOWETAN.

Plus pictures. Plus also full report on the Swallows — Benoni game — with pictures.

Then you also have another chance to win R1 600 in our soccerpot. You will also find more stories about people YOU know and relate to. About women YOU know. Plus 12 pages of fashion — for the whole family.



SUPPORT: Black Lawyers Association chairman Mr G M P in support of Turfloop students.

Human parts found in vel

SHO FIND

A STRAY dog carrying a human skull led to the discovery of human parts, some completely burnt, which belong to a Mabopane man who it had been alleged had disappeared from his home.

Parts of the body of Mr Roy Dire, who had allegedly been reported missing from his home since September 29, were discovered in pieces dumped on the outskirts of the township.

The offices of the Bophuthatswana Commis-

By ALINAH DUE

sioner of Police, the only one in the home-lands authorised to give information to the Press, refused to supply details of the gruesome find and said the matter was being investigated.

Eye-witnesses told The SOWETAN that they were first alarmed and appalled by an offensive smell a few days after Mr Dire's "disappearance". They were not sure where the smell came from.

A neighbour who did not wish to be named,

said on Oct morning: "I was s-tracted by after askin told that ra-burnt."

"I was s- many rats have been such huge about 4pm were furtl when the c coming fro- rying an in- man skull," bour said.

Their sus- allayed whe

CHICKEN LICKEN SOCCERP

Rom

ay, October 27, 1982

Historic hospital closes (98) its doors

By LIZ MCGREGOR

CROWN Mines Hospital — one of Johannesburg's historic mining hospitals which has treated hundreds of workers injured in industrial accidents over the years — closed its doors on its last patient yesterday.

Patients and staff were yesterday moved to their temporary new home — Main Reef Hospital, a former tuberculosis sanatorium 10km away in the Roodepoort area.

Over the next five years, a new hospital will be commissioned and built.

An initial plan last year to close the 150-bed hospital down altogether because the holding company, Rand Mines Ltd, wanted to use the land for business development, was abandoned after public protest.

Crown Mines Hospital, which dates back to the turn of the century, was a mining hospital until 1971.

It was then turned into a private hospital, catering for workers injured in industrial accidents.

Patients, some of whom suffered permanent disabling injuries, received top medical care at the expense of the Workman's Compensation Act, according to the hospital's manager, Matron E Gagel, who has run the hospital for the past 10 years.

A fleet of ambulances was hired to move very ill patients while those who could walk were ferried by bus.

"It's all very sad," Matron Gagel commented yesterday.

"This was a very good hospital, despite the age of the buildings and we had some of the best specialists in town."

mercury 29/10/82

Proposal might cut infant deaths

Mercury Reporter

THE medical superintendent at Durban's King Edward VIII Hospital is to discuss a proposal with the head of the Medical School's Paediatrics Department which could lower the hospital's infant mortality rate.

Dr Justin Morfopoulos, the hospital's medical superintendent, said yesterday he was open to any ideas which could improve the treatment of infants suffering from gastro-enteritis.

According to the head of the Medical School's Paediatric Department, Prof Allie Moosa, the infant mortality rate at the hospital could be lowered if gastro-enteritis cases were centralised under one roof.

Prof Moosa said for less

than R10 000 a centralised ward could be organised which would allow gastro-enteritis infants to be monitored more closely and would also allow specially trained staff to administer to their needs.

At present gastro-enteritis cases were spread out in various different wards at the hospital.

'By having a centralised ward we would be saving lives, and this is obviously worthwhile no matter what the cost,' he said.

Dr Morfopoulos said Prof Moosa had not approached him about his proposal yet, but he was certainly willing to discuss it.

'We have the same interests at heart. I will comment on the plan to centralise the ward after I have had a meeting with Prof Moosa,' he said.

1/4-m
98
Sowetan
28/10/62

saw light at clinic

By MONK NKOMO

NEARLY a quarter of a million babies were born at the Holy Cross Nursing Home, near Pretoria, since 1938. The SOWETAN established this week.

The matron and superintendent of the semi-private nursing home. Sister Opp said that more than 200 000 babies were born since the establishment of the home in 1938.

The nursing home, popularly known as "Maromeng" served thousands of families from the now demolished Lady Selborne township, and is undoubtedly one of the oldest existing nursing homes in Pretoria today.

Large numbers of academics, politicians, businesspeople, nurses and teachers were born at this nursing home which is situated near the well-known township which was demolished by the Government in the early sixties.

"A total of 3 837 sets of twins, 34 pairs of triplets and a set of quadruplets have been born here since the hospital's establishment," said Sister Opp, who added: "A total 99 babies were born last week and we have an average of 360 babies born every month.

"I have been working here since 1953 and have enjoyed every moment of it helping people. There are very many happy memories here." Sister Opp said the nursing home, situated at 885 Moshesh Street, Claremont, and subsidised by the Government, comprised of only two rondavel rooms and twelve beds in 1941. Today "Maromeng" is a double-storey building consisting of 18 wards and 86 beds and operating 24 hours daily.

"The nursing home was gradually extended and officially opened on August 1, 1944 and another new wing was officially opened in 1953," said Sister Opp.

Today the majority of families in Pretoria and the surrounding townships of Bophuthatswana still prefer that their children be born at the oldest and famous Holy Cross Nursing Home — "Maromeng".

Two new medical centres planned

ARGUS 98
29/10/82

A R12-million community health centre and an independent R2-million theatre unit are to be built in Tygerberg to alleviate the chronic shortage of hospital beds in the area.

The project is subject to approval by the Department of Health.

The community health centre will be in Bellville, and is to be called Bellpark Hospital, while the theatre unit in Brackenfell will be called Brackenfell Day Hospital.

Both are projects of the Hoffman Hospital Group.

Bellpark Hospital will have 270 beds and full nursing facilities, consulting rooms, a teaching college with lecture halls for nursing staff, accommodation for student nurses and a medical library.

There will also be a chemist, florist, library

and facilities for community health activities.

The hospital will be the second of its kind in South Africa that trains its own nurses.

Brackenfell Day Hospital will render a full-time surgical and diagnostic service, and might be expanded in the future to include more services.

Painful wait for Indian child

Own Correspondent
JOHANNESBURG. — A badly injured child was shunted between four hospitals over a period of nine hours after being refused admittance to a provincial hospital because she is Indian.

Two-year-old Shamela Daya's fingers were mutilated when her hair was caught in the blades of a water pump. Her forefinger was almost severed and three other fingers were badly cut in her struggle to free herself.

This was at midday on Thursday. She was finally operated on yesterday

morning. Doctors told her parents her forefinger was broken in three places and the tendons and blood vessels severed. She may never regain full use of the finger.

Immediately after the accident her father, Mr Essop Daya, rushed her from their home in Swartkoppies, near Alberton, to J G Strijdom Hospital.

She was given emergency treatment, X-rays were taken — then she was referred to Hillbrow Hospital because J G Strijdom is for whites only.

Upon arriving at

Hillbrow Hospital, Mr Daya was told that there were no paediatric facilities and Shamela would have to go to Coronation Hospital.

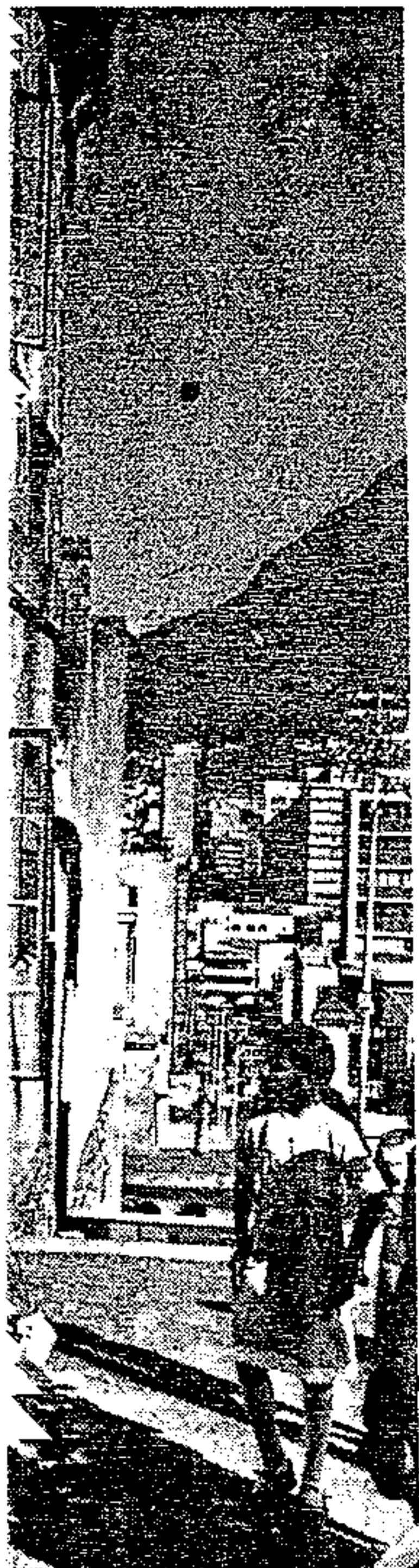
He arrived at Coronation with the crying, exhausted child at 3pm. By 8pm, she had still not been operated on. In desperation Mr Daya took her to Park Lane, a private hospital in Parktown.

A J G Strijdom Hospital spokesman said yesterday that "from our point of view, we did everything we could" in view of the fact that the hospital did not admit Indians.

Dr T Luckin, the acting superintendent of Coronation Hospital, said Shamela had been admitted and was on a trolley outside the operating theatre when her father took her to Park Lane.

Dr Luckin said there might have been a delay because the surgeon was busy with a more urgent operation and the child had to be starved before general anaesthetic.

According to Mr Daya, he was still being told at 9pm, six hours after arriving at Coronation, that Shamela would be operated on "just now".



rahman Arend, at the call of Mr Arend's Bo-

Damages for 'teapot elbow'

LONDON. — Mrs Pamela Osarak made English legal history yesterday by winning damages for "teapot elbow".

A High Court judge awarded her R4 000 damages, plus unstated legal costs, against her former employers for arm injuries she suffered from years of lifting a heavy teapot in her job as a factory tea lady.

"She is a lady of average height, average build and average weight, not muscular in any sense, or strong of arm. In judging tea ladies, one must not look for hefty Amazons," said Mr Justice Sir James Comyn.

He decided that the company, Hawker Siddeley Water Engineering, had not taken her complaints about the teapot seriously.

sidy still high prices

lamb had ranged from between 309c/kg and 324c/kg, 60c up on last Friday's figures.

Grade One beef prices have, however, increased by only 21c/kg since last week. Opening prices for beef ranged from between 274c/kg and 277c/kg in comparison with last Friday's figures of 246c/kg and 263c/kg.

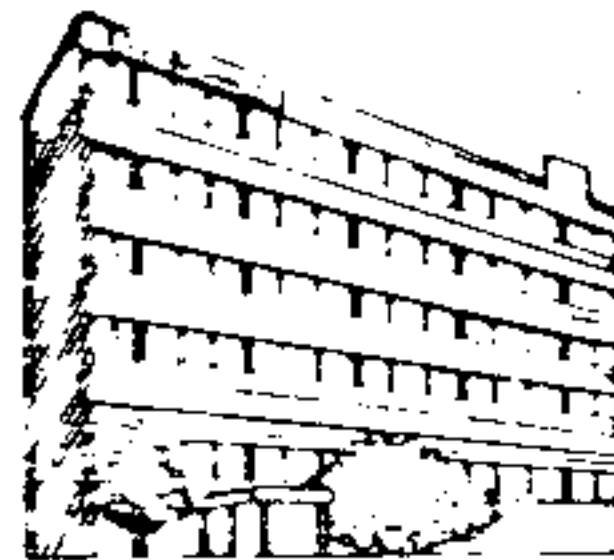
Garlicks Pledge



In support of Community Week, we pledge to donate to the Cape Town Community Chest 1% of the net sales of our Cape Town store during the period Monday 1st November to Saturday 6th November

These monies will be over and above our annual donation to "The Chest" which supports 101 charities in the W. Cape. You too can support Community Week by placing your contribution in one of the collection bottles in our store or by mailing your cheque to The Community Chest, P.O. Box 3836, Cape Town.

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VIEWING BY APPOINTMENT

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Multi filter

Injured child shunted between four hospitals

98

rom 30/10/82

By LIZ MCGREGOR

A BADLY injured child was shunted between four hospitals over a period of nine hours after being refused admittance to a provincial hospital because she is Indian.

Two-year-old Shamela Daya's fingers were mutilated after her hair was caught in the blades of a water pump. Her forefinger was almost severed and three other fingers badly cut in her struggle to free herself.

This was at midday on Thursday. She was finally operated on yesterday morning. Doctors told her parents her forefinger was broken in three places and the tendons and blood vessels severed. She may never regain full use of the finger.

Immediately after the accident, her father, Mr Essop Daya, rushed her from their home in Swartkoppies near Alberton to J G Strijdom Hospital. She was given emergency treatment and X-rays were taken of her fingers — and then referred to Hillbrow Hospital because J G Strijdom is for whites only.

At Hillbrow Hospital Mr Daya was told there were no paediatric facilities and they would have to go to Coronation Hospital.

He arrived at Coronation with the crying, exhausted child at 3pm. By 8pm, she had still not been operated on. In desperation, Mr Daya seized the child, her X-rays and other medical records and took her to Park Lane, a private hospital in Parktown.

A J G Strijdom Hospital spokesman said yesterday that "from our point of view, we did everything we could" in view of the fact that the hospital did not admit Indians.

Dr T Luckin, the acting superintendent of Coronation Hospital, said Shamela had been admitted and prepared for the operation and was on a trolley outside the operating theatre when her father took her to Park Lane.

Dr Luckin said there might have been a delay because the surgeon was busy with a more urgent operation. It was also necessary to starve the child for several hours before giving her a general anaesthetic.

'Spruit gets new hospital

By Mzikayise Edom

THE WESTERN wing of the Natalspruit Hospital in Germiston, from which 110 patients had to be evacuated because it was sinking into the earth, will be demolished and rebuilt.

Dr A F Chemaly, the Superintendent of the hospital, said last week that hospital authorities were hoping to renovate the affected wards, but had since discovered

Spruit 11/1/82
that there are big holes underneath the wards and that it would not be safe to renovate them.

"Architects and engineers who came to inspect the wards also discovered that there was water running under the wards and that parts of them were erected on clay, causing them to sink," he said.

On June 16 this year, hospital authorities noticed that wards in the

western wing of the hospital were sinking and when the situation worsened 110 patients had to be evacuated and placed in other wards.

Dr Chemaly said building plans for the new wards had not yet been completed and that as soon as the plans were ready, the new wards would be erected. He said the building of the new wards would start early next year.

GENERAL NEWS

Hospital 'no' to badly injured girl (2)

Sves
11/1/82
978

By Yussuf Nazeer

A two-year old Indian girl who had her hair ripped and a finger almost severed by a waterpump wheel had to wait six hours at a hospital without treatment after another hospital refused to operate on the child because of her race.

Shamila Daya was playing near a waterpump on her father's Swartkoppies farm near Alberton when the accident happened. Mr Essop Daya said he rushed his daughter to J G Strijdom Hospital.

"She was admitted and given the necessary emergency treatment," Mr Daya said.

Then a senior staff member told him the child could not be admitted for an operation and would have to go to a non-white hospital.

"I then took my daughter to the Hillbrow General Hospital but they had no facilities for children, and referred me to Coronation Hospital in Newclare," Mr Daya said.

He said he arrived at Coronation Hospital at

3 pm, and Shamila was admitted.

"I was told the doctor would be there in a half-hour to attend to my child, but by sundown no doctor had showed up to attend to her," Mr Daya said.

"At 9 pm she was still lying there in pain, so I picked her up and walked out."

"I drove to the Park Lane Clinic where she was admitted to a children's ward given necessary emergency treatment and later operated on."

A J G Strijdom Hospital spokesman said: "We did everything necessary at the time to treat the child, the referred the patient to a non-white hospital for more treatment."

A Coronation Hospital spokesman said he regretted that the child had to wait six hours, but it was necessary for a patient to wait about five hours without food before an operation.

He said Mr Daya could lodge a complaint in writing to the hospital.

Pay strike threat at Baragwanath

Star 2/11/82

(92)
11/11

About 500 clerks at Baragwanath Hospital and Soweto clinics today submitted a memorandum to the director of hospital services, Dr Hennie Grove, demanding more pay.

The clerks are demanding a 50 percent increase. They staged two-hour protests last Friday and yesterday and have threatened to go on strike if their demands are not met.

A spokesman for the

clerks said today they did not want to be seen as irresponsible people, but wanted their demands to be met.

Dr Chris van der Heever, superintendent at the hospital, said new salary scales for nurses came into effect last Friday.

"Some administrative staff were upset by the fact that their salaries had not likewise been adjusted."

Strike

threat by ARGUS 4/11/82 hospital clerks

Argus Correspondent

JOHANNESBURG. — About 500 clerks at Baragwanath Hospital and Soweto clinics this week submitted a memorandum to the Director of Hospital Services, Dr Hennie Grove, demanding more pay.

The clerks, who refused to work in protest for two hours last Friday and two hours on Tuesday, demanded a 50-percent rise and threatened to strike if their demands were not met.

CONCERNED

A spokesman for the clerks said yesterday they would continue to work, "because we are more concerned with the patients. We do not want to be seen as irresponsible people, but we want our demands to be met".

Dr Chris van der Heever, superintendent at the hospital, said new salary scales for nurses came into effect on Friday.

"Some administrative staff were upset that the salaries had not likewise been adjusted and a mass meeting was held where demands for increases were made. Negotiations are continuing," he said.

HEALTHY DEVELOPMENT

98

313

FM 5/11/82

Medical free enterprise is set to get off the ground in Soweto. This comes at a time when many middle-income black patients and an increasing number of black members of medical-aid schemes are no longer prepared to tolerate the overcrowding and lack of choice at State hospitals such as Baragwanath.

So the privately-owned Lesedi clinic, to be built in Soweto at a cost of R3,5m, could bring the costs of private hospitalisation within the reach of many more black patients.

The project is being financed by a R1,8m mortgage bond, shareholders' funds and debentures subscribed to by major firms such as Barclays Merchant Bank, Anglo American Corporation, the Premier Group, SAB and Barlows.

The clinic will have 78 beds, three operating theatres, a radiology unit, an administration block and service buildings. It will be operated by Clinic Holdings, a specialist clinic management organisation, under a management contract.

According to Barclays Merchant Bank deputy chairman Basil Hersov: "The debenture and bondholders expect a return on their investment and would not have considered participating unless

they were convinced that such a return would be forthcoming."

Adds PE Consulting Group's (PECG) Patrick Kirby: "The clinic is expected to make a profit from the fourth month of operation and should show a positive cash flow from the 16th month."

Dr Nthato Motlana, a director of Lesedi, points out that although there are private nursing homes which do admit black patients, they have to be admitted to private wards — for which medical aid societies refuse to pay. This effectively puts white nursing homes out of reach of most black patients.

In 1979, the PECG undertook a feasibility study which found that at least 8% of all black patients treated could afford private hospitalisation. This implies that even if Soweto had a population of 1m, at least 80 000 could afford private treatment (unofficial estimates put Soweto's population at closer to 2m).

According to Kirby: "A facility with 250 beds could easily be supported by people not on medical aid, so this facility with 78 beds is simply a drop in the ocean."

The project could set a precedent for private sector involvement in black health care.

Govt (98)

'holding
Mercury
up new
5/11/82
Phoenix
hospital'

Mercury Reporter

THE delay in Government approval was holding up the development of the first hospital for Indians in Phoenix, according to Dr Fred Clarke, Natal's MEC in charge of hospitals.

He said the Minister of Health, Dr Nak van der Merwe, had promised to give him the green light two months ago, but he had not yet heard from the Minister.

Dr Clarke visited Verulam yesterday to hand over a new ambulance to the Verulam Town Council which is to run a service on behalf of the Province.

New service

He said the ambulance was of the latest series and fully equipped. 'It is the culmination of many years of intensive planning in the ambulance field,' he said, adding that there were many inadequacies in that field country wide.

'The new Westland series of ambulance is the first stage in a completely new ambulance service set up to be introduced in Natal,' he said.

The Mayor of Verulam, Mr S G V Subban, who received the machine on behalf of his council, said a fleet of three would operate from Verulam on a day-and-night service.

He said initially the service would operate in Verulam, Oakford, Ottawa, Cottonlands, Canelands and a section of Inanda.

A team of 14 drivers, who would undergo special training in first-aid, would be employed.



Officials at the nurses prizegiving in Zwelitsha. From left, Mrs I. Xaba, Professor Charlotte Searle, and Mrs V. Sebe.

D. Diputer. 8/11/82

Community health centres for Ciskei

ZWELITSHA — A total revolution in the field of hospital and clinic services was being planned, the Ciskei Minister of Health and Welfare, Dr C. J. van Aswegen, said at the weekend.

He was speaking at a combined nurses dedication and prizegiving ceremony held at the Lennox Sebe College.

He said the department was in the process of drawing up a five year plan in conjunction with South Africa which was represented on the department's steering committee.

"Although we cannot as yet disclose much detail, I am able to mention that the emphasis will be on decentralisation, a move away from monuments to disease towards an upgrading of rural and community facilities, which will include a new concept in Ciskei, that of community health centres," he said.

"The emphasis again will be on preventative

rather than curative services — a system based on decentralised rural community health service through to clinics, health centres to regional hospitals ending up with the pinnacle of an academic teaching hospital. I hope we will all live long to see these wonderful dreams come true."

Dr Van Aswegen said positive progress had been made on the Ciskei's health services despite enormous difficulties. He paid tribute to men and women who despite adversities like disparity in salary scales compared with South Africa's through hard work and love for people, had qualified.

At the take-over from the State Health Department in 1975 there were 45 clinics in the whole of Ciskei, he said.

Now there were 95 clinics and 124 sub-clinics. Extensive mobile health services were being considered to reach even the most remote areas.

Although there was in

increase in the number of nurses since the take-over there was still a great need for more to meet the health needs of the community, he said.
— DDR.

Black hospital workers strike

Str 11/17/82



About 400 black general workers at the Hillbrow Hospital went on strike this morning in demand of more pay and better working conditions.

The workers who include cooks, cleaners, clerks and typists are demanding a 50 percent pay increase.

The striking workers gathered on the hospital grounds at 7 am and appointed a delegation to hand a memorandum containing pay demands and grievances to the hospital's superintendent, Dr J Nach.

Dr Nach agreed to meet an elected committee consisting of representatives from all sections of the striking staff to discuss worker grievances.

An elected committee will meet Dr Nach later today.

Grievances include unfair dismissal of pregnant woman and long hours with no overtime.

Hospital doctors and nurses said the strike had not affected its running.

Doctor Nach could not be reached for comment.

New facility for Frere

D. O. S. P. J. 11/11/84

EAST LONDON — A new central sterile supplies depot at Frere Hospital was officially opened yesterday by the chairman of the Hospital Board, Mr David Lazarus.

The CSSD was built in the hospital's old Wakefield ward and will provide the entire hospital with sterile dressings and instruments.

Mr Lazarus commended the hospital's works section for undertaking the project and cutting the estimated cost of building the CSSD by more than half.

He said plans drawn up for the depot in 1980 estimated the cost of the project as R18 200 but that the works section had built it at a cost of only R8 000.

The Medical Superintendent, Dr Rob Newbery, said the new depot would increase efficiency in providing the hospital with sterilised material.

"Before, material was sterilised at half a dozen different points all over the hospital but now everything will come into the CSSD."

The spacious new depot has five autoclave sterilising units and a large area for packaging dressings. — DDR

98 Sowetan 12/11/82

Hospital workers strike over 'sick' wages

ABOUT 1 000 workers employed at two leading hospitals in Johannesburg have sent memorandums to the Director of Hospitals demanding immediate salary increases and improved working conditions.

The memorandum follows large scale labour unrest at the country's biggest hospital, Baragwanath, and the Hillbrow hospital where workers have gone on strike for higher wages.

At Hillbrow hospital yesterday about 400 workers, mainly cleaners, clerks, and typists, downed tools for four hours after presenting a memorandum to the superintendent, Mr J Nach, demanding a 50 percent hike in salaries.

A worker told The SOWETAN that a top notch salary for clerks was R240 and the starting salary was

R151 while domestics earned R89 per month. Workers were often unfairly dismissed and worked unreasonable hours.

Workers complained they were made to work long hours and no transport was provided for them after hours. They often have to run through the city's dark streets "at their own risks" trying to find transport back to Soweto.

"The salaries of white workers are far higher than blacks who do the same kind of jobs," a workers' representative said.

At Baragwanath over 400 workers have presented a memorandum to the superintendent, Dr Chris van der Heever, demanding the new salary scales. They also downed tools for a few hours.



STRIKE: The scene at the General Hospital yesterday when more than 800 workers demanded more pay.

By ROBERT MANGAZA

By Maud Motsaryane

Mrs X is a 40-year-old cleaner at the Hillbrow Hospital in Johannesburg. She earns R84 a month on which she supports seven children, four of whom are school-going. Her husband is a pensioner.

This week Mrs X and more than 400 workers at the hospital downed tools, demanding more pay and better working conditions.

"It was an act of desperation — we were trying to tell our employers we need more to survive," Mrs X said.

For her the working conditions are not a priority. "If I could get more money it would answer my problems."

The workers, including cooks, cleaners, clerks and typists, were demanding a 50 percent salary

Strike by 400 at hospital 'an act of desperation'

increase. They gathered at the hospital grounds at 7 am and handed a memorandum containing their demands to the hospital's superintendent, Dr J N Nach.

The cause for the strike seems to be the fact that some employees received service bonuses while others did not.

"The employers said they would come back to us with a reply next

Friday — I hope they take our grievances seriously," Mrs X said.

After paying R36 a month in rent and R20 for coal, she is left with R28 with which to buy bus tickets, costing R8, and food for the family.

Her husband supplements their income by gardening for schools in Soweto.

Mr Gideon Ramoshebi, who has been a gardener at the

hospital for the past four years, said: "I have nothing to hide. What we are paid is a disgrace."

"I started off with a salary of R70 a month. Until April this year before my salary increased to R140, I was earning R90 a month."

"I save by eating one meal at the hospital and not having supper at home."

Mr Ramoshebi lives with his grandchildren and 22-year-old daughter. His wife died some years ago.

Some of the grievances in the memorandum sent to the superintendent are:

● Long working hours without overtime pay.

● Women who fall pregnant during their one-year probation period are dismissed.

● Because of the shortage of staff, cleaners have had to work overtime without extra pay.

Ceteris Paribus
Price
Function
Inferior Good
Substitutes
Complements
Perfect Competition
'Rise' in Demand (or Supply)
'Increase in Quantity Demanded' (or Supplied)
Equilibrium
Maximum Price
Minimum Price
Rent Control
Minimum Wages Legislation
International Trade
Transport Costs
Tariff
Economic Rent.

Third hospital workers' strike

Sowetan 16/11/72
ALMOST the entire black staff at the Johannesburg Hospital in Parktown yesterday joined the more than 1 000 hospital workers who went on strike last week, when they downed tools in demand of high salaries and better working conditions.

The Johannesburg Hospital workers said they were not satisfied because they were earn-

ing "peanuts" compared with other workers and could not make ends meet.

The strike is the third within two weeks where hospital workers have downed tools — Baragwanath and Hillbrow hospital workers recently went on strike in demand of better pay and conditions.

"We are sick and tired of authorities who seem

not to care about the well-being of the workers. It is high time they learnt the hard way that blacks will not stand for the kind of exploitation practised by hospitals," said a Johannesburg employee.

He said management had been informed on several occasions of the plight of the black workers.

Workers said they were to meet the superintendent and would not work until their demands were met.

A hospital spokesman confirmed the strike but refused to comment further. "There was a strike but I am not prepared to answer any questions on the matter because we are investigating," she said.

• About 300 women will lose their jobs when a steel factory closes in Boksburg next month.

The factory is part of Barbican Holdings and will close on December 10 as a result of failure to relocate its operations.

Staff members have been given four weeks notice pay and other bonuses.



Work or home for strikers

ABOUT 300 hospital and industrial workers were reported to have gone on strike in Johannesburg yesterday in demand of higher pay and better working conditions.

In the latest spate of labour unrest to hit hospitals, 27 security guards were dismissed from Baragwanath after the entire security staff went on strike over pay demands. They were allegedly told they were agitators and had incited others to go on strike.

The superintendent of the hospital, Dr Chris van der Heever, said all the dismissed workers came from the homelands and he confirmed they had complained of low salaries.

He said workers were told they should either go back to work or back to the homelands. The workers apparently preferred to go back to their homes than put up with the meagre salaries.

At Teltron Sound-Electrical company 150 workers were told they had dismissed themselves when they ignored an ultimatum to go back to work.

A spokesman for Teltron told **The SOWETAN** no demands were received from the workers but confirmed Cca-wusa's "bringing to our attention grievances regarding service conditions."

Almost the entire black staff at the Johannesburg hospital in Parktown joined the strike for better pay and working conditions, but workers were back at work late yesterday.

GENERAL NEWS

By Pamela Kleinot

An English "contract" nurse is so bitter about her plight at the Johannesburg Hospital that she wants to discourage British nurses from coming to South Africa.

She wrote in the Nursing Times, London, that she was disillusioned after promises made to her during a recruitment campaign in Britain last year.

Miss J M Paton, who has been working at the hospital since March, listed her grievances.

She said she was unhappy but could not afford the cost of breaking her two-year

UK nurse hits at conditions in city hospital

contract. She was therefore "trapped."

Dr Neville Howes, superintendent of the hospital, said Miss Paton had grossly exaggerated the situation and had apologised to the hospital in writing.

In the article Miss Paton said she was financially worse off in South Africa. The cost of living was about the same as that in Britain but wages were lower.

Describing the pressure and demands of work due to the desperate nursing shortage, she said she worked in an acute admission psychiatric unit where often only two nurses had to cope with a ward full of patients.

Although she was contracted to work a 40-hour week there was an on-call system due to the staff shortage. This meant one of the

nurses was on call day or night if anyone became ill.

"We are not paid for being on call and receive only our basic hourly rate if we are called out," she said.

"Very often after working all day we are told we have to work that same night (7 pm to 7 am) because of sickness.

"We can also be called in on our days off."

Dr Howes said Miss Paton had only once been asked to work an extra shift but had not done so.

He said the on-call system was a local arrangement between the ward sister and nursing staff. Miss Paton had agreed to it.

He said staff had been recruited in Britain precisely because of the nursing shortage.

Dr Howes said Miss Paton had never brought her grievances to his attention. She had also not applied to have her contract cancelled.

He dismissed Miss Paton's allegation that he had misled her on the cost of living in South Africa.

"The cost of living is lower here than in Britain," he said.

"When I interviewed her I told her that board and lodging was one of the perks and also showed her advertisements from The Star on the price of private accommodation."

Dr Howes said that at the time of the interview her rent in Britain had been R20 a month — substantially higher than her present board and lodging of R22 at the nurses' residence.

He said Miss Paton had received two salary increases since joining the hospital in March.

Dr Howes said the hospital had received no complaints from 40 members of staff who had arrived from Britain. However two had "absconded."

Pretoria hospital to stop waste dumps

Sowetan 18/4/82

By MONK NKOMO

KALAFONG hospital officials in Pretoria are in future to take strict precautionary measures to stop the dumping of used medicines, bloodstained bandages and medical waste at the Saulsville/Atteridgeville rubbish dump.

The hospital superintendent, Dr J A Fourie, told The SOWETAN yesterday that the dumping of used medicines was "a slip up, somebody had erred, it is human to err".

The dumping of hospital waste has caused concern among local residents who fear that it is a health hazard because children and elderly people often pick up the waste for use in the townships.

Dr Fourie said investigations had revealed that tablets which had expired for use had been dumped there. "Although they were not dangerous, they should not have been dumped there," he said.

All medicines that expired for usage should be taken back to the dispensary for disposal, he said.

He said: "Each ward has bags for ordinary refuse and used medicines in others which are burnt in the hospital's incinerator. But some wards do not use proper bags.

"We have now given instructions to the sisters in charge of the wards to avoid dumping used med-



SHASHO

SCORES OF PEOPLE — mostly shack-dwellers arrested yesterday when West Rand Administrative policemen swooped on "illegals" during a pre-dawn raid on Orlando East, Soweto. Sowetan 3/10

Most were released a few hours later after they had paid fines of R10 each at the Orlando police station. A Wraab official estimated that more than 100 "illegals" were nabbed during the raid, which started at about 2am.

18/4/82 By LEN MASEKO

Tension gripped the township yesterday as packed police vans ferried the "illegals" from a local Wraab office to the Orlando police station. Residents speculated that more raids could be expected this week.

The S acting C ing, Mr said th "check ing in th He cou many p arrested

How to win a new kitchen — PIC

MPC queries hirings of conductor

'Patients sleeping in corridors' says MEC

GROSS OVERCROWDING' at King Edward Hospital

Mercury
19/11/82
(78)

Mercury Reporter

A ROW has erupted over the hiring of the new Natal Regional Orchestra's conductor, Mr David Tidbold, without the post being advertised.

The Administrator of Natal, Mr Stoffel Botha, has said the appointment was made only 'after very careful deliberation'.

But this explanation was wholly unacceptable, said Mr Cliff Mathee (NRP, Durban Central), whose sentiments were privately echoed by many other MPCs.

Mr Mathee had earlier raised the issue in the Provincial Council, when he drew attention to the apparent break in normal employment procedure.

He wondered whether there were others, perhaps better qualified to do the job, but whose services had not been sought.

'It's rather distressing that if we employ professional people in other departments the vacancies are advertised throughout the country,' Mr Mathee said.

'Patients sleeping in corridors' says MEC

GROSS OVERCROWDING' at King Edward Hospital

Mercury Reporter

DURBAN'S King Edward VIII Hospital for blacks resembled 'a Beirut toilet during an Israeli air-raid', Dr Fred Clarke, MEC, said yesterday, in referring to the establishment's critical overcrowding problem.

Last year 1 000 000 patients had been treated although wards were equipped with only 1 389 beds.

'It's a great disaster... patients sleep in corridors... no hospital in the world can equal that service,' Dr Clarke said.

For many years the Government had not allowed the Province to lift so much as a finger to help because the hospital, situated in an area zoned for whites, was the State's responsibility.

This position was changing, however, and he felt optimistic that the 'grossly overloaded' situation would also change — for the better.

Dr Clarke said the Province's general hospital accommodation and services were unsatisfactory, with the inevitable result that patients suffered.

Behind the whole problem was a lack of funds — in spite of the fact that hospitals accounted for 34,7 percent of Natal's total budget.

Opportunity

In reply, Mr Botha, who is also honorary chairman of Napac which will be paying the new incumbent's salary, said Mr Tidbold's appointment had been decided on in view of his 'intimate knowledge of the orchestra and music-making scene' in South Africa.

'We would've advertised world-wide but then this golden opportunity arose to appoint Mr Tidbold,' Mr Botha said.

Mr Tidbold was held in high esteem and was an experienced symphonic, operatic and ballet conductor.

He had held a similar position in the Cape where he had recently experienced 'internal management problems', after which he had looked for alternative work.

The new manager of the as-yet unestablished Natal Playhouse Theatre in Durban had also been attracted from the Cape, Mr Botha said.

That post, however, had been advertised.

Matrons

He further attributed the dilemma to the population explosion, an increased awareness of the provision of medical services by non-whites and to a shortage of posts for staff.

Regarding recent improved salary structures for the nursing profession, the results had been good although he was surprised to learn of dissatisfaction among matrons — whose increases had been 59 percent.

But training posts at most major hospitals were full although it was wrong to interpret this to mean there was no shortage of posts. More needed to be created.

The poor economic climate meant free hospitalisation for the over 70s could not be provided, he said, replying to a suggestion by Umhlanga MPC, Mr 'Patty' Bozas.

Mr Bozas had mooted a scheme to provide free hospitalisation for those of all races who had reached 'three score and ten years'.

Sowetan 23/11/82

Kalafong denies death negligence ⁽⁹⁸⁾

A 46-YEAR-OLD Att-ridgeville man, Mr Amos Matube, who died recently a few hours after he was allegedly turned away at the Kala-

fong Hospital "because there were no doctors," was medically examined before he was sent home, Dr I Kapp, the hospital's medical superintendent, said yesterday.

Dr Kapp described as "nonsense" the claims by the dead man's relatives that he was "turned away because there were no doctors available."

Mr Matube, employee at the hospital at the time of his death, was rushed to the Kalafong Hospital on Sunday November 7 after vomiting "what appeared to be black slime," his cousin, Mr R Matube said.

At the hospital he was told to report the following day. Mr Matube was found dead the following morning.

Dr Kapp, who was "upset and sorry" about the incident yesterday, said the private doctor, together with three nursing sisters, had told her the deceased was medically examined before he was sent home.

"After the doctor had established that he had been on treatment since Thursday November 4, he was then told to report the following day.

Hospital pay talks

Mail Reporter

THE grievances that sparked last Thursday's strike by 500 Hillbrow Hospital workers are still being negotiated between the workers' representatives and the hospital management.

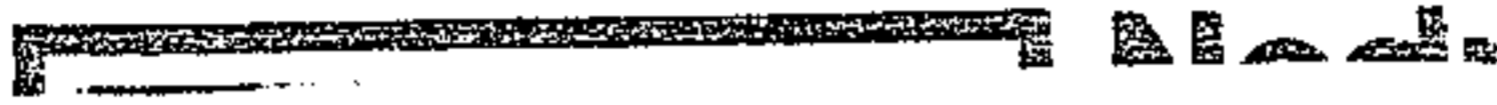
The porters, ward helpers, cooks, cleaners and clerks are demanding a 50% wage increase and an improvement in working conditions.

Lowest paid workers claim to be earning less than R100 a month.

Hillbrow Hospital's superintendent Dr J. N. ... said yesterday that meetings had been convened to discuss the grievances.

Meanwhile, a blanket of silence has been thrown over a strike by workers at Johannesburg Hospital.

According to reports, almost the entire black staff of the hospital downed tools on Monday in support of demands for higher salaries and better working conditions.



Govt accused of diverting earmarked loan

93

Shev 29/11/82

Baragwanath Hospital row over foreign funds

By Michael Chester

Baragwanath Hospital claims to hold proof that the bulk of a R40 million foreign loan to help finance its vast modernisation programme has been diverted by the Treasury to other projects.

Controversy over allocation of the loan has become acute as administrators complain a severe shortage of funds is bringing the programme to make Baragwanath a model health care centre to a grinding halt.

While the row goes on about the mystery millions, the hospital, which treats well over 100 000 in-patients and more than 1 500 000 out-patients a year, admits gross overcrowding.

At present 300 to 400 patients, including post-natal maternity cases, have to bed down on the floors of wards each day.

The Transvaal Provincial Administration has asked the Treasury for details about the R40 million loan, negotiated several months ago with Commerzbank, a major West German bank.

Receipt confirmed

The Treasury has confirmed the State has received the money but has indicated Baragwanath Hospital is one of a number of black community projects that will draw on this cash.

Mr W G Steyn, Provincial Secretary, has told Dr H A Grove, Director of Transvaal Hospital Services, the Treasury allocation from the loan for subsidies to black hospitals for the 1982/83 financial year amounts to R5 million. This is equal to only 12,5 percent of the West German loan.

The final share for the Baragwanath scheme, hospital officials fear may work out at only about R2,5 million of the original R40 million.

The Treasury has explained the balance has been allocated "according to needs."

Dr Chris van der Heever, superintendent of Baragwanath Hospital, declined to comment on the issue.

Dr van der Heever was first alerted to the existence of the R40 million loan when informed by Professor D G Moyes of the University of the Witwatersrand department of anaesthetics.

Approach

Professor Moyes learned about it when a South African subsidiary of the huge West German company, Siemens, approached him about buying new X-ray equipment for Baragwanath out of the loan.

The professor, also chairman of the medical advisory committee at the hospital, promptly asked the superintendent to start consultations on how best to use the cash injection.

According to hospital insiders, Dr van der Heever has been attempting to track the R40 million ever since.

"We have ample proof that the R40 million from Commerzbank was raised specifically for Baragwanath," one of them remarked. "We desperately need all of it. And we are determined to see it is channelled

Row over loan for hospital

from page 1

where it was intended in the first place.

"Because of the extreme sensitivity of black health services, Baragwanath of all places cannot afford to subsidise other projects — however deserving they may be."

Hospital executives believe the intended recipient of the loan was indisputably described in a letter sent by Commerzbank to medical equipment manufacturers Stierlen-Maquet in West Germany. A copy was sent to Siemens in Johannesburg.

The letter, a tip to the two firms about potential new business contracts, drew attention to "a project in South Africa." It said: "For modernisation and extension of the big hospital, Baragwanath, in Soweto near Johannesburg a sum of R40 million has been made available.

"The hospital, which has 2 713 beds, is to be equipped with the most modern installations, such as new operating theatres, X-ray equipment, etc."

Says a Baragwanath source: "The documentation of events makes it clear the cash was intended for us. Now we want new wards, new beds — not a jumble of bureaucratic red tape."

92
**Missing
Bare
millions:
call for
inquiry**

By Michael Chester

The Transvaal Provincial Administration was called on today to open a fullscale inquiry into allegations that the bulk of a R40 million overseas loan intended for Baragwanath Hospital had been re-routed to other projects.

A formal approach to the Transvaal Administrator, Mr Willem Cruywagen, to institute an investigation was made by Mrs Irene Menell, MPC for Houghton and Progressive Party spokesman on health affairs.

Mrs Menell also made an appeal to the Minister of Finance, Mr Owen Horwood, to answer the Treasury allegation that only R5 million of the R40 million loan for black hospitals out of the R40 million loan and channelled the rest to other black community projects.

Baragwanath Hospital claims to have proof that the entire loan, negotiated with the West German bank Commerzbank several months ago, was specifically earmarked for the multimillion modernisation programme at Baragwanath.

PROGRESS

Hospital officials fear progress on the scheme will soon grind to a halt because of shortages of funds if it receives only R2.5 million at most from the R5 million total subsidy for black hospitalisation in the 1982/83 financial year.

A prominent member of the Committee of Ten, Dr Nthato Motlana, said last night he had been shocked by the revelations. The "missing millions" were certain to be discussed when the committee met on December 11.

Mrs Menell said the allegations about the R40 million loan allocations, if proved correct, represented "a most serious breach of faith which could do incalculable harm in international money markets." She regarded the issue as too urgent to leave until the next meeting of the Transvaal Provincial Council.

R40-m row comes to the boil State diverted our loan, says hospital

ARGUS 30/11/82
98

Argus Correspondent
JOHANNESBURG. —
Baragwanath Hospital
claims to hold proof that
the bulk of a R40-million
overseas loan to help to
finance its vast moderni-
sation programme has
been diverted by the
Treasury to other
projects.

Controversy over the
allocation of the loan has
come to the boil as ex-
ecutives complain that
an acute shortage of
funds is causing the
whole programme to
make Baragwanath a
show-place for black
health care to grind to a
halt.

Row drags on

Hospital executives
say progress on the pro-
ject is hindered because
of shortages of funds as
the hunt goes on to trace
what happened to the
bulk of the big cash in-
jection from abroad.

While the row drags on
about the mystery mil-
lions, the hospital — by
far the largest in South-
ern Africa, treating well
over 100 000 in-patients
and over 1 500 000 out-
patients a year — admits
gross overcrowding.

Daily at the moment
between 300 and 400 pa-
tients, post-natal mater-
nity cases among them,
have to bed down on the
floors of wards.

The Transvaal Provin-
cial Administration has
asked the Treasury for
details about the R40-
million loan, negotiated
with Commerzbank, one

of the largest banks in
West Germany, several
months ago.

The Treasury, in reply,
has confirmed the State
has received the money
but indicated that Barag-
wanath Hospital is
"among others" in a
number of black commu-
nity projects that will
draw on it.

Mr W G Steyn, Provin-
cial Secretary, has told
Dr H W Grove, Director
of Transvaal Hospitals,
subsidies made available
for the 1982/83 financial
year amount to R5-mil-
lion of the total — equal
to only 12,5 percent of
the West German loan.

Only R2,5-million

The final share for the
Baragwanath scheme,
hospital officials fear,
may work out at only
about R2,5-million. The
Treasury has explained
that the balance has been
allocated "according to
needs".

Dr Chris van der He-
ever, superintendent of
Baragwanath Hospital,
declined comment.

However, it is reliably
understood that Dr van
Heever is infuriated
by what many hospital
executives regard as a
diversion of funds specifi-
cally intended to push
ahead with the multi-mil-
lion rand modernisation
programme to replace
obsolete wards and ex-
pand Baragwanath.

He was first alerted to
the fact that the loan ex-
isted when informed by
Professor D G Moyes, of
the Wits University de-
partment of anaesthetics.

Use the cash

Professor Moyes
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South African subsidiary
of the huge West German
company, Siemens, ap-
proached him about
buying new X-ray
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The professor, also
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the hospital, promptly
asked the superintendent
to start consultations on
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injection.

According to hospital
insiders, Dr van der He-
ever has been on the
track of the R40-million
over since.

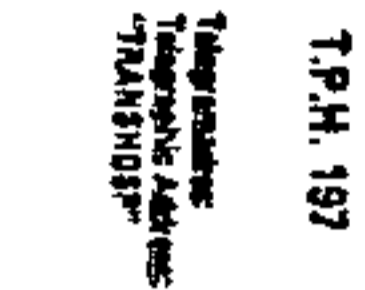
Ample proof

Nor, they say, are sev-
eral members of the
Transvaal medical hier-
archy satisfied with the
apparent policy of the
Treasury that Baragwan-
ath and black hospitals in
general will receive only
a fraction of the pro-
ceeds.

"We have ample proof
that the R40-million from
Commerzbank was
raised specifically for
Baragwanath," one of
them remarked. "We des-
perately need all of it.
And we are determined
to see it is channeled
where it was intended in
the first place.

"Because of the ex-
treme sensitivity of
black health services,
Baragwanath of all
places cannot afford to
subsidise other projects,
however deserving they
may be".

T.P.H. 197
Tel: 323/34
Mr. J. N. N. N.



TRANSVAAL DEPARTMENT OF HOSPITAL SERVICES
TRANSVAAL DEPARTMENT OF HOSPITAL SERVICES

PRIVATSAK 1221,
PRIVATE BAG 1221,
PRETORIA
0001

1982-08-20

Die Superintendent
Baragwanath-hospitaal

BUTELANLOSE LENING

U skrywe van 8 Julie 1982, onder dekking waarvan u skrywe van u Rediese Advieskomitee se brief van 6 Julie 1982 deurgee is, het betrekking.

Hierdie aansoek is met die Provinsiale Sekretaris opgeneem en u afdruk van sy antwoord hierop is ter inligting aan u geneig.

DIREKTEUR VAN HOSPITAALDIENSTE

BARAGWANATH-HOSPITAAL, BUTELANLOSE LENING

3. Op u versoek is die bogenoemde saak met die Tesourie bespreek en volgens mnr. Dednam is die posisie soos volg:

Die Staat het wel 'n lening vir R40 miljoen in die buiteland gekon. As motivering hiervoor is aangevoer dat die aangevraagde lening vir projekte wat aangepak word tot voordeel van swart mense en wat onder andere insluit die verbetering van gestreepte by bogenoemde hospitaal.

Daar kan dus nie aanspraak gemaak word op hierdie bedrag nie aangesien die Tesourie dit verdeel volgens behoeftes. Voorts het die Administrasie nie leningsbevoegdheid nie en daarom sluit die Tesourie jaarlikse 'n bedrag wat spesiaal vir swart hospitaalsaak gecommerke is, by die subsidiebedrag in. Die volgende toekennings is sedert 1980/81 beskikbaar geseel:-

- 1980/81 R4 miljoen
- 1981/82 R4 miljoen
- 1982/83 R5 miljoen

2. Die Tesourie skryf nie voor toe die bogenoemde bedrag bestee word nie en die Administrasie besluit self daaroor.

PROVINSIALE SEKRETARIS

Handwritten signature and initials

The letter written by Dr H A Grove, Director of the Transvaal Department of Hospital Services, in response to queries from Baragwanath. It attaches the results of answers given by the Treasury to the Provincial Secretary, confirming the State did in fact receive a R40 million loan from overseas, but points out that Baragwanath Hospital was one among several projects that would benefit in the allocation of the loan. It notes the allocation for black hospitalisation in subsidies for the 1982/83 financial year as R5 million. Baragwanath fears that its own share may work out as little as R2.5 million.

Baragwanath loan denial

By Michael Chester
The Minister of Finance, Mr Owen Horwood, last night denied that the Government had negotiated a R40 million overseas loan for the modernisation programme at Baragwanath Hospital.

The denial came in the wake of allegations reported in The Star that such a loan had been received from the West German bank Commerzbank and that the bulk of it had been allocated to other projects.

The SABC quoted the Minister on TV news as saying it was a glaring misrepresentation.

Mr Horwood appeared on TV within hours of a call by Mrs Irene Mennel, MPC for Houghton and P.F.P. spokesman on medical affairs, on the Administrator to institute a formal inquiry into allegations about the loan.

The Star today prints extracts of Mr Horwood's remarks, and parts of the information it collected during its investigation.

"There never was such a loan. That was a completely mythical and fictitious statement," — Mr Horwood.

News of the loan broke at the Baragwanath Hospital when Professor D G Moyes, of Wits University's Department of Anaesthetics and chairman of the medical advisory committee, wrote to the superintendent, Dr C van der Heever, on July 6.

"We are delighted that R40 000 000 has been made available to us," he wrote.

"The MAC would like to be consulted as to the best ways to use this money and would be pleased to liaise on a public relations basis with the Commerzbank detailing progress." (See photostat No 2).

"I want to say that it is completely devoid of all truth. There never was such a loan," — Mr Horwood.

The hospital regarded the loan as confirmed when it received a copy of a letter written by Commerzbank to the medical supplies company, Stierlen-Maquet, of Rastatt, West Germany, a duplicate of which was sent to Mr D Flint, general manager of the X-ray division of Siemens in Johannesburg.

The letter was clearly intended as a tip-off to both companies that the loan created opportunities for contracts.

The Star reported on Monday: "Baragwanath Hospital claims to hold proof that the bulk of a R40 million foreign loan to help finance its vast modernisation programme has been diverted by the Treasury to other projects."

The facts of the matter

The Minister of Finance told TV news last night: "There never was such a loan. Therefore the Treasury could not have diverted any part of it elsewhere. It is a mischievous fabrication."

Here, by text and copies of key correspondence, the facts surrounding the controversy are set out.

At your request, the above-mentioned matter has been discussed with the Treasury and according to Mr Dednam the position is as follows:

"The State has received a loan of R40 million from abroad. As motivation for this, it has been stated that this will be used for projects to be launched for the benefit of black people, which includes, among others, the improvement of facilities at the above-mentioned hospital.

"For this reason no claim can be made on this amount as the Treasury allocated it according to needs.

"The Administration also does not have loan authority and therefore the Treasury includes the newspaper to expose what they considered of the loan being raised specifically to help finance the Baragwanath project and

then being allocated over a far wider spectrum.

An investigation was started to confirm the loan and the terms agreed on how it should be spent and to ascertain precisely where the R40 million had been allocated.

Inside the Transvaal Provincial Administration the Director of Hospital Services, declined to comment and referred inquiries to the provincial secretary.

The provincial secretary was said to be "unavailable at the moment" when telephoned at his office on several occasions.

There was no response to messages to phone back when possible.

Mr. Willem Cronje, Professor of Anaesthetics and Chairman of the Transvaal, was also not available when telephoned at his office.

At the Treasury, Mr Dednam said he could not recall the details of a R40 million loan.

There were too many overseas loans coming in to remember them all individually, he said.

Efforts were made to contact Dr J de Loor, Director - General of Finance, but a listed phone number was continuously engaged.

The Star was not referred to Mr Peacey, mentioned in the statement issued by Mr Horwood today.

Mr Horwood was also repeatedly telephoned by The Star.

At his listed office number, two alternative numbers were given.

Yesterday morning an answer from one of the numbers listed informed me that Mr Horwood should be available about 3 pm.

At 3 pm it was said the Minister was at a meeting and could not be interrupted.

"There should be a statement later," I was told.

98

TRANSVAAL PROVINSIALE HOSPITALE
Telegrafiese Adres: Extn. 334
Telefoniese Adres: Extn. 334
Telephone No. Extn. 334
IN ANTWOORD VERWELD ASB.
IN REPLY PLEASE QUOTE
No.
Alle korrespondense moet aan die Superintendent gerig word.
All communications to be addressed to the Superintendent.

TRANSVAAL PROVINSIALE HOSPITALE
BARAGWANATH
HOSP
HOSP

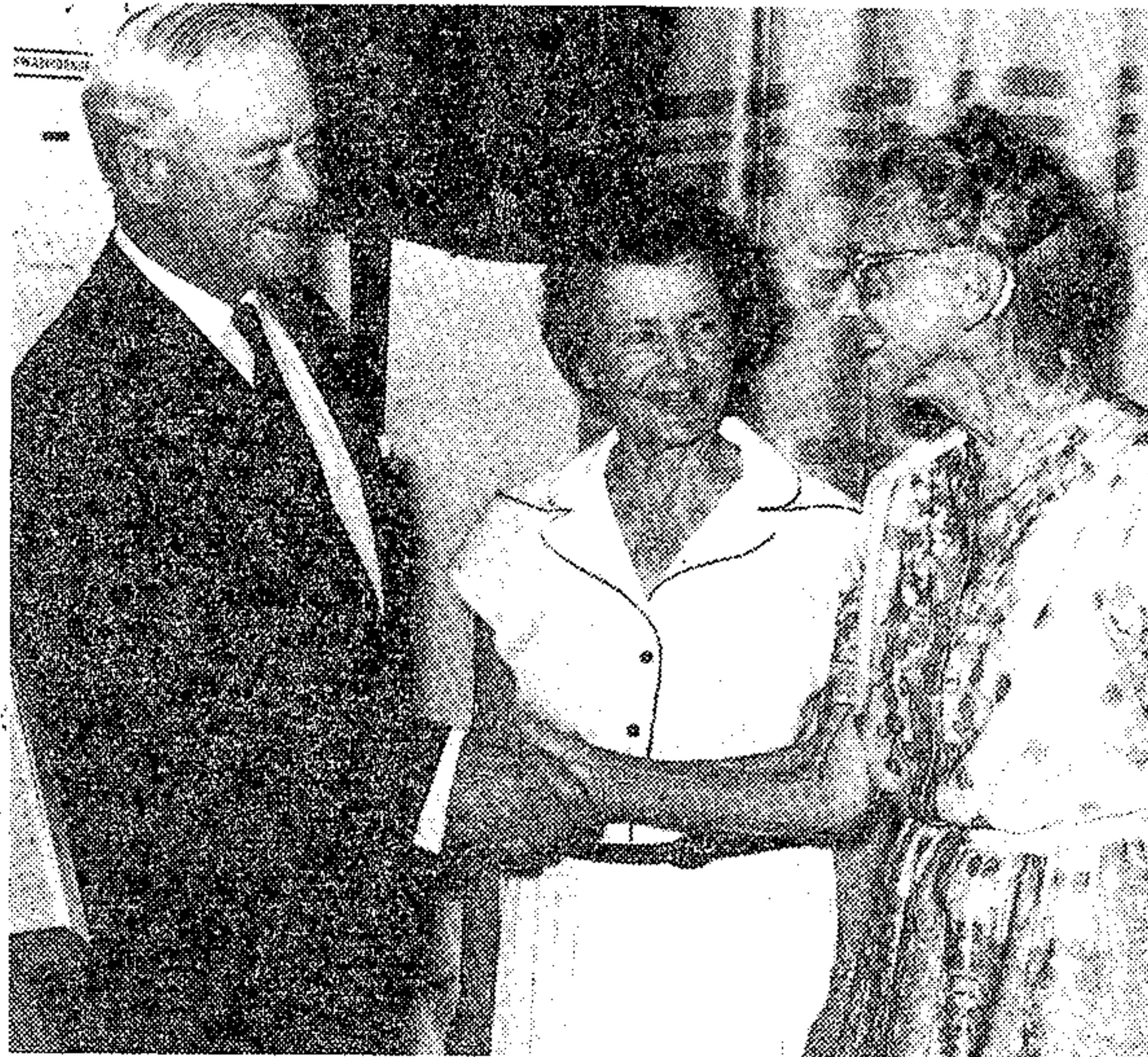
DEPARTMENT OF ANAESTHETICS
P.O. BERTSHAM 2012
6th JULY, 1982

Dear Dr. Cronje,
I enclose correspondence between the Commerzbank of Rastatt, West Germany and Siemens of Johannesburg.
We are delighted that R40,000,000 has been made available to us. The "A.C." would like to be consulted as to the best ways to use this and would be pleased to liaise on a public relations basis with the Commerzbank detailing progress.
Yours sincerely,
D.G. Moyes
Professor of Anaesthetics and
Chairman, M.A.C.
Encls:

2
Professor D G Moyes, of the Wits University Department of Anaesthetics and chairman of the Medical Advisory Committee expresses delight at the news of the loan and shows keenness start consultations on how best to use it.

3
Betr.: Auslandsverschreibung
Sehr geehrter Herr Greiner,
bei erhalten Sie Informationen für ein Projekt in Südafrika. Das ist doch sicher interessant für Sie?
Südafrika
Zur Modernisierung und zum Ausbau des Großhospitals Baragwanath in Soweto bei Johannesburg wurden 40 Mio. Rand (1.1 B. rd. 2.30 Mrd. DM) bereitgestellt. Das Krankenhaus mit 2.713 Betten soll mit modernen Einrichtungen ausgestattet werden, darunter neuen Operationssälen und Röntgenvorrichtungen.
Mit freundlichen Grüßen
KOMMUNIKATION
PROVINSIALE HOSPITALE
Baragwanath
Johannesburg.

Thirty years' dedication



DR STOTT and his wife, Joyce, centre, say goodbye to Prof Eileen Krige.

Retirement of Dr Stott of Valley Trust

Mercury Reporter

AFTER nearly 30 years of dedication to the promotion of health in the Valley of a Thousand Hills, Dr Halley Stott retired as chairman of the Valley Trust yesterday. He remains a trustee.

Dr Stott founded the Valley Trust socio-medical project for the promotion of health.

The project was spearheaded by a medical service when Dr Stott built a clinic in the valley. Nutrition education became the main focus and domestic gardening was encouraged.

In 1965 nearly 200 of the 30 000 children who visited the clinic had kwashiorkor. In 1981 there were only 10 cases out of about 5 000 children.

Degree

The project earned Dr Stott the degree of Doctor of Medicine in 1977 from the University of Edinburgh.

In 1980 the University of Natal awarded him an honorary Doctor of Science and in 1981 he was awarded the Jubilee Award by the College of Medicine of South Africa.

Mercury
1/12/82
(978)

Rbm 1/12/82

Coma death inquest is told of dispute (98)

Mall Reporter

BARAGWANATH Hospital's Obstetrics and Anaesthetics departments had quarrelled over who should perform epidurals — a spinal injection for painless childbirth — but the doctors had finally won because there were too few anaesthetists.

This was the evidence of Dr Vernon Meyer, anaesthetist registrar at Baragwanath Hospital, at the Johannesburg Inquest Court inquiring into the death of Mrs Ellen Bunting.

Mrs Bunting — who fell into a two-month coma after an intern, Dr Kali Tricorides, performed her epidural — died two years ago after giving birth to a healthy boy. Vital resuscitation equipment, an air-bag and strapping to secure the airtube, had been missing from the emergency trolley.

"There is a problem of inadequate staff. There is not enough manpower to give assistance to the Obstetrics Department," Dr Meyer told the inquest.

Dr Meyer found Mrs Bunting had already sustained irreversible brain damage when he arrived at the Intensive Care Unit of the Labour Ward, about 10 to 15 minutes after she collapsed on April 29, 1980.

Resuscitation measures had been incorrectly administered — her skin had gone blue and her pupils were not responding to light. The air tube which should have been in the trachea was pumping air into the stomach. She had been deprived of oxygen for about three minutes and inadequately administered oxygen for about 10 minutes, he said.

"The obstetrics departments were doing epidurals for themselves. I was working for the anaesthetics department and anaesthetists were never asked to be present when epidurals were given," Dr Meyer said.

An on-going dispute in the hospital over who should administer epidurals had resulted in the obstetrics department relying on their own staff to give an-

aesthetics. "A doctor may not have enough training or experience to cope with problems that could arise from epidurals," he said.

An inadequately trained doctor would not be able to distinguish between the sounds of air pumping into the stomach and breathing.

Sister Eudora Khoza, on duty when Mrs Bunting collapsed, said the patient had complained she was dizzy only seconds before screaming: "I am dying."

She had writhed in pain as medical staff held her head and the baby began emerging. She had then lost consciousness. At the moment of collapse, there had been no doctor in the ICU.

As Dr Tricorides arrived, Sister Khoza said she had realised that expert help was needed and called for Dr Derek Merell, the senior obstetrician.

The State yesterday closed its case. The inquest was postponed until January 24.

Reports on hospital loan 'untrue'

ARGUS 1/12/82
98

PRETORIA. — The Government has never negotiated a loan of R40-million for extensions to the Baragwanath Hospital in Soweto, according to the Minister of Finance, Mr Owen Horwood.

He said reports that the Treasury was using the money for other purposes were completely untrue and he intended filing a complaint with the Press Council over reports in several newspapers.

Since the reports had first appeared, nobody had attempted to get the true facts from either him, the Director of Finance or the Treasury and he took a serious view of the allegations against the Treasury.

Mr Horwood said that in 1980 a loan of R250-million had been negotiated with several overseas banks and a considerable portion of this money had been allocated to Baragwanath Hospital.

SPENT

Over the past three years more than R21-million had been spent on buildings alone at the hospital and the operating costs to the provincial administration were estimated at R52-million for the current financial year.

Mr Horwood said that in addition, another R6-million was this year being spent on the construction of several clinics in Soweto to alleviate the pressure on the hospital. — Sapa

iscuits

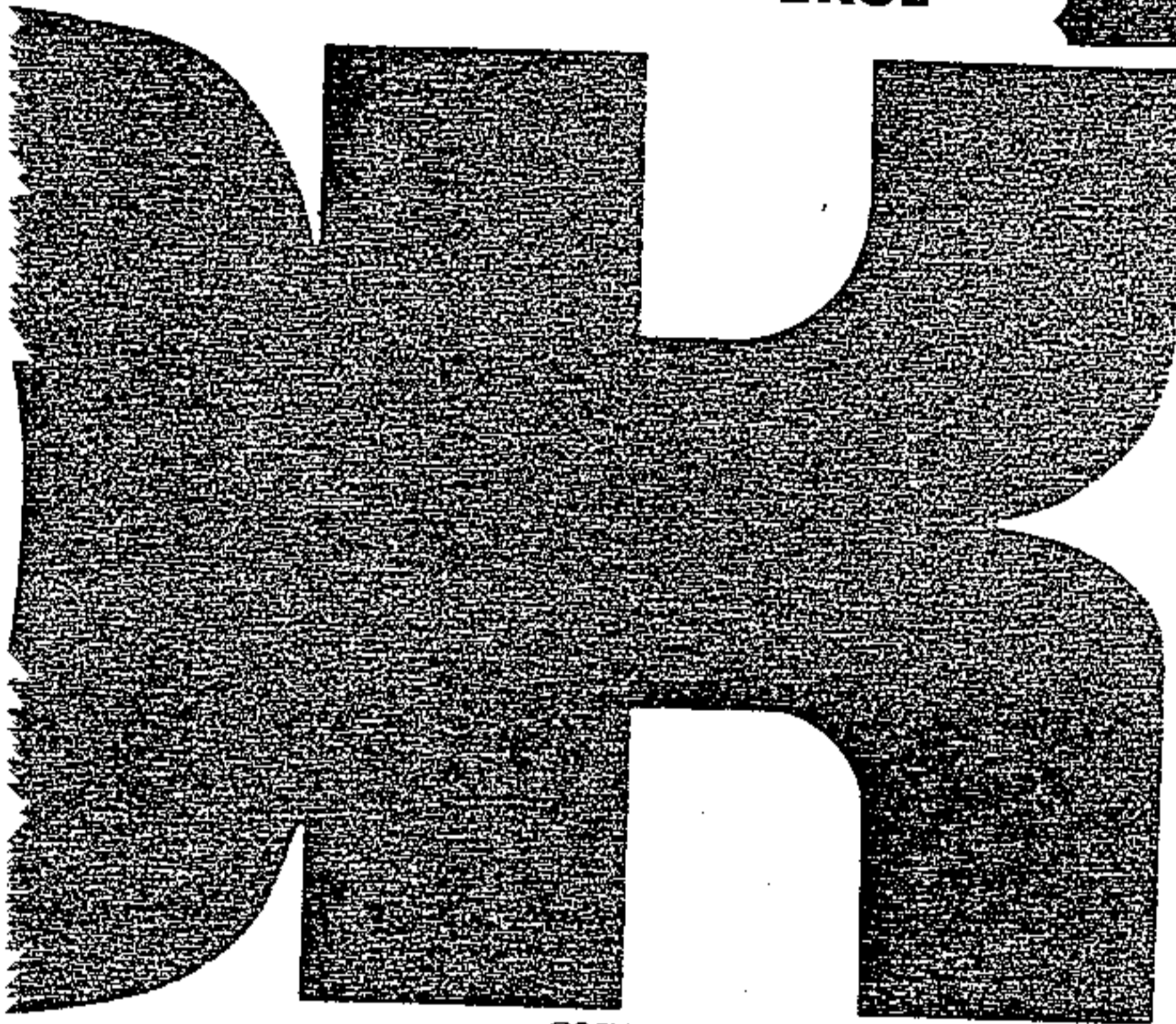
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hospital — Sapa

Probe into 'loan' urged

98

Argus 1/12/87

Argus Correspondent

JOHANNESBURG. — The Transvaal Administrator, Mr Willem Cruywagen, was urged today to go ahead with an inquiry into an alleged R40-million overseas loan to Baragwanath Hospital and how it was allocated.

The appeal was made by Mrs Irene Mennel, MPC for Houghton and PFP spokesman on medical affairs.

"Mr Horwood has emphatically denied the existence of a R40-million foreign loan specifically

earmarked for Baragwanath," Mrs Mennel said.

UNANSWERED

"However, in view of existing correspondence, there still seems to be certain questions that remain unanswered.

"Accusations of irresponsibility and threats of Press Council action do little to lessen the worries of those of us genuinely concerned with greatly needed improvements at Baragwanath.

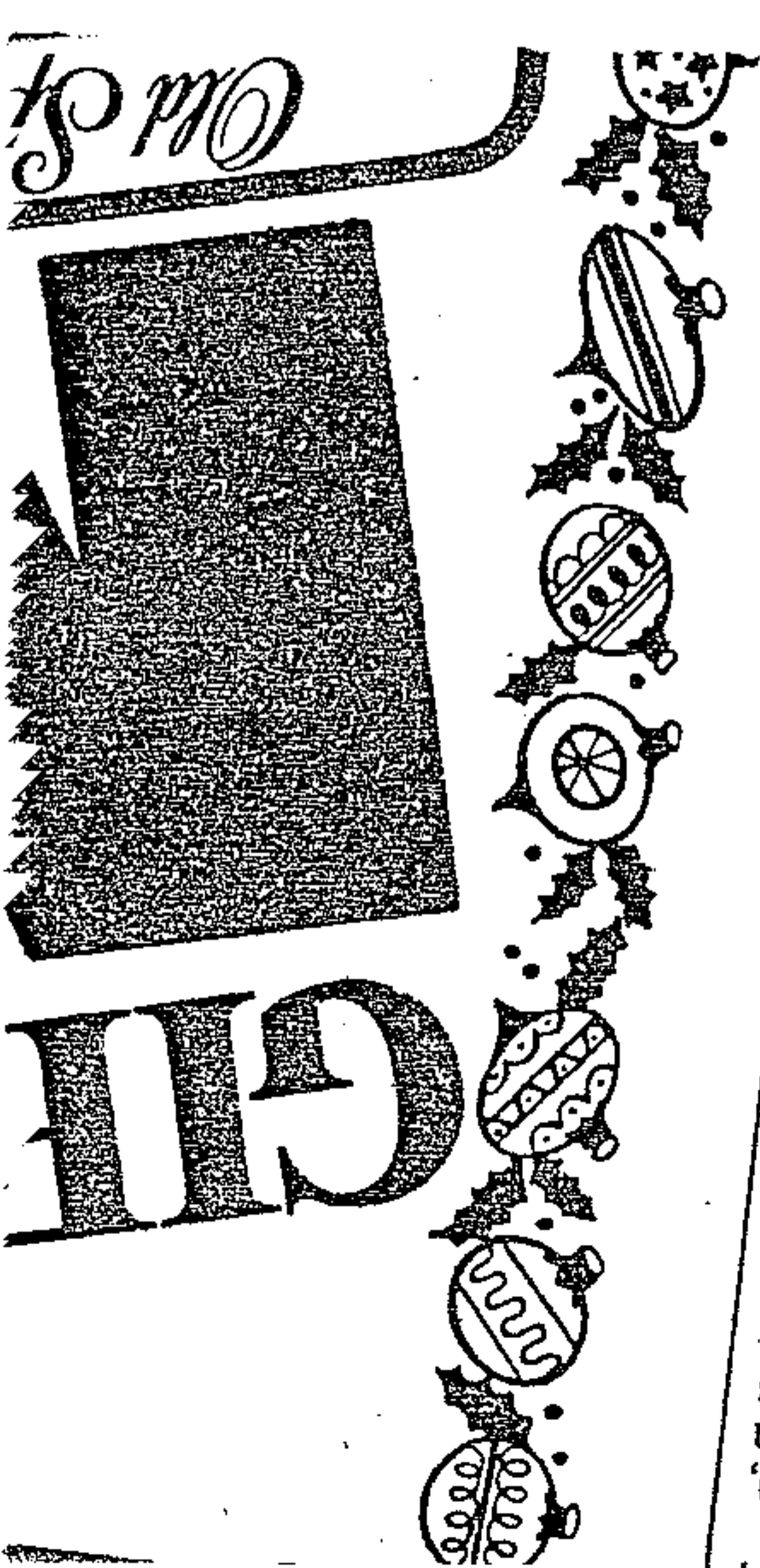
"We would welcome further and more specific clarification."

Lesotho detains former Chief Justice's father

Argus Africa News Service

MASERU. — The father of a former Chief Justice of Lesotho, Chief Simon Mapetla, has been detained by Lesotho security police under the country's 60-day detention law.

According to a family spokesman, 78-year-old Chief Mapetla was taken away from his place of work in Maseru on Friday and has been held incommunicado.



Some of these rulers did not go to Libya for the 1982 OAU summit, cancelled for the second time in a quarrel over seating rights. Some were preoccupied with issues at home or unwilling to step into the disputes that now divide Africa.

As a group, African leaders have compiled a record of longevity unequalled on more peaceful continents, where electorates renege and

Issues at home

But 15 of Africa's 50 continental and island nations are still ruled by the men who led them to independence. It is a surprising number of how to pass on power peacefully, where boundaries drawn by colonialists group warring tribes within nations and where poverty intensifies political conflict.

Pan African goodwill

Since then, assassinations, a dozen wars and more than 50 coups have taken their toll. Eighteen of the 30 leaders who founded the Organisation of African Unity in 1963 in a glow of Pan-African goodwill were later deposed.

Dozens of first-generation nationalist leaders — teachers and doctors who became "freedom" fighters and politicians — brought colonial Africa to independence from Europe during the next 15 years.

Habib Bourguiba of Tunisia, 79, Kenneth Kaunda of Zambia, 58, and a handful of others are among those who first harnessed the wind of change in the early 1960s.

Bara: Horwood gives no explanation

92

Star 24/2/82

By Michael Chester
The Minister of Finance, Mr Owen Horwood, has dismissed certain correspondence and official documentation referring to a R40 million loan to Baragwanath Hospital as "wrong" — but he has given no explanation.

The documents were published in The Star yesterday in the wake of denials by Mr Horwood that such a loan was ever made.

One of the letters was signed by Mr W J Steyn, provincial secretary, and was attached to a letter sent by the Director of Hospital Services in the Transvaal to the Superintendent of Baragwanath Hospital.

In it Mr Steyn wrote, after raising the issue

with the Treasury: "The State has received a loan of R40 million from abroad." He went on to explain that Baragwanath had no claim on the sum but was one among several projects that would benefit.

However Mr Horwood has insisted in attacks on newspaper reports on the loan: "There never was a loan. We never sought it and we know nothing about it."

The Citizen reports today that it was told by the Minister that letters reproduced by The Star were "wrong."

But Mr Horwood has declined to be interviewed by The Star and to see copies of key correspondence it has been handed in its

investigation into the loan controversy.

The Star gave front-page prominence to an attack on it by Mr Horwood and made plain it would not respond to the Minister's generalised allegations or to threats but was happy to answer each of his questions.

The SABC and several other newspapers which have carried Mr Horwood's denials about the alleged loan have so far reproduced none of the correspondence.

Mrs Irene Menell, MPC for Houghton and PFP spokesman on medical affairs, said she was pressing ahead with a call to the Administrator of the Transvaal to institute a formal inquiry into the loan reports.

Baragwanath — a world leader in baby care

The maternity section at Baragwanath Hospital is one of the world's largest "baby factories", delivering about 20 000 babies a year.

Over the past few years the number of babies being born there has increased by between 1 000 and 2 000 a year.

To maintain medical standards in the face of this mammoth and ever-increasing turnover, a "conveyor belt" system of care has been established.

The mother-to-be in labour passes through various wards and after delivery, if mother and child are well, they are soon discharged.

The average stay in hospital for a Soweto mother is 24 hours. These mothers are then visited at home by health workers in the first week.

However, Johannesburg domestic workers are usually kept in hospital for an extra day as the health workers

do not visit outside the Soweto area.

If babies are sick they are admitted to one of four levels of paediatric care where they remain for up to two months.

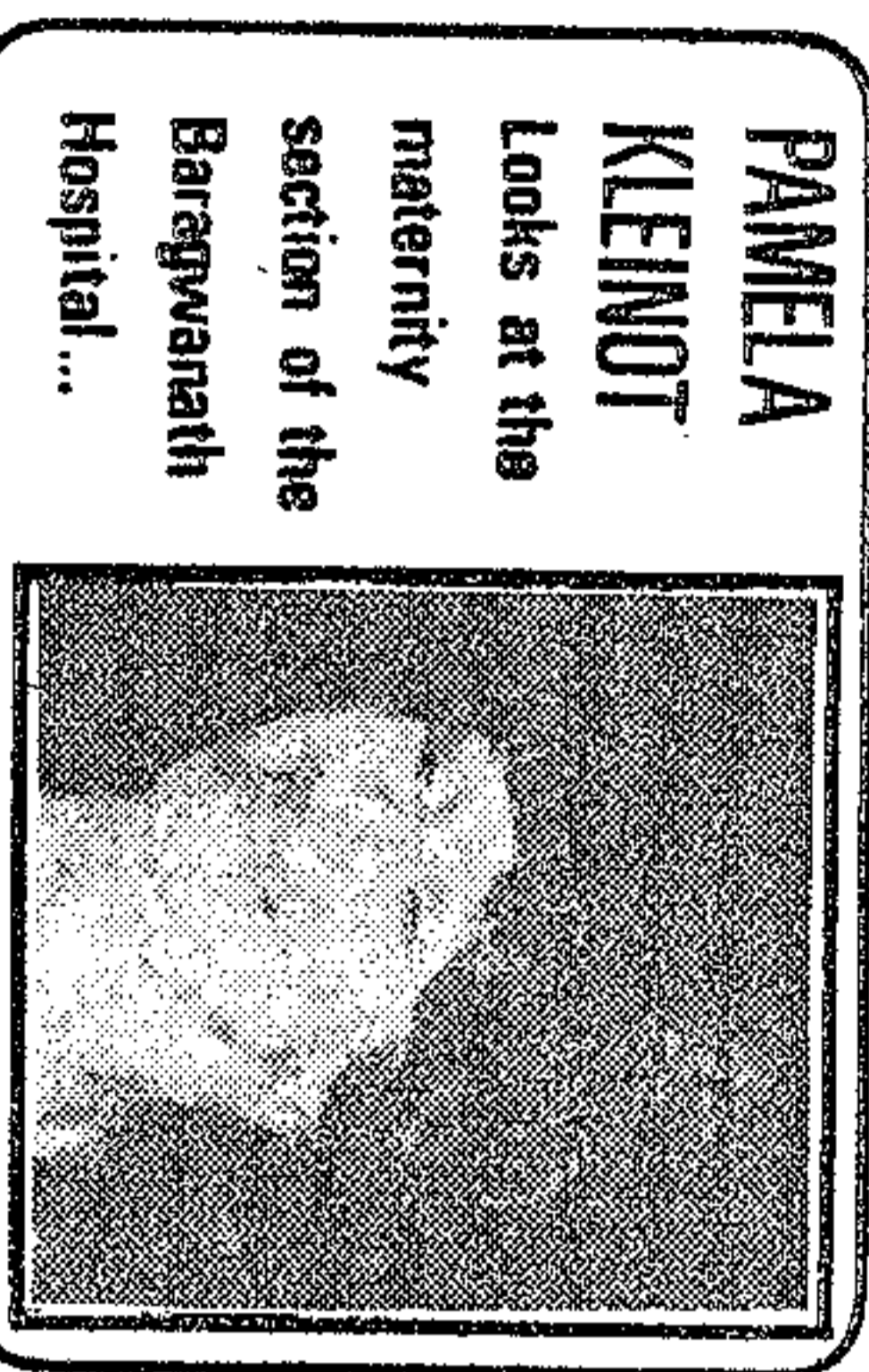
Hospital staff encourage mothers to stay with their babies to develop mother-child bonding.

Baragwanath Hospital introduced the living-in system for mothers in the 1950s and has become a world leader in mother-child bonding.

One of the major problems facing hospital staff is that Johannesburg domestics are often threatened with dismissal by their employers if they stay with their child.

"Losing a job is sometimes the price they have to pay for bonding," said one hospital official who often has the difficult task of trying to convince employers to allow their workers to stay in hospital.

About 70 percent of



PAMELA KLEINT Looks at the maternity section of the Baragwanath Hospital...

Soweto's babies are born at Baragwanath, 20 percent are born to domestics in Johannesburg and a few mothers sneak in from the home-lands on a false address to give their children a Johannesburg pass.

This is how the "conveyor belt" system works:

- When the mother-to-be arrives at the hospital she is processed by a clerk and goes into the First Stage Room where she is assessed by midwives and obstetrics staff.
- Those women

vacuum extraction or by caesarian section.

Mothers in this group include those with high blood pressure, heart disease, diabetes or with abnormal presentations like breech babies, prolapsed cord, placenta previa or placenta separation.

Morphine is usually given for pain relief but epidural anaesthesia is being used more often.

The Labour Ward has two operating theatres where about 10 "caesars" are carried out each day — 3 000 a year.

Caesars are usually performed in cases of fetal distress. There is a high incidence of obstructive labour in black women. Black women tend to have a narrower pelvis than white women.

- After delivery, the baby is assessed and where possible admitted with its mother to the lying-in wards.
- If mother and child are well they are

soon discharged but if the baby needs care it is admitted to one of four levels of paediatric care: Intensive Care Unit, Transitional Care Unit (for babies who are very ill but don't require ventilators), Special Care Wards, and the Rehabilitative Care Unit (attending up ward for healthy premature babies).

Mothers generally stay with their babies for up to two months and help with feeding and changing nappies. They are also given training in baby care and lectures on nutrition, venereal disease and birth control.

Some mothers are unable to stay with their babies because they have to look after other children at home or they run the risk of being fired.

"It is seldom in Soweto that there will be no granny, sister or aunt to take care of the other children," said a hospital spokesman.



A premature baby being treated in the Newborn Intensive Care Unit at Baragwanath Hospital.

Technology steps up fight for life

The lives of thousands of premature babies have been saved in the past decade through new technology that include ventilators, open incubators, radiant heaters, intravenous fluid pumps and phototherapy for treating jaundice.

Among the most important advances have been oxygen analysers and blood gas technology.

Babies can be carefully monitored for oxygen intake by inserting a catheter into the umbilical artery and on to the aorta. Too much oxygen can cause blindness, too little can lead to brain damage.

- Other advances include:
 - The dextrose test to find out if there is an immature blood-sugar-making response. Brain damage can be caused if the glucose level falls.

Jubilant was brought to



Jubilant laughs a babies as doctors amine her. She is eb by and healthy and has every cha of leading a nor life. Eleven months she was born "dead".

When her mot went into labour January 21 this year her heartbeat was normal. That's someth went wrong.

The 3.4 kg ba showed no signs of l when she was res after she came into world. She had heartbea, no mus lone and she was breathing.

Doctors revyed p and she was admitt to the intensive ca unit for the newbo at Baragwanath Hos tal.

Dr Keith Bolton, w heads the unit, s explained that Jabulile lungs popped while s was in her mother's womb.

"The baby beca hypoxic (suffered lack of oxygen) wh in the uterus, passe and then inhaled stool."

The condition known as meconium aspiration and caus the lungs to pop.

AGONISING

Jabulile's mother Mrs Thelma Tshabale of Soweto, describ how agonising it was see her child hooked drips, tubes, respi tors, pumps and alar with bright lights caused on the incubator for two weeks.

"It was my first ch and I was shocked to see her like that. I w frightened of th bleeps and buzze the machines.

"I didn't think st would live at first b I prayed every day an watched my child grow ing stronger. I was gla the nurses asked me t stay and taught m how to tube feed her she said.

Jabulile was 41 charged in February and was examined at follow-up clinic and declared fit by the doc for.



Dr Keith Bolton, head of the Newborn Intensive Care Unit, examines Josia Mosele, a premature baby with a collapsed lung.

The battle for life

Star 3/12/8 (98)

Bright lights are focused on the incubators. Tiny babies are connected to drips, tubes, respirators and alarms that hum, bleep and buzz in the background.

Some were injured during birth, others were born sick but most are premature — born too soon, too small with an immature immunity system.

At the Newborn Intensive Care Unit at Baragwanath Hospital there has been an unsung revolution in the treatment and survival rate of premature and low birthweight babies over the past few years.

Today most survive and will lead normal lives, thanks to intensive care facilities, technological advances, sophisticated equipment and improved transport facilities.

The newborn infant, who was once the Cinderella of medical care, has become one of the greatest challenges facing the medical profession. But the challenge takes its toll on doctors and nurses who become "worn down" because of the nature of their work.

Working in a sophisticated area of medicine, they know the baby's future often depends on split-second decisions and meticulous care.

BLINDNESS

Giving a baby too much oxygen can cause blindness. Too little can damage the brain. The amount of fluid given also has to be carefully monitored — too little will cause dehydration, too much will cause water-logging.

These wards are often understaffed with personnel often working round the clock to cope with emergencies.

The impact of losing a baby, particularly after a long struggle, and the grief of the family often leave doctors and nurses with a sense of personal failure.

All this leads to the "burn out" syndrome — a condition that has been recognised in newborn intensive care units in the United States.

Despite the challenge of the work there still remains considerable controversy about resuscitating babies that may be "vegetables" for life, says Dr Keith Bolton who heads the unit at Baragwanath.

RIDICULOUS

He said that in America some babies were kept alive artificially, for fear of litigation.

"It is ridiculous that babies be kept alive artificially with no hope of ever weaning the child off life-support machines or where the quality of life will be very poor," he said. Dr Bolton pointed out that litigation at Baragwanath was becoming

Danger of 'burn out' a threat to staff

more frequent as parents "quite rightly" were beginning to demand an adequate medical service.

He said it was policy at his hospital to resuscitate all babies over 1 000 g. A number of babies between 500 and 999 g are considered abortions and not referred to paediatricians.

"It is policy not to ventilate babies of less than 1 000 g due to restricted facilities but such babies receive all the available treatment short of this," he said.

The survival rate of babies with a birthweight from 1 000 g to 1 500 g in South Africa has risen from 30 percent to 60 percent over the past 10 years.

LESS RISK

Generally the level of physical maturity at birth determines survival rather than weight alone. Babies who can breathe on their own at birth will be at less risk than those who have been on an artificial respirator — the less a premature baby has to be assisted, the better his chances.

However, the smaller the baby when it is born, the greater is his resistance to the effects of low oxygen.

"Time is a critical factor in treating premature babies. Intensive care certainly diminishes the chances of retardation," Dr Bolton said.

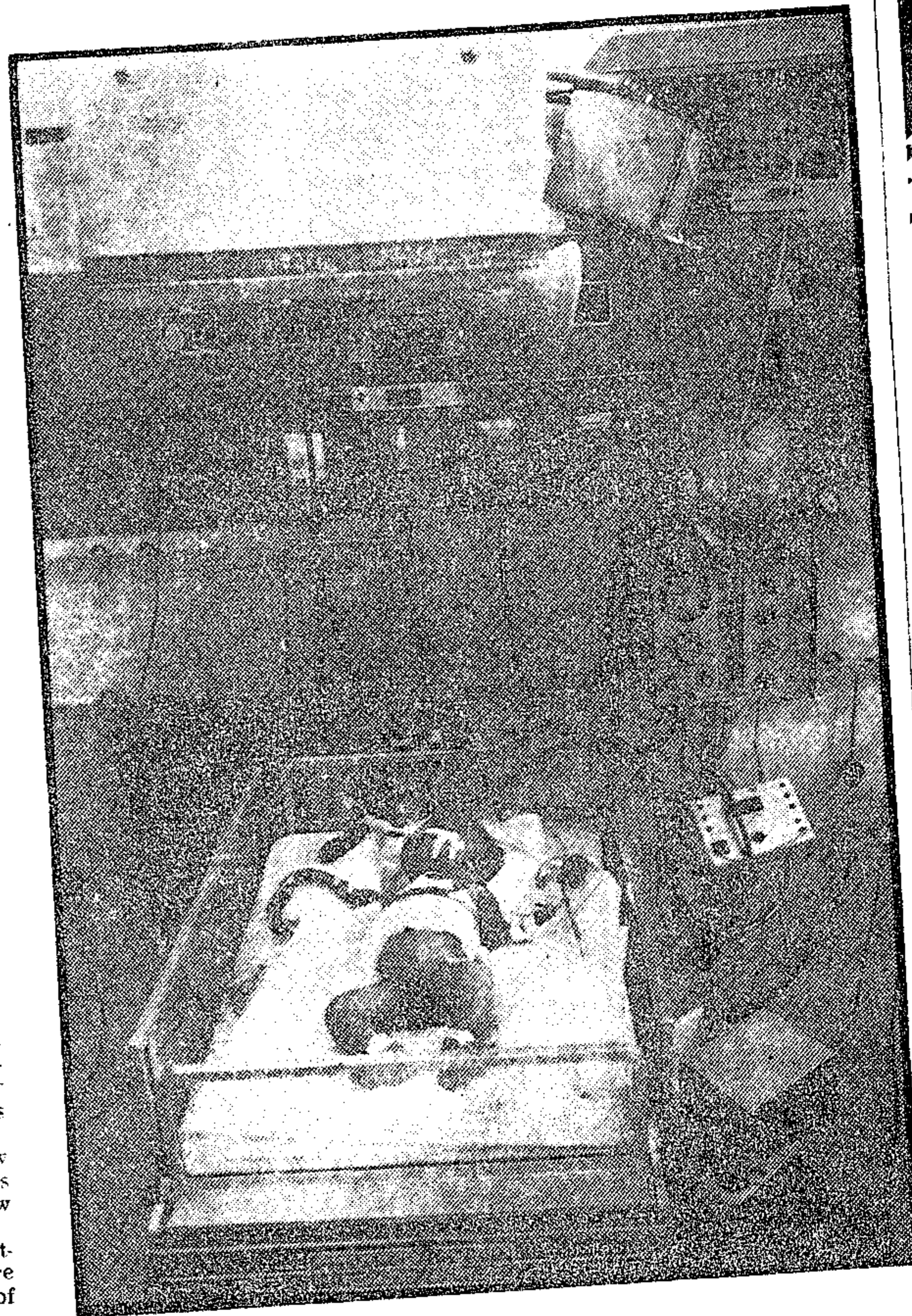
With an immature body system, a premature baby starts life with grave disadvantages and is extremely vulnerable. Every part of the body can turn into a problem area.

The lungs may not function properly and hyaline-membrane disease in which the lung collapses, can develop. Some babies are born with pneumonia.

VULNERABLE

The baby is extremely vulnerable to infection. Disease in a baby this small can be devastating. Premature babies are also prone to anaemia.

Jaundice is common in pre-term babies because the immature liver



A premature baby lies connected to drips, tubes, respirators, pumps and alarms in the Newborn Intensive Care Unit at Baragwanath Hospital.

cannot excrete toxic wastes which build up in the blood. Brain damage can result.

Premature babies are fed through a nasal tube directly to the stomach as the baby's sucking and swallowing reflex matures only about the 34th week of normal pregnancy.

Of an estimated 20 000 babies born each year at Baragwanath, about 3 000 weigh less than 2.5 kg at birth. Of these about 2 500 need to stay in hospital for six to eight weeks and in most cases their mothers stay.

The causes of premature labour are usually unknown but some mothers at risk include those who have had spontaneous abortions, diabetes or malnutrition.

Other risk factors during pregnancy include smoking, drinking, sexual activity, taking drugs or emotional trauma.

Oops! The giant Bara loan that never was

S-Extra 5/12/82

Bara loan row:
Horwood's denial
Baragwanath row
over foreign funds
Horwood accuses
The Star

Row over loan for hospital
PFPA urges probe of Bara loan claim
R40m Baragwanath loan claim 'untrue'

By MARTIN WELZ
Political Correspondent

GERMAN OFFICIAL BLAMED FOR COMEDY OF ERRORS

THE mystery of a R40-million foreign loan for Baragwanath hospital that appeared and then disappeared earlier this year was solved this week.

A German Government official has admitted that his mis-translation of a newspaper report led to an almost unbelievable chain of misunderstandings, embarrassment and anger.

A Sunday Express investigation has revealed that plain bungling by German and South African officials not only exposed the Minister of Finance, Mr Owen Horwood, to suspicion and rumour but may also have seriously damaged South Africa's credibility in the international money market.

No R40-million foreign loan was given to Baragwanath this year.

The first link in the chain of errors was forged on April 13, when an official in the German National Office for Foreign Trade spotted a Johannesburg newspaper report, headed 'R40m overhaul for Bara', describing the hospital's plans for a 10-year



● Mr Owen Horwood ... unable to explain

Grové, inquiring about the 'loan' and asking that the hospital be consulted on how the money was to be spent.

agreement as progress and priorities change."

The Provincial Secretary simply passed on the explanation to Baragwanath as to why the full amount had not reached the hospital. Inadvertently, his letter provided documentary 'confirmation' of the by now notorious 'Bara loan'.

This week the Minister of Finance, Mr Owen Horwood, was forced on to centre stage in the unfortunate comedy of errors when he angrily denied the existence of a Baragwanath loan but, like all the other actors who had innocently stumbled into the play, remained unable to explain the accumulation of documentary 'proof'.

In the absence of any explanation, the anguished protests of bankers and officials simply added to the puzzle not only as to where the mysterious 'loan' had come from but now, equally mysteriously, where it had gone.

"We have definitely made no loans to South Africa this year," a spokesman for Commerz Bank in Frankfurt insisted. (The bank's local office had already nervously washed its hands of the whole affair).

"There has been no loan for Baragwanath hospital this year," the Department

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Baragwanath row over foreign funds

Horwood accuses The Star

Row over loan for hospital

PPP urges probe of Bara loan claims

R40m Baragwanath loan claim 'untrue'

By MARTIN WELZ
Political Correspondent

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No R40-million foreign loan was given to Baragwanath this year.

The first link in the chain of errors was forged on April 13, when an official in the German National Office for Foreign Trade spotted a Johannesburg newspaper report, headed 'R40m overhaul for Bara', describing the hospital's plans for a 10-year modernisation programme which, hospital officials estimated at the time, would cost R40-million.

The German official misinterpreted the report and, believing that R40-million had in fact already been made available, saw an opportunity for German suppliers of hospital equipment.

He inserted a one-paragraph item to this effect in a regular newsletter sent by his department to German businessmen interested in foreign trade.

In Frankfurt a manager of the Commerz Bank spotted the item and forwarded it to a client who manufactures X-ray and operating theatre equipment.

The client approached Baragwanath to enquire if the hospital was interested in spending some of its new-found wealth on his equipment.

Surprised that a German businessman had heard the good news before the hospital itself, Baragwanath chief superintendent Dr Chris van den Heever wrote to the Director of Hospital Services in Pretoria, Dr Hennie



● Mr Owen Horwood ... unable to explain

Grové, inquiring about the 'loan' and asking that the hospital be consulted on how the money was to be spent.

About this stage misunderstanding No. 2 came into play: the belief was not only that there was R40-million available, but that, somehow, the Commerz Bank was involved.

Dr van den Heever's letter was, of course, the first that Dr Grové had heard of the matter. He asked the Provincial Secretary, Mr W G Steyn, about it. Mr Steyn, in turn, phoned the Department of Finance.

There, Mr E H Dednum, apparently without questioning whether a loan had in fact been raised for Baragwanath this year, explained that while a R40-million loan might have been raised mentioning Baragwanath as destination, this did not necessarily mean that the full amount would be made available for the hospital.

Mr Arnold Peacey, deputy director-general of the Department of Finance, said this week: "Not only is it standard procedure but it is explicitly stated in most loan agreements that the total amount of a loan may be re-appropriated between various projects listed in the

agreement as progress and priorities change."

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"We have definitely made no loans to South Africa this year," a spokesman for Commerz Bank in Frankfurt insisted. (The bank's local office had already nervously washed its hands of the whole affair).

"There has been no loan for Baragwanath hospital this year," the Department of Finance insisted. (Mr Horwood was by now refusing to talk to the Press).

But suspicions that money might have been borrowed ostensibly for black hospitals and then diverted by the Government for other purposes sent ripples of anxiety through the ranks of European bankers involved in raising loans for South Africa.

In the past year they have had to face at least two major disinvestment campaigns launched by the anti-South Africa lobby in Germany and Switzerland in which they were accused of financially supporting the oppression of blacks.

Finally, on Friday, the representative in South Africa of the German Department of Foreign Trade, Mr S Breuer, was able to tell the Sunday Express:

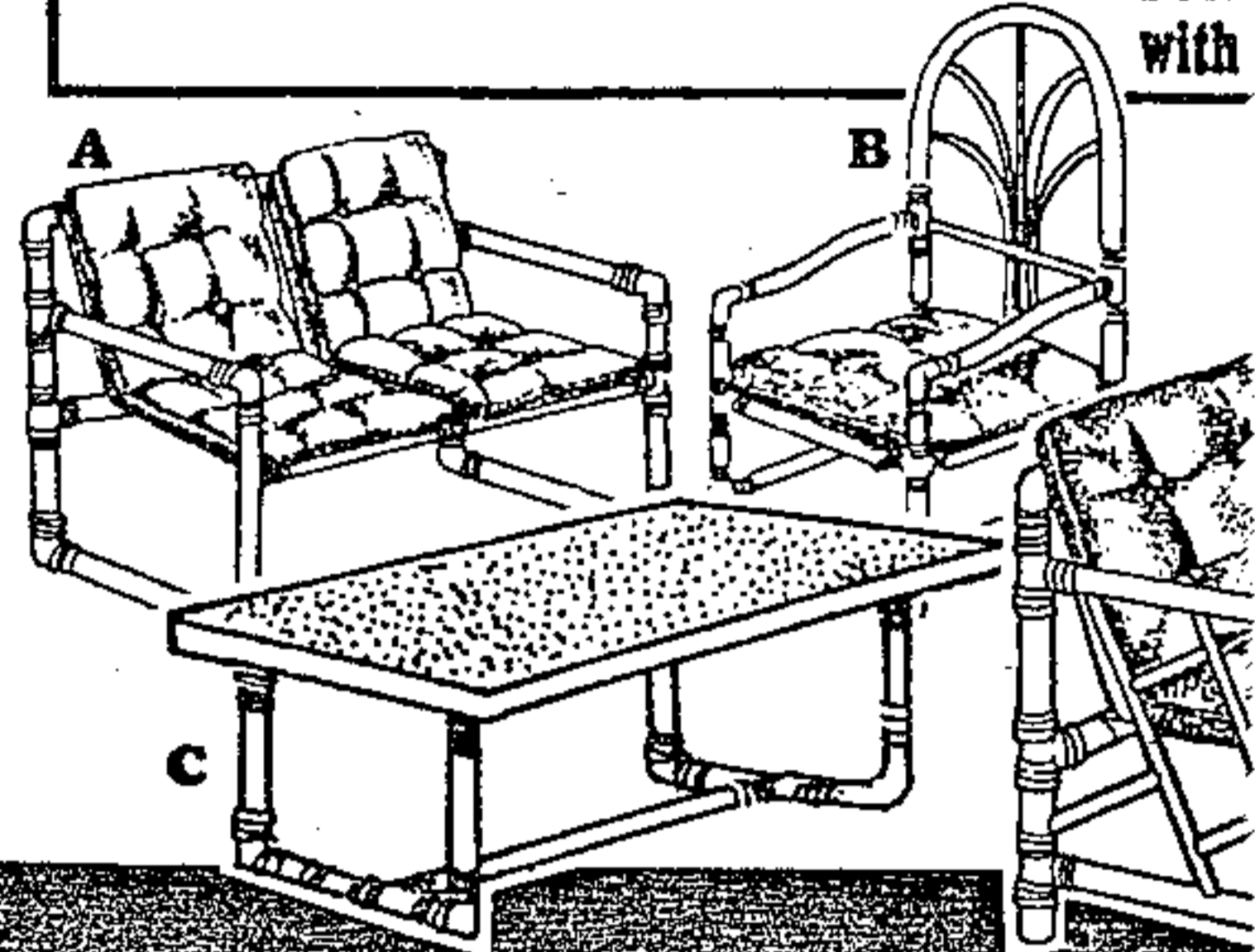
"I have finally got to the bottom of the saga. Yes, it was our mistake: a mistranslation by an official who has since retired. I am phoning Pretoria now to explain."

Dr van den Heever left on holiday early on Friday and could not be reached for comment.

SUNSCENE CHAIR with CUSHION

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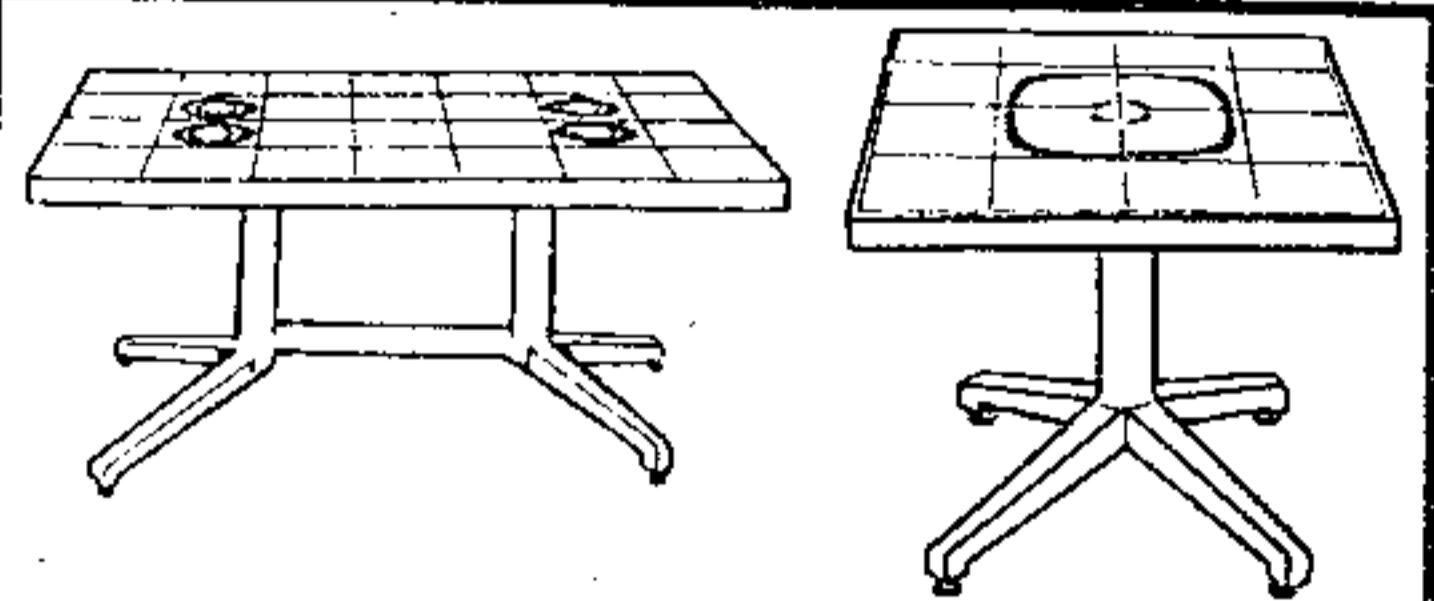
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PRICES

Early today the first person at the scene told of the horror and

PG quits Hoofstad

Dr P G du Plessis, editor-in-chief of the Pretoria newspaper Hoofstad, is to leave the full-time employ of Perskor at the end of February next year.


Announcing this today the chairman of Perskor, Dr Willem van Heerden, said Dr du Plessis would, however, still contribute to the newspaper. — Sapa.

Defence aid

ERMÉLO — Motor traders have rallied round with offers of free service and/or cash sums up to R200 to restore disused municipal motor vehicles for use by Ermelo civil defence units.

said to be shocked, devastated and outraged by the attack.

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172731
S.M.P. No. 6.880

A piece of the Baragwanath loan puzzle not yet explained. Though the Minister of Finance, Mr Owen Horwood, insisted there was no loan and though the German Foreign Trade Department has said "we made a mistake," this letter by Mr W G Steyn, the Transvaal Provincial Secretary, says unequivocally: "The State has received a loan of R40 million from abroad."

Standardton 14.6 mm up were singing to mm and most other western areas.

Mystery of missing R40-m Bara loan partly resolved

The mystery of the missing millions for Baragwanath Hospital has been partly cleared up. Staff at the hospital claimed there was proof that a R40 million loan from Germany for the upgrading and expansion of Baragwanath was being spent on other projects for blacks.

The Minister of Finance, Mr Owen Horwood promptly denied the existence of any loan.

Who was right? After the Minister's denial — and his unbridled attack on the Star for publishing the hospital's claim — The Star published official documents purporting to confirm the existence of the loan.

But it now appears that either the Treasury or the Transvaal Provincial Administration, or both, were wrong.

Somehow, everyone appears to have been misled by a German Foreign Trade Department official who misread a report put out by the Provincial Administrator.

The matter is now partly cleared up. The questions that remain are:

- Did the Treasury tell the Provincial Administrator that such a loan existed?
- Was the Provincial Secretary right or wrong in quoting the Treasury in official correspondence with the Director of Hospital Services, confirming there was such a loan?
- Where is Baragwanath now to find the funds which are still urgently needed?
- Why was so little notice taken of the frustration building up

among the dedicated medics of Baragwanath and spilling over into the black community? (It was because of this frustration that appeals were made to The Star to publish the information.)

● Will the Minister of Finance apologise to The Star for his accusations about its newspaper professionalism in this matter?

The Minister will not talk to The Star on this issue.

The Provincial Secretary is on leave and for comment.

Sor Michael: There's not available for comment.

The Superintendent of the hospital is on Mrs Irene Mennell, MPC for Houghton, who has called on the Transvaal Administrator to institute an inquiry into the matter, said today: "There are questions that stay unanswered. The crucial issue now is the written confirmation by the Provincial Secretary that the State actually received a R40 million loan from overseas."

R40-m Bara loan mystery

from page 1

● See Page 9.

"If the Treasury misled him in his request for information, it owes everyone an apology."

LIABILITY

"There is an enormous backlog in the Baragwanath programme caused by poor planning and poor projections.

"The hospital needs all the financial help it can get. But it is a public sector liability and the public sector should not be allowed to escape its responsibilities."

The Editor of The Star said today: "There are still many questions that require answers. But I am concerned particularly with the Minister's attacks on the reputation of this newspaper and its staff.

"The SABC and most of the papers outside the Argus group (with the exception of the Sunday Express) have published only the Minister's accusations. I trust that the Minister legations and that, in any case, the media will set the record straight."

re- to conservatives because it claimed there could clearly be only one government in South Africa.

The dissident MPs were given a week to return to the fold. After wrestling with their consciences, they beat combined CP/IFNP by only 10 votes. CP and IFNP hold preparatory merger talks.

meet Mr Botha that they might hold the balance of power.

give president carrying virtually unfettered power. Provincial councils would be scrapped, but not immediately. Sophisticated guidelines were given for local government. Blacks were excluded from Parliament once again, and were reminded their future will lay with the homelands.

Reaction was — to

Mr Botha carried off his Bloemfontein mission in style and this helped him carry the four provincial party congresses as well.

He followed up his ramble to the business sector with a second successful conference, the "Good Hope Conference."

In July there was a Cabinet reshuffle. Former Minister of Posts, Mr Hennie Smit, was the only casualty.

Mr Botha let it be known there would be no referendum on the constitution, claiming the new proposals.

It seems 1983 will be the year for constitutional legislation and possibly 1984 will see its implementation.

Mr P W Botha appears to have his sights on the executive presidency. And he will

but winning their predicted seats against CP, IFNP and NRP challenges.

Mr Botha emphatically rejected a fourth chamber (for blacks) in his three-chamber House.

Where to from here? It seems 1983 will be the year for constitutional legislation and possibly 1984 will see its implementation.

Mr P W Botha appears to have his sights on the executive presidency. And he will

R40-m Bara loan — a chain of mistakes

(92)

By Michael Chester

Admissions by the German Foreign Trade Department that one of its officials was inaccurate in a report that R40 million had actually been provided to Baragwanath have cleared a major part of the fog surrounding the controversy over hospital funds.

The error was confirmed in an official German newsletter.

The South African representative of the department, Mr S Breuer, said yesterday he was preparing a correction to be issued to counter the misinterpretation made by his predecessor.

However, within the South African and Transvaal administrations, there are several documents which made the same claim and which were the source of reports by The Star.

Mrs Irene Mennell, MFC for Houghton, is still urging the Transvaal Administrator to institute an inquiry into queries which remain unanswered about the flow of money to finance the vast Baragwanath modernisation.

Here is a step-by-step report on the Baragwanath funding issue, so far as The Star has been able to ascertain.

APRIL 13: It began nearly eight months ago when a Johannesburg morning newspaper wrote that Baragwanath was being modernised at a cost of R40 million. Ten high-rise towers were planned to accommodate more than 2 000 hospital beds now in outdated wards. Completion by 1953 was envisaged.

MAY 18: The German Foreign Trade Information Department ran in the following item in its official newsletter, Nachrichten fuer Asienhandler: "Cape Town — R40 million has been provided for the modernisation and expansion of the large South African hospital at Baragwanath in Soweto near Johannesburg."

gals by surprise with news of the inflow of money.

JULY 6: Professor D G Mores, head of the Anaesthetics Department and chairman of the Medical Advisory Committee, wrote to Dr Chris van der Heever, the hospital superintendent:

"We are delighted that R40 million has been made available to us. The MAC would like to be consulted as to the best ways to use this, and would be pleased to liaise on a public relations basis with the Commerzbank detailing progress."

Professor Mores was not alone in assuming that it was Commerzbank itself that had made a R40 million loan.

Baragwanath then wrote to the Transvaal Department of Hospital Services for details of the loan.

AUGUST 6: Mr W G Steyn, the Provincial Secretary, responded with a letter to Dr H A Grove, Director of Hospital Services in the Transvaal.

The letter was headed: "Baragwanath Hospital — Overseas Loan". And it stated: "At your request, the above-mentioned matter has been discussed with the Treasury, and according to Mr Dednam the position is as follows: "The State has received a loan of R40 million from abroad. As motivation for this, it has been stated that this will be used for projects to be launched for the benefit of black people, which includes, among others, the improvement of facilities at the above-mentioned hospital.

"For this reason, no claim can be made on this amount as the Treasury allocated it according to needs. The Administration also does not have loan

all the hopes originally. However, the Director of Hospital Services referred queries to the Provincial Secretary, who was stated to be unavailably when called, but who passed back an assurance to call back. No return call was received.

Mr E H Dednam, the Treasury official quoted by the Provincial Secretary, said he could not recall details of a R40 million loan. There were too many loans coming to remember them in detail individually.

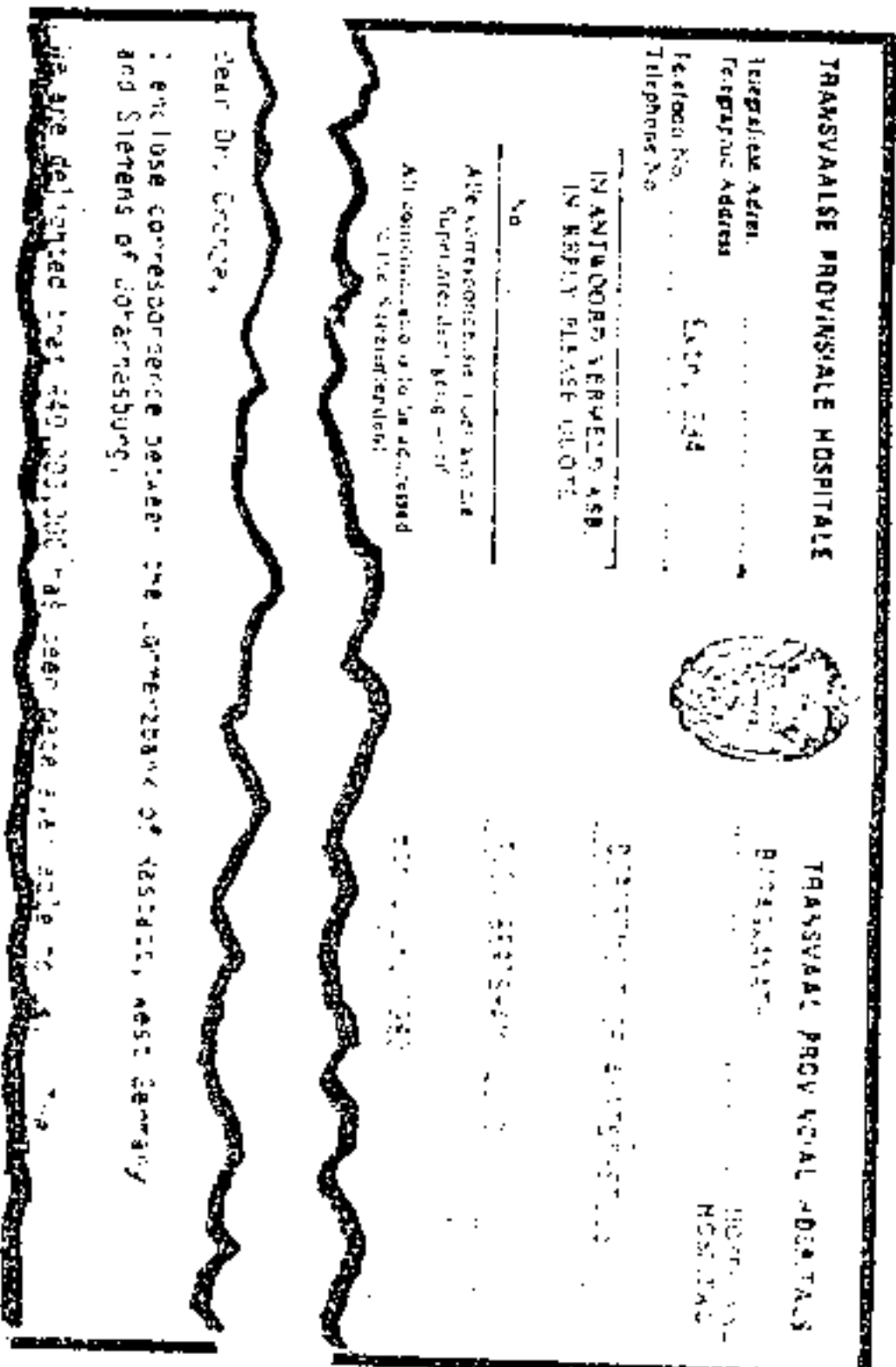
NOVEMBER 29: With photostat copies of the documents in its hands, The Star published a report which began: "Baragwanath Hospital claims to hold proof that the bulk of a R40 million foreign loan to help finance its vast modernisation programme has been diverted by the Treasury to other projects.

"Controversy over allocation of the loan has become acute as administrators complain a severe shortage of funds is bringing the programme to make Baragwanath a model health care centre to a grinding halt."

NOVEMBER 30 am: Mrs Irene Mennell, MFC for Houghton and PFP spokesman on medical matters, urged the Administrator of the Transvaal to institute an inquiry.

NOVEMBER 30 pm: The Minister of Finance, Mr Owen Horwood, appeared on SABC television news to deny vehemently that such a loan had ever existed. He accused The Star of "a mischievous fabrication" and threatened to take complaints about its reports to the Press Council.

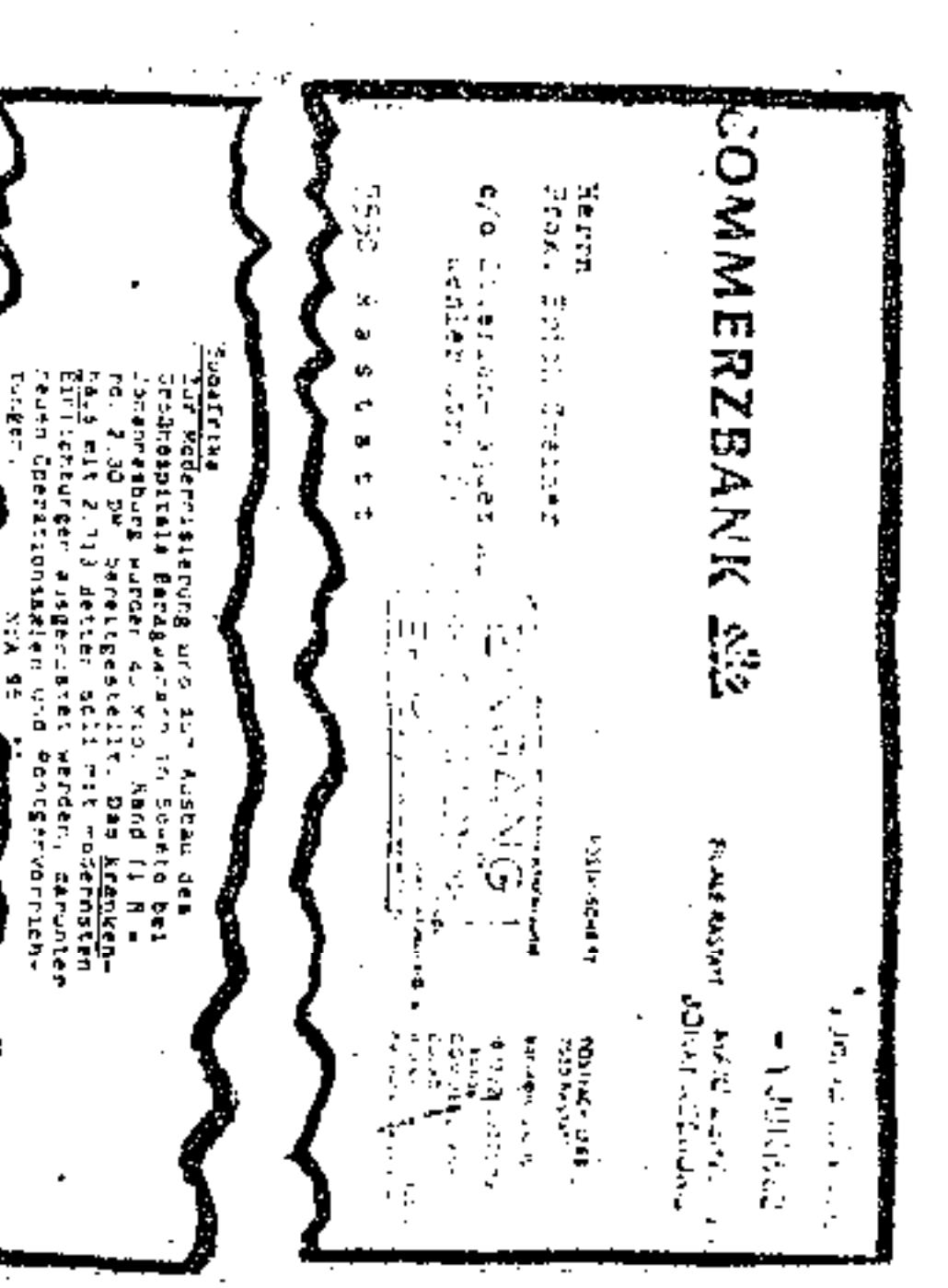
DECEMBER 1: The newspaper reprinted



A cut-out from a letter sent by the Chairman of the Medical Advisory Committee at Baragwanath, who had no doubts that a R40 million loan had been raised.



The headline run by a Johannesburg morning newspaper on April 13 over a report that in turn was misinterpreted by a German Government official.



Commerzbank's letter to a customer with information that R40 million had been made available. The information is now said to have been incorrect because of a German trade department error.

photostat copies of the key documents. It also printed an explanation by Commerzbank, in reply to a telex, that it had not issued a loan to Baragwanath, and that its letter to Stellenbosch informing the company that R40 million was however available for the scheme was based on the NFA newsletter item.

DECEMBER 2: Mrs Mennell pressed ahead with her request to the Transvaal Administrator.

"The hospital built by the British in 1938, and which has 2 713 beds, is to be outfitted with the most modern equipment, including nine surgeries, X-ray installations and, in addition, the possibility for providing psychotherapy."

MAY 21: The West German Commerzbank, after seeing the NFA newsletter, wrote to the medical supplies company, Stierlen Maquet in Rastatt, for modernisation and extension of the big hospital Baragwanath. A sum of R40 million has been made available. The hospital, which has 2 713 beds, is to be equipped with the most modern installations, such as new operating theatres and X-ray equipment.

A representative of Siemens in Johannesburg, equipped with a duplicate of the Commerzbank letter, made contact with Baragwanath to negotiate the supply of equipment. He took hospital offi-

cially concerned for the needs of Baragwanath. She wrote: "Mr Horwood's very heated response has done little to explain how such a misapprehension could have arisen in the first place among those whose motivation was for an inquiry."

NOVEMBER 25: Members of the staff at the hospital, convinced by the documentary evidence that a R40 million loan, specifically for the Baragwanath modernisation, was being distributed to other black projects, appealed to The Star to give publicity to their problem.

In the next two days, The Star made strenuous efforts to track the roots of the Baragwanath grievances and frustration about the loan.

A general manager of Siemens confirmed the authenticity of the letter that had inspired

clearly concern for the needs of Baragwanath. "It also does little to explain the reinforcement of their impressions by the note attached to Dr Grove's letter to the Superintendent of Baragwanath, which reported the Provincial Secretary's conversation with Mr Dednam of the German Foreign Trade Information Department in Frankfurt told the existence of a R40 million loan.

"I have little doubt that it would be in South Africa's best

interests, and certainly in the best interests of the Transvaal Hospital Service, if a more reasoned explanation were to be published.

"There is little to be gained merely by accusing those who raised this matter of irresponsibility and bad faith.

"Anything that you can do in your capacity as Administrator of the Transvaal to elicit further clarification would be greatly welcomed by those of us genuinely concerned with meeting the enormous health care needs in our province."

DECEMBER 3: The German Foreign Trade Information Department in Frankfurt told the existence of a R40 million loan.

DECEMBER 5: A Sunday newspaper reported that a German official had admitted that his mistranslation of a local newspaper report at April 13 had led to a chain of misunderstandings.

It said its own investigation had revealed "plain bungling by German and South African officials."

DECEMBER 6: Mr Breuer, the South African representative of the German trade department, admitted to The Star that the newsletter item about R40 million having been provided to Baragwanath — the cause

of much of the fuss — had been inaccurate. "I came from my predecessor here," he said. "It now seems the money had not in fact been made available. The newsletter will be carrying a correction."

However, Mrs Mennell does not regard the mystery of the missing millions as solved yet. She said yesterday: "There is still the R40 million overseas loan which the State has received from someone, according to the explanation given by the Provincial Secretary after his discussions with the Treasury.

"I have been informed that while the row goes on, Baragwanath has turned in its frustration to the private sector for funds to carry on with its modernisation project.

"The hospital needs all the financial help it can get. But it is a public sector liability and the public sector should not be allowed to escape its responsibilities.

"There is still a lot to be cleared up, and an inquiry by the Transvaal Administrator should go ahead."

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Horwood accuses The Star

To The Star from the Minister of Finance, the Hon Owen Horwood:

"The banner headline on the front page of Monday's Star: 'Government accused of diverting earmarked loan — Baragwanath row over foreign funds' and the report which follows are perfectly disgraceful.

"Your opening paragraph reads: Baragwanath Hospital claims to hold proof that the bulk of a R40 million foreign loan to help finance its vast modernisation programme has been diverted by the Treasury to other projects."

"There never was at any time a R40 million loan nor any question of such a loan being raised.

"Therefore the statement that the Treasury had diverted the proceeds to 'other projects' is a blatant falsehood.

"Tell us who, specifically, at Baragwanath Hospital made this false claim you have published.

"You refer to Commerzbank in Germany, as the bank which provided the R40 million loan.

"Did you check with Commerzbank to obtain the true facts before you published your damaging report?"

"I am told that last Friday you telephoned

Mr Dednam at the Department of Finance about this fictitious loan and that Mr Dednam informed you that he had no knowledge of any such loan.

"Furthermore that Mr Dednam advised you to speak to Mr Peacey, the Director of Finance in charge of foreign loans, for confirmation.

"Why did you not speak to Mr Peacey who was freely available?"

"Worse still, why did you signally fail to publish Mr Dednam's statement to you that he knew nothing of such a loan?"

"The reason is, of course, that had you done so your whole report, and the false allegations it contains would have collapsed.

"This whole story of a R40 million loan is a fabrication, as I, or Dr de Loo, or the Secretary of the Treasury, or Mr Peacey, among others, and Commerzbank could immediately have told you.

"But then, as I say, your sensational, damaging story could never have seen the light of day.

"As things stand you have falsely impugned the integrity of myself as Minister of Finance, of the Treasury, and of the Government.

"You have, in fact,

To Page 3, Col 3

PFP urges Bara probe

▶ From page 1

a complaint with the Press Council.

Mr Horwood said that in 1980 a loan of R250 million had been negotiated with several overseas banks and a considerable portion of

the money had been allocated to Baragwanath Hospital.

Over the past three years more than R21 million had been spent on buildings alone at the hospital.

Operating costs to the provincial admini-

tration were estimated at R52 million for the current financial year.

He said another R6 million was being spent this year on the construction of several clinics in Soweto to alleviate pressure on the hospital.

Horwood accuses The Star

▶ From page 1

done your best to sabotage the interests of your country by attempting to discredit South Africa in highly sensitive capital markets of the world where our reputation for fair and honourable dealing is universally recognised and our credit rating is of the highest.

"The matter is far too serious to be left where it is — nor will it be."

● The Star will not respond to the Minister's generalised allegations or to his threats but it is happy to answer each of his questions.

The relevant questions and answers appear above.

The objective of The Star was clear: to have many of these questions raised publicly when inter-departmental queries had resulted only in creating suspicions.

We published in the interests of Baragwanath, its community and of South Africa as a whole.

We are happy to publish anything that sheds further light on this matter.

Medical row over equipment repairs

98

S. Tribune 19/12/82

QUOTE

'Firms sell expensive equipment, but then they pull the carpet from under your feet by not providing backup service'

BY TONY SPENCER-SMITH

DOCTORS and biochemists in centres outside the Witwatersrand are having serious problems getting expensive and vital pieces of laboratory equipment repaired.

One Cape Town pathologist who has just won a bitter six-month battle to get a R22 000 gamma-counter fixed, now wants doctors from all over the country to telephone him before they buy such machines, so he can tell them about the service difficulties involved.

Dr John Carter lashed out in an interview

this week at Johannesburg-based suppliers of laboratory equipment who failed to provide adequate backup services in places like Cape Town, Durban and Bloemfontein.

He said the position was even worse in smaller centres.

"Firms come down and sell very expensive equipment, then pull the carpet out from under your feet by not providing a backup service.

"Our problems with the gamma-counter have meant that doctors, hospitals and patients have sometimes had to wait around for important test results.

"The flow of medical service was disrupted and some batches of tests have had to be repeated, which involved considerable expense.

"And now that we've finally got the firm to fly down to fix it, we're going to have to foot the airfare bill and even a minor repair can cost R300.

"And doctors have had the same sort of problems with other firms and other pieces of equipment, some of which cost R80 000 or more."

Dr Carter had a letter published in the SA Medical Journal this month to "serve as a warning to all pathologists, biochemists and chemists in South Africa who may have fallen or may yet fall into the same trap as we did when purchasing expensive laboratory equipment."

Dr Carter said in the letter, written before the machine was finally fixed: "In October 1980 our firm purchased a multiheaded gamma-counter which counts 12 tubes simultaneously and calculates the results using a built-in microprocessor.

"The time-saving advantages of this system are obvious and in 1980 the machine cost R22 000.

"The suppliers have since moved their offices to Johannesburg and have delegated the maintenance and repairs of these instruments to a

Cape Town firm who have admitted to me that they do not have the expertise or the staff to maintain the gamma-counters sold in Cape Town.

"We were given verbal assurance that, no matter what the circumstances, maintenance and repair services would be available at all times after purchasing the instrument.

"Our machine now requires repair, and calls to both the Cape Town and Johannesburg firms have brought no response for over six months.

"This is a well-known occurrence which has been repeated far too frequently in South Africa."

"Cross"

Dr Carter told me he had managed to get the machine fixed this month only after he got "cross" and sent copies of a letter of complaint to the Director of Trade of the Department of Industries, Commerce and Tourism and to all branches of the firm which supplied it, including the head office in Britain.

"Within a week they flew down and fixed it. It is working well now. But the overall situation hasn't changed."

Dr Carter said he had communicated numerous fruitless times with the Cape Town firm delegated to do repair work when the supplier moved to Johannesburg.

"They said they did not have the staff or expertise to service these machines. So then we were really in trouble."

He said the gamma-counter was a highly sophisticated tool to detect minute quantities of hormones and other substances in blood using radioactive isotopes.

"One understands that there is much more demand for expensive equipment like this on the Witwatersrand than elsewhere, but that is not a sufficient excuse.

"We have a large computer here, also from a Johannesburg company, and if anything goes wrong, they're round in 10 minutes to fix it."

Doctors criticise cutbacks in health services

Hard-up hospitals wield the big axe

98
Skw
22/12/82

By Pamela Kleinot
Stringent control measures have been introduced at Transvaal hospitals to beat the financial crisis in the Department of Hospital Services.

Dr Hennie Grove, director of hospital services in the Transvaal, said the department was working on a tight budget and had to save money.

The superintendent at Baragwanath, Dr Chris van den Heever, has issued a circular asking staff to save money in various ways.

Doctors have described the measures as "bad medicine" and "ludicrous" but have conceded that wastage by some doctors could have led to the implementation of the control.

The measures at Baragwanath include:

- A 20 percent cut-back in routine laboratory tests.
- A ban on post-mortem examinations.
- A restriction on pacemakers for people under the age of 70.
- No overtime pay after December 1. A nurse will not be paid overtime for work over and above her normal shifts but will be paid if called out in an emergency.

Earlier this month Dr van den Heever, wrote to every unit and department head saying he was forced to implement certain measures to reduce spending.

Serious

Dr van den Heever said the financial position of the Department of Hospital Services was extremely serious and no additional funds had been made available in the revised budget for 1982-83.

Dr van den Heever pointed out that 41 percent of blood ordered at Baragwanath was wasted. This had amounted to R400 000 this year. He urged users of blood to achieve a 20 percent saving so as to keep within the budget.

Calling for a 10 percent saving in X-rays, he warned that if there were no improvement certain services in the X-ray department would have to be stopped.

Other control measures include:

- Medicine items per script to be limited to four as far as possible.
- Antibiotics to be dispensed sufficient for four days' treatment.
- No further chromosome studies. (These studies are used for

'Ludicrous' Bara cuts down on all expenses

Sowetan

98

23/12/82

STRINGENT control measures have been introduced at Baragwanath hospital to beat the financial crisis in the Department of Hospital Services.

Doctors at the hospital have described the measures as "bad medicine" and "ludicrous".

But they concede that excessive wastage by some doctors has led to the implementation of the controls. The measures include:

- A 20 percent cutback in routine laboratory tests which could seriously affect the standard of medical care at the hospital.
- A ban on post-mortem examinations which could hamper medical research.
- A restriction on pacemakers to people under the age of 70.

This move was described as "inhuman" by one doctor, who said: "It is a way of dumping the old folk or just leaving them to die."

Earlier this month Dr Chris van den Heever, superintendent of the hospital, circulated a letter to every unit and department head saying he was forced to implement certain measures to cut down on spending.

Dr van den Heever said the financial position of the Department of Hospital Services was extremely serious and no additional funds were made available on next year's budget.

"This places the responsibility on all of us to make do and to cut down in all sectors to stay within our allotted funds," he said.

Star 24/12/82 (78)

Bara is adjusting

cost-cutting rules

By Pamela Kleinot

Baragwanath Hospital has already revoked the decision to ban post-mortem examinations and chromosome studies used for detecting mongolism in fetuses.

This was disclosed yesterday by the deputy superintendent, Dr S J Cronje, following a report in The Star this week in the stringent control measures introduced at the hospital to reduce spending.

PACEMAKERS

The cutbacks would not affect patients at all. "We will never stop a doctor ordering a laboratory test or X-ray that is in the patient's interest."

Overprescribing was also a major problem at the hospital.

The four-day restriction on antibiotics was confined to outpatients only. The patient was to return after four

days to be reassessed, and if necessary more antibiotics will be issued.

Regarding the restriction on pacemakers, Dr Cronje said it was seldom that one would be inserted into a person over the age of 70 so this saving was minimal.

Commenting on the head office instruction that there would be no overtime pay from December 1, Dr Cronje said there had already been a concession for radiographers.

"The idea behind this measure is that nurses, administrative staff and paramedicals should be given time off for overtime but our radiography department is so understaffed that we would come to a complete standstill if there was no overtime pay," he said.

"If this measure seriously affects other services we will also have to adjust the situation," he added.

HEALTH + DISEASE

HOSPITALS + CLINICS

1983

JAN. — DEC.

98 New Entabeni clinic

Mercury Reporter 5/11/83

DURBAN'S Entabeni Hospital has opened a new clinic which caters solely for same-day surgery.

Mr Hector Harmsworth, the managing director of Entabeni, the country's biggest private hospital, said the facility made it possible for patients undergoing minor operations to be admitted and discharged on the same day.

He said the decision whether or not same-day surgery would be performed at the clinic lay entirely in the hands of

the doctors and surgeons. They had to be completely satisfied that the patient would be properly cared for at home after the operation.

The clinic would be capable of handling 1 000 cases a month. It would have taken several months for this number of people to have been accommodated under the system where patients stayed overnight.

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98 ROM 8/1/83

Bara surgeon cautioned

By MAURITZ MOOLMAN

A SURGEON, Dr A I Klein, of Northcliff, Johannesburg, was found guilty yesterday of improper conduct by a disciplinary committee of the South African Medical and Dental Council following the death of a man in May 1979.

Mr John Maredi died in the Far East Rand Hospital, Springs.

He was admitted to the hospital with stab wounds in the neck, but because there was no blood for transfusion, he was transferred to Baragwanath Hospital.

A FER doctor, Dr P J Drotsky, told the committee that Dr Klein declined to admit Mr Maredi to Baragwan-

ath because the transfer was done improperly.

Dr Klein also said blood could be obtained at the Boksburg/Benoni Hospital and re-transferred Mr Maredi to the FER.

Dr Klein told the committee that he had been on duty for about 15 hours when he received a telephone call from Dr Drotsky saying the patient had been transferred.

Dr Drotsky had told him that the patient was in a serious condition and was probably bleeding internally.

But Dr Klein said after a proper examination of the patient by him and another doctor they had found his

condition stable and there was no reason for immediate operative action or a blood transfusion.

Mr Maredi was returned to the FER where he died four hours later.

Dr Klein was subsequently acquitted on a charge of culpable homicide by a court of law.

The disciplinary committee found that Dr Klein was guilty of improper conduct in that he failed to hospitalise Mr Maredi or give him proper treatment, to place him under observation or to take steps to establish the full extent of the injuries.

Dr Klein was cautioned and reprimanded.

More staff for hospital

12/18
D. Aswegen
15/1/83

ZWELITSHA — Six new interns, including two Ciskeians, started work at Cecelia Makiwane Hospital, Mdantsane, this month.

According to Ciskei's Health Minister, Dr C. H. J. van Aswegen, seven additional medical officers also have joined the hospital staff, bringing the total number of full-time medical staff to 57, 12 of them specialist consultants.

Dr Van Aswegen said that close on 24 000 patients had been admitted to the hospital last year. Over 6 000 babies were delivered at the hospital and clinics throughout Ciskei while 653 000 outpatients were

attended. In Mdantsane, over 78 000 immunisations were carried out.

Meanwhile, Dr Van Aswegen has announced the formation of a sub-committee to promote literacy in Ciskei. He said the committee would assist his department's literacy campaign with advice and information. "This will encourage greater sharing of ideas and decision-making."

The committee comprises the Chief of Psychological Services, Mrs A. Z. Solomon, social workers, organisers of nursing services, administrative staff and health inspectors. — DDR.



A union clinic

Fm 21/1/83

The African Food and Canning Workers Union, and the Food and Canning Workers Union have established their own medical clinic. It is believed to be the first in Africa started by trade unions.

According to the clinic's medical officer, Dr Dennis Rubel: "In the Seventies it became clear to us that large amounts of money were passing out of the medical benefit fund to private doctors. The idea was mooted to employ a salaried doctor rather than continue with *pro rata* payments."

The clinic was established two years ago in Paarl under the auspices of the unions' medical fund — the Fruit and Vegetable Canning Workers Medical Benefit Fund. It

treats workers employed by the Langeberg Ko-op canning factories, Dal Josephat and Langeberg Zuider Paarl.

The clinic staff is responsible to a central committee on which both management and worker representatives sit. Although run on a shoestring, it has a fully stocked dispensary and provides a total non-surgical service, including treatment for chronic diseases such as asthma, heart disease and leg ulcers.

Medicines are bought in bulk and dispensed free to workers. The fund is maintained through weekly deductions from workers' salaries and contributions by management. These contributions entitle workers to attend the clinic as often as required.

Rubel says: "In other parts of the country the fund is paying between R5-R10 per worker for medicines. In Paarl the cost to the fund is R1,40. So cost savings have been beneficial to fund-members, not only in Paarl, but nationally."

A comparison of medical fund payouts prior to the establishment of the clinic has indicated that as a result of inflation the fund's medical costs increased by 10% since the clinic opened. In Paarl they decreased by 21% despite medicine consumption by members increasing by 20% over the last year.

There are also benefits for management. Rubel says that "if workers come to the

clinic or are attended at the factory, management loses little production time compared to the amount of time wasted waiting at hospitals or for private doctors."

Langeberg's Paarl personnel manager Danie Lombard agrees. "Most of our workers use the clinic and we are very pleased with it. It offers a good service and is working very well."

Baragwanath 'caused' death

Own Correspondent

JOHANNESBURG. — Baragwanath Hospital's inadequate medical procedures and faulty facilities caused the death of a woman who died after an epidural anaesthetic, a Johannesburg inquest court was told yesterday.

But lawyers for the Transvaal Provincial Administration argued that reasonable and legally accepted practice was adhered to throughout the crisis that ended in the woman's death on July 2, 1980, after she had spent two months in a coma.

Lawyers for the family and for the TPA were putting forward their arguments in the inquest of Mrs Ellen Bunting, a 25-year-old former nurse.

The Bunting family is suing the TPA for R45 000 damages.

Mrs Bunting collapsed minutes after an intern, Dr Kali Tricorides, administered an epidural and the supervising registrar, Dr Melica Jerkovic-Andrin, left the room.

Dr Tricorides had attempted to resuscitate the patient alone, but vital equipment was missing from the emergency trol-

ley. When Dr D Merrell, principal specialist in gynaecology, arrived, the air tube was pumping oxygen into Mrs Bunting's stomach.

Mr H Sapire, appearing for the family, argued Mrs Bunting had died as a result of brain damage, precipitated by loss of oxygen to the brain during resuscitation.

Baragwanath Hospital "failed in its duties to its

patients" because it had not ensured emergency equipment was always available, had allowed interns to administer epidurals and because an alarm resuscitation team was not on hand for emergency cases.

The hospital failed to take adequate precautions against the patient's collapse — a recognised hazard of epidurals — by checking that registrars

supervising epidurals were capable of resuscitating patients.

Mrs B Burger, for the TPA, said it was "beyond the reaches of the court" to find Baragwanath Hospital guilty of negligence. The hospital administration was a statutory body and an inquest court could only find individuals negligent.

The court could not find that only an anaesthetist should administer an epidural. Only the Medical Council could determine whether the hospital procedure was correct.

She submitted that the court should find that nobody could be blamed for the death.

Judgment was postponed until March 24.

CRISIS WARD



PREGNANT mothers at the Kalafong Hospital near Atteridgeville are being made to sleep two to a single bed. The SOWETAN established yesterday.

Due to the massive and almost insurmountable problem of overcrowding, some mothers who have already given birth but are still experiencing certain complications or who are waiting for their relatives to fetch them, are sleeping on the floor of a ward which has been nicknamed "Marabastad".

A number of mothers-to-be have also complained of the lack and poor quality of the food provided by the authorities. Others complained of "exorbitant" fees charged at the hospital, following the introduction of a reclassification policy in which patients are charged according to their salaries. The new policy came into effect in April last year.

The SOWETAN visited the hospital yesterday and met two pregnant mothers on their way to a nearby cafe to buy food because they said there was a shortage of food at the hospital.

Most of the women, who did not want their names published for fear of reprisals, said although the food was better during the week, they were given "bad" food at the weekend.

"We eat porridge and spinach for lunch and porridge and soup for supper on Sundays," they said.

The women, who wished to be discharged soon

By **MONK NKOMO**

after giving birth, said they were made to sleep two to a single bed.

"It is so uncomfortable to sleep two per single bed. We are just waiting to give birth and be discharged," they said.

Dr I Kapp, the hospital's medical superintendent, yesterday confirmed that they were experiencing some problems and added that there was a massive case of overcrowding at the hospital. Kalafong, she added, was an academic hospital and the overcrowding was due to patients coming from as far away as Malawi, Zimbabwe, Botswana and South West Africa.

The Atteridgeville Saulsville Community Council chairman, Mr Joseph Tshabalala, yesterday condemned the Government's system of reclassification and added: "It is an abominable practice which should be stopped as soon as possible."

His condemnation came in the wake of complaints by some patients who claimed they were being charged huge amounts while others were being referred to as private patients and urged to consult their respective private doctors.

One Mamelodi businessman, Mr Sam Hongwane, recently paid R300 for the 10 days he spent at the Kalafong Hospital during which time he had to sleep on the floor.

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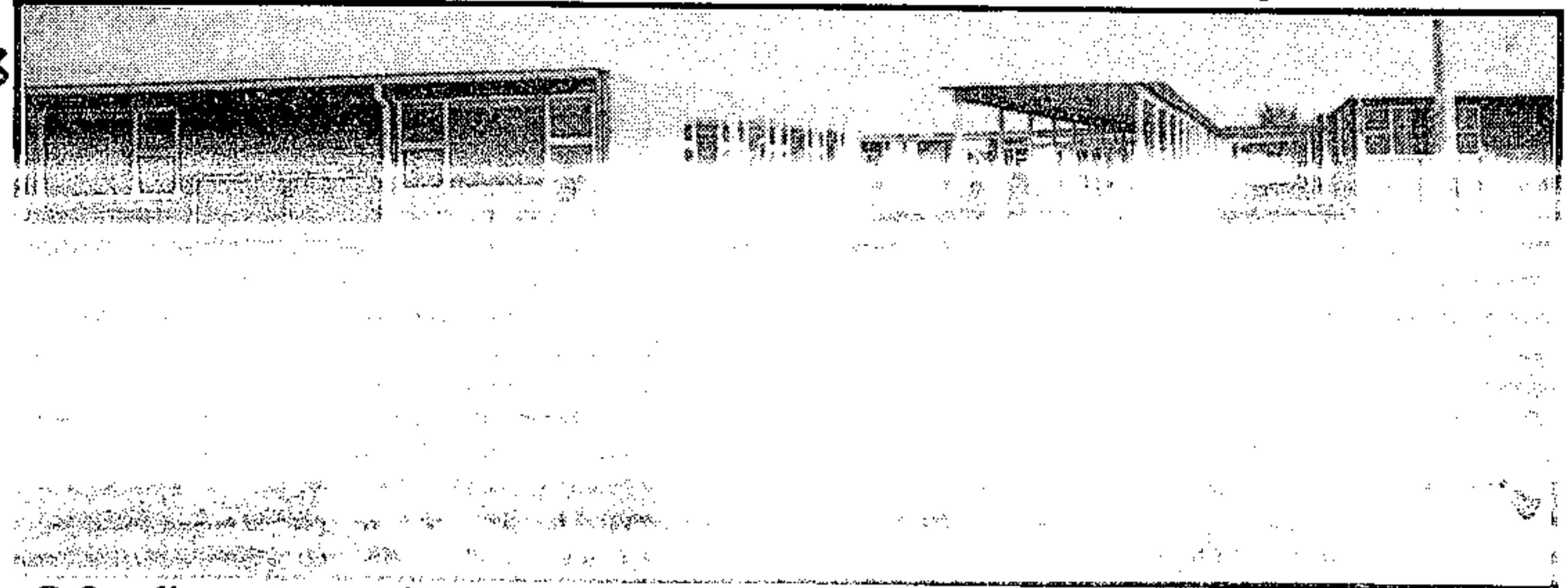
Racing
results
PAGE 23

HOSPITAL FARCE

It's got beds, it's got facilities...but it hasn't got electricity

By DERRICK LUTHAYI

HOPES of the mini hospital at Zola open-



Standing empty . . . the new mini hospital at Zola.

power have been shelved because it was too expensive.

The Transvaal Provincial Hospital had approached Wrab to install temporary power. "We found it will cost in the region of R60 000 for temporary power.

"We told TPH they would still pay new rates for the permanent power and money for temporary power would be a waste. They told us they will wait for the permanent power," said Mr Du Toit.

Meanwhile workmen are busy putting the finishing touches to another mini hospital in Chiawelo which is also likely to start operating towards the end of the year.

The mini hospitals, which will be bigger than the existing clinics, will help alleviate overcrowding at the Baragwanath Hospital.

Pipeline

They will have operating theatres, physiotherapy and maternity wards, a section for social workers and family planning centres.

Dr Chris van der Heever said plans were in the pipeline to upgrade facilities at four other existing clinics in Soweto to be of the same standard as the mini hospitals.

He said they were soon to move nurses from Baragwanath to the new nurses' home which is near completion. "We hope to house 1 200 nurses, compared to 400 in the old home.

"We are planning to expand the school of radiography and to extend the theatre block," said Dr Van der Heever.

250W

(in block letters)

ID MICHAEL

Subject for which

(A., B.Sc.)

B. Bus Sc.

TOPICS II

(heading on the Examination Paper)

(heading on the Examination Paper)

Examiners' Initials

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Under the candidate liable to disqualification and to possible exclusion from the University

...INYANGAS GATHER TO PLAN A ...

MUTI HOSPITAL

98 GCP
30/1/83

for Soweto

SOUTH Africa's Inyangas are planning a multi-million-rand "muti hospital" in Soweto.

African Skilled Herbalist Association chairman Galaza Msibi told GCP 5 000 members of the association would

BY DERRICK LUTHAYI

meet in April to plan the hospital - South Africa's first "muti-hospital".

"We want our own hospital because health authorities are reluctant to allow us to treat our patients in hospitals like Baragwanath."

Traditional medicine still played a major role in South Africa, he said - thousands of blacks still came to inyangas for muti to take to their sick relatives at Government hospitals.

"We are waiting for the Orderly Movement and Settlement of Black Persons Bill before organising at full throttle, and hoping to meet the Minister of Health.

Patients

"Our patients include churchmen, lawyers, nurses, teachers and people from all walks of life. They sneak to our surgeries at night after scorning us during the day.

"Once we have this

hospital, we believe they'll come openly," said Mr Msibi.

After the April meeting, at Dube Memorial Centre, the association will approach the Soweto Council for land for the hospital.

"Like any other hospital we will have beds and consulting rooms," said Mr Msibi.



R1 000 gift parap...

● Soweto Community Council chairman David The... R1 000 to Mandla Mavuso of the Soweto Self-Help P... tion - a donation from a Johannesburg furniture store.

Traders meet over Checkers centre

GCP Reporter

THE SOWETO Chamber of Commerce and Industry meets on Wednesday over the planned Checkers supermarket in Jabulani.

"Soweto traders feel very strongly about a Checkers supermarket in our midst. It's a very serious threat to the small businessman in the township," Chamber president Veli Kraai told GCP.

The meeting will be held at the Dube Club, near Maponya Shopping Centre.

SERF'S CIVIL SERVICE

...to be highly dangerous, faces charges of attempted murder of a police officer, bank robbery and burglary, and has been on the run since December. Two weeks ago police hunting him, shot at a car in the London rush critically injuring an innocent man.

GCP 100



Nurses should 'stick to their communities'

By GARTH KING

DESPITE the fact that nurses of all race groups received the same training, it was "undesirable" to have nurses treating patients not of their race.

This is the opinion of the new head of the University of Port Elizabeth's Department of Nursing Science, Prof Wilma Kotzé.

The former head of the University of Pretoria's Nursing Science Faculty said in an interview published in an Afrikaans newspaper that that because of the relatively high ratio of white nurses to the white population and the low ratio among "non-whites", it was clear that more black nurses were needed for black patients.

This was reflected in South African Nursing Association statistics.

In 1970 there was one white nurse for every 145 whites, one black nurse for

every 782 blacks and one "coloured" and/or Asiatic nurse for every 832 people in these groups.

In 1975 there was a white nurse for every 175 whites and among "non-whites", a nurse for every 1 111.

People of the same background readily understood each other, she said.

A spokesman for Port Elizabeth's non-racial St Joseph's Hospital said they experienced few problems although there were isolated incidents stemming from the prejudices of white patients who objected to black care.

"The nurses are all similarly qualified and a nurse is, after all, a nurse whatever her cultural background. Normally things run very smoothly here," he said.

The chief superintendant of the Provincial Hospital, Dr Leon Cilliers, said he had "no comment" to make

R7,9-m Vaal hospital opened ^{2/2/83} *Secretan* (98)

THE R7,9-MILLION hospital built to serve black patients in the Vaal complex was officially opened by the Director of Hospital Services, Dr H A Grové, in Sebokeng yesterday.

Addressing guests at the ceremony, Dr Grové said the opening of the hospital would herald in a new era when blacks would be treated by other blacks.

He said that, up to 1955, white nursing staff had attended black patients but since then a change had taken place with the establishment of the new hospital.

In this huge project, the operating of the hospital no longer depended only on whites as their contribution had become a minor one, he said.

The hospital has a black staff of 1 191 nursing and general posts and accommodation for 392 resident nurses.

About 13 000 outpatients, 2 995 bed patients, 610 operations and 2 850 ex-ray patients were treated at the hospital since 1982. Patients who cannot be treated there are transferred to other hospitals.

Snake bite victim refused treatment

98

E. Post

7/2/83

Post Reporter

A MAN bitten by a snake was refused treatment at Port Elizabeth's Provincial Hospital at the weekend because of apartheid.

But a hospital spokesman said on-duty staff had no knowledge of the incident and said Mr Bert Leman, who brought in Mr Lawrence Ntyincala, must have spoken to someone "not in authority".

Mr Leman was told to drive Mr Ntyincala to the Livingstone Hospital and there he received treatment — but only after a long bureaucratic delay.

They arrived at Livingstone at about 10am on Saturday and Mr Leman was told by staff there that Mr Ntyincala would have to wait for treatment as the doctor who treated IOD (injured on duty) patients was not in. He was expected within-half-an-hour.

Mr Ntyincala was bitten by a brownish snake on the face and upper left arm on a Schoenmakerskop Road smallholding at about 9am.

Mr Leman drove him to a general practitioner's surgery, but the doctor was not available.

He then drove Mr Ntyincala to the casualty department at the Provincial Hospital where he was told Mr Ntyincala could not be treated at a white hospital and would have to be taken to Livingstone.

"I could hardly believe

it," said Mr Leman.

At Livingstone, despite the fact that he told officials that Mr Ntyincala needed urgent attention, they were made to fill in forms before they saw a doctor who said that as the patient was IOD he could not treat him. He told them to go through a door where they would find another doctor. But Mr Leman was told by a sister that the IOD doctor would only arrive by 10.30am.

Mr Ntyincala was finally admitted and discharged the next day.

A spokesman for the Livingstone Hospital said today that if a patient was in obvious need of emergency treatment, he would be dealt with immediately.

However, the doctors of patients earning more than a certain amount, who were on medical aid scheme or were IOD patients, would be asked to come to the hospital.

● A Provincial Hospital spokesman said it was not accepted or common practice to turn away anyone who needed emergency treatment. No record of the patient could be found and staff who had been on duty could not remember having seen or heard of the case.

"Mr Leman must have spoken to someone who was not in a position of authority and did not know about the hospital's policy in this regard," he said.

CAPL TIMES 11/2/85 (98) (30)

Inquiry on hospital 'gifts'

Own Correspondent

PRETORIA. — The Administrator of the Transvaal, Mr Willem Cruywagen, has appointed a commission of inquiry into allegations that senior provincial hospital services officials accepted gifts.

He announced in the Provincial Council yesterday that the actions of the

officials — the Director of Hospital Services, Dr Henrie Grove, his deputy, Dr Scheepers, and the chairman of the provincial council, Mr B D T Boshoff.

He had taken the step — an unusual one in the Transvaal, he said — after accusations and insinuations in the council and by the mass media that officials of the Department

of Hospital Services received gifts and favours from a company or companies which could have led to them being favoured in the award of tenders for medical provisions.

He had decided to appoint the commission not because such a request came from members of the council but because of his unshakeable faith in the integrity of the officials.

"The insinuations which bordered on character assassination and the way in which the proud record of clean administration in the Province had been sullied, could not be left there," he said.

Some of the allegations are that senior officials were helped to buy television sets, cars and helped to go on overseas trips.

(98)

MEDICAL PAYOFF SCANDAL

European tour for TVI Official still unexplained

Director of drug firm won't reveal 'gift' list

By MARTIN WELZ and WILMAR UTTING

MR PETER Goldberg, chief executive of a subsidiary of SA Druggists, authorised an extensive European tour for the deputy director of Transvaal hospital services and his wife and charged it to SA Druggists' advertising account.

The booking for Dr and Mrs G Scheepers was made by Mr Goldberg on a buying order of C E Electro Medical, X-ray division of Continental Ethicals, at that time a subsidiary of SA Druggists. Mr Goldberg was then managing director of C E Electro Medical. He had formerly been the accountant in Mr Isaac Kaye's Alumina group of pharmaceutical companies.

The order, No 3473, is dated April 24, 1979, a year after Mr Kaye's Alumina company merged with South African Druggists. It is addressed to Keiser and Gentry, the travel company in Mr Kaye's group. Keiser and Gentry's invoice shows that South African Druggists spent R1 657 on air travel for Dr and Mrs

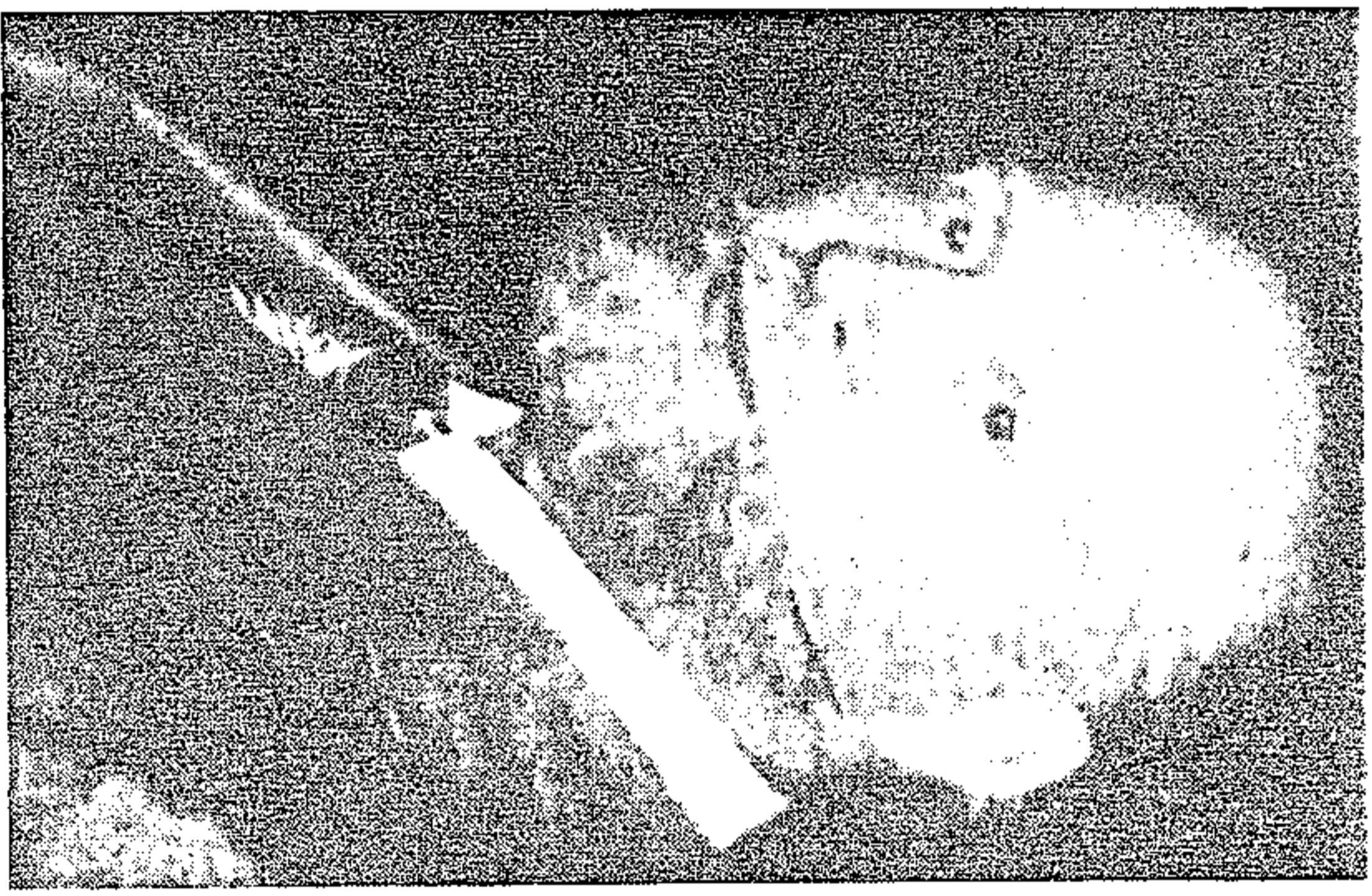
trip but in an interview last week his superior, Dr H A Grové, the director of Transvaal hospital services, said the province had paid for Dr Scheepers' trip to view hospital equipment.

Dr Grové said that there had been a problem only with the payment of a hotel bill on Dr Scheepers' trip.

He told the Sunday Express Dr Scheepers found that on his departure from Tel-Aviv, the company had already paid his hotel bill. Dr Scheepers had therefore repaid the equivalent amount to the Treasury on his return to South Africa.

The Sunday Express this week asked SA Druggists' accountant and director Mr J P Dandridge, and deputy managing director Mr Tony Karis, to explain the invoices.

Later Mr Karis informed the Sunday Express that Mr Dandridge had investigated the matter and had prepared a statement, but that he wished to "consider the matter more calmly" before issuing a statement to the Press.



Dr Scheepers — he and his wife went on an extensive tour.

By MARTIN WELZ and WILMAR UTTING

A DIRECTOR of Continental Ethicals, a major subsidiary of South African Druggists Ltd, this week defied his managing director and refused to discuss gifts which he admitted giving to doctors — including a doctor in the provincial service.

He is Mr Gerald Pienaar, director and general manager of Continental Ethicals, the former kingpin of Mr Isaac Kaye's Alumina group of pharmaceutical companies, and now a subsidiary of SA Druggists.

"I have already accepted my career with SAD or any other pharmaceutical company is over," he told top executives of the company. "You can hang me once, but you can't hang me twice."

The vice-chairman and MD of SA Druggists, Mr Brian O'Donnell, gave an undertaking last week that any officer of the company who indulged in the practice of making substantial gifts to doctors would have to account publicly for his actions.

Mr Pienaar was summoned on Thursday this



Mr Gerald Pienaar ... 'can't hang me twice'.

who had supported him in the 16 years he had devoted to building up the company.

He admitted that he was aware of an occasion where these gifts had included payment of motor car installment of R2 000 on behalf of a doctor in the provincial service.

But, he said, he refused to admit or deny that he had negotiated or been involved in the giving of other substantial rewards to doctors that the Sunday Express was able to name. Disclosure would damage the credibility of the company.

Good for PFP praises Administrator's

business, PFP praises Administrator's

business, PFP praises Administrator's

MR Douglas Gibson, PRP leader in the Transvaal Provincial Council, said that if the allegations about the medical gifts scandal were correct, it would mean that officials of the Provincial Administration had indulged in "foolish and dangerous conduct".

Mr Gibson said: "The implication of these allegations is extremely serious."

"The giving of gifts and the building of friendships with people in responsible positions is almost standard practice in our business life."

"When specific allegations are made that the gift-giving and the assistance has lapped over into the public sector where officials are responsible for spending public money, the situation is much more difficult and serious."

ONE person — probably a lawyer — will make up the commission of inquiry into the giving of gifts to officials in the Transvaal's Department of Hospital Services.

The proposed appointment of the commission was announced unexpectedly on Thursday by the Administrator of the Transvaal, Mr Willem Cruywagen, during the first week of a provincial council session dominated by Sunday Express reports that public officials and doctors in official positions had accepted gifts and favours from a group of pharmaceutical companies.

The announcement followed a blistering Wednesday-night attack by PRP provincial leader Mr Douglas Gibson on three provincial officials — the Director of Hospital Services, Dr Henrie Grove, his deputy, Dr G Scheepers, and Mr B D F Boshoff, MPC for Sunnyside.

Mr Cruywagen's announcement, coming a week before the new MEC in charge of hospital services, Mr Daan Kirstein, was expected to reply to the Opposition, was greeted with approval and surprise.

The move was welcomed from Cape Town that Dr

BY ARLENE GETZ

Mr Gibson, who said he was gratified by the Administrator's prompt response, "which contrasts with the shilly-shallying of Mr Kirstein".

BARRY STREEK reports from Cape Town that Dr



Mr Cruywagen ... inquiry announced

Marius Barnard, Opposition spokesman on health, said the provincial commission of inquiry did not go far enough. He called on the Ministers of Health and National Education to appoint their own inquiries.

Earlier in the week the Minister of Health, Dr Nak van der Merwe, said he regarded the allegations in a serious light. But he did not envisage investigating because no one in his department was involved.

The commission cannot begin investigating until its appointment is formally announced in the Provincial Gazette. The next issue appears on Wednesday.

DARYL BALFOUR reports that Natal's MEC in charge of hospital services, Dr Fred Clarke, has ordered an urgent inquiry into last week's Sunday Express disclosures that a senior provincial official accepted gifts from the SA Druggists group of pharmaceutical companies.

He said: "I have admitted we gave gifts, but I will not discuss them or identify the doctors who took them."

Mr Pienaar insisted the 'gifts' he had made were not bribes. "They were a thank you, not a please," he said. They were made to people

weak to a meeting with Mr O'Donnell and two other directors of SA Druggists, Mr Tony Karis and Mr Lou Morris. The Sunday Express was present at the meeting when Mr Pienaar confessed that his company — and he personally — had in the past made substantial gifts to doctors. He admitted that these gifts were of greater value than considered suitable by SA Druggists.

But Mr Pienaar refused to accept Mr O'Donnell's advice to frankly answer questions about why he had made such gifts.

The 'club' that came up trumps

BY MARTIN WEIZ and WILMAR UTTING

ONCE a month for a year Mr Julius Butkow, an accountant in Mr Isaac Kaye's group of pharmaceutical companies who happened also to be a South African bridge champion and a world class player, went to Pretoria to partner the former Transvaal director of hospital services, Dr J D Verster.

Mr Butkow first told the Sunday Express he was "instructed" by Mr Kaye to partner Dr Verster and to make sure he won.

Later, asked to confirm his remarks, he said was "asked" to play, and that his reference to ensuring that Dr Verster won had been facetious.

"Isaac did not play bridge himself and I was asked to go once a month with Mr Kaye's business partners, Richard Lurie and Dave Tabatnik, to make a foursome with Dr Verster."

Mr Butkow is president of the Johannesburg Bridge Club and the South African Bridge Federation and a former executive member of the International Bridge Federation.

"Dr Verster was passionate about the game. We played on a Wednesday afternoon at his home. We started at about 3pm and played on right through until the early hours, even eating dinner at the card table. We played for two-and-a-half cents a hundred points. Verster loved to win."

Mr Butkow said he stopped going after a year.

ity and reputation of the doctors and their families.

In a written statement prepared for the Sunday Express Mr Pienaar suggested that his company, Continental Ethicals, had been confused with another company in the group, C E Electro Medical, when it came to allegations of attempts to illicitly influence tender authorities or compromise doctors.

C E Electro Medical, he said, had "ridden on the back" of the good reputation of his company.

When told that the Sunday Express wished to discuss only those incidents with doctors involving himself and his company, Mr Pienaar reiterated that he had already made his admission.

Many of the bigger gifts detailed in the Sunday Express last week, he said, had been given on the express instructions of Mr Isaac Kaye while he was managing director of Continental Ethicals, both before and for a short while after the SAD takeover in 1978.

Mr Pienaar added that the gifts he had given were "not unusual in the pharmaceutical industry or in any other industry".

The meeting ended with a suggestion from Mr O'Donnell that Mr Pienaar reconsider his attitude overnight. The stand Mr Pienaar was taking would bring him "no benefit at all", Mr O'Donnell cautioned.

The Sunday Express was informed next day that Mr Pienaar was determined not to explain the circumstances of his gift giving.

His position would be discussed at an SAD board meeting in Durban on Friday.

Yesterday it was announced that the board had authorised Mr O'Donnell to take a decision about Mr Pienaar. A spokesman said that Mr O'Donnell would announce on Monday what action, if any, he intends to take.

THATCHERS

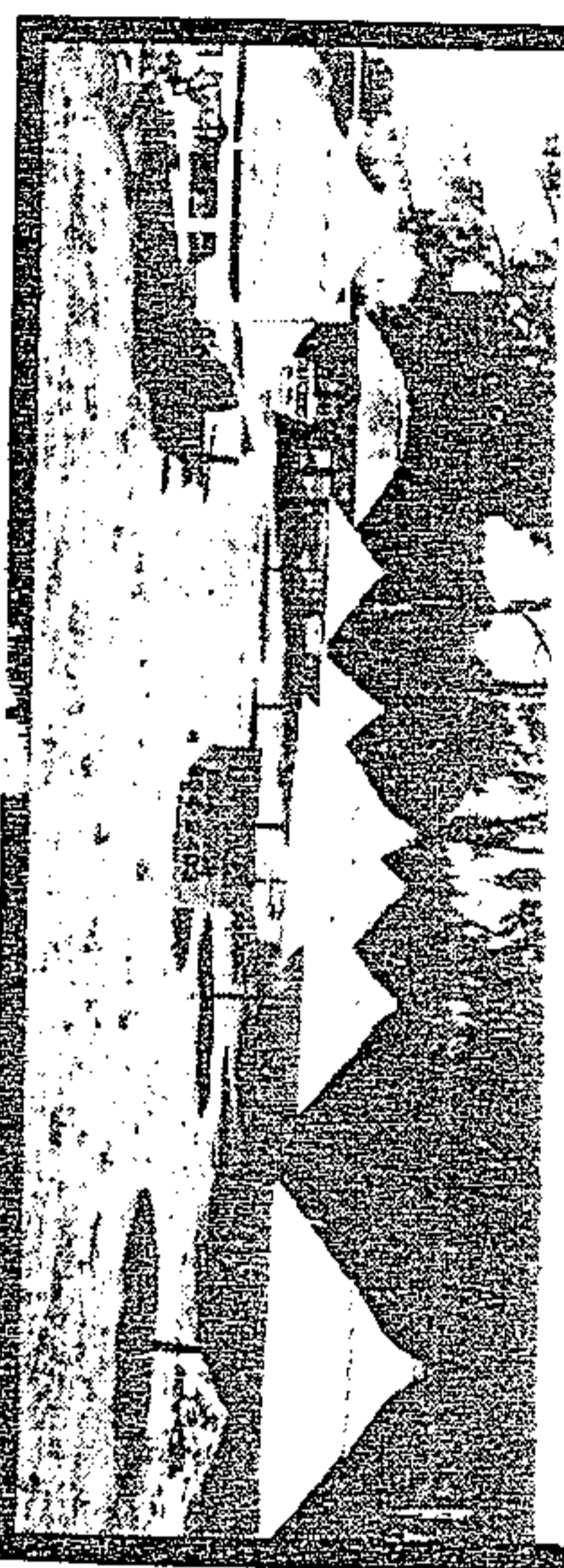
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CMC takes up security issue

EAST LONDON — The medical superintendent of Frere Hospital, Dr R. M. Newbery, met the chairman of the Coloured Management Committee, Mr F. N. Barlow, yesterday to discuss a complaint about checks on parcels carried by coloured and black hospital staff.

Mr Barlow said the meeting, which was also attended by the East London representative of the Department of Coloured Affairs, Mr J. Maritz, followed an incident on Tuesday when Mr Barlow was a witness at the hospital to the searches being conducted.

Mr Barlow said men opened bags carried by women.

Mr Barlow said the CMC was told that the parcels of all employees, regardless of colour, were checked by security staff in terms of the Hospital Ordinance. They were also told that future checks would not take place in view of the public.

He said the CMC had a good working relationship with Dr Newbery and yesterday's talks were held in a good spirit.

In a statement issued

after the meeting Dr Newbery said: "Frere Hospital had an unpleasant incident on Monday, February 14, involving a confrontation between one of our coloured professional staff and the security guards on duty at the time."

As a result a full inquiry had been held and certain measures would be implemented that he hoped would avoid similar incidents in future, Dr Newbery said.

"I deeply regret the incident and will apologise to the parties concerned," he said. — DDR

98 ~~403~~ Hansard
Ciskei: medical facilities
Q. Col. 189 - 190 18/2/83
*11. Dr. M. S. BARNARD asked the
Minister of Foreign Affairs and Information:

Whether the application by the Government of Ciskei for financial aid for medical facilities, as referred to in his reply to Question No. 4 on 19 May 1982, has been approved; if not, when is a decision expected; if so, (a) when was it approved, (b) what was the amount granted and (c) what were the terms of the agreement?



BURUARY 1983

190

†The MINISTER OF FOREIGN AFFAIRS AND INFORMATION:

No. The Government of Ciskei has indicated that they are busy compiling a comprehensive health plan on the basis of which the priority of projects will be established. On completion thereof the South African Government will again be approached to assist with specific projects.

The R.S.A. has also offered technical assistance and advice with the compilation of the plan. Ciskei has not yet indicated whether they will make use of the offer.

(a), (b) and (c) fall away

(98) 12/21/83
Hospital
gas and
safety

AT LEAST 10 healthy patients had died because of anaesthetic equipment failure in the last three years in South Africa, according to Professor D G Moyes of the Department of Anaesthetics at the University of the Witwatersrand.

In a letter to the SA Medical Journal, Prof Moyes says that there are no regulations for installation of pipelines for medical gases, nor for the manufacture or maintenance of anaesthetic equipment.

"Equipment failure can kill a patient in less than 60 seconds, and the vast majority of anaesthetic machines do nothing to warn of or prevent this situation," he says.

"The cost of adapting existing machines to provide safety is relatively small and, viewed over the expected lifetime of a machine, amounts to a few cents per case."

The same issue of the journal concludes that "the chance of an accident caused by machine failure has multiplied, as has the chance of an accident because of operator error".

The article recommends properly trained and certified technologists to warm up, check, set up and calibrate the monitoring equipment.

If the anaesthetist has to do this, it points out, an hour is added to the "induction time" of the anaesthetic, reducing the productivity of a specialist in a field that has required about 12 years' training.

The article also calls for more skilled help for the anaesthetist, especially during induction of or recovery from anaesthesia, and sometimes during critical phases of surgery.

Domb arrests

While wards in E Rand hospital stand empty

Mums-to-be tell of sleeping two to a bed

PREGNANT WOMEN at the Benoni-Boksburg hospital's maternity ward are being made to sleep two to a bed — while some wards are standing empty, a SOWETAN investigation revealed yesterday.

The situation at the hospital is similar to that experienced by mothers-to-be at Kalafong Hospital near Atteridgeville. The maternity wards are overcrowded and one woman claimed that some of them had to sleep "three to a single bed", while others claimed they slept on the floor.

One woman who had just been discharged, and who preferred to remain anonymous, said stout women were made to sleep with slender ones probably in a desperate bid to make them "comfortable". Some of the women are also discharged earlier than they should be as more cases came in.

Most expectant mothers also complained of the lack of and poor quality of the food provided by the hospital. They said the food was insufficient for people in their state of

say they paid exorbitant fees but were still treated "shamefully" by the hospital. The new policy came into effect in most hospitals in April last year.

The doctor in charge of the hospital (the superintendent has resigned and the acting superintendent is on leave) Dr S F Mynhardt, when told of the claims said: "I think this is all wrong. But let the women put their complaints in writing and then sign, we will then investigate. It had not come to my knowledge, but as I say we will investigate."

The women also said there were only six beds in the delivery ward. They were told it was not often that more than six women gave birth at the same time. In the meantime 30 new wards are standing empty and the hospital authorities earlier said this was because of a shortage of staff.

By SELLO RABOTHATA

health. In the mornings they eat soft porridge and a slice of bread, on Wednesday, lunch consisted of a piece of fish, baked beans and potatoes, no porridge, bread or rice; and for supper they had tea and a slice of bread with peanut butter.

The introduction of a reclassification policy in which a patient is charged according to income has also met with protests. Some patients



Sowetan 22/2/83
 GOING HOME: Children
Pupils walk

STUDENTS at the Ibhongo Senior Secondary School in Soweto yesterday walked out in protest and went home while the headmaster and the staff were locked in talks over their grievances.

Earlier, the students had held a meeting during which they indicated, that they were unhappy with the formation of the "Committee of Nine", a body said to consist of schoolteachers who were alleged to be victimising "politically minded" pupils at the school.

According to the students, the white headmaster at the school, Mr R K H Schnell, was not aware of the existence of the "Committee of Nine" and the issue was only raised at assembly yesterday morning when the students demanded that the body be disbanded, or a boycott would follow.

As the headmaster and staff were engaged in talks over the issue students were seen leaving the school with their books and heading for their homes. No lessons took place.

The regional director of the Department of Education and Training in Johannesburg, Mr P Engel

WARNING

This is to warn the residents of Zola, Emdeni, Moletsane, Orlando West, White City Jabavu, Meadowlands West and...

REES TI

THE former general secretary of the South African Council of Churches (SACC), Mr John Rees, appeared briefly in the Rand Supreme Court yesterday where he requested a postponement to prepare his defence against charges of fraud.

The postponement to April 11 was granted by Mr Justice Irving Steyn who extended Mr Rees'

No complaints over 'gifts' to doctors

SA medical group won't order probe

By PAT SIDLEY
Consumer Mail

THE British General Medical Council (GMC) is inquiring into relationships between doctors and the pharmaceutical industry in the wake of the recent Oraflex (Opren) scandal.

The South African Medical and Dental Council — equivalent of the GMC — is not investigating the problem despite allegations by the Sunday Express that doctors in the public service had received gifts from a pharmaceutical company.

A spokesman for the SA Medical and Dental Council said yesterday the council still had not received a complaint on which it could act and although it could take action without a complaint, this was not contemplated.

The spokesman said, however, that if new directions were taken by the British GMC, his council would look at the proposals with a view to possibly modifying

existing rules.

The deputy registrar of the British GMC, Mr Robert Grey, told the Rand Daily Mail yesterday that the Standards Committee (a committee which governs the ethical behaviour of British doctors) was looking into relations between the medical profession and the pharmaceutical industry.

It had met once, would be doing so again and would then make any recommendations to the full council in May.

He said the current guidelines were "rather limited". They covered dishonesty and improper financial transactions as well as doctors prescribing medicines for commercial purposes, when the doctors had a financial interest in the pharmaceutical company.

British doctors working in hospitals were also currently required to declare their interests to hospital authorities if they were connected with any firm supplying hospital equipment.

Mr Nico Prinsloo, registrar of the SA

Medical and Dental Council, said yesterday that according to the council's rules, South African doctors were not allowed to encourage the preferential use of medicines if they received valuable gifts in return.

They could also not trade in medicines — beyond dispensing to their own patients.

SA doctors are not prohibited from holding shares in pharmaceutical companies provided they are public companies (more than 50 shareholders).

The apparent reluctance of the SA Medical and Dental Council to investigate the allegations of corruption in the medical profession had a mixed reception from doctors yesterday.

A spokesman for the Medical Association of South Africa (Masa) said the matter would be taken up by Masa.

A doctor who cannot be named for ethical reasons said he believed the further the council stayed from doctors, unless there had been gross neglect of a patient, the better.

New turn in faulty drip bags row

Consumer Mail

THE chairman of the Medicines Control Council (MCC), Professor Peter Folb, will seek permission "from the appropriate authorities" to make a full disclosure of the events leading to the withdrawal of intravenous drip bags found to have fungus growing in them.

This follows disclosures in the Sunday Express that a subsidiary of SA Druggists

supplied the faulty drip bags to hospitals, but that they were only withdrawn by the MCC eight months after the first complaints were made.

Prof Folb had told the Express that, in terms of the law, he was unable in terms of the law to disclose the details.

Yesterday he told the Rand Daily Mail that under the Medicines and Related Substances Act of 1965 he was unable to divulge any infor-

mation from a (drug company's) dossier.

But in view of the fact that the MCC now had a "cloud of suspicion" over it, he was "examining the possibility through the appropriate channels of making a full disclosure".

Prof Folb said the MCC was responsible to the people of South Africa and not to any other authority.

He would not allow it to

have a cloud of suspicion hanging over its activities.

Referring to allegations that a staff member of the council had received a TV set at a discount from SA Druggists, he said he did not know "if the man had committed a crime".

"What goes on in the MCC is my business," he said, by which he meant he was responsible for the behaviour of staff of the MCC and would look into the matter.

Probe reveals

Mercury senior official

23/2/83

got gifts from firm

Pietermaritzburg Bureau

A SENIOR official in Natal's Department of Hospital Services received certain gifts from a pharmaceuticals company, a departmental investigation has revealed.

However, there was no evidence to suggest that the company concerned had received any advantage or preferential treatment, the Administrator of Natal, Mr Stoffel Botha, said in the Provincial Council yesterday.

The investigation, headed by the Acting Provincial Secretary, Mr W R Bezuidenhout, was the result of reports in the Sunday Press two weeks ago.

'I would like to emphasise that the officer concerned was in no position to influence the award of any tender,' Mr Botha told the council. The official was not named.

The investigation also had served to confirm that the interests of the Natal Provincial Administration in the acceptance of tenders were adequately safeguarded.

'The NPA had suffered no loss in this case, except the damage to its image by virtue of the publicity accorded to the matter.'

He said the matter of disciplinary action in terms of the Public Service Act would be pursued.

Dorfling is ⁽⁹⁸⁾ appointed to ^{E. Post} hospital board ^{24/2/83}

By JIMMY MATYU

ONE of the two Port Elizabeth city councillors instrumental in forming two branches of the Conservative Party locally, Mr Danie G Dorfling, has been appointed to the Dora Nginza Hospital Board.

Mr Dorfling, an elder of the Westpark NG Kerk, will represent the Port Elizabeth City Council.

In May last year he succeeded in barring a coloured church choir from singing at an Algoa Park church service.

The hospital's Medical Superintendent, Dr J A Hanraty, said the board's main functions included advising him about problems connected with the hospital, raising funds for amenities for both staff and patients, and to be a link between the public and the hospital.

The chairman of the board is Dr Jannie Wessels, who is also chairman of the East Cape Administration Board and former Eastern Cape Regional Medical Superintendent of the Cape Hospital Services Department.

Other members of the board are Mr J P Alberts, the vice-chairman, who represents the Dias Divisional Council, Mrs E M Coetzee and Mr F J Fourie, both of whom represent the Department of Development and Co-operation, and Mr J C K Erasmus, who also represents the East Cape Administration Board.

The Port Elizabeth Community Council is represented by Mr A. E. M. Nondumo and Mrs N Nguna. Dr P P S Nyoka represents the Medical Association and Dr H E van Zijl represents the Provincial Council.

CARE TIMES 24/2/83

Incomes don't match 'dream'

Staff Reporter

THE planners of Mitchells Plain were caught "with their pants down" when no provincial medical services were provided because of lack of foresight on the income level of the township's future residents, the MPC for Green Point, Dr John Sonnenberg, said yesterday.

The City Council runs two thriving poly clinics, with more to come, as well as four satellite clinics.

By comparison, the Provincial Hospitals' Department is running three day-hospitals in converted houses which only came into operation some months ago.

Dr Sonnenberg said this "deplorable foot-dragging", since residents started moving in in 1976, was because the depart-

ment had been under the impression that Mitchells Plain would consist entirely of middle-income families owning their own homes, thus falling outside the income bracket for day-hospital services.

The impression of a utopian dream of a coloured Constantia of a quarter of a million people was reinforced by the construction of the first 5 000 houses for home ownership, he said.

No medical planning took place at all. Only afterwards, when Mitchells Plain began developing as a mixture of home-owners and low-income tenants, did work begin.

Dr Sonnenberg said Mitchells Plain needed a hospital with 24-hour care facilities. Although he had heard that a private hospital was being built,

most people living east of the railway line were in the sub-economic group earning less than R150 a month.

What made the lack of health facilities worse was the township's inaccessibility, with Victoria Hospital about 20 km away and the Red Cross Hospital 27 km.

He said there were 29 000 families living in Mitchells Plain already, with 600 new families moving in each month. Most of them had been forced to settle there in terms of the Group Areas and Slums Acts.

"If these people had the vote, would it have been possible for a situation to develop for a population treble the size of Somerset West and the Strand to be denied the health and hospital facilities to which they are entitled? The answer is obvious."

PRETORIA

98

Canned healthcare

FM 25/2/83

Some members of Pretoria's medical profession have joined forces to build a R17m sectional title medical centre on the border of the Pretoria CBD and Arcadia. The project, on a 3 688 m² site near the junction of Schoeman and Du Toit streets, will provide a wide range of health care services.

Realtor project manager Norman Nel says an existing 6 000 m² building on the site will be incorporated into the structure to provide parking at a cost saving on the project of roughly R450/m². The site, bought from Martin Jonker Motors for R1,8m, is well located for quick access to motorways and both business and residen-

tial areas.

According to Nel, eight floors will be built around the existing structure to provide 12 000 m². Nel, who is also handling the project's sectional title sales, says response to the project has been overwhelming. Although final plans, including a rooftop Helipad, still have to be approved by the council, the space has already been oversubscribed.

The advantages to medical practitioners, radiologists, anaesthetists and pathologists of being in the new centre will be savings of roughly 40% on overheads over 20 years, says Nel. Besides, security of tenure — which is important for doctors who depend on goodwill built up over time — will be guaranteed.

In terms of viabilities, buyers will be paying R1 000/m² (cost price). A centralised accounting computer and secretarial service will be extras but should increase efficiency. Pretoria rentals have increased 15-fold in the last decade, says Nel, and by pegging repayments which have no escalations over twenty years there will be significant long-term savings in rentals alone.

Project finance for development costs has still to be finalised but, says Nel, short term bridging finance will be put up by an institution on condition that occupants sign an agreement to buy the space at cost on completion.

As Nel points out, other professionals who rely on technological aids could follow the same suit and develop purpose-built of-



fices. The obvious operating advantages and reduced overheads should certainly be a strong deciding factor for those who are looking ahead.

Medicines council 'acted appropriately'

MCC chief denies 'drip' bag charges

By PAT SIDLEY
Consumer Mail

THE Medicines Control Council (MCC) had "acted appropriately", concerning the finding of contaminated intravenous fluid units at hospitals, the MCC chairman, Professor Peter Folb, has said.

Prof Folb was commenting on the apparent delay between the finding of the contaminated units and their withdrawal by the MCC.

Complaints were received about fungus in the "drip" bags, manufactured by Labethica, a subsidiary of SA Druggists, in November 1978.

Labethica was told in July 1979 to stop producing the bags.

The statement from Prof Folb said: "The council was informed on November 17 that six units for large volume intravenous administration at Weskopies Hospital, Transvaal, were contaminated.

"On 20 and 21 November 1978 a detailed inspection by the inspectorate of the council of ... Labethica revealed

several defects in production which the council ordered to be rectified as a matter of urgency."

The company undertook to stop production of the defective systems.

"Between November 1978 and July 1979 there was further consultation between Labethica and the MCC, and the council was assured in writing in December 1978 that its specifications of quality control at the manufacturing plant of Labethica had been met, and that the sterility and good quality of its products were guaranteed.

"The council satisfied itself as far as was possible at that time that a more widespread public health problem did not exist. The council, through its inspectorate, subsequently maintained a watching brief on the accuracy of these assurances."

The council received no further complaints until June 27, 1979, and then on July 6, when it received reports that contaminated units had been found at other hospitals in South Africa.

"An order was issued by the chairman of the council on July 6, 1979, for immediate cessation of all production at

Labethica, and for a telegram to be sent to the directors of all hospitals in the Republic and SWA, and to all other persons or institutions who may have been in possession of stocks, with instruction for stocks to be frozen.

"On July 13, 1979, an extra-ordinary meeting of the executive committee of the council was called to discuss the matter, and the company was instructed to cease all production, and to destroy such stocks.

"I have reviewed the entire record in the light of unsubstantiated questions raised regarding this case. I have satisfied myself beyond doubt that the MCC acted appropriately and urgently at all stages in this matter, and that its penalties were correct."

Prof Folb said the actions of the registrar of medicines and his staff "were beyond reproach".

Early this week, the Rand Daily Mail reported that a further batch of contaminated "drip" bags was found at Bargwanath Hospital in 1980.

Prof Folb could not be contacted yesterday concerning the incident.

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RDM 25/2/83

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OFFICIALS I BY DRUG FII

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S. Express 27/2/83

FIRMS

FAVOURS, GIFTS FOR HOSPITAL ADVISERS

By MARTIN WELZ, WILMAR
UTTING and ARLENE GETZ

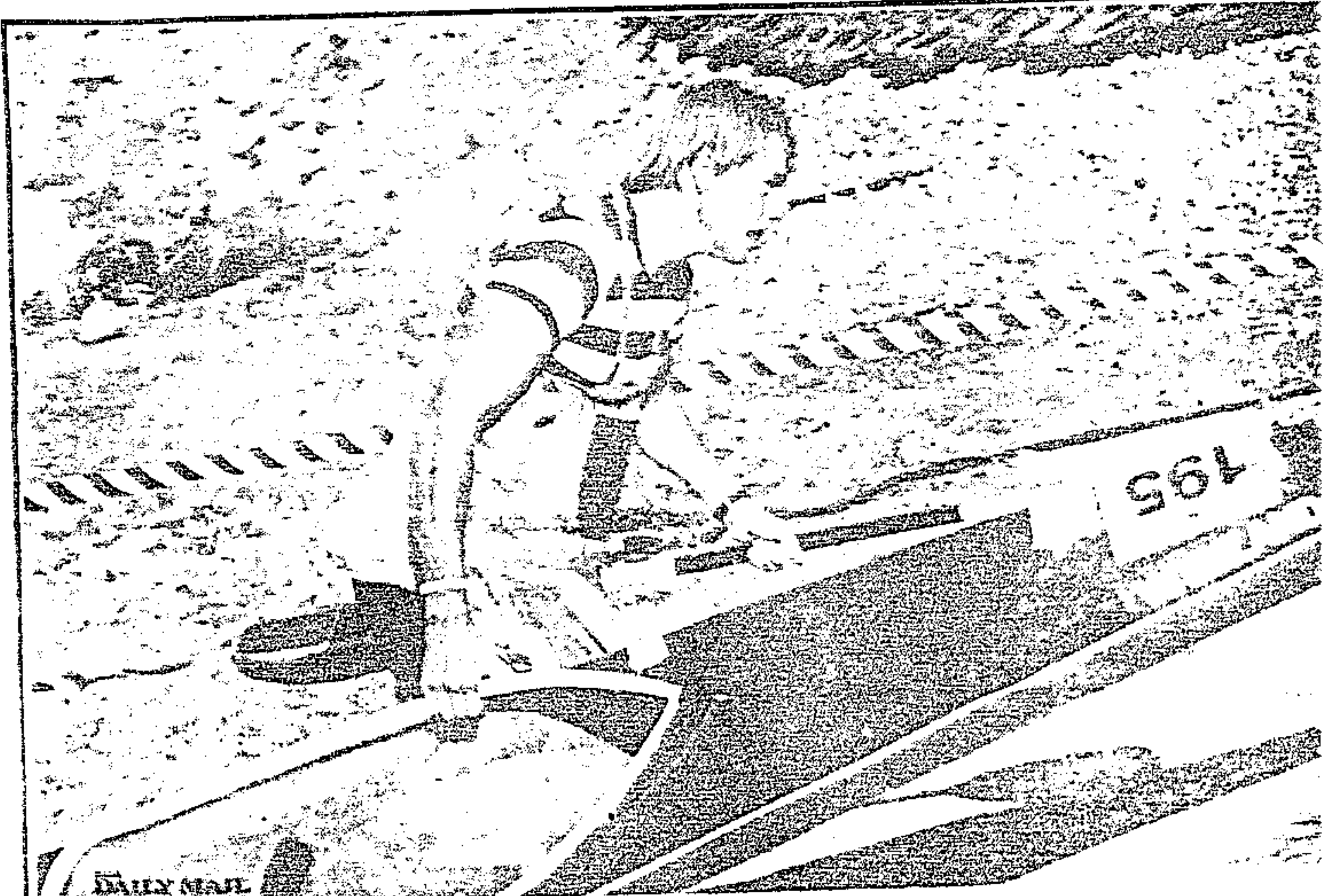
TWO provincial officials have been found to have received regular payments from the Alumina group of medical supply companies at times when they were giving advice on official purchases of medical supplies and equipment.

In the Transvaal, Mr Stan Cooper, chief surgical equipment technician until his retirement last year, received a retainer and a commission from a surgical equipment company.

At the time he was advising the Transvaal Department of Hospital Services on its equipment.

And in the Cape, Mr Jack Boshoff, a former chief radiographer at Tygerberg Hospital who was also an adviser to the State Tender Board, has admitted that he received regular gifts and favours from the major supplier of X-ray film and equipment to South

To Page 2



● The face of Iron Man contestant Tim Cornish — his first place was in doubt the agony of the event. Pict.

Cornish is king in the Iron M

MEET South Africa's 'Iron Man' — Maritzburg's 29-year-old Tim Cornish who beat 295 entrants — including four women — to win the 150km Rand Daily Mail/Nutri-sport Iron Man Triathlon yesterday.

Cornish won the grueling test of endurance — canoeing, cycling and running and held in blistering Transvaal heat — in 8:19:20.

But his win was not without drama. As he finished in front of a large crowd at a Sandton hotel, a

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27/2/83 (98) (183) (261) S. Express

The payments made to officials

➔ From Page 1

African hospitals.

A former executive of Surgicare, a company in Mr Isaac Kaye's Alumina group, said that in 1979 Mr Cooper had been a frequent visitor to the company's Johannesburg offices, where he collected a monthly retainer of R100.

The Sunday Express was subsequently able to trace documentary evidence of at least six payments made by the company to Mr Cooper while he was still a provincial official in Pretoria.

Five of the payments to Mr Cooper, made either by cheque or in cash, were for R100. The amounts were variously described in company documents as charges for 'advertising', 'entertainment', 'consulting fees' and 'sundries'.

A sixth payment in September 1979, for R500, was paid for 'Purchases, Mark V111 Velt'.

The R100 payments were made on August 16, August 29, October 12, November 15

and December 3, 1979.

Mr Cooper refused to discuss the issue this week, saying he had "no comment".

According to Mr A Byrne, liaison officer for the provincial secretary, officials of the provincial administration were forbidden to accept outside employment without the permission of the Administrator.

Should they receive payment in cash or kind without this permission they were obliged to pay the cash or equivalent value in cash into the provincial coffers.

Mr Byrne said there was no record of any application by Mr Cooper for permission to accept an after-hours job.

The policy of the administration would have been to refuse such an application unless there were special circumstances, in which case the application would have been considered by a special provincial committee.

"I can see no special circumstances in this case," Mr Byrne said.

Mr Jack Boshoff, chief ra-

diographer at Tygerberg Hospital until 1978, and thereafter chief radiographer to the SWA administration in Windhoek, admitted this week that Continental Ethicals, another company in the Alumina group, had:

- Paid various bills on his behalf.
- Made him gifts of liquor and cigars.
- Sponsored his attendance at radiological congresses where he promoted its products.
- Paid his airfare to attend a relative's funeral.

Mr Boshoff, who retired last year to live in Bellville, Cape, said he had had no influence in the granting of tenders or his hospital's buying policy.

He admitted, however, that he had done 'trials' on the company's X-ray film and equipment, and that his reports had been submitted to the hospital authorities responsible for evaluating multi-million rand tenders.

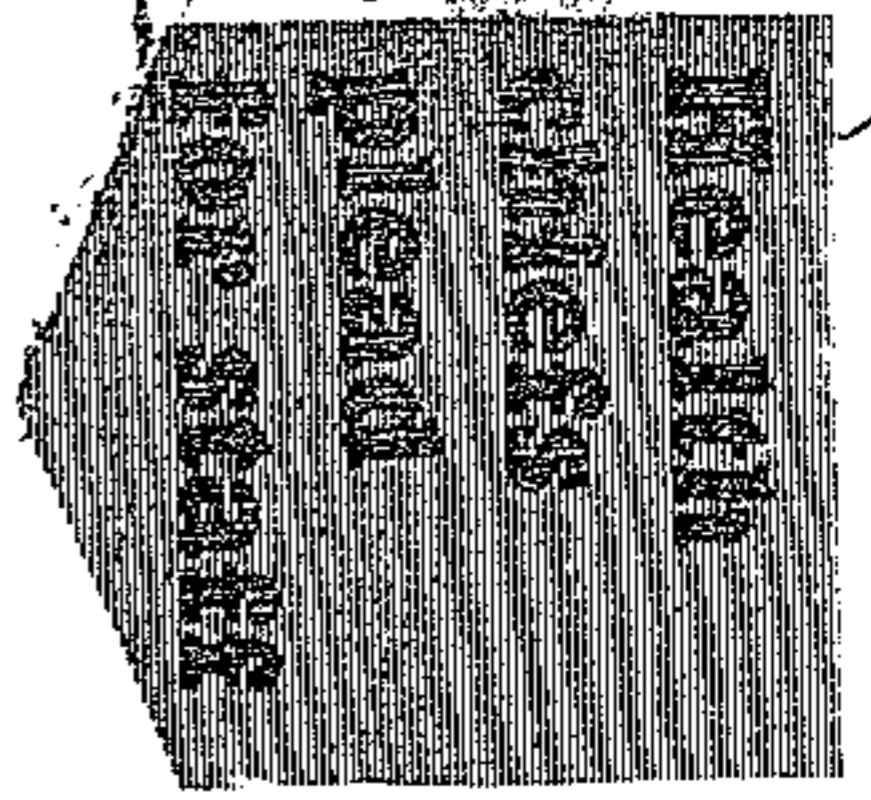
He said he had not been

paid for those trials and that they had been done with the permission of his head of department at Tygerberg, Professor Joe Muller. (The Sunday Express reported a fortnight ago that Professor Muller admitted he was given expensive imported Italian chandeliers by a company in the Alumina group. A former director in the group said Professor Muller was "sympathetic" and helped obtain introductions to all the hospital staff responsible for the use and selection of X-ray film.)

Shortly after the trials conducted by Mr Boshoff, Continental Ethicals succeeded in obtaining the total Cape Provincial tender for the supply of X-ray film.

In Namibia, Mr Boshoff was responsible for the evaluation of equipment to be bought for the massive new Windhoek Hospital, completed last year.

Mr Boshoff said he was not prepared to discuss over the phone the circumstances of the gifts he had received from the company.



BY BARRY STRECK

MEDICINES had to be hastily withdrawn from the market because of an acute shortage of inspectors in the Department of Health.

In its annual report tabled in Parliament this week, the department admitted its inspectorate was operating with only 25% of its normal staff. Quality had suffered as a result.

The department was unable to conduct the necessary routine inspections of pharmaceutical manufacturing facilities, the report said. Inspections had been limited to factories with serious problems.

Serious incidents occurred where the relevant medicines had to be hastily withdrawn from the market as a result of the total lack of quality of the products, concerned.

These incidents emphasised the "absolute necessity" for obtaining necessary staff.

In the Witwatersrand area recruiting came to a standstill last year because starting salaries could not compete with those paid in the private sector, the report said. The position with approved staff was even more serious, the report said.

In the circumstances, the department's staff position was far from healthy.

Professors named on Kaye gift list

Sun. Expr: 27/2/83

FIVE medical professors have been named in company documents as being among those who were given gifts from Mr Isaac Kaye's Alumna group of medical supply companies.

The doctors named were:

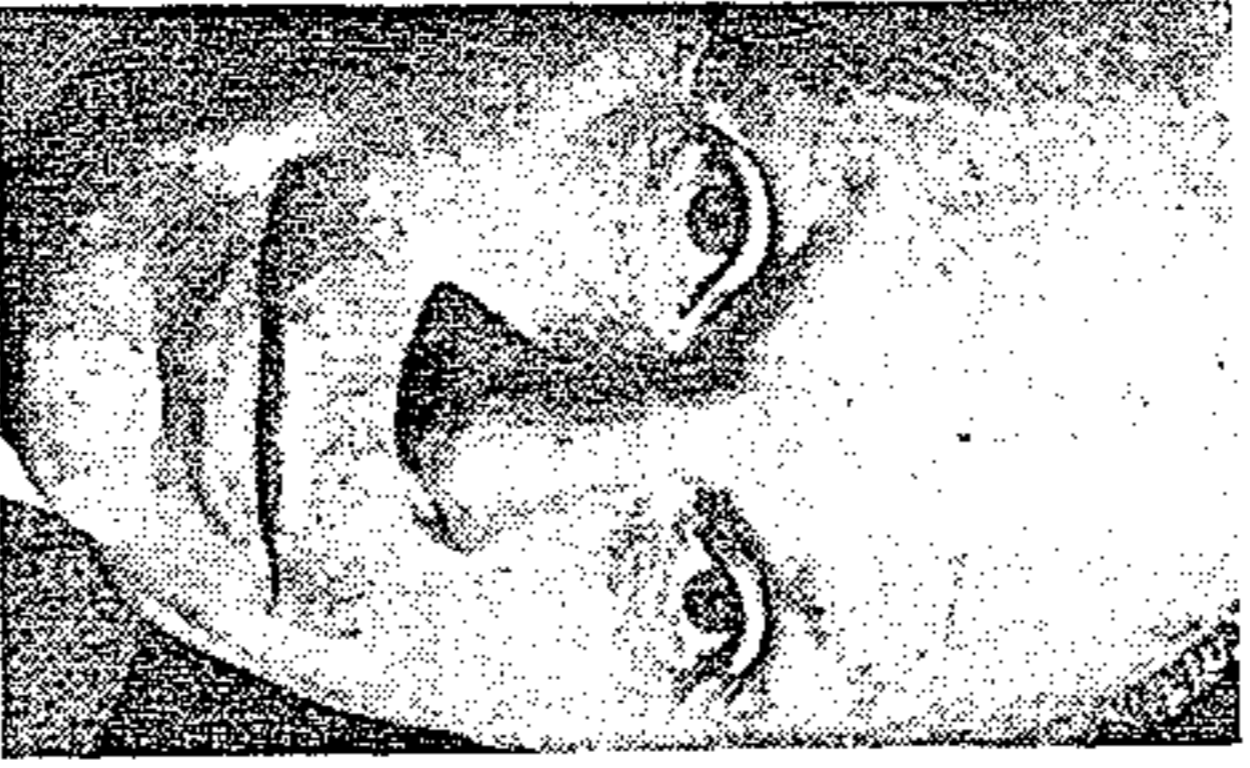
- Professor Saul Zwi, dean of the University of the Witwatersrand Medical School.
- Prof Brian Cremin of the Department of Radiology at the University of Cape Town.
- Prof Albert Solomon, former head of radiology at Sowe-to's Baragwanath Hospital.
- Prof F Zaidy, formerly of the Department of Medicine at the University of Pretoria, now at 1 Military Hospital, Voortrekkerhoogte.
- Prof Andre van As, formerly of the University of the Witwatersrand and head of the Department of Medicine at the J G Strijdom Hospital.

Earlier the Sunday Express reported that Prof Harry Setfel had accepted a TV set from Continental Ethicals, a company in the Alumna group, in return for carrying out medical trials for the company.

Asked by a Johannesburg newspaper to comment on Prof Setfel's TV set, Prof Zwi was quoted as saying he was "not aware" of any action planned against Prof Setfel.

This week Prof Zwi was asked if he could explain a number of credit card payments recorded as having been made in his favour by the same company. He replied: "Not really."

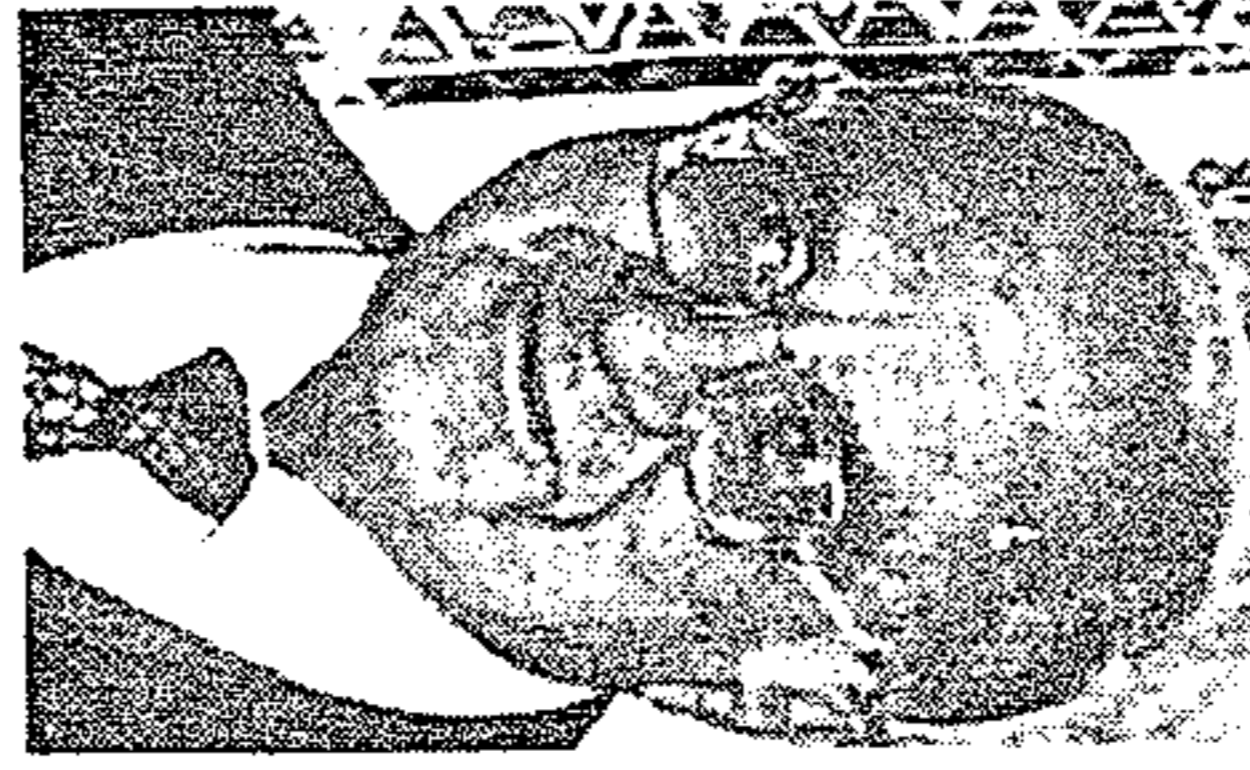
The payments for Prof Zwi made in 1975, are described in company documents as "advertising and gifts". They were: R115,70 in June, R45 in August and a further R104,15 in September, the latter described as "gift for Prof Zwi".



● Prof Albert Solomon ... left SA in 1979



● Prof Saul Zwi ... credit card payments



● Prof F Zaidy ... travel payments

such a company or a Mr Kaye. But, when reminded of a letter signed by him to "Dear Isaac" in July 1978, in which he wrote of sending "some port" to Mr Kaye and a Mr Mike O'Dillon, Prof Cremin broke in: "One bottle."

He denied receiving anything at all from Mr Kaye or his companies. Telephoned again this week, Prof Cremin denied that CE had paid for a visit by himself and his wife to the X-ray film factory of 3M Italia, Ferrania, Italy in 1975.

Asked about his dealings with CE and Mr Isaac Kaye, Prof Brian Cremin at first said he knew nothing about

"Nobody paid my fare to Italy," Prof Cremin said. He added: "I have no influence on decisions or contracts about Continental Ethicals, none at all. "I was there and might have been visiting the factory and looking at some film, but I have no knowledge that I or my wife's fare was ever paid for. In fact it wasn't."

Prof Cremin said that if he had visited Italy in 1975 he would have paid his own expenses. According to invoice No. 28454 of World Travel Agency in Johannesburg, dated April 1975, 3M Italia were charged R4 237 for visits to Italy by Prof and Mrs Cre-

then controlled by Mr Isaac Kaye and partners. He said the company might have paid R2 333 in 11 post-dated cheques to Star-nic — through which he had bought several cars — for the hundreds of hours he had put into advising them on their products and how to market them. "I cannot actually say if CE paid me in this way because I advised so many pharmaceutical companies," he said. Dr Van As said he had always resented the fact that academics who had done so much work for drugs companies to advance research were compensated so little for their work. "But among some officials helping to get the drugs coded and so on — there was a different ball game going on there." He said it was common practice for drugs companies to pay travel expenses for academics attending congresses. He recalled that CE had paid for himself and his son to travel to Cape Town where he had delivered a lecture at Tygerberg in 1975. Dr Van As named several Government officials who, he said, were known to accept large bribes. He was assured inquiries would be made.

BY ARIENNE GEITZ

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Also in September the company paid R386,20 to Rennies Travel for Prof Zwi.

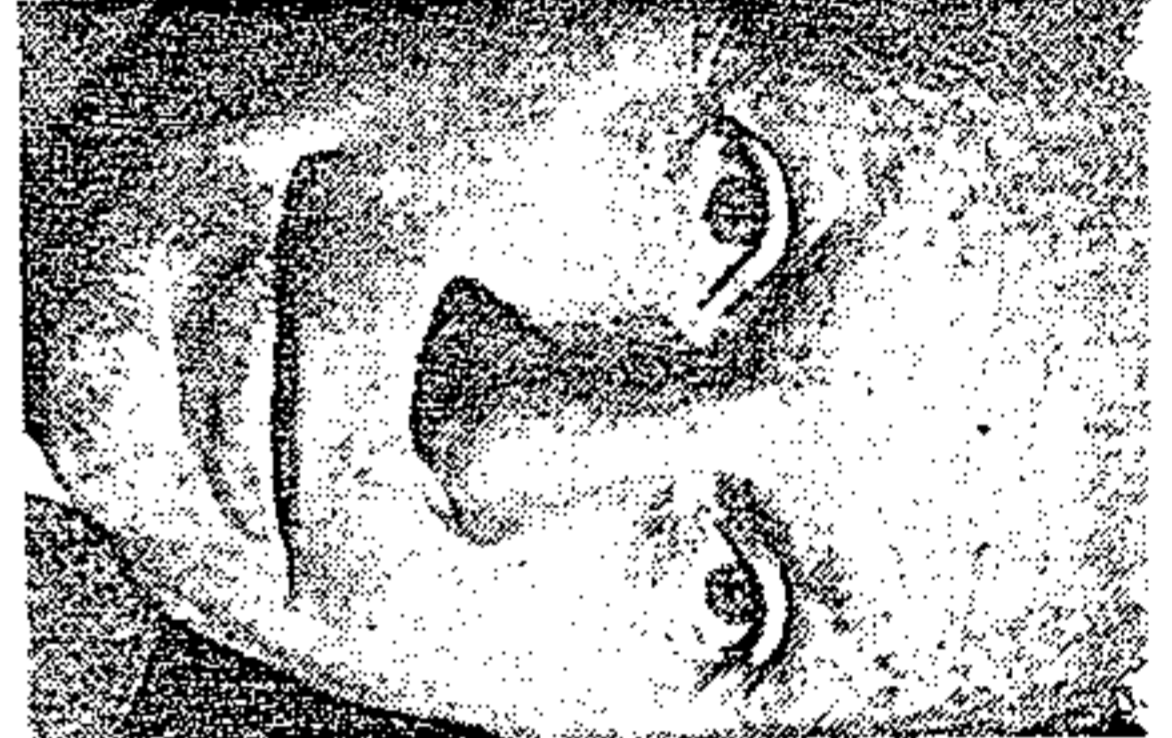
According to documents in 1976 two further payments were made for Prof Zwi: R112,76 in February and R57,75 in March.

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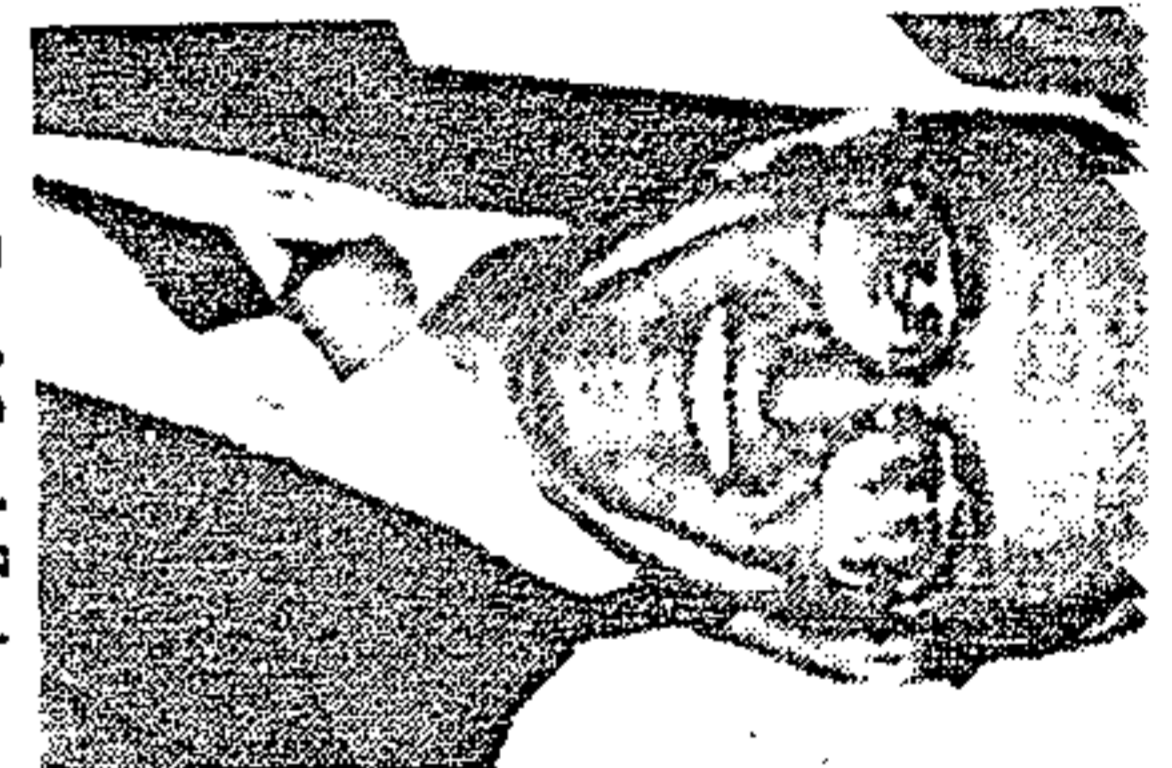
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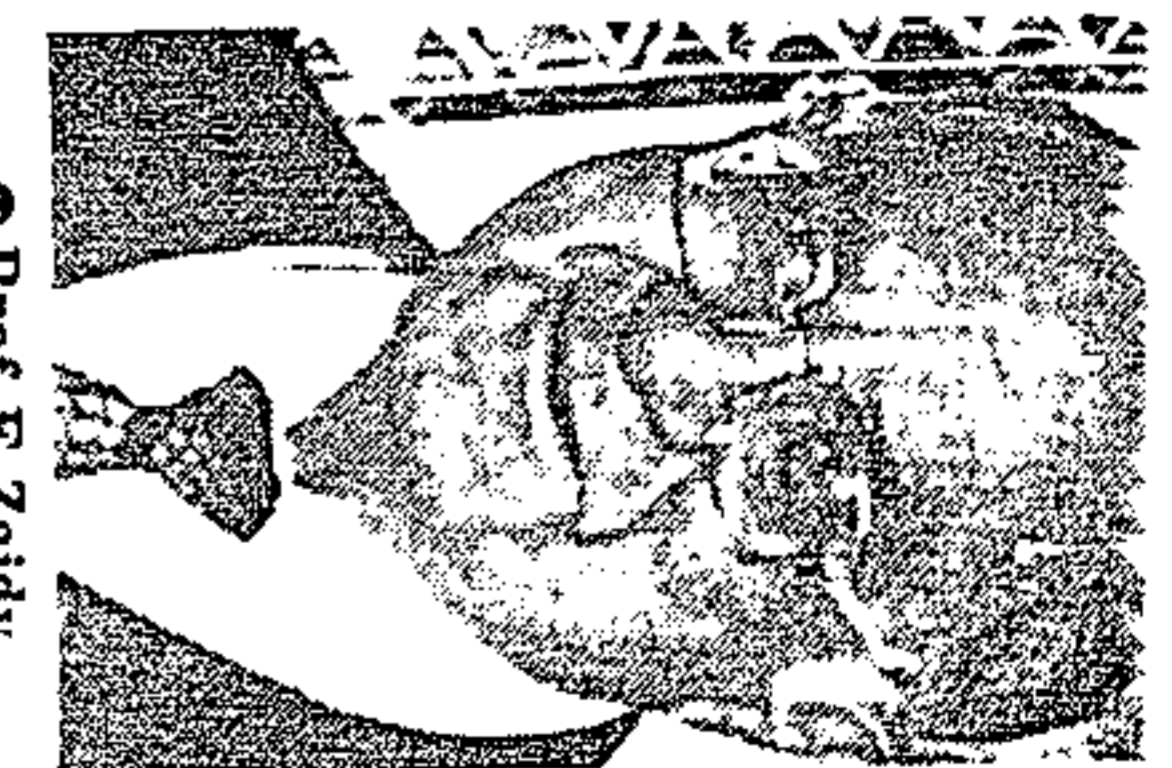
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According to invoice No. 26454 of World Travel Agency in Johannesburg, dated April 1975, 3M Italia were charged R4 237 for visits to Italy by Prof and Mrs Cremin and Prof and Mrs Solomon, described as "heads of radiology department at Groote Schuur Hospital and Baragwanath Hospital, respectively".

The account was addressed to 3M's agents in South Africa at the time, Continental Ethicals. The account was, however, paid from Italy by 3M, Ferrania.

Prof Solomon left South Africa in 1979 and could not be contacted this week.

Earlier company documentation shows a bank draft was obtained by the company in favour of Prof

He said the company might have paid R2 333 in 11 post-dated cheques to Stan- nic — through which he had bought several cars — for the hundreds of hours he had put into advising them on their products and how to market them.

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Dr Van As named several Government officials who, he said, were known to accept large bribes. He was assured inquiries would be made.

A spokesman for the Provincial Secretary in Pretoria said doctors employed in Provincial hospitals were prohibited from doing work or receiving payment in cash or kind outside of their official employment.

In exceptional circumstances permission could, however, be obtained from the Administrator to take a few hours employment. If work was done without this permission, however, the cash or the equivalent in cash or goods received in payment had to be paid in to the treasury.

BY ARIENNE GETZ

The Corridor of SA

S. Times

98

27/2/83

SA women face filthy surgeries

DOCTORS at a Lesotho hospital are lining their pockets with crude abortions on white women from South Africa and Europe.

in Lesotho abortion racket

An average of 10 abortions, costing R400 each, are carried out every month at the dingy Mafeteng Hospital — netting doctors at least R48 000 a year.

surgeries

The operations are performed in dirty surgeries, with scant regard for hygiene — and often with the help of unqualified medical orderlies.

abortion

Some patients have had to be treated afterwards for severe infection. The lucrative racket, illegal in both Lesotho and South Africa, was exposed by an 18-month Sunday Times investigation. Inquiries revealed that:

racket

- Women are told to ask for "Dr Rudolph" — a code for abortion.
- Pregnancies of 14 weeks have been terminated in a surgery next to the office of the

By **NORMAN CHANDLER**

hospital matron, who later denied all knowledge of any abortions.

- Local anaesthetics are administered, despite the worldwide accepted practice of giving a general anaesthetic.

- The advanced American suction method is used. But, carried out by an inexperienced person, this is considered highly dangerous for women approaching the third month of pregnancy.

- At least two women — and possibly others — have been admitted to the Johannesburg Hospital in the past few weeks as a result of Lesotho abortions.

The latest abortion was to have taken place yesterday but doctors at the hospital refused to do it because of what they termed "unfavourable publicity."

Terminated

An American woman, living in South Africa, was to have paid R400 to have her four-week pregnancy terminated.

Miss A (her real name cannot be disclosed) said: "It was not an experience I was looking forward to."

Another woman said she had paid R300 in September last year, and a friend of hers had paid the same amount in December.

The woman, who was 10 weeks' pregnant, said a woman doctor (whose name has been given to the Sunday Times) gave her only a local anaesthetic — and did not wait for it to take effect.

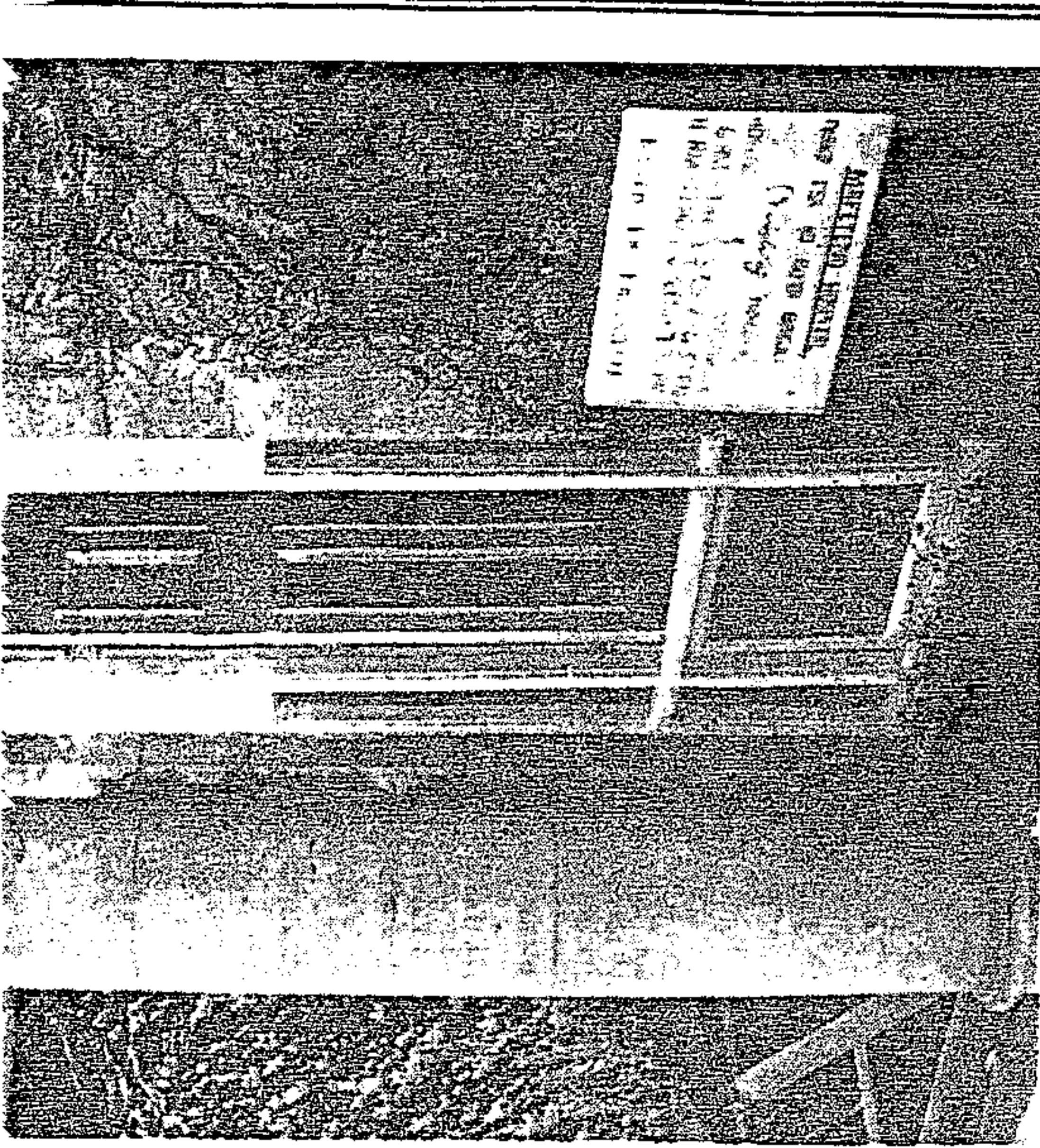
She screamed with pain during the operation, which was carried out so fast it took just 15 minutes.

Another woman, who was 14 weeks' pregnant, had an abortion by the same doctor.

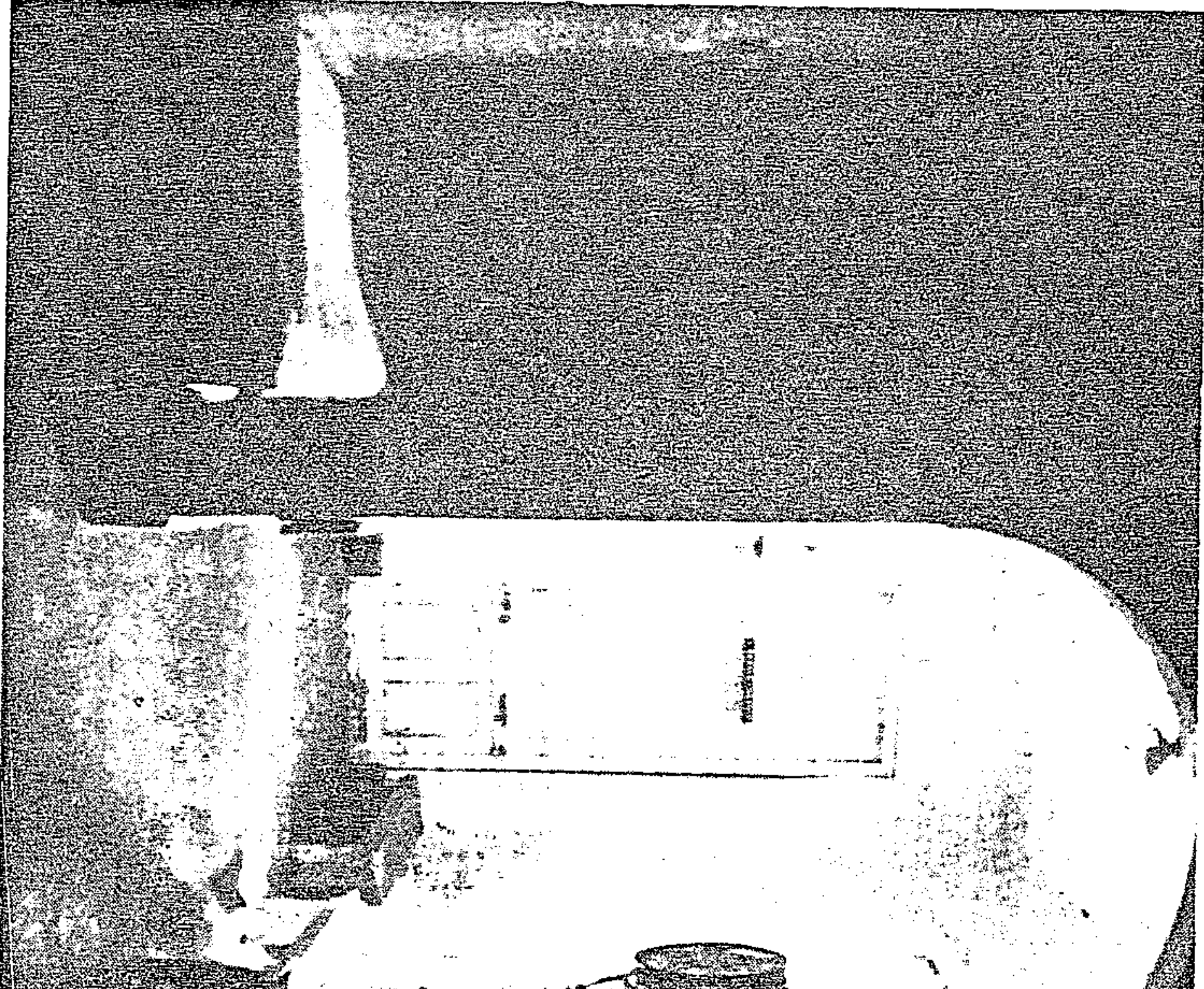
But in her case the operation took nearly an hour and the doctor had to call for help from an unqualified medical orderly.

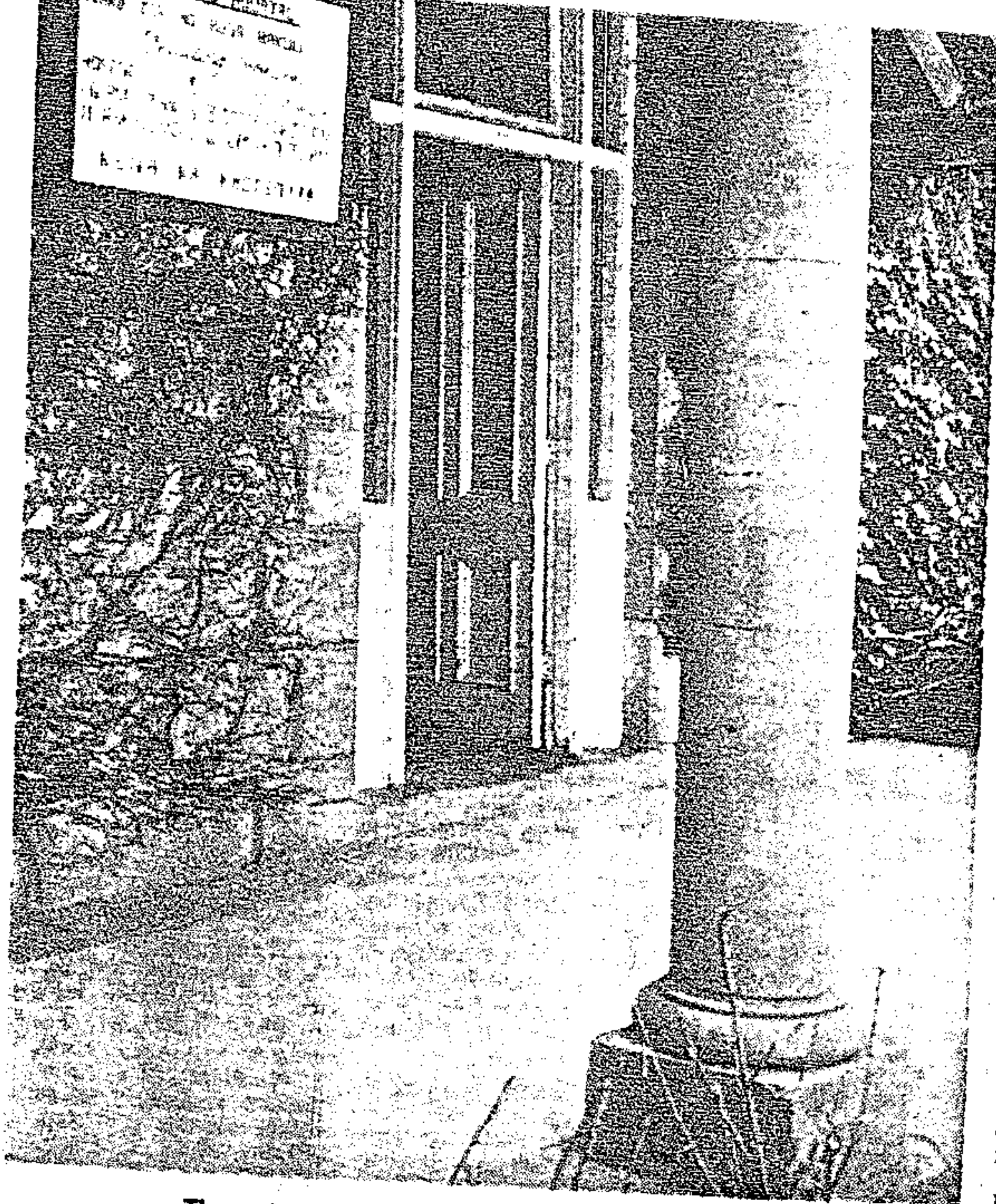
Both patients have since had treatment at Johannesburg Hospital. One was also treated for psychiatric problems caused by the abortion.

Last year a British woman living in South Africa paid R300 to have a six-week



THIS WAY, PLEASE ... this dingy corridor leads to the unhygienic





The entrance of Mafeteng Hospital in Lesotho

A nightmare story of pain and suffering

AN unmarried woman told this week of her six-month nightmare of pain and suffering after having an abortion at the Lesotho hospital.

"I consulted friends who said they had heard of Mafeteng," said the 26-year-old woman.

"They recommended the procedure as being quite safe.

"When I reached Mafeteng I asked to see the matron and a person called Dr Rudolph.

"The matron claimed she did not know a Dr Rudolph but said that one of the local doctors could help me.

"The doctor herself was blasé about it all — almost a cavalier attitude.

Screamed

"She did not scrub up as one would think they would do, or should do, in this situation — she wasn't even wearing a surgical mask.

"The abortion procedure started at 5pm that day last September. It was all over 15 minutes later.

"I screamed my head off as she used the vacuum method.

"She did everything so fast — even the local anaesthetic wasn't allowed to take effect.

"I was 10 weeks' pregnant.

"After the abortion, the doctor gave me penicillin and told me I was a coward

of pain and suffering

By NORMAN CHANDLER

for having screamed.

"She also said I would be in pain for about half an hour — but the pain stayed with me for another seven hours.

"I spent the night at the local hotel and the next morning returned to Johannesburg.

"Two nights later I was having hot flushes and, in the morning, incredible cramps with bleeding.

"I went to Johannesburg Hospital and was told that an incomplete abortion had been performed.

Pumped

"They pumped me full of more antibiotics.

"A week later I was again in a lot of pain.

"My gynaecologist diagnosed a low-grade infection. The treatment seemed to work for about two weeks.

"But three weeks ago the pains started again.

"My medical practitioner has taken over my treatment and this week I went for blood tests.

"Six months of pain have gone by since I went to Lesotho to have an abortion.

"I regret the whole thing totally.

Scared

"I didn't want to have an abortion in the first place but I was too scared to have the baby alone.

"Everyone says how terrible abortion really is. I believe it should be clinically provided in South Africa, even if only available to single people.

"My attitude to men now is one of fear and hatred.

"I am under psychiatric treatment, which started literally within days of returning to Johannesburg.

"I don't know if I can now have a baby as a result of what I went through and still am going through.

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Both patients have since had treatment at Johannesburg Hospital. One was also treated for psychiatric problems caused by the abortion.

Last year a British woman living in South Africa paid R300 to have a six-week pregnancy terminated.

After the operation, the woman wept as she told me she would never have undergone it had she known what the conditions would be like.

Admitted

The senior doctor on duty — a Dutch practitioner who has since returned to Holland — admitted performing the abortion.

He said many women crossed the border to have illegal abortions.

They had started going to Mafeteng after a clinic at Teyateyaneng Hospital had been exposed more than two years ago.

A Teyateyaneng doctor, suspended from duty by the Lesotho Government, now works as a general practitioner at the Queen Elizabeth II Hospital in Maseru.

The new medical superintendent at Mafeteng Hospital, Dr A Ackuah, this week denied all knowledge of the abortions and asked how long the racket had been going on.

When told it covered more than 18 months, Dr Ackuah claimed: "I have never heard about this.

"I have been in Lesotho, at this hospital, for three months."

Dr Ackuah said he would



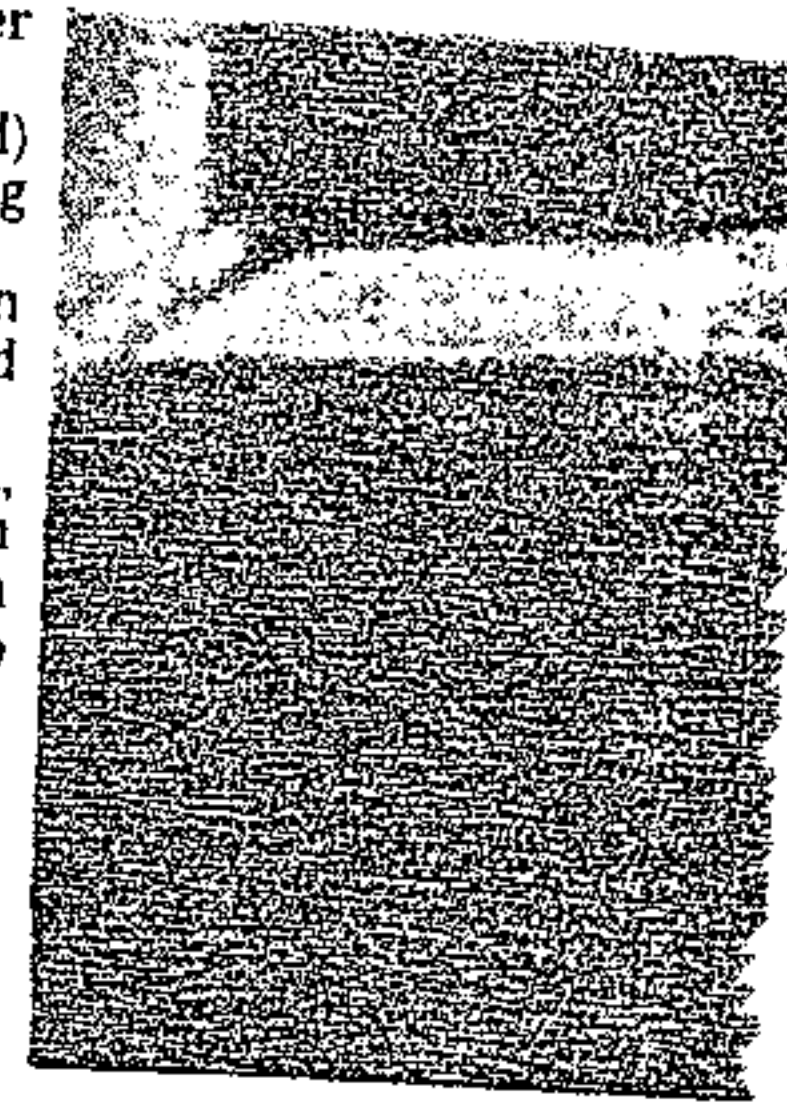
Dr ACKUAH

comment further only to medical authorities in Lesotho, South Africa or Britain.

He then referred the Sunday Times to the Lesotho Permanent Secretary for Health, Mr Thomas Thavane, who was unavailable for comment.

Dr Ackuah's colleagues at the hospital include two Dutch doctors and a Mosotho woman doctor, named by a Johannesburg woman who had an abortion.

The woman doctor was not available for comment.



THIS W

No knowledge

The hospital matron, Mrs M Ntente, told me: "I have no knowledge of abortions being performed here."

When told that case histories were available and women had said they had seen her, she repeated her denial.

A hospital official describing herself as a "social worker" admitted that abortions had been carried out.

In a tape-recorded interview in the presence of police and hospital officials, she said: "All those doctors have all gone."

Asked whether abortions had been performed on white South African women, she replied: "I don't know whether they are South Africans, or where they may come from or what passports they held.

"We don't ask for their passports. We wouldn't know a white South African from a British white."

Sgwetan 28/2/83 (98)

Daveyton sick of hospital shortages

'Ill-treated'

THE DAVEYTON Community Council is to ask the director of hospital services, Dr Hennie Grove, to extend the local clinic in order to help reduce the overcrowding crisis at the nearby Boksburg-Benoni hospital.

The Council's chairman, Mr Tom Boya, said that his council also intended asking the director to convert the clinic into a day hospital.

Residents complain that the hospital is too far away from their township and there is overcrowding there.

There have been complaints that male patients at the hospital are made to sleep on the floor because of the shortage of beds and pregnant women in the maternity wards are made to sleep two to a bed. Thirty new wards at the hospital are said to be standing empty and authorities blame this on severe staff shortages.

Some patients at the hospital have said they pay exorbitant fees for services but get "shabby treatment".

Mr Boya said there was a site reserved for a hospital in Daveyton but

"we have been told by hospital authorities that there are no funds to build a hospital here."

"All we are now asking of the authorities is to convert the clinic into a day hospital and to refer only serious cases to the main hospital," Mr Boya said.



TOM BOYA: Wants a day clinic.

01

How many hospital beds were (a) available and (b) needed for White patients in South Africa as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

- (a) 27 205 (Psychiatric beds for long term patients and TB, mine and industrial beds are excluded);
- (b) calculated according to the figures of the 1980 census:
9 056 beds calculated at 2 beds per 1 000 of the population; 18 112 beds calculated at 4 beds per 1 000 of the population.

The norm applied for the provision of beds allows for—

2 general beds per 1 000 of the population, if all preventative measures are taken and adequate provision exists for primary health care;
lacking these basic facilities, 4 general beds per 1 000 of the population.

Some of the beds for Whites are interchangeable with those for non-Whites.

Hospital beds

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

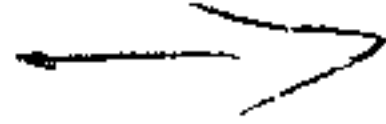
How many hospital beds were (a) available and (b) needed for (i) Coloured, (ii) Asian and (iii) Black patients in South Africa as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

- (a) Records are only kept in categories of Whites and non-Whites. 43 935 beds are available (Psychiatric beds for longterm patients and TB, mine and industrial beds are excluded);
- (b) calculated according to the figures of the 1980 census: 40 716 beds calcu-

Port Koyen

98 Hospital beds *Hansard*
 Q Col. 473 - 475
 237. Dr. M. S. BARNARD asked the Minister of Health and Welfare:
 3/3/83



THURSDAY

lated at 2 beds per 1 000 of the population,
81 431 beds calculated at 4 beds per 1 000 of the population.

The norm applied for the provision of beds allows for—

2 general beds per 1 000 of the population, if all preventative measures are taken and adequate provision exists for primary health care;
lacking these basic facilities, 4 general beds per 1 000 of the population.

Figures for independent Black States self-governing and trust territories are excluded

X

HOW

REVEALED!

98

S. Express 10/2/83

183

288

287

DOCTORS

BEG

Week Five of the amazing medical scandal expose

FOR CASH

See you at Wanderers!

TAKE a Sunday Express with you to the Currie Cup match today and double your fun!

Transvaal stumble in — See Page 38.

By WILMAR UTTING and MARTIN WELZ

MEDICAL supply companies this week produced files of letters to prove they are put under intense pressure by doctors, medical academics and even students to make gifts.

Among the examples given to the Sunday Express were:

● A request to medical equipment supply companies in January by Mr J W Bryer, a surgeon at Natal's Addington Hospital, for money to help him attend a series of medical congresses.

The congresses ranged from Cape Town to New Mexico, and included a "festival" surgi-

cal congress in Edinburgh scheduled to coincide with the Edinburgh Festival.

● Professor Neil Goodwin, chief anaesthetist at Addington hospital and at the University of Natal asked Labethica, a subsidiary of SA Druggists, to pay the costs of a trip to America in 1979. (Full report — Page 5)

● A 21-year-old student at the University of Cape Town appealed to medical supply companies for sponsorship of his six-week training course overseas, promising to promote the company's products "once I have qualified". (Full report — Page 5).

Questioned about Mr Bryer's letter, the head of the Department of Surgery at the University of Natal, Professor L W Baker, said: "I do not approve of this practice. I do not believe it is common at this university. It will not happen again."

Mr Bryer said: "If the companies help us, good and well. If not, there are no hard feelings."

In his letter of January 23, Mr Bryer listed nine congresses which he and a colleague wished to attend during the course of this year.

He asked for an indication of the assistance he could expect so that "we can make

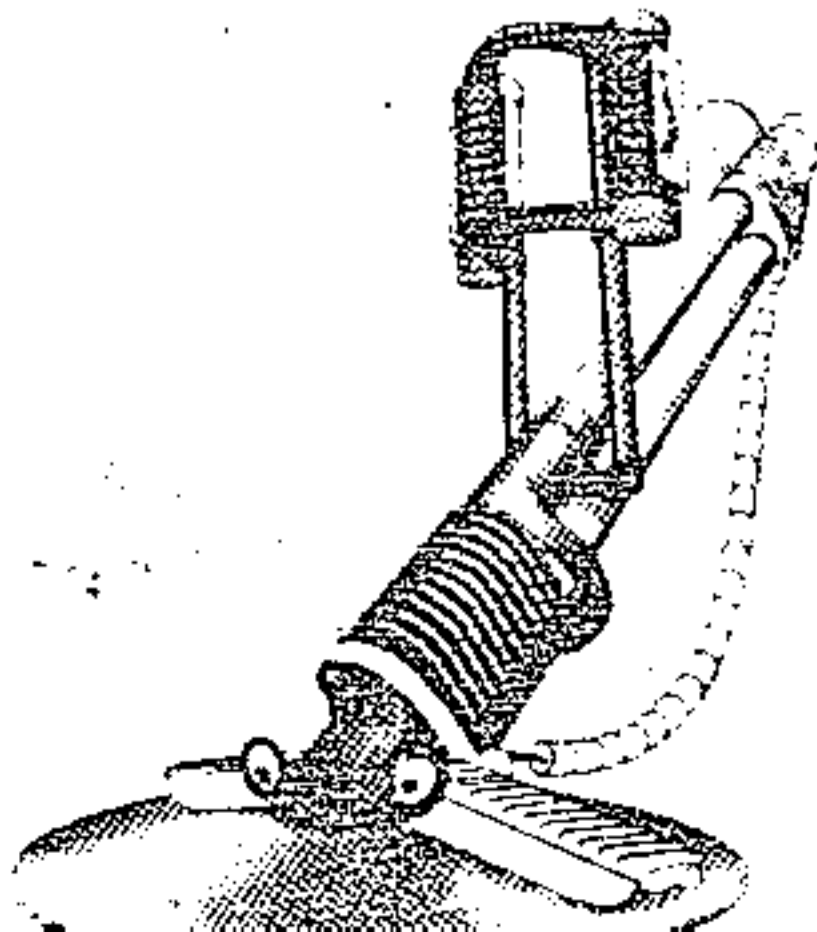
Homefinder comes to Pretoria

THE Sunday Express HOMEFINDER, South Africa's top property medium, comes to Pretoria next week. It will be called Pretoria Homefinder.

It will be packed with news on the Pretoria property front and has been welcomed by the city's estate agents and property developers.

The new Pretoria Homefinder next week — don't miss it!

To Page 2



Doctors beg for company cash

From Page 1

arrangements as soon as possible to attend as many as possible."

His letter, under the letterhead of the University of Natal's Department of Surgery, reminds the company of "our co-operation and the use of your products."

The company executive said: "This sort of thing is bare-faced coercion."

Another said: "The soliciting of funds by doctors has reached horrendous proportions. It belittles the profession."

According to the executives who spoke to the Sunday Express this week, requests for money were seldom dropped if a donation was not sent after the first approach.
"Last year, when we did

not immediately agree to help sponsor a trip by Mr Bryer to Seattle, where he was to deliver a paper, he wrote to us again, stressing the extent to which our product was used in his hospital.

"Eventually our sales representative told me that if we did not send a donation the use of our products could be adversely affected."

"So we sent Mr Bryer a cheque. What could we do? He had us over a barrel," the executive said.

Mr Bryer's letter, sent to at least two companies, said:

"Mr Raddou and I are the full time Consultant Surgeons at Addington Hospital. We run the entire general surgical disciplines. Mr Raddou controls the Venous Clinic and is attached to the Head and Neck and Gastro-Intestinal Clinics. I run the Breast Cancer Clinic, the

Gastro Intestinal Clinic and Endoscopy Clinics with Dr Good and am attached to the Oesophageal Carcinoma Unit at King George V Hospital. We have recently established an Active and Viable Hyperalimentation Unit at Addington.

"We are desirous of attending some of the following Surgical Congresses in 1983, viz.

"In South Africa: the Surgeons' Refresher Course in Johannesburg, April 28-31, and Gastroenterology (SAGE) in Cape Town, July 4-5.
"Overseas: Australian Surgeons in Hong Kong, April 28-31, and S.E. Asia Surgeons in Taipei, March 27-30.
"Gastroenterology in London, April 20-22.
"Breast Cancer in Amsterdam, April 27-30.
"Colon-Rectum Cancer in Boston, June 5-9.

"Surgical Festival in Edinburgh, August 31-September 2.

"Accident Surgery in Mexico City, September 27-30.

"Your local agents will no doubt better inform you of our co-operation and the use of your products.

"We therefore make a request of you to help us if at all possible. Perhaps you could indicate what assistance you can give us, if any, so that we can make arrangements as soon as possible to attend as many as possible."

Asked for his comments, Mr Bryer said he had at no time suggested that the use of a company's products depended on whether they sponsored his attendance at congresses.
"If they can help, good and well, if not there are no hard feelings," he said.

Since writing the letters asking for assistance to attend this year's congresses, he had been made aware of an 'edict' in the department that such appeals to companies were to stop, Mr Bryer said.

"Now I will not be in a position to go to any congress, except perhaps in Johannesburg. Cape Town is out. My funds have reached the bottom of the barrel. "There simply are no funds for research or development and we in Government service get such miserly salaries."

Prof L. W. Baker, head of the Department of Surgery, said Mr Bryer had been a very loyal employee for many years but was not in a position to influence the awarding of provincial contracts to particular companies.
He, Prof Baker, had re-

peatedly reminded his staff that all donations to research and development of knowledge should be sent to the university itself, and not directly to staff members. However, it was possible that Mr Bryer had not been aware of this.

Since the Sunday Express had approached him, he had seen Mr Bryer's letter and could not detect a suggestion of coercion. "It depends on how it is read," he said.

"Mr Bryer apparently misunderstood our policy which is that before seeking a grant for research doctors should apply directly to the Medical Research Council."
Prof Baker said doctors were forced to approach private industry for assistance because, in Natal at any rate, the province was not sympathetic to subscribing towards research and development.

Wits students plead with Prof over his resignation

By ARLENE GETZ

THE University of the Witwatersrand has been rocked by this week's resignation of Professor Saul Zwi as Dean of the Medical School following Sunday Express reports that he received gifts

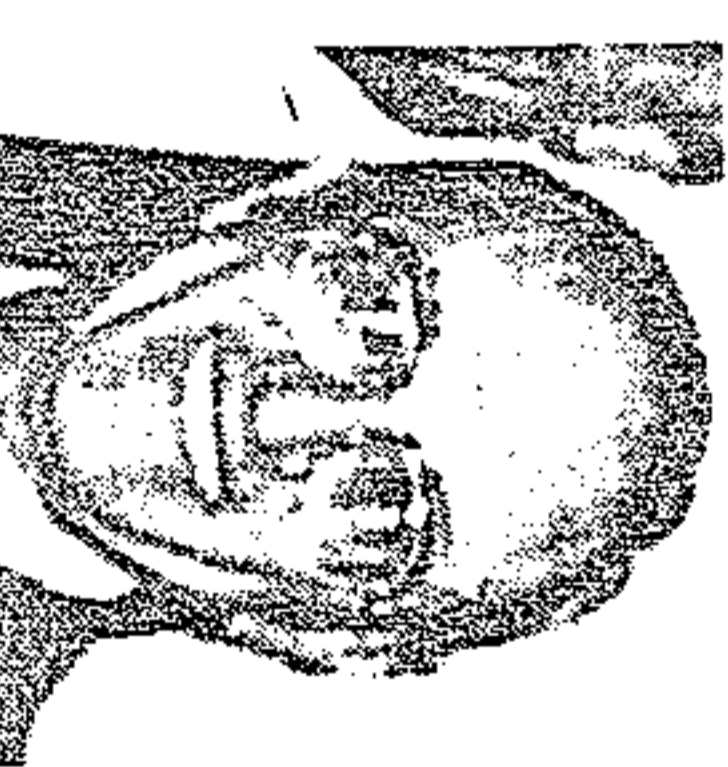
from a medical supply company.

His resignation - barely two months after he took office - came into immediate effect, but he remains a professor of respiratory medicine.
Wits medical students planned a mass meeting to

ask Prof Zwi to reconsider his resignation, while the Vice-Chancellor, Prof D J du Plessis praised him for his "honourable" action.
"Prof Zwi is a genuine, delightful chap who enjoys enormous admiration and respect," Prof Du Plessis said yesterday.
"His belief that his posi-

tion was more important than himself has shown a quality of character and a sensitivity which is pretty unique for South Africa.
"If he had been a thick-skinned person he would simply have made a statement and carried on in his position."

Luctantly accepted Prof Zwi's resignation because it "understands and admires Prof Zwi's concern that no aspersions should be cast on the deanship."
Prof du Plessis also announced that a committee of senior members of the Wits Medical School was trying to formulate guidelines about desirable relationships be-



Hawke swoops to a sound victory

By GRAHAM BARRETT
MELBOURNE — The Australian Labour Party came to power yesterday with a decisive victory in the general election.

The Labour Party leader, Mr Bob Hawke, has been an MP for less than three years, and opposition leader for only a month.
The leader of the governing Liberal Party, Prime Minister Malcolm Fraser, conceded defeat late last night.

Labour will have a majority of at least 19 seats in the House of Representatives.
A calm, cool, and supremely confident Mr Hawke, 53, told Australians on national television that Labour "would give hope where previously there had been despair".
The Labour Party has been in opposition since the day in 1975 when the controversial Prime Minister, Mr Gough Whitlam, was unseated by Mr Fraser and the then governor general Sir John Kerr, in what is still described by bitter Labour supporters as a bloodless constitutional coup.

Mr Hawke was leader of the trade union movement for more than a decade. He

(27) (98) Hansard Onverwacht 8/3/83
Q. 61-535-536
191. Dr. M. S. BARNARD asked the
Minister of Co-operation and Development:

- (1) What are the latest population figures for Onverwacht;
- (2) how many (a) doctors, (b) dentists, (c) community health workers and (d) social welfare workers are there at Onverwacht at present;
- (3) how many (a) hospitals, (b) hospital beds and (c) community health centres are there at Onverwacht;
- (4) how many taps are there in this area;
- (5) whether Onverwacht has a water-borne sewerage system; if not, why not?

The MINISTER OF CO-OPERATION
AND DEVELOPMENT:

- (1) 140 000.
- (2) (a) 6;
(b) 1;
(c) 38;
(d) 1.
- (3) (a) Nil;

MARCH 1983

536

- (b) Nil;
- (c) 3.
- (4) 800.
- (5) No, but the installation thereof is in process.

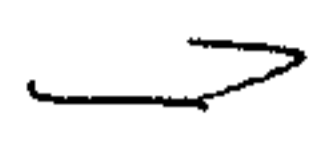
Handed Q. 61.575-
Nursing of patients of other races 576

98

9/3/83

*16. Mr. K. M. ANDREW asked the Minister of Health and Welfare:

Whether it is the policy of the Govern-



9 MARCH 1983

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ment to permit nurses to nurse patients of other races in (a) State, (b) provincial and (c) private hospitals; if not, why not; if so, under what conditions?

†The MINISTER OF HEALTH AND WELFARE:

It is Government policy that patients be nursed by nurses belonging to the same population group.

Overcharging at hospital claimed

98 Mercury 12/3/83

Mercury Reporter

A DURBAN hospital has come under fire from a local doctor, a senior health official and members of the public who allege patients there have been overcharged.

This follows a Mercury report this week in which private hospitals stated they had 'nothing to hide' and were quite prepared to co-operate with medical aid schemes which had called for doctors to check their patients' bills to counter any possible overcharging.

Mr Ulrich Ender of Durban claimed he had been overcharged by 634 percent by St Augustine's

Hospital and had taken the matter up with the Representative of Medical Aid Schemes who is investigating the complaint.

A senior health official in the Natal Provincial Administration to whom Mr Ender complained, said the matter was not the concern of either provincial or State health departments. However, he said in a letter to Mr Ender that there was 'clear evidence of overcharging and of double charging' in the accounts of both Mr Ender and his wife.

Pills

He added this was not the first case that had 'come to our ears from this source, but it is the first to be backed up with such comprehensive documentary evidence'.

Mr Ender claims he was charged for pills and dressings he never had and that his bill of R21,60

should have been R2,94.

'I could only discover this because I specifically asked for an itemised account to be sent to me and not direct to the medical aid as is the usual practice,' Mr Ender said.

Aerosol

Another complaint came from a Durban anaesthetist who also contacted the Mercury yesterday. The specialist, who was present during his daughter's minor operation at St Augustine's Hospital, described his R130,78 account as 'totally unreasonable'.

'I was charged for items not used and charged an excessive amount for the anaesthetic. After I queried the R33,23 charged for the anaesthetic it was reduced to R5. Other items I queried were cancelled,' the doctor said.

He added that he had been charged R2,50 for a single squirt of a plastic spray.

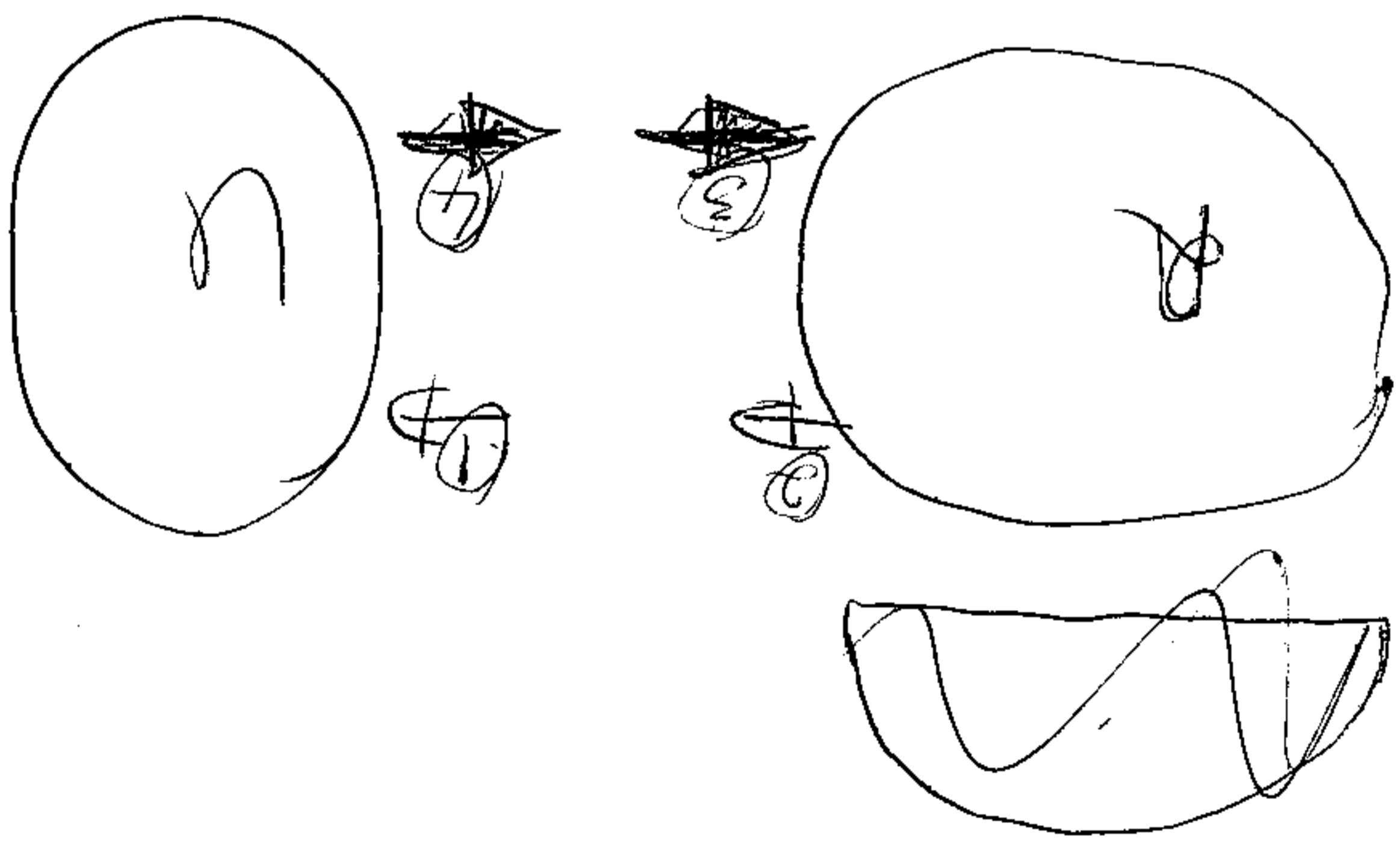
'The aerosol can must contain at least 100 such squirts. When I queried the price I was told by St Augustine's that they charged R2,50 automatically whether they used one squirt or the whole can. This means the hospital makes a vast amount of money on that one item,' the doctor said.

The manager of St Augustine's, Mr L Goldman, said yesterday he was open to any inquiry into patient's bills.

'Mr Ender's accounts have all been verified and we consider it a very fair account,' Mr Goldman said.

He said he could not discuss the anaesthetist's case because he did not recall the details off-hand.

Handwritten notes:
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 Full - not in
 we - no work done
 Dept to look at the
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AN OLD MAN LAY DYING UNDER A GUAVA TREE AND A WOMAN WAS GIVING BIRTH IN A DRIVEWAY



Life and death

By Kevin Davie

IT was like any other day at Glastonbury Place, a road adjoining the University of Natal's Medical School and the King Edward Hospital, except an old man lay dying and a woman was giving birth.

The old man — who had spent a night and a full day in the hot sun — could not have been too far from death. An ambulance was summoned twice, and twice left him where he lay on a pavement, a stone's throw from the hos-

pital and medical school, and only a metre off the road used by scores of nurses, sisters, doctors and medical students.

At mid-day a young woman appeared, and 100 metres from the old man, in a driveway which serves both the hospital and medical school, went into advanced labour.

There was blood on her legs, and her condition was desperate. "Why isn't she in the hospital," a passerby asked a woman who had stopped to help.

"She isn't a registered worker. She hasn't got a ticket." "I'm from the farm, they won't take me," the young woman said, her face distraught with the pain and anxiety of childbirth.

She had been crouched in the driveway for 15 minutes, with groups of nurses congregated at a gate 100 metres further on.

At last someone went to plead with the nurses, who sprang into action, pushing out a trolley, and racing the young woman to maternity.

Some municipal workers had pulled the old man across the street and laid him under a guava tree. An ambulance was parked alongside him, but for the second time that day left without the patient they were called to attend to.

He had spent most of the day motionless. Too old and tired to move, and too weak to talk.

A municipal worker leaned over the old man, trying to communicate, but getting no answer.

"He's dying," he said simply. The afternoon was drawing on, and doctors, students and nurses were leaving for home. The man had not eaten since the previous day, and not touched food which had been offered to him.

The residents of the street were beginning to get angry now. "A dog would not be left to die like this," one put it. "There have been lots of nurses walking up and down this street all day. I've asked lots of them to help, to look at the old man, but they just walk past," a woman resident complained.

A group had collected around the old man and asked a passing nurse to fetch a trolley. She was on her way to the bank, she said, and then would get the trolley. She was persuaded otherwise, went off with the promise she would return with a trolley, and was not seen again.

"I've phoned the police, but they say they're busy with accidents and other cases. They didn't even take down the address," a resident noted. "I also phoned the hospital, but they say they can only deal with the case once the ambulance has brought him to them."

It was 4.30 p.m. and the old man had been lying on the roadside for more than 24 hours. A woman from the medical school stopped her car, was told of the problem, and sped back to get a wheelchair.

The wheelchair arrived, an ambulance and a few minutes later as a result of a second phone call, the police. The old man was put into the ambulance, and driven around to the front entrance of the hospital.

"We received the first call at 10.00 a.m.," says Steve Smith, Chief Officer of the Durban Fire Department, "but found the patient had already been treated in hospital and discharged."

Evidence of this were abrasions on his foot which had been treated the previous day. "There was a second call at 1.00 p.m. but the patient refused the ambulance. We can try and persuade patients to use the ambulance, but can't force them."

"There have been cases where people have wanted to charge us for taking them to hospital." The medical superintendent of King Edward VIII, Dr Justin Morfopoulos, described the case of the old man as "more of a social than a hospital problem."

"If we started accepting all the social cases dumped here we'd turn the hospital into an old-age home." He says in terms of the hospital's function as a teaching hospital offering more sophisticated treatment than surrounding hospitals, it only admitted patients requiring this type of treatment.

The old man's case was a problem of ageing, not a problem of medical

Road of horror
and it's
Only a stone's throw from the medical school

pathology, Dr Morfopoulos added.

He says "dumping" of the aged "happens quite frequently".

"They bring them in and dump them in the vicinity of the hospital. This happens with children too," he says, explaining these problems need a social rather than a medical solution.

Dr Morfopoulos is emphatic on the case of the woman who was giving birth in the driveway. He says it is not hospital policy to ask people requiring emergency treatment if they have urban status.

"We don't ask that question. We don't ask where they come from. We don't do that," he says, adding he cannot understand how the woman could have been under this impression.

"We have separate admission for women in labour, and our admission plus service is extremely fast."

That evening was like any other evening in Glastonbury Place. The night was quiet save for nurses strolling to a nearby store, and children picking fruit from a guava tree.

Holland: Maties
too close to govt

Call Times 26/3/83

STF

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Staff Reporter

TWENTY Stellenbosch students were barred from visiting Holland this week because their university was "closely bound to the South African Government", the Dutch Minister of Foreign Affairs, Mr Hans van den Broek, said this week.

The students had asked the Dutch Ministry of Agriculture whether they could visit a forestry project on reclaimed land, but had been told they would not be welcome, the Dutch Consul-General Mr W Roosdorp, said yesterday.

He added that the Dutch Government wanted to cut all scientific and cultural contact with South Africa.

Tourists and people travelling to Holland on business trips or for family reasons were still welcome to go there, said Mr Roosdorp.

"Every South African must apply for a visa," he said. This rule came into effect on January 1 this year. Mr Roosdorp added that the 20 students had not yet been refused visas.

Mr Van den Broek indicated that visas for the 20 students would be refused.

● Leading article, page 8

98 ~~98~~

A SICK HEALTH

POVERTY AND HEALTH SERVICES

Planning and providing health services for a country's people is supposedly a humane task. Yet if we relate the services that exist in South Africa to the patterns of poverty and relative affluence, we see that it is the Inverse Care Law which operates. Inequalities in the allocation of resources (income, food, housing, etc.) extend to inequalities in the allocation of health services.

INVERSE CARE LAW

Those with the greatest health needs (both because of their socio-economic predicament and their greater population size) have fewer and inferior health services.

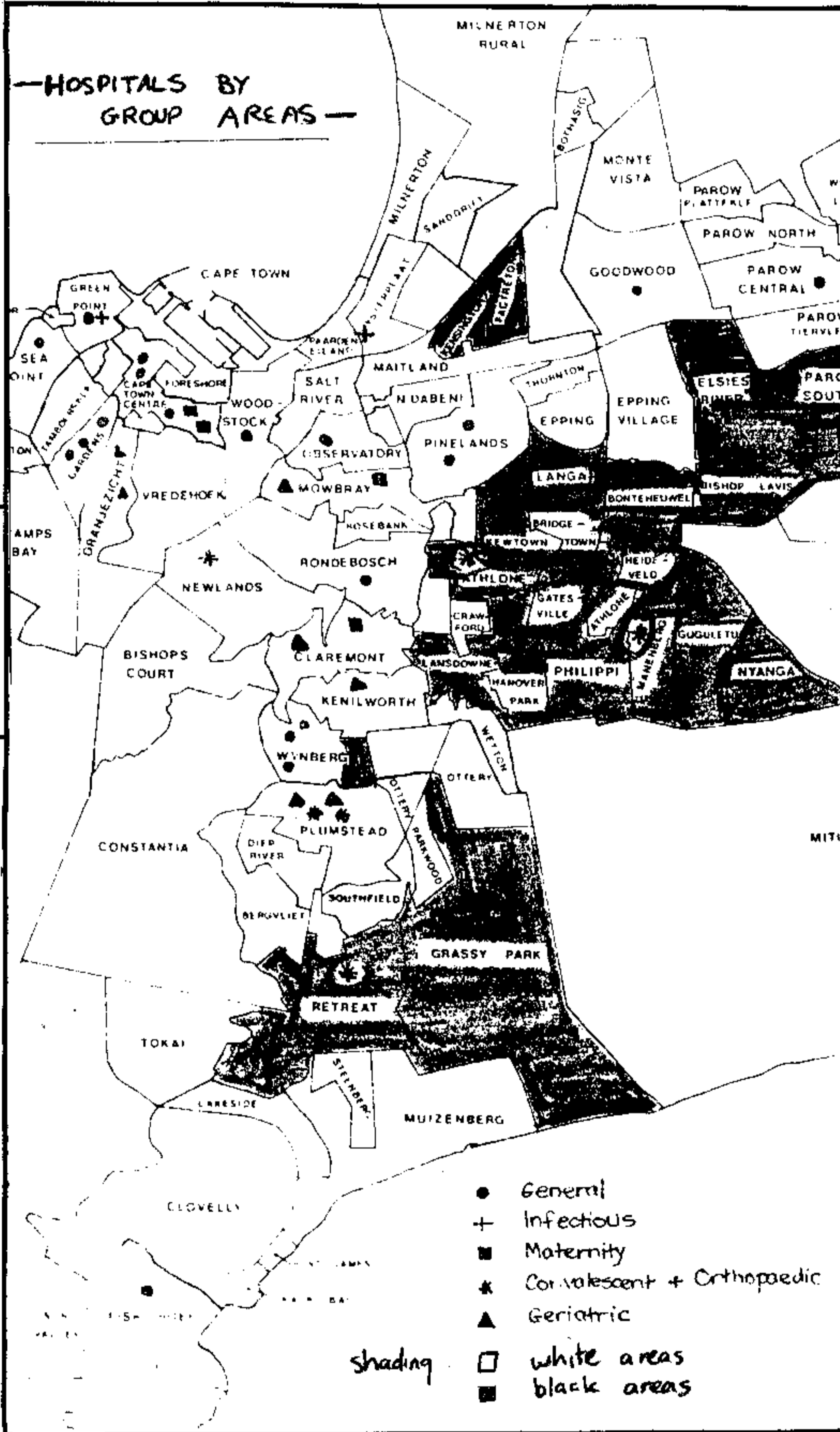
HOW MUCH?

If one looks at *how much is spent* on health services in South Africa, without even looking at *how, and for whom*, the finance is allocated, it is clear that the health of its citizens is by no means a top priority for the state:

- The percentage of GNP spent on health declined from 4,2 percent to 3,4 percent last year - less than a third of the percentage spent in America, Germany and Sweden.

- While only 7 percent of government expenditure went to health services, 16,9 percent went to defence.

- Only 2,8 percent of the health budget is spent on preventive medicine. Thousands die unnecessarily and prematurely every year from infective and other preventable diseases.



FOR WHO?

But a breakdown of *who benefits* from the health services provided reveals far more about the inequalities between groups. Firstly there are broad urban/rural differences:

- 53 percent of the white population of South Africa

live in areas where the ratio of doctors to population is 1:1 900 or better.

- One third of the total population live in the "homelands" (mainly blacks), where there is one doctor for every 49 200 people.

WHERE?

Then, there are differences in *distribution of services* between social class and race groups. Let us look at the metropolitan area of Cape Town as an example, as this is the environment we live in. Cape Town has perhaps the best health services in the country, but the basic trends of the rest of the country still prevail.

In South Africa statistics are not kept according to social class, but on the whole, race categories correspond with class, with the majority of blacks being working class and living in African or Coloured Group Areas. It is thus possible to infer from a map showing location of hospitals in Cape Town, that those at the lower end of the Poverty/Affluence scale, are those who have no hospitals in their areas. All the hospitals, both private and provincial, with the exception of one convalescent and one orthopaedic hospital, are located within white Group Areas (see attached map).

This has important consequences for the nature of health care in Coloured and African areas since provincial hospitals provide the main source of treatment for:

1. Trauma (accidents, emergencies, casualty). The need for this type of facility is particularly great in these areas because of the high crime rate.

2. After-hours services for the working population. It is only really general practitioners and provincial hospitals which provide some form of medical care outside working

SYSTEM

hours. Table One gives some idea of the areas of highest density of doctors. As one might expect (by now) the areas with few GP's coincide largely with areas where there are no provincial hospitals, creating problems of access to after-hours care.

(5 minute) DAY HOSPITALS

The situation in Cape Town is generally better than most cities in South Africa, because of the *day hospital system*. The day hospitals are situated in areas of lower socio-economic status. Although the day hospitals do have doctors working in them, conditions are extremely crowded and doctors have on average 3 - 5 minutes to spend with each patient. Patient care cannot but be inferior compared to that by GP's in white and more affluent areas.

In Guguletu, for example, there is one small day hospital (about five doctors) servicing the whole of Guguletu (3 big sections), the whole of Nyanga (3 big sections), Crossroads, New Crossroads, the transit camp and Philippi. The hospital opens by 8.00 am and sometimes by 10.00 in the morning it has taken in as many patients as it can handle in a day. Then crowds of people are turned away and the hospital doors closed. There are no GP's in Guguletu. Certain areas, like Mitchell's Plain and Bonteheuwel have no day hospital at all. It is clear that the lower your position on the socio-economic ladder, the more second-rate the health care provided will be.

Preventive clinics (for things like TB, family planning, VD, etc, and run by the local authorities - City and Divisional Councils) are fairly well-distributed throughout Cape Town. Such services are particularly important for the working class, who usually live in poor and overcrowded conditions where things like TB and VD spread more easily. In fact, what is spent on preventative health is small, as figures in Table 2 show.

ENTER THE PLANNERS

Despite mutterings from official quarters about primary health care, community health centres, and so on, there has been very little evidence of even the intention of putting these concepts into practice. Although there were mooted plans for community health centres nationwide, only about five have been built. Hospitals were also planned in Soweto and Atlantis, but it is the new Groote Schuur which is actually being built.

The Superintendent of Groote Schuur Dr H Reeve-Saunders, speculates: "In looking at possible trends for the future, it is possible that the urban general hospital will have to become even more highly technical - a larger institution rather than a number of smaller ones." (Handout on Hospitals to 4th year medical students, 1983.) The problems of poverty, the needs of the majority of people for affordable and accessible health care, are not being seriously planned for at all.

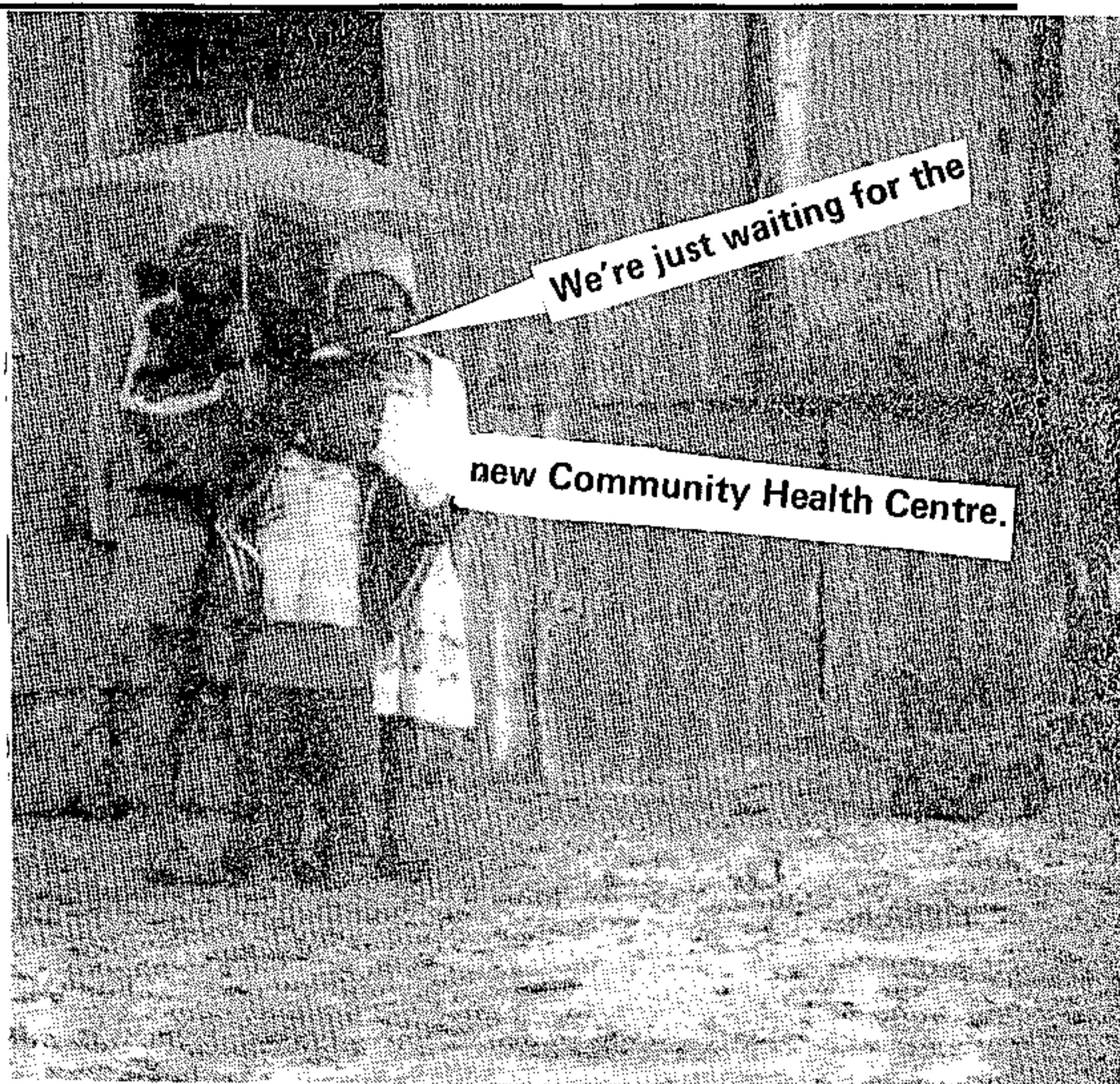


TABLE I: GENERAL PRACTITIONERS

Areas with most GP's

Belville	31	Claremont	35	Sea Point	36
City	52	Rondebosch	27	Wynberg	33

Areas with least GP's

Bishop Lavis	1	Langa	1	Heideveld	2
Bridgetown	1	Mitchell' Plain	1	Lavendar Hill	2
Factretion	1	Steenberg	2	Cravenby	2
Guguletu	0	Nyanga	2		

Claremont	1 doctor per	560 people
Newlands	1 doctor per	600 people
Hanover Park	1 doctor per	16 400 people
Langa	1 doctor per	19 000 people

TABLE II: AMOUNTS SPENT ON HEALTH - CAPE TOWN 1980

Curative	
General hospitals (14)	R166 472 773
Day hospitals	7 032 309
Preventive	
City Council clinics	8 232 306
Divisional Council clinics	2 535 666
Curative	94 percent
Preventive	6 percent

Crisis in city's black hospitals

(98) Newsway 24/3/83

Th

Pietermaritzburg Bureau

DURBAN'S black hospitals are in a crisis.

Dr Fred Clarke, MEC in charge of hospital services, said yesterday the 1 936-bed King Edward VIII hospital was 'dilapidated, derelict and inadequate', with an average of 145 patients sleeping on the floor each night.

Not only was it the city's main black general hospital, but it was a specialist hospital and the home of the medical school, a multiple role for which it was simply not suited.

The 1 380 bed Clairwood hospital — which was essentially the convalescent section of King Edward — was already caring for 5 percent more than its theoretical patient limit.

Far-sighted provincial plans include a new, 1 000-bed teaching hospital at Cato Manor, extensive improvements to the medical school, the modernisation of King Edward and Clairwood hospitals, a new hospital at Phoenix and a number of community health centres in densely-populated suburban areas.

The total value of these plans amounts to more than R1 billion, Dr Clarke said.

However, he revealed that planning for most of these projects had ground to a halt until the Minister of Health approved the construction of the Cato Manor teaching hospital.

'We can't proceed with the Phoenix hospital until we have the go-ahead for Cato Manor because the financial planning for the two must

work together,' Dr Clarke said.

The development of Cato Manor has long been regarded in political circles as a highly sensitive issue, and Dr Clarke confirmed that for the past two years, the Province had been led to believe by successive ministers of health that a decision on the R80 million teaching hospital was imminent.

In the meanwhile, however, work had already started on the first of the community health centres, at Phoenix, and consideration was being given to building more in Newlands East, Phoenix and Pinetown.

Natal also had R1 200 000 set aside for a network of nurse-oriented clinics throughout the province.

But the rebuilding of King Edward Hospital, which was likely to take 15 years to complete, could be delayed no longer and 'would go ahead no matter what', Dr Clarke said.

Our African Affairs Correspondent reports that the Kwazulu Minister of Health and Welfare, Dr Dennis Madide, said overcrowding in some hospitals in the region was so serious that the effectiveness of medical and nursing care was being seriously impaired.

Delivering his policy speech in the Kwazulu Legislative Assembly yesterday, Dr Madide said Kwazulu did not have the funds to maintain their hospitals and the situation has become 'positively dangerous'.

Kalafong leader condemns hospital for exploitation

By ALINAH DUBE

KALAFONG hospital authorities were yesterday condemned for turning the place into a training centre for white medical students and for exploiting the black community.

Addressing a public meeting attended by more than 300 residents,

the chairman of the local community council, Mr Joe Tshabalala, said the entrance to the hospital had been closed to the public, to force black people to buy from a café run by a white man.

"The hospital was built with the aim to make black people guinea pigs to teach white students," said Mr Tshabalala. He called on residents to boycott the shop inside the hospital grounds.

Mr Tshabalala was supported by angry students who said certain patients were favoured

at Kalafong. They said others were often turned away without being treated and were told to consult private doctors.

Mr Tshabalala told the meeting that his council would not approve increased rent tariffs because the area's finances were controlled by the Central Transvaal Administration Board.

"We are regarded by residents as puppets and stooges. We are called idiots because we are blank as far as our finances are concerned but we are not kept informed," he said.

Mr Tshabalala said the procedure of the council's projects having to be approved by the Minister retarded progress.

Soweto
14/3/83
018

St Augustine's defends its fee system

Mercury Reporter

SHAREHOLDERS in St Augustine's Holdings (Pty) Ltd — whose trading companies comprise two Durban hospitals and a residential hotel — do not include medical doctors.

This meant there could be no question of patient referrals being made by practitioners with vested interests in any of these businesses, the manager of St Augustine's Hospital, Mr Lionel Goldman, said yesterday.

He was explaining the establishment's system of determining fees and charges after recent Press reports had

highlighted instances of bills for minor amounts being sent out for treatment and drugs which had not been administered.

Government-determined tariffs and prices laid down by the Pharmaceutical Society were strictly adhered to — but this did not mean mistakes could not occur. In fact, sheer volumes of pills, injections and dressings handled meant errors were expected.

But if brought to his attention, whether by routine accounting checks or by way of complaints, they were rectified as promptly and apologetically as they would be by any other concern which aimed at keeping customers

satisfied.

The hospital ran along profit-making lines — but not at patients' expense. Shareholders could have chosen other far more lucrative fields in which to invest had monetary considerations been their prime objective.

'St Augustine's is a service. This is why it really hurts when people call me Mr Goldmine,' Mr Goldman said.

Problems arose when, for example, a patient required one ampoule of a substance which could only be ordered — and sold — in packs of five. Or his drug prescription could be changed after he had used a fraction of a bottle — for which he was also required to pay the full price. By law no medicines were returnable.

The only equitable means of charging for certain items was to declare a flat rate no matter what quantities were used. Aerosol sprays cost patients R2.50 'whether for one squirt or a whole bottle.'

This was how a patient could be billed what appeared to him an exorbitant amount for a minor medication. But invariably this also meant the hospital could build up unofficial stocks of 'left overs' which were passed on free of charge to the next patient. 'What we lose on the swings we make on the roundabouts.'

Conversely, according to Mr Goldman, the hospital lost thousands of rands to patients who had not been charged for treatment or drugs which they had in fact received.

Hospitals plan major expansions

Mercury Reporter

DURBAN'S two largest private hospitals — St Augustine's and Entabeni — have had to embark on massive expansion programmes to accommodate increasing demand for the specialised facilities they offer.

Entabeni's managing director, Mr Hector Harmsworth, yesterday announced R10 million plans which would double the number of beds available and install one of the most sophisticated intensive care units in the country.

Among the other developments were consulting rooms for another 50 doctors, a new administration wing, additional operating theatres and X-ray facilities.

Once completed, Entabeni would be the biggest private hospital in southern Africa and the best equipped, he said.

St Augustine's manager, Mr Lionel Goldman, said preliminary work on a R1 200 000 diagnostic centre for open heart surgery had already started.

Whatever funds were available were continually being ploughed back into capital development projects or improvements to existing facilities. Constant upgrading of equipment was vital in the medicinal field.

'The theatres are our livelihood . . . and there is definitely no shortage of demand for beds.'

98
Kearney
16/3/83

New Hospital for Durban

Province gets Cabinet approval for R150 million Cato Manor project
Pietermaritzburg Bureau

98
1/4/83

A NEW 1 000-bed teaching hospital which will alleviate the crisis in Durban's black hospitals is to be built at Cato Manor, the MEC for hospitals in Natal, Dr Fred Clarke announced yesterday.

Dr Clarke said the Minister of Health, Dr Nak van der Merwe had given approval for the building of a teaching hospital at Cato Manor which will allow the Province to go ahead with its plan to upgrade Durban's King Edward VIII Hospital.

'This is the most important thing to have happened since I have been in the Provincial Council. We have been fighting for this for a long time and now that we have received confirmation everything is going to be done to get work underway as soon as possible.'

Dr Clarke said the new hospital at Cato Manor would be a specialist referral teaching hospital which he hoped would be built within five or six years at an estimated cost of R90 million.

Dr Clarke said the Cabi-

net had also approved in principle the construction of a new medical school for the University of Natal on a site adjacent to where the new teaching hospital will be. A new residence for University of Natal medical students will also be built on the Cato Manor site to replace the inadequate residence at Wentworth.

'The university has already been given R4 000 000 for this purpose so work will start immediately and the residence could be completed before the hospital.'

Dr Clarke said the medical school would push the cost of the scheme to R150 million.

'Cato Manor is the ideal site for the new complex as it is near the ring road and within reach of all the communities in and round Durban. I think it is the best site in the country.'

'I have been pushing for this scheme since my first week in Exco and now that it has been approved I am very keen that we get moving on it right away.'

Upgraded

Now that the teaching and medical branches of the hospital are to be moved to Cato Manor, King Edward Hospital can be improved and the facilities upgraded.

Dr Clarke said some of the land set aside for the hospital complex was affected by eccla shale.

'However, we have looked at the ground and decided to use the shale-affected portions of the land for parking and other facilities,' he said.

Besides the hospital and medical school, Dr Clarke said that an up-to-date medical student's residence, replacing the Alan Taylor residence, would be built at the King Edward complex in Durban.

The University of Natal had more than R6 000 000 set aside for the new project.

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Hospital Mercury 98 refuses 18/3/83 woman op over bill

By Eddy Andriés

A 78-YEAR-OLD cornea transplant patient, already prepared for the operating theatre, was wheeled out of Entabeni Hospital moments before her operation because she had not paid an outstanding account, it was revealed yesterday.

The woman, from Pietermaritzburg, was forced to borrow R10 from a hospital sister and travel by taxi to Addington Hospital, where the operation was carried out successfully the same day.

Her ophthalmic surgeon said yesterday that corneas used for transplants were scarce and could not be kept more than 24 hours.

Those available for the pensioner had been degrafted in Cape Town and flown to Durban the previous night.

Mr Allistair King, financial manager of Entabeni Hospital, said the inconvenience caused to the patient was regretted.

'But it was felt not to be in her interest or ours if she were to incur further debt,' he said.

Because her account reflected an amount ow-

ing, she should not have been admitted in the first place, he added.

The incident took place on March 1.

The woman said that although she had owed R177 for a previous, unsuccessful, cataract operation, she had undertaken — with the hospital's consent — to pay off R50 a month and had not been in arrears.

She would have paid the R177 had she been asked to do so.

Mr King confirmed the patient had paid her bills regularly and had not been behind in instalments.

Embarrassing

'We arranged her transfer to Addington so the operation could be carried out without delay,' he said.

The patient declared: 'Imagine how embarrassing it was for me to have to borrow enough to catch a taxi ... with a stranger in town and not knowing who to turn to.'

'What's more, I received a bill for spending the previous night as a patient and was charged for each little item used — for every pill, dressing, eyepad and needle. I was even charged 85 c for sterile water.'

Residents up in arms over Bara terminus

By SAM MABE



HEADACHE: Commuters at the Baragwanath bus terminus.

THE bus terminus at Baragwanath Hospital in Diepkloof is a headache for residents living in the area who want it removed.

"It's a big nuisance which has made our lives a misery. There has been general disorder since this terminus was erected about a year ago", said one resident, Mr George Mthembu.

Residents complain about the noise caused by taxis and Putco buses which wakes them up as early as 3.30 am, hoot-

ers from taxis and commuters who ask to use their toilets.

Said Mr Mthembu: "I work at night and I find it impossible to sleep during the day because of the noise of commuters, buses and taxis. On the days when visitors are allowed, things become worse.

Taximen park their kombis across your gate or on your pavement and when you have visitors, they have nowhere to park their vehicles. Often they block your driveway and you find yourself having to look around for the driver of the taxi.

"The place has now become so dirty because there are hawkers who sell all sorts of foodstuffs to commuters and you will find fruit peels, empty plastic cartons, papers and cans.

"Sometimes they come into our yards to ask for water to wash their cars and if there is no one at home, they go ahead and draw water. At one stage one woman asked

Mr Tommy Moale said everybody in the area was unhappy about the terminus and when it was put up early last

year, residents protested and removed shelters which were erected on their pavements.

He said the terminus had deprived residents of privacy since at all times there is a traffic of commuters walking up and down in front of their houses and the street is congested with buses and taxis.

"When we wake up in the morning we find a bus parked in front of our gate and when you ask the driver to remove it, another one immediately replaces it.

"Public facilities were not provided when the terminus was erected. Now that we have taken a stand against allowing our toilets for public use, there are some people who relieve them-

selves on the pavement here because they believe they are always right", he said.

The area where the Baragwanath bus terminus used to be before, is currently being upgraded. Shelters for commuters are nearing completion and it is believed that even hawkers will be provided with facilities where they can display their commodities.

SPOTLIGHT

ON SOWETO

UNIVERSITY EXAMINATION

All answer books must be returned to the invigilator.

Number of books handed in	Number of this book
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Surname..... LOU

First Name(s)..... ERIC

Date..... 24/10

Degree/Diploma/Certificate you are registered (e.g. B.A., B.Sc.).....

Subject..... ECONO
(to be copied from the header)

Paper No..... FINAL

These taxi drivers are so stubborn that it is not worthwhile arguing with them on anything concerning their behaviour.

Moll was ordered by Mr Justice Piet van der Walt last week to pay Mr Quartermaine more than R250 000 which he had borrowed from a birth travel agency between 1977 and 1979. Moll was also ordered to pay Mr Quartermaine's costs, his travel expenses and those of two witnesses. Leave to appeal was denied. Moll was not in court on the last day of the hearing and it has since been reported he is in Holland. Moll's former wife, Erica, was divorced from Mr Moll in October last year and it has been claimed the divorce was aimed at safeguarding the Molls' possessions. — Sapa

● See Page 5

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You where to buy,
or hire all the
goods and services
you need.

9505

By SHARON LI GREEN
WITH a measles crisis on Port Elizabeth's hands, the Livingstone Hospital, which is "normally very full", is expected to become even more crowded now that it and other provincial hospitals have to keep their own infectious diseases cases for isolation instead of sending them to IFD hospitals.

This is the result of Government legislation.

Previously Livingstone Hospital sent its IFD cases to the Algoa Chest Hospital, a private institution which accepted both black and coloured patients.

According to a spokesman for the Algoa Chest Hospital this came to an end in March this year, after an instruction by the State Health Department. The hospital now concentrates on tuberculosis cases.

This is in accordance with the New Public Health Act of 1977, according to the city's Medical Officer of Health, Dr J N Sher.

This legislation says provincial hospitals are now responsible for their own IFD cases.

Measles crisis in PE area could crowd the hospitals

3 Post 1/4/83

Dr Sher said almost 90% of the notified cases for Port Elizabeth — 716 for this year and 304 blacks and coloureds last year — emanated from the Livingstone Hospital, which fell under the Cape Provincial Administration.

The Medical Superintendent of Livingstone Hospital, Dr R E J Clarke, gave the number of measles cases admitted for the past three months as 125.

There were 28 cases admitted in January, 34 in February and 63 in March. Last month, between 15%

and 25% of them had died, he said.

He said all measles cases were serious and were isolated as far as possible. When he was asked whether there was adequate isolation space for measles care at Livingstone Hospital, he said the hospital was "normally very full".

Dr Sher said if any hospital did not have sufficient facilities to cope with the complications of measles then a higher death rate could be expected.

The Empilweni Hospital, a State hospital, continues

to accept IFD cases — but only black cases — according to its Medical Superintendent, Dr A Schumann.

The Evening Post visited the paediatrics wards of the Livingstone Hospital and saw a large number of infants who had gastro-enteritis and measles with other diseases.

Roughly 70% of the infants were said to have gastro-enteritis, while about 25% had measles and measles with either gastro-enteritis or broncho-pneumonia or both, and others had measles with another disease.

The Medical Superintendent of the Port Elizabeth Provincial Hospital, Dr Leon Cilliers, told the Evening Post they had few measles cases.

He said measles used to be a recurring epidemic disease, but with modern treatment this was no longer so.

For the past six months to a year the hospital had looked after its own IFD cases, whereas previously very sick IFD cases had been sent to the Elizabeth Donkin, which had an infectious disease wing, he said.

Trip down

Rate already double last year's toll

ONE HUNDRED
black and col-
oured children in
Port Elizabeth
have died of mea-
sles in the past
three months —
almost double the
number of deaths
for the whole of

BY SHARON LI GREEN

Measles death cause concern

3 Post 1/4/83

Dr Craven added: "People are tired of politics getting in amateur sporting contacts with South African masses are in favour of sporting contact with this coun- try." — Sapa
cil, Mr Amichand Rajbans, today said he nevertheless still attached hope to the phrase "at this stage".
It was reported at the work in the Free State. — Indians may not live or
Mr De Klerk's department negotiating with the Gov- ernment about the position of the Free State.
negotiating with the Gov- ernment about the position of the Free State.

98 Hansard Q. 61, 939
Kowie Hospital, Port Alfred
13/4/83

*4. Mr. E. K. MOORCROFT asked the Minister of Health and Welfare:

Whether it is the intention of his Department to close the Kowie Hospital, Port Alfred; if so, (a) when, (b) where will the present patients be accommodated and (c) what is to become of the present site and buildings?

†The MINISTER OF HEALTH AND WELFARE:

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

98 (98) ^{Hansard} Prescription drugs
Q. Col. 1052 21/4/83
695. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

What amount was spent by the Government on subsidizing prescription drugs in the 1981-'82 financial year?

The MINISTER OF HEALTH AND WELFARE:

R24 901 818; this amount covers the expenditure in respect of all the medicine furnished by the Department.

By **DERRICK LUTHAYI**

TZANEEN — Dr Mamphela Ramphela, who has shepherded the sprawling rural settlement of Lenyenye through illness for the past five years, has given the community a new shepherd.

But he is not quite ready to join his mother in tending her human flock. He is still lying in an incubator in Dr Ramphela's house.

The new arrival — Malusi — arrived two months early. Looking healthy and radiant as ever, Dr Ramphela was allowed to leave the hospital to be a doctor, a nurse and mother of the young boy at her home.

Before Dr Ramphela came to Lenyenye she was based in King William's Town running a private clinic under the auspices of the Black Community Programme, and was also a member of the Black Peoples' Convention.

Banned

After the turbulent 1976 and 1977 era, she was banned and banished to Lenyenye, where she set up many community projects. Today, an impressive building — Ithuseng Community Health Centre — shines like a beacon in the midst of matchbox houses.



● Dr Mamphela Ramphela relaxing at home looking after the new shepherd Malusi.

LENYENYE'S LITTLE SHEPHERD

98
City Press
24/4/83



● Patients outside the Lebowa government-run clinic, standing around their nurse, Mrs Daphne Matome. There are no chairs for them to sit.

While she nurses young Malusi at home, a young and energetic man, Dr Lelau Mohuba, looks after the community.

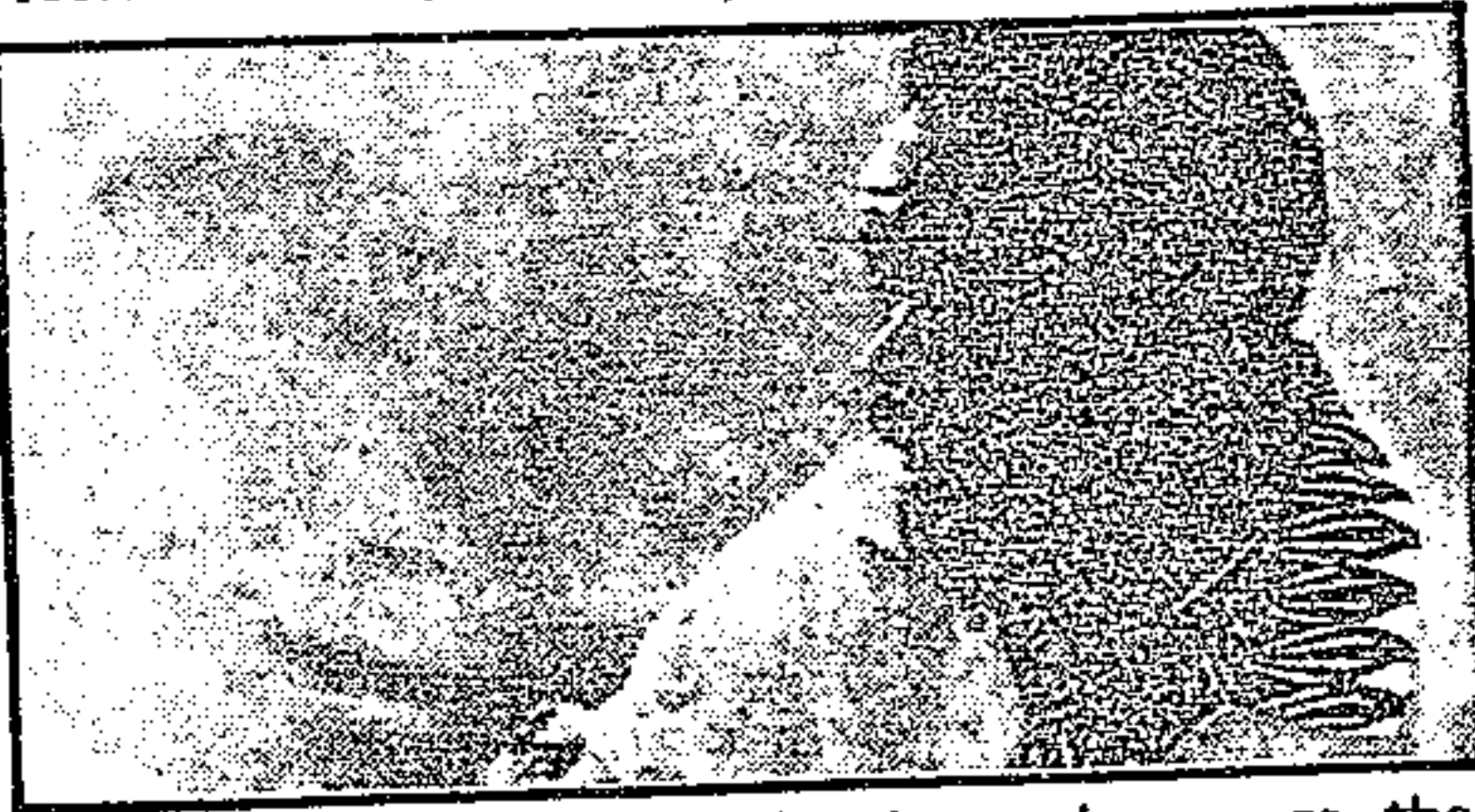
Dr Mohuba says he left the Groothoek Hospital, Zebediela, in February this year to do community work in Lenyenye.

"Community work makes more sense than hospital work. It puts one across the real practical problems as opposed to hospital, where you find patients lying ill, and you do not know their backgrounds.

"We are working in an area with a population of about 100 000 in our general care work, but concentrating our efforts in nearby villages

from the centre," said Dr Mohuba.

Projects undertaken at Ithuseng are health education, self-help clubs and literacy groups.



● Dr Lelau Mohuba, who has taken over the reins while Dr Ramphela is on holiday.

Dr Mohuba said: "All this was started by Dr Ramphela. The community we serve is one of the many apathetic and dehumanised ones in the country. It has been an uphill struggle for us to get where we are today, and we are still a long way from our goals".

Last year, 35 294 patients were treated at Ithuseng by one doctor, two nurses and four assistants.

The community contributed towards the establishment of Ithuseng by collecting stones for the foundation, making decorations and digging the sewerage.

A few streets away is the Government-run Lenyenye clinic, housed in a matchbox house and run by two nurses.

There is no room for patients in the clinic and they are forced to sit outside.

Seriously ill patients are taken to Ithuseng for examination by a doctor.

R3 000 commission for Sandton Clinic's chief

S. Express 24/4/83

By WILMAR UTTING

A COMPANY which supplied the high-priced Sandton Clinic with surgical products added 10% to the price to cover the cost of commissions paid to the clinic's manager.

Some of the cost, but not all, was passed on to patients.

The clinic's director and major shareholder, Mr Gustav Panzegrouw, reacted with shock when told his manager, Mr Farnol Abelson, had received commissions of up to R1 000 a month from a company called Surgicare.

An investigation of Surgicare's records, and interviews with former employees, showed that payments to Mr Abelson were calculated against orders placed by the clinic. According to the records, Mr Abelson received more than R3 000 in a period of little over a year.

Mr Abelson would not speak to the Sunday Express, but his legal adviser, Mr Leon Seligson, this week relayed Mr Abelson's explanation.

Mr Abelson, he said, ad-

mitted receiving commissions, but denied knowing they were for orders placed for the Sandton Clinic. He had been shocked to learn of this and had offered to repay the total amount to the clinic.

He had been approached originally, he said, by Mr Peter Goldberg (then South African Druggists' executive in charge of Surgicare). Mr Goldberg had offered Mr Abelson commissions if he would recommend Surgicare to customers in the hospital supply field.

Payments had then arrived from Surgicare, but because no statement was attached, Mr Abelson assumed they represented the commissions referred to by Mr Goldberg. He had not dealt with the company since 1981.

The company was subsequently closed down by SAD.

Reacting to this explanation, Mr Panzegrouw said: "Now I don't know what to do. I must accept this explanation and retain Mr Abelson as clinic manager. He has worked hard and certainly knows the business."

Mr Panzegrouw said even if

Sandton Clinic had been overcharged by 10% this did not mean the loaded cost would have been passed on to patients. The clinic would have borne the loss where tariffs were fixed by the State, he said.

But he admitted that items such as a hip prosthesis, supplied direct to a patient undergoing an operation at the clinic, would have been charged to the patient at the buying price plus the clinic's percentage.

The records submitted to Mr Panzegrouw show that between November 1979 and February 1981, cheques for a total of more than R3 100 were made out to Mr Abelson, Sandton clinic. The cheques were either cash cheques detailed 'commission', or uncrossed cheques in his name and detailed on the cheque voucher as 'advertising'.

All payments to Mr Abelson were approved by the company's managing director, Mr Bill Kennedy. The amounts vary between less than R100 and more than R1 000.

Sandton clinic was only one of several hospitals that were recorded in Surgicare's records

as being routinely charged exceptional tariffs to cover the cost of commissions paid to hospital officials.

A senior Surgicare employee at the time has told the Sunday Express that it had been 'accepted practice' to 'buy business' with gifts and kickbacks.

In 1980 a memo was sent to Surgicare's bookkeepers by the company accountant, Mr Les Herz, directing them "with immediate effect" to run two invoice books. One was to reflect regular sales and prices. The other book would reflect 'exceptional' sales to a number of hospitals where commission was paid to staff.

In this book products would be charged at the regular price plus 7%.

This memorandum was immediately followed by a second, in August that year, advising that in future 'exceptional' sales would be charged at the regular price plus 10%.

Mr Kennedy refused to discuss any matter with the Sunday Express. A message left for Mr Peter Goldberg at his freight company was not answered.

● Anthony (the Royal C

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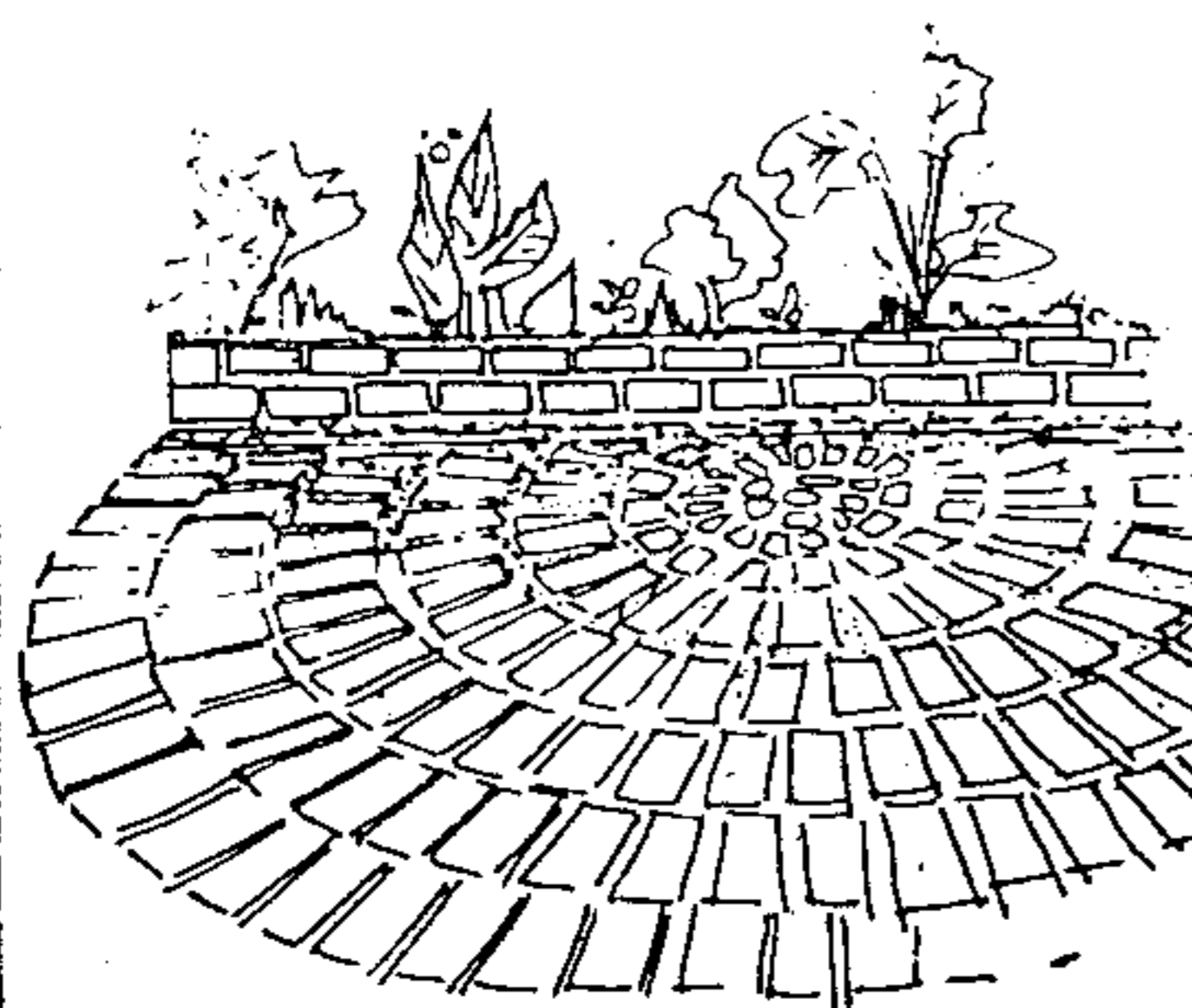
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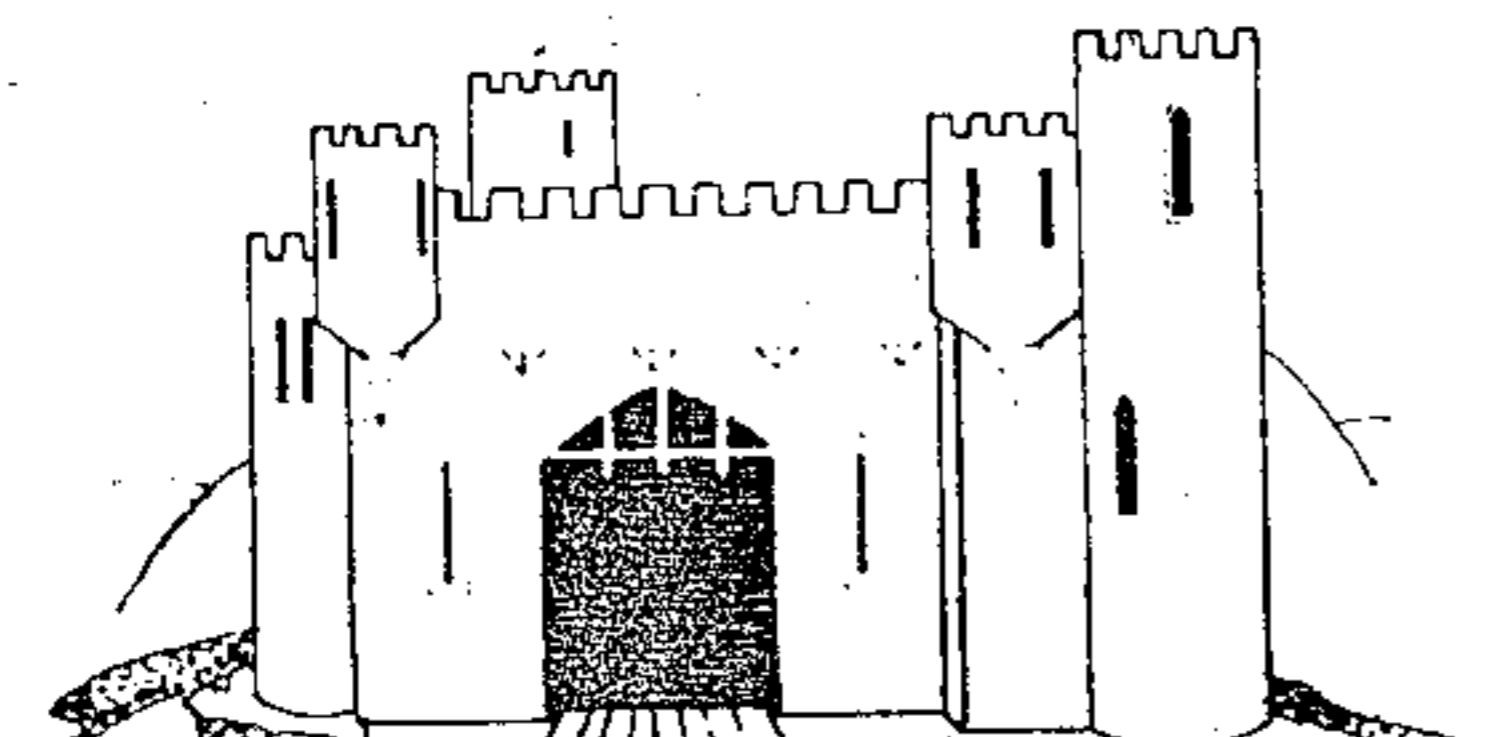
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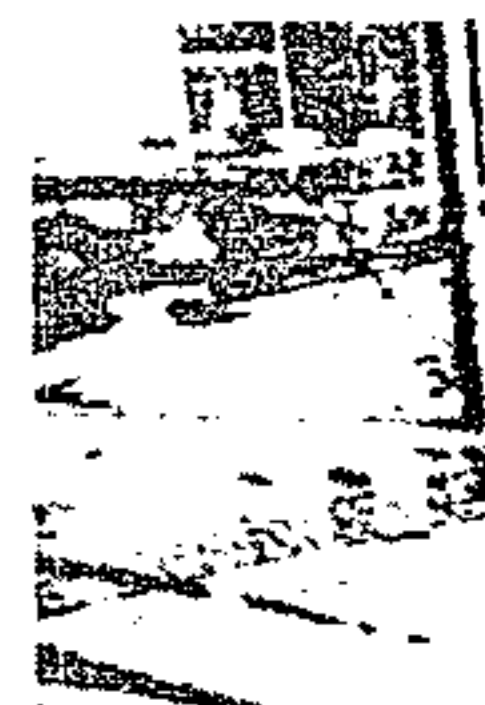
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Patients ^{2. Post} evicted ^{27/4/83} from (98)

hospital — claim

By JIMMY MATYU

THIRTY patients at the Jose Pearson tuberculosis centre in Bethelsdorp say they were evicted when they tried to complain to the hospital authorities about an assault by the police.

They claimed that the matron, a Mrs Terblanche, demanded to know the "ringleaders".

She then asked them to delegate their committee to meet her, but some committee members refused.

The patients said Dr J van Rensburg, the Santa secretary, accused of them of "making a political issue out of the whole matter" and, with the matron, gave them until 1pm to leave.

Mrs Terblanche refused today to talk to the Press and referred inquiries to Dr Van Rensburg.

He denied that the patients were ejected.

"They are talking nonsense," he said.

"They walked out of the centre. They think this is a political institution and if they want to walk out then they can do so."

Dr Van Rensburg said he would not take any of them back.

The trouble apparently began on Sunday when a nurse found a patient smoking dagga.

"We watched in shock as the two policemen beat the man before dragging him, bleeding, to their van and taking him away," the spokesman said.

● The police liaison officer for the Eastern Cape, Major Gerrie van Rooyen, said the patient was removed at the request of the matron because he had refused to leave. He resisted and the police had to use a certain amount of force to remove him.

98 SOUTHERN
28 APR 1983

We were kicked out, say patients

THIRTY patients at the Jose Pearson Tuberculosis Centre in Bethelsdorp say they were evicted when they tried to complain to hospital authorities about an alleged police assault on a dagga smoker.

The South African Tuberculosis Association secretary, Dr J van Rensburg, denied the patients were evicted.

"They are talking nonsense," he said. "They walked out of the centre. They think this is a political institution and if they want to walk out then they can do so."

The trouble apparently began on Sunday when a nurse found a patient smoking dagga. The incident was reported to the matron and the police called in.

"Two policemen beat

the man before dragging him, bleeding, to their van and taking him away," one of the patients said.

"As there was no longer any evidence of the dagga we thought the matter would be forgotten and the police would merely warn him," he said.

The police liaison officer for the Eastern Cape, Major Gerrie van Rooyen, said the patient was removed at the request of the matron because he had refused to leave when he was ordered out.

"He resisted and the police had to use a certain amount of force to remove him."

Major Van Rooyen said the man had not been arrested and was allowed to go home. — Sapa.

CAPE TIMES 29/4/83

Unhappy TB patients quit

Own Correspondent

PORT ELIZABETH. — The superintendent of the Jose Pearson Tuberculosis Centre, Dr JJ van Rensburg, has refused to readmit 30 patients who walked out — because they took a complaint to a Progressive Federal Party MPC.

Dr Van Rensburg said he would have to be "sacked" before the patients were readmitted.

The patients said they had walked out because they were unhappy with the way another patient, who had been caught smoking dagga, had been forcibly removed by police.

Dr Van Rensburg said the man had been caught smoking dagga last week and had been reprimanded by a sister.

"After this he became aggressive and so he was discharged. He then threatened the African staff in the matron's office, so much so that they had to call the

police. When the police arrived some time later to remove him, he resisted and they had to do it by force."

According to Dr Van Rensburg, the patients had then telephoned the matron at home, demanding that she come back to deal with their grievances. They then called other patients into the diningroom and decided to start a hunger strike.

He said the 30 patients at the hospital on Tuesday had denied they had political motives, yet they had approached Mrs Molly Blackburn, PFP MPC for Walmer, instead of going to the authorities.

"They later asked to be readmitted and I refused because we have such a long waiting list."

Dr Van Rensburg said the patients who had left stood "a good chance" of becoming reinfected. This was "their own problem".

Bridging the health gap



The FM spoke to Wits Professor of Community Health, John Gear, in Gazankulu where his department is carrying out a pilot health project.

FM: What are the major problems of rural health care?

Gear: The health of rural people depends on two factors. Firstly, the broader issues of housing, education, water and poverty. Secondly, the provision of an adequate health care service.

Common problems facing the health care system are malnutrition, childhood diseases, problems associated with mothers and children rather than the problems of middle-aged productive men. This disease pattern is peculiar to rural areas because of the population structure resulting from the migrant labour system and influx control. Other problems are inadequate infrastructure, distances and the scarcity of health professionals.

Is a restructuring and decentralisation of existing facilities the answer?

Yes, but only if the system isn't oppressive. A health care system can be either oppressive or liberating. An oppressive system means that people are expected to do what the health care system dictates, whereas a participatory and liberating system is developmental and the community controls decision-making.

How should resources be re-allocated?

It is widely accepted that hospital services should be decentralised, but the level of decentralisation is debatable. Many people believe a number of health centres functioning as sophisticated mini-hospitals are the solution and that

the idea of very simple clinics at village level should be abandoned. I think both are required.

If we're trying to provide at least a minimum level of care for as many people as possible, then the local clinic must take precedence over the health centre. A clinic staffed by perhaps one highly trained nurse, supported by a traditionally trained nurse, and by two partially trained nurses, could run a very acceptable service for a population of about 10 000 people.

It's better to put 15 nurses in 15 villages rather than in one sophisticated centre. Staff can be trained relatively easily through centralised training programmes. Community health workers, usually women with limited education, but with supplementary training in community health work, backed up by grassroots health workers who can refer patients to a hospital, are very effective. **What are the basic health essentials at village level?**

The preventive services are the most important in terms of maximum benefits for minimum input. This means ensuring there is someone with health skills in every village, that vaccines are available, that there are facilities to ensure that people who need minimal care have access to that either by providing transport to a more central point or by decentralising our traditional health service.

Where does the high technology hospital fit into this model?

The provision of high-level nodes is not justified unless an adequate basic health infrastructure exists at village level. Higher order skills and services are required when these basic needs are met.

The State's National Health Services Facilities Plan, which identifies various levels of health care delivery, acknowl-

edges this. The first level is provision of basic amenities such as food, water, housing; whereas only the fourth, fifth and sixth levels require more sophisticated equipment and buildings.

What can be done about the inequitable spread of health benefits between urban and rural areas?

Inequality in SA is perhaps more an urban/rural differential than a black/white differential, so attention must be focused on rural areas. The health care of urban blacks is still inferior to that of urban whites but it is possible to gain access to care. In many rural areas, this is impossible because of financial constraints or distances.

The reasons for this are primarily bureaucratic. Goodwill is being obstructed and hamstrung by bureaucratic inertia. The medical and nursing profession is also to blame. I think every qualified doctor should do two compulsory years of rural service.

How does a health programme deal with the poverty factor?

Depending on how malnutrition is defined, the reality is that between 20% and 50% of children in SA's rural areas are malnourished. Poverty is the crux.

In rural areas, there is financial poverty, but also the poverty of land and water — particularly as a result of this year's drought. There are also political causes of poverty which are largely outside the ambit of health professionals. We can only tackle part of the problem.

Our responsibility is to ensure a more equitable distribution of health resources and where possible to reduce the effects of poverty through the provision of immunisation and potable water, for a start. However, we have a strong moral obligation to challenge the political predisposing factors to poverty and cannot, as health professionals, regard this as beyond our concern.

Counterfeit

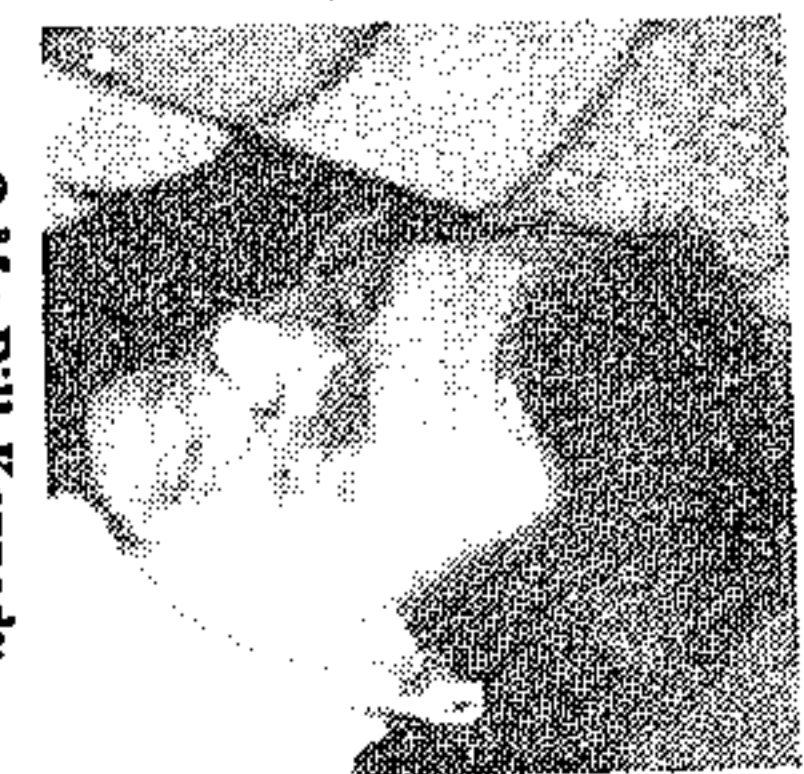
Pakistani

Surgical tools beat import ban



Major Gen Nieuwoudt ... checked records

British company's name stamped on cheap instruments for SA hospitals



Mr Bill Kennedy ... negotiated deal

CHEAP counterfeit surgical instruments from Pakistan have been stamped with the name of a British manufacturer and widely distributed to South African hospitals in a bid to undercut prices and grab valuable tenders.

The instruments were manufactured by Prestige Surgical, Pakistan, and imported by a major Johannesburg supplier.

Some were clumsily marked with the name of a British company. Others were unstamped but were sold as made by Prestige, UK.

The goods were flown in bales to South Africa via London, and were passed through customs as Pakistani imports. In Johannesburg they were packed into plain cardboard boxes.

An expert has described them as "bottom-line products, of inferior steel and costing less than one third of the British product".

A secret Government directive lists Pakistan as one of the countries whose products are banned by South Africa.

Sales of thousands of the cheaply-made forceps, scissors, scalpels and probes were the result of an arrangement negotiated in 1981 by Mr Bill Kennedy, chief executive of Surgicare, which claimed at that time to be the biggest supplier of surgical instruments to State and Provincial hospitals.

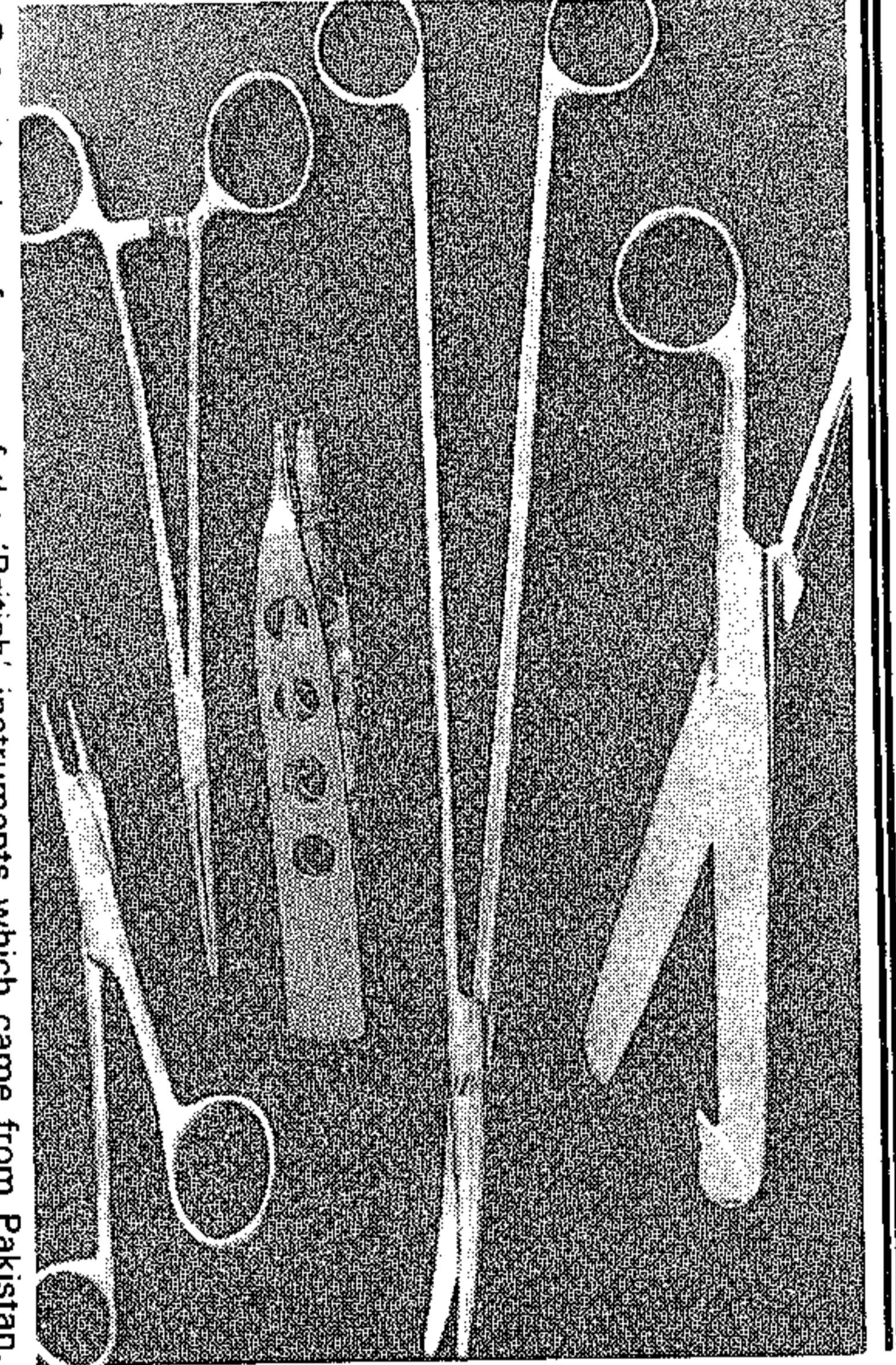
The company had had links with the Pakistani goods since 1979. In 1981 the parent company, South African Drug-

gists, asked Mr Kennedy to leave their employ and told Surgicare to halt the Pakistani orders.

But the deals continued under the new Surgicare head, Mr Neill Wickham, until he, too left the company. Surgicare was gradually closed down.

The last consignment of Pakistani goods arrived in December last year to meet current contracts with hospitals.

Mr Kennedy's extraordi-



A selection of some of the 'British' instruments which came from Pakistan.

BY WILHELM ULLMANN

nary deal was made at a two-day meeting in London at the beginning of 1981, according to a report he submitted to his company.

Mr Kennedy has refused to discuss any matter with the Sunday Express, but the plot has been confirmed by the British company involved, Fleming and Ashday.

Mr Kennedy reported that in December, 1980, he had visited F & A and negotiated

with its managing director, Mr Cyril Levison.

Mr Levison has agreed to instruments ordered by Surgicare direct from Prestige, Pakistan, to be stamped with the trade name of Fleming and Ashday," he wrote.

"He is sending 12 F & A catalogues as the Surgeon General will not accept any tenders without the tenders providing catalogues.

"At present Surgicare is

their major supplier of surgical instruments and this privilege would have been lost without F & A's co-operation."

Mr Kennedy extended his stay in Britain to await the arrival of the Prestige representative, Mr Majid Nasir.

He then concluded the deal, he wrote, about the markings of the instruments and made arrangements for shipping and banking with

the shipper's representative.

"Lengthy discussions were held between Mr Majid Nasir and myself with regard to market strategy and project sales for 1981. He is very cooperative and has agreed to mark our instruments Fleming and Ashday. They will be dealing directly through the shippers, who were present at the meeting.

"This was the most important meeting of the trip and

should result in our being very successful in the Transvaal Provincial Administration and State tenders," Mr Kennedy reported.

Company records show consignments of samples "for tender" and successive larger consignments of instruments were flown to South Africa by Air Hanjel's shipping division Ace Hanjel.

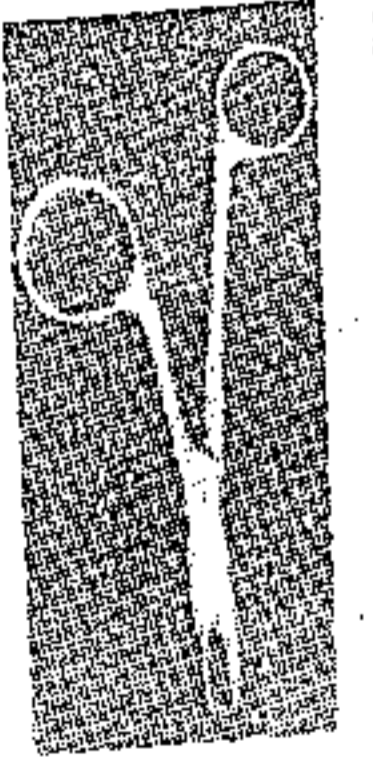
By July, 1981, Mr Wickham, by then managing director of Surgicare, was able to report back in an official memorandum on June sales that the company "did very well on the (Transvaal) surgical instrument tender with Prestige."

This week, Mr Levison of F & A confirmed the arrangements had been discussed. His company had been promised a percentage of the sales — he could not recall how much — if it agreed to allow its name to be carried on the Pakistani products.

"As far as I know nothing came of the proposal. Firstly, we may have been interested if we were to make money out of it. But we could not be sure how we would be paid. And secondly we were not sure of the legality of the thing."

"Certainly we have not received a cent and were not aware that our name was being used by Prestige."

The Sunday Express had obtained random samples of

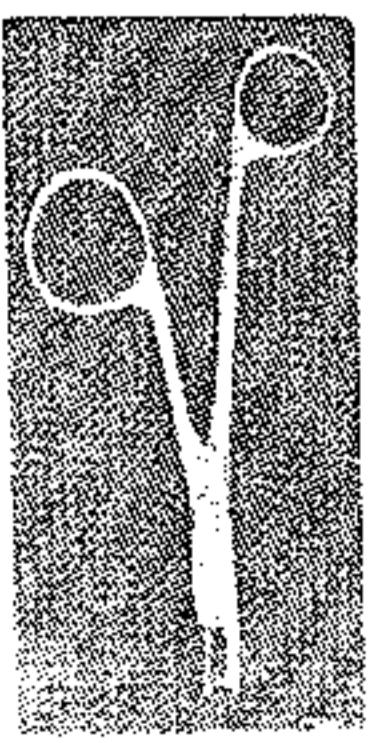


the products and described in detail to Mr Levison a pair of forceps carrying the full name 'FLEMING AND ASH-DAY' on one arm.

Mr Levison said the instrument was not an authentic F & A product.

Mr Levison's first reaction was to say he would make inquiries in South Africa and might well write to the various departments of hospital services, warning them of the imitations.

He later said, however, that he still conducted some business with companies with which Mr Kennedy is



ask the Department of Hospital Services, advisors to the board, to look into the matter.

"My board first looks at the specifications and then the country of origin and the department tests the instruments. We would not give a contract for Pakistani products which are banned along with those of other countries, including Red China," Mr Kruger said.

The State Purchaser, Mr Keith Faure, studied Mr Kennedy's report and immediately asked the Surgeon-General's office to check any tenders awarded for the products.

"We are very suspicious people at the tender board," he said. He asked if he could retain copies of documents shown to him by the Sunday Express.

Records produced by the Surgeon-General, Major General N Nieuwoudt, showed that Surgicare had been awarded a R23 000 contract for F & A instruments, country of origin United Kingdom, in 1979/1980.

There had been no complaints about the instruments, but subsequent tenders for contracts running from 1981 and 1982 had not

FAKE UK SCALPELS SOLD TO SURGEONS

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S. Express
115/33

Another Fanie loan mystery


By JEAN LE MAY, Political Reporter

A R37 400 hydro-electric plant on the farm of the Minister of Manpower, Mr Fanie Botha, was paid for by the Njelele Irrigation Board with a State loan in 1967 — a year before Mr Botha became Deputy Minister of Water Affairs. (259) S. Express

The plant was never operated and was later dismantled by the Department of Water Affairs.

Four years later, when Mr Botha was Minister of Water Affairs, the Irrigation Board's entire State loan of R1 100 000 — which included the cost of a canal scheme as well as the useless hydro-electric plant — was subsequently written-off by the Government at Mr Botha's recommendation.

Mr J F Otto, Director-General of Environment Affairs, confirmed that negotiations for the installation of the hydro-electric plant were conducted by Mr Botha "on the authority of the Njelele Irrigation Board".

To Page 2 

By WILMAR UTTING

CHEAP counterfeit surgical instruments from Pakistan have been stamped with the name of a reputable British manufacturer and sold to South African hospitals as British products.

The sales of thousands of the cheaply-made forceps, scissors, scalpels and probes were discovered by the Sunday Express in its investigation of the medical supply industry. An expert described the instruments as "bottom-line products of inferior steel".

The sales resulted from a deceptive arrangement negotiated in Britain on December 8, 1979, by Mr Bill Kennedy, the chief executive of Surgicare, which claimed at the time to be the biggest supplier of surgical instruments to State and provincial hospitals.

The Government has black-listed the purchase of Pakistani medical supplies for use in State and provincial hospitals. The use of counterfeit stamps and false tender documents circumvented the ban and enabled Surgicare to undercut prices and win Government tenders.

Full report — Page 4



Annemarie Schneider, le tourer. They will take part in Mine Museum to celebr

ClubMed Mauritius in May

IN MAY AND JUNE Club Med is the only place to be. The crowds have left, but the in-crowd's there. Living, laughing, loving every minute of it. In an ageless, cashless society, with no hassles. No problems. No rat race. Just paradise at terrific value for money.

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Minister has praise for Ciskei hospitals

BISHO — The Cecilia Makwane Hospital in Mdantsane remained the Ciskei's major centre of clinical activity and was the specialist referral hospital for Ciskei, the Minister of Health and Welfare, Dr C. H. J. van Aswegen, said in his policy speech yesterday.

It provided specialist services in general medicine, surgery and obstetrics. It was also the regional hospital for the large district of Mdantsane and was commissioned to accommodate 1 450 beds of which at present 965 were in use. It also controlled and operated 19 clinics and three mobile teams and school nurses visiting no less than 130 schools in the Mdantsane area.

Nompumelelo Hospital in Peddie continued to come forward with a lot of original work and still managed, despite grave money problems to continue maintenance of the old age home and the rehabilitation centre for paraplegics.

Victoria Hospital which had recently been taken over from the Republic of South Africa had come into the swing of Ciskei health activities. The nursing results were excellent and the superintendent had recently initiated a local psychiatric pilot project which he hoped would be the best in Ciskei, and the superintendent and staff near here was in a state of disrepair and needed renovation. The nursing results had been the best in Ciskei, and the superintendent and staff were to be thanked for

their tireless efforts in keeping this, yet another relic from the missionary ages, going at all costs.

Hewu district medical services, with one urban clinic, 20 rural clinics and two mobile units had been setting an example to the rest of Ciskei as to what could really be done by a small group of dedicated nurses and a full-time doctor assisted by a part-time practitioner in the absence of a hospital.

Despite its dilapidated condition, St Matthews Hospital at Keiskammahoek remained very much part of history and tradition, and the superintendent and staff were to be congratulated on having succeeded in keeping this old war horse going despite its age and stage of disrepair.

Mount Coke hospital

near here was in a state of disrepair and needed renovation. The nursing results had been the best in Ciskei, and the superintendent and staff were to be thanked for

Sluggards must get out

BISHO — The Department of Health's policy was a dedicated policy of national humanitarianism, said Dr Van Aswegen.

It would therefore be his policy and wish that every employee of his department should in future see him or herself as a national humanitar-

ian. Those of his department who would drag their feet and would not work should get out, he said.

"This means sluggards, and drunkards, weekenders, stopwatches and all watch mechanics with all watches and clocks set at 4.30 pm sharp, get out, we do not need you. Go and look for Utopia elsewhere."

He said it would be his policy to spare no energy, no time, no expense, no enterprise in order to arrange for intensive training and orientation programmes in his department, and begged the Republic of South Africa to note that their assistance would be urgently needed in a true spirit of confederal-

ism. — DDR.

Health campaigns highly successful

BISHO — As a result of outbreaks in neighbouring states, campaigns had been conducted against cholera, polio and typhoid.

This was said by the Minister of Health and Welfare, Dr C. J. van Aswegen, during his policy speech in the assembly yesterday.

The threat of cholera surrounded the entire Ciskei and the country should be proud and grateful that only two cases, of confirmed cholera had been reported thanks to the alertness, preparedness and dedication of the country's medical services who had conducted educational programmes directed at the prevention of cholera for the last year throughout Ciskei.

More than half a million leaflets had been dropped from the air and the department believed that the Ciskeian public were probably the best educated in Southern Africa regarding the hazards of cholera and its prevention, he said.

As far as immunisation exercise against measles was concerned, it had proved to be suc-

Pledge to correct department's faults

BISHO — The Minister of Health, Dr C. J. van Aswegen, pledged to correct inherent faults and inadequacies in his department and also pave the way for a long-term politically acceptable formula for success and to adhere as closely as possible to the political philosophy which President Lennox Sebe had so clearly defined in his policy speech.

He said he would aim at evolutionary departmental growth as opposed to dramatic revolutionary and costly change and progress which Ciskei could not afford.

"This department will aim at optimum security," he said.

"Security is engendered by hard and honest work, loyal intent, noble ambition and divine inspiration. And our more than 5 000 employees will be expected to respect their duties, not only as employees but as citizens of Ciskei to help safeguard the security of this land and this government by keeping our departmental house in order, keeping subversion out and

in this way to make our own contribution to Lt-General Sebe's tireless efforts to guarantee the safety and security of every individual in Ciskei."

He said his department would aim to inculcate and generate a greater and more urgent sense of economic responsibility, to pay more implicit attention to income and expenditure and to generate revenue. He intended doing this by introducing a medical aid scheme for all civil servants and increasing all tariffs in Ciskei hospitals and clinics.

"My department undertakes to honour the concept of confederalism, not only politically but departmentally and inter-departmentally in the sense that we as workers in our department must accept the principle of constant consultation and intimate cooperation interdepartmentally as well as with each other to ensure success. This is what confederalism is all about," he said. — DDR.

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Witness refuses to answer

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Own Correspondent
JOHANNESBURG. — The De Kock Commission of Inquiry into allegations of corruption in the Transvaal Provincial Administration was halted temporarily yesterday when a key witness refused to be cross-examined by a journalist and a retired company director.

Mr Peter Goldberg, former financial controller of a major group of drug companies whose activities form the focus of the Commission, said through his lawyer he would go to the Supreme Court for an order preventing Mr Martin Welz, political correspondent of the Sunday Express and Mr Ken Diamond, a former company director, cross-examining him because they had no *locus standi*.

Mr Goldberg was prepared to answer questions by the Commission or by the Director of Hospital Services in the Transvaal, Dr Gerhard Scheepers, and his Deputy, Dr Hennie Grove, whose activities the Commission is investigating.

Overruled

After the Commissioner, Mr L V de Kock, had overruled an application to this effect by Mr Goldberg's attorney, Ms Miranda Barker, she gave notice that her client intended going to the Supreme Court for a ruling. This would take about six weeks.

In his evidence in chief, Mr Goldberg said he was aware of the practice of paying "sweeteners" (bribes) to doctors in private practice. He had only signed cheques or requisitions and was not personally involved in the nationwide activity, he said.

Mr Jimmy de Villiers, a former senior employee of Continental Ethical, a company in Mr Isaac Kaye's Alumina pharmaceutical empire, said he had become aware in 1962 of a "ring" of three firms producing X-ray film.

"They set prices and divided the market between them," he said. Because his company

had had difficulty breaking into the "ring" he and Mr Isaac Kaye had built a plant near Rustenburg in virtual secrecy.

Mr De Villiers said his plant was in a position to supply the whole South African market and had been "able to get a duty imposed on imported film. Because of this the opposition couldn't compete".

Mr De Villiers explained how it was possible to sell three months' supply of film to hospitals even after his company had lost a Provincial tender.

Stockpile

The authorities were persuaded that each hospital must carry a three-month stockpile. A notice of this was published by the Province.

As soon as a tender was awarded, even to the opposition, Mr De Villiers would send his salesmen out and they would say the hospital had to stock up from Continental Ethical Supplies as the existing suppliers, because the new tenderer was not yet geared up to take over.

The company which won the tender would be unable to sell its products for three months.

Mr De Villiers said it had also been company practice to alter the expiry dates on boxes of X-ray films so that they could be sold after the official expiry date.

Changed dates

"The film was in good condition because we kept it at low temperatures so we changed the date on the boxes."

Mr De Villiers said tenders were not simply awarded to the firm offering the lowest price. Quality, availability of service and the preference of hospital staffs were also important.

Therefore it was essential to be "in with the top people" and not get into their bad books.

The inquiry was adjourned until May 16.

Improve clinics, says Sher

By SHARON LI GREEN

THE health services in the black townships are "chronically inadequate" and the only way to encourage people to attend clinics is to improve the clinics, says the city's Medical Officer of Health, Dr J N Sher.

He told the Weekend Post that many had to stand in long queues after travelling great distances to be inoculated against diseases including measles. This was most frustrating and many left without being treated.

Improved health facilities would motivate people to attend clinics because the health staff now worked in cramped quarters and could not cope.

At present there were three clinics in New Brighton, Zwide and Kwazakele which were not centrally situated.

The East Cape Administration Board planned to erect two new clinics in New Brighton and Zwide and building should commence soon.

But the ideal situation would be to have a major clinic with satellite clinics dotted in various areas, Dr Sher said.

Immunisation campaigns were short-term rescue operations to break the "back of the epidemic". The long-term solution lay in an improved health services infrastructure, improvement of living conditions and education.

There are two hospitals in the black areas — the Dora Nginza in Zwide and the Empilweni Hospital on the border of New Brighton but none in Soweto which was the most densely-populated shanty township in Port Elizabeth.

"Many people have to walk miles to the Livingstone Hospital from Soweto. Why don't they put a hospital in Soweto?" he questioned.

The establishment of the squalid sprawling shanty township of Soweto had been a fairly recent phenomenon which had given the question of health services a new dimension. A reassessment of health services was required, Dr Sher said.

Soweto has been the hardest-hit area in the local measles epidemic, followed by Zwide and Site and Service.

Measles flourished in overcrowded and unhygienic shums and the situation was compounded in the shanty towns as there was no possibility of isolating measles cases.

There were 8 471 shacks in Soweto where 80 000 people lived and in Zwide there were 7 063 houses with 79 800 inhabitants. In Kwazakele 100 028 people lived in 11 652 houses.

Meanwhile the local epidemic continued unabated although it had reached a plateau. The number of measles deaths and notifications were higher this week than last week.

This week there were 10 deaths — nine black and one coloured — from measles complications, bringing the death toll for this year to 155 or more than triple the number for last year.

The number of notified cases this week was 108, increasing the number for this year to 1 379 or more than four times last year's total. Of the 108, two were white children

from Algoa Park and Kabega Park aged one month and nine years respectively.

An estimated 20 000 black children out of 40 000 had been inoculated against measles. But there was a continuous weekly decrease in the number of people bringing their children for vaccinations and this has aroused concern.

Two hundred posters had been put up, urging parents to bring their children to be immunised and another 20 000 pamphlets would be distributed by health inspectors to shanty dwellers.

The City Health Department was to step-up its publicity campaign. It would also maintain its immunisation campaign and would send the emergency mobile vans into black areas at weekends starting next Saturday.

The department was also to acquire three permanent mobile clinics for the black areas where people could be inoculated against a variety of infectious diseases.

Meanwhile the first three child deaths from measles complications have been notified in Somerset-East. The two coloured children were reported to have died on Tuesday and the one black child died a fortnight ago.

According to Sister R Bradfield of the municipality's Health Department the notification system was slack and many doctors and clinics had not notified cases previously.

In 1981, four cases were notified. No cases were notified last year and there had been three this year.

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Commission hears of 'threat' to business

Own Correspondent

JOHANNESBURG. — A company director told the De Kock Commission of Inquiry into alleged malpractices in the Transvaal Hospital Services that he felt that the Services' Director, Dr Hennie Grové, had threatened him that his business would suffer if he talked about alleged corruption.

Mr Bertram Bratt said that he had left Dr Grové's office with the distinct impression that unless he kept quiet about the allegedly corrupt practices he might lose considerable TPA business.

Misconduct

"I did then, and now do a fair amount of work for them," he said.

The commission is inquiring into alleged misconduct by Dr Grové and his deputy, Dr Gerhard Scheepers, and into the way in which tenders were dealt with by the Hospital Services staff.

"It was common knowledge in the industry that there was under-

hand work by some companies in Mr Isaac Kaye's Alumina group," Mr Bratt said

He said that at the time of his interview with Dr Grové his company had lost a tender to supply the TPA with equipment even though it had been lowest.

Two other companies, including one in Mr Kaye's Alumina group, had been awarded the contract.

Invoice

Mr Bratt had had an invoice showing that one of Mr Kaye's companies had paid for a trip to the Greek islands for Dr Grové and his wife.

Subsequently he burnt the invoice, fearing his business might suffer if people talked openly about it.

"You sometimes find it safer in business to shut up ...

"I believe anyone is honest unless proved otherwise and I felt that the invoice might be an embarrassment to Dr Grové," Mr Bratt said.

He agreed with the examiner, Mr F E Roets that he had told a colleague in a tape-recorded phone conversation that he had been blackmailed in front of his own lawyer by Dr Grové.

In other evidence yesterday the commission was told that:

- One of Mr Kaye's companies kept a double set of books to hide commissions paid to influential doctors.

- The company had claimed the commissions as tax relief by putting them down to advertising.

Washing machine

- The managing director of one of the Kaye companies, Mr Bill Kennedy, admitted that he had bought a R499 washing machine for a mission hospital doctor.

He had paid for it with his personal company expenses.

Later Mr Kennedy said that his company had paid "sweeteners" to influential people but had never paid anything to TPA officials.

CAG Traits 9.9/5/83 98

Bribery probe told of threats

PRETORIA. — A witness before the De Kock commission of inquiry into alleged malpractices in the Transvaal Hospital Services said he had twice been threatened with violence and told "to be careful what I said because the people involved were very powerful".

Mr Alan Cornish, whose firm, Cornish Medical Equipment, was taken over by the Alumina Group in 1978, told the commission in Pretoria he had been unhappy because the company was not "being run in a legal manner. Things were going on". The company tended to get orders by giving gifts and he finally left.

'Violence'

When he was working for the group in Pretoria, Mr Peter Goldberg, the director, came to see him and said he was unhappy about the situation about the way Mr Cornish was not co-operating.

Mr Goldberg took him to the bottom of the factory and said if he did not stop making difficul-

ties for the directors, he would "do something about it".

"I definitely felt it was a threat of violence," Mr Cornish told the commission.

Recently someone had telephoned him with "friendly advice", Mr Cornish said.

"They said if I got involved, I must be careful what I said because the people involved were powerful and my house might get burned down or worse.

'Hurt family'

"They would hurt either myself or my family," he said.

Mr Cornish said earlier in his evidence that his company had been defrauded of R10 000 when overdraft facilities were obtained in his name without his consent.

When Mr Goldberg offered him R20 000 for his company, which was worth much more, he was forced to sell.

He said in reply to a question by Mr Frans Roets, who is leading

evidence, that he knew of money being sent overseas.

An accountant later fired from the company told him he had found a double payment of R600 000 to a company overseas.

A Mr Wickham of the Alumina Group also told him that regular payments were being made to a Mr Cooper, who was a technical adviser to the Transvaal Provincial Administration, Mr Cornish said.

'Thousands lent'

Mr S de Villiers, a former accountant to the Alumina Group, said he had come across notification of a loan of thousands of rands made to a Mr Du Preez in the company's books.

He also told of letters querying debits being received from an overseas company.

This had part of a manoeuvre to allow an overseas a "legitimate profit". It had not been a proper query.

The hearing will continue in June. — Sapa

Nailed b

PRETORIA. — No-one can explain a macabre campaign of attacks on a Verwoerdburg schoolboy and his girlfriend.

In the latest attack, Natie Chinner, 17, of Lyttleton, says he was set upon by four men on Monday who drove a 10cm nail through his left hand, pinning him to the ground.

Natie said yesterday he had been travelling home from a friend on Monday evening.

He was attacked and had teargas sprayed into his face, temporarily blinding him.

"They force with something smelled like eth face, bound my pushed me on to a car.

"They drove n a cave or a tunnel remember which

"I was burnt and then they pr in a fire.

"They played cording which s my girlfriend, L man, calling to

"They told m want to live lik you must be cr Christ'," said Na



Queen Elizabeth at the Royal Windsor Ho team of bays, driven by her husband, Pri

Man jailed on 'bomb' charge

Staff Reporter

A SECURITY guard was yesterday jailed for a year for having placed two home-made "bombs" at a cosmetics factory on September 17 and November 3 last year.

John James Marthinus, 22, of Kasouga Road, Manenberg, told the Regional Court he had been promised cassettes for performing the task.

He pleaded guilty to falsely threatening that an explosion, which could have endangered lives, would take place at the Yardley factory. He was a security guard at the factory at the time of the offence.

A plea of not guilty

was noted by the magistrate after Marthinus said that someone else had asked him to place the "bombs", which were concealed in deodorant tins, in front of the factory's entrance.

He was sentenced to three years' jail, two years of which were suspended for three years. His co-accused, Mr Shamiel Mohammed, 27, of Bankook Street, Heideveld, was acquitted.

Marthinus' uncle, Mr John Marthinus, testified that Marthinus and his mother had lived with him. Marthinus had told him that someone had promised him some cassettes if he placed the "bombs" at the factory.

Marthinus had also told him that the person

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Night doctor 'crisis' in ~~85~~ ⁹⁸ Chatsworth

Mercury Reporter 21/7/83

FINDING a doctor in sprawling Chatsworth to attend to the sick at night is a 'nightmare' experience for many people, according to Chatsworth residents.

And although the giant R K Khan Provincial Hospital is within easy reach, there is only one doctor available in the hospital's out-patients and casualty ward at night and over weekends.

Confirming this yesterday, Dr P K Naidoo, the hospital's deputy medical superintendent, said because of the shortage of doctors they could not have more doctors to man the casualty ward after normal hours.

But, in the event of a major disaster doctors could be brought in from other sections of the hospital and those on standby duty, he said.

Dr Naidoo said about 30 to 40 patients who sought attention in the hospital's casualty ward over weekends were victims of either motor accidents or assaults.

'The doctor on duty has to attend to these patients before seeing others. This is probably the reason for the long delay in receiving treatment,' he said.

Reluctant

Mr Devendraj Naidoo, of Silverglen, said there were about 12 doctors living in the Chatsworth complex, but many were reluctant to provide after-hours service.

'My five-year-old niece, Vineshree, took ill shortly before 10 p m on Thursday and although there are four doctors living within walking distance of my home, I was unable to reach one.'

He said in desperation he took his niece to the R K Khan Hospital, but found a queue of no less than 20 patients waiting for attention.

'Some had been waiting there for three hours and still had not been seen by the doctor,' he said, adding that it was like 'a nightmare' experience.

Dr D Moodlair, secretary of the Durban South Doctors' Guild, said yesterday that they were investigating a new system where doctors living in the same area could, through mutual agreement, provide a service for emergencies at night. Each doctor would take turns for the night duty.

Facilities worth R12m for Livingstone Hospital

98 E. Post 4/6/83

Weekend Post
Correspondent

CAPE TOWN — The total upgrading of the hospital and the provision of all modern facilities at a cost of R12 million is "the immediate aim" at Livingstone Hospital, Mr Piet Loubser, MEC in charge of hospitals, said here.

Mr Loubser added: "Only the inevitable planning process and also to a lesser extent the availability of funds serve to delay this achievement."

"Naturally such a major project must undertaken in phases, some of which have already been completed."

The completed stages and their costs are: a new link corridor — R82 200, fire escape stairs — R165 500, new elevators and medical gas bank —

R408 300, standby emergency power — R45 000.

A new water reservoir is being built, with a new water reticulation system and new steam mains, at a cost of more than R1 million.

Tenders for new electrical substations and the renewal of the electrical reticulation system to cost more than R500 000 were accepted in April.

During January, tenders were accepted for a new nurses' teaching unit to cost R724 000.

Mr Loubser said that a start had already been made to obtain full use of existing facilities at Dora Ngizwa Hospital, in order to accommodate in-patients at that hospital.

Despite present financial cuts, the Province had allo-

cated R1 712 000 for this purpose.

Salaries would absorb R1,5 million of this, while R200 000 would be spent on furniture and equipment to accommodate an additional 200 patients.

"It is trusted that in this manner we can achieve considerable relief of the present very congested conditions at Livingstone Hospital.

"I must also explain that the present accommodation can provide only 160 additional beds and that it is intended to build an additional casualty ward for 40 patients, urgently," Mr Loubser said.

A ward block was also planned "as an urgent major scheme" for 600 patients at Dora Ngizwa Hospital.

Wits unit exceeds 500 kidney transplants

Star 6/6/83

98

Medical Reporter

The University of the Witwatersrand's transplantation unit has done more than 500 kidney transplants since the first one was performed in 1966.

Transplants are an established method of treatment for kidney failure but the results are imperfect, says Professor J.A. "Bert" Myburgh, head of the department of surgery at the University of the Witwatersrand and the Johannesburg Hospital.

In the past decade the unit has achieved a graft survival rate of between 55 and 60 percent using kidneys from cadavers.

However, the graft survival rate is over 90 percent in sibling transplants such as from brother to sister who are genetically similar.

The results are not as good in parent to child transplants which are 70 to 75 percent successful.

The major graft loss usually occurs in the first year of the transplant.

Lifelong immuno-suppressive drug therapy has been the standard

treatment used to prevent organ rejection but these drugs do not always work and in some instances the side-effects can be lethal.

Professor Myburgh said there had for many years been a search for better methods of controlling rejection. A variety of methods had been devised for manipulating rejection or the immune-response.

The transplantation research unit was established by the Medical Research Council and the Wits University Council to look at various methods of controlling rejection in organ transplants.

Irradiation therapy had given the most encouraging results by far in baboons. It produced a state of tolerance so that the body would accept the graft, said Professor Myburgh.

The use of irradiation therapy was prompted by the observation that people receiving this treatment for Hodgkin's disease had important alterations in immune response.

Professor Myburgh's research team had for

the past five years focused on total lymphoid irradiation in baboons which have a similar immune response to man's.

"We have produced a tolerance for up to four years for kidney and liver transplants in baboons without using immuno-suppressive drugs.

"It is the only method which has achieved this degree of effectiveness," he said.

Professor Myburgh said irradiation had potential hazards and although a safe and effective level had been worked out for baboons there was a "big difference between a healthy baboon and a sick patient suffering from kidney failure".

However, his team had reached the stage where this therapy could be given to patients, he said.

Irradiation therapy — which involves exposure to radiation rays — is used to treat certain categories of Hodgkin's disease, a malignant disorder of the lymphoid system.

The longest surviving transplants in the world had total body irradiation

in France in the early 1950s.

But once immuno-suppressive drugs became available this method was abandoned, said Professor Myburgh.

Interest in the possible use of irradiation therapy in transplantation was revived in the late 1970s when Stanford University in the United States began using it in mice and rats with good results.

Professor Myburgh's research team modified this method in baboons.

Total lymphoid irradiation may offer new hope for liver transplants which have been less successful than kidney transplants.

Professor Myburgh said liver transplants had poorer results for two reasons: the procedure was much more complicated and there was no means of artificial support as in dialysis for kidney transplant patients.

"I have hopes that if our method of total lymphoid irradiation has a measure of success then one can offer liver transplants at an earlier stage," he said.

'Brutal' doctors rapped by hospitals chief

Meas

6/5/83

98

By BRIAN STUART
Provincial Reporter

DOCTORS, matrons and nursing sisters who are "brutal and rude" to student nurses and assistant nurses are causing resignations from hospitals, according to Mr Piet Loubser, MEC in charge of hospital services in the Cape.

Doctors, matrons and sisters humiliated nurses in the presence of patients and public, Mr Loubser said in disclosing the finding of a special Cape hospitals committee set up to examine nurses' grievances.

Mr Loubser said the grievances were being studied and corrected. The committee would probably be a permanent structure.

"The committee was disturbed to hear of unsympathetic and undiplomatic acts and remarks, especially by senior personnel such as doctors, matrons and sisters towards students, trainee nurses and assistants, Mr Loubser added.

Part-timers

"The behaviour and actions of doctors is sometimes brutal and rude. "Part-time and private doctors are the worst offenders.

"Junior nurses are not always treated with the necessary respect, sympathy and tact.

"As in the case of doctors, juniors are sometimes chewed out and even humiliated in the presence of patients, the public and fellow personnel members.

"The attitude and actions of doctors and senior nursing staff towards their juniors, especially students and trainee nurses, often plays a decisive role in determining whether or not they remain in the service and whether they continue with their training and career or not," said Mr Loubser.

"As a result, hospital managements have, where it is applicable, been given instructions to put the matter right." Another grievance which the special committee was considering was the "injudicious" admission of patients without considering the availability of nurses.

Officials tampered with tenders

By GEOFFREY ALLEN

TRANSVAAL Provincial Administration officials illegally tampered with medical supplies' tenders after they had been publicly opened and read out and were "sub judice".

The tenders, made in 1976, were for X-ray film.

These allegations — made yesterday at the De Kock Commission of Inquiry in Pretoria by the examiner, Dr Frans Roets, — were confirmed by Dr Gerhard Schepers, Deputy Director General of Hospital Services.

The commission is investigating alleged misconduct by Dr Hennie Grove, Director of Hospital Services, and Dr Schepers.

Other allegations confirmed by Dr Schepers yesterday were that:

- The company had been allowed to submit its price list after it had publicly heard the prices put up by rivals;

- The price list had been slipped into the tender after rival tenders had been officially opened;

- An unknown TPA official had written a figure into the tender submitted by Mr Isaac Kaye's Alumina Group of companies once it had been opened and was supposedly sacrosanct in the Hospital Services tender department;

- Between the opening of the tenders and the addition of the price list, Dr Schepers had phoned an Alumina official, Mr Gerald Pienaar, to ask where the prices were;

- Even though the Alumina prices were up to R6 more expensive than five rival tenders, the Alumina tender was accepted.

Asked why he had contacted Mr Pienaar, Dr Schepers said: "We have the right, if there is some misunderstanding, to contact the firm."

"In this case," replied Mr Roets, "there were no prices to start with so there was no question of a misunderstanding."

"I phoned to ask where the prices were," Dr Schepers said.

Mr Roets said that the Alumina tender should have

been thrown out in terms of the Tender Board regulations. Instead, it won the contract.

The commissioner ordered that it be established whose handwriting was on the altered document.

Dr Schepers was closely cross-examined on the five star trip he and his wife made to Europe in late 1978 at the expense of the Israeli Tourist Board and various private firms.

His version was that Professor (now a doctor in private practice) Malcolm Funsten and he were invited to go on the trip. He had told Dr Grove and the people making the invitation that Prof Funsten was leaving the TPA and University of Witwatersrand Medical School to go into private practice and that the TPA would therefore not benefit from his going on the trip. Instead it was suggested that he should take his wife.

Dr Funsten told the commission that no-one had mentioned the invitation to him and that he had had no intention of resigning before he handed in his resignation nearly two years later. He had told no-one that he wanted to go into private practice in 1978 because at that time he did not wish to.

"I was very happy in my job," he said.

Dr Schepers admitted giving Mr Isaac Kaye, former managing director of Alumina, post-dated cheques to cover the purchase price of a TV set which was bought through the group for him.

Dr Schepers then launched a virulent attack on the Sunday Express newspaper which published the expose of TPA corruption.

"I say these allegations were vague and fanciful ... sinister and fanciful ... the one thing that all the witnesses supporting the Express have in common is that they are aggrieved."

Dr Schepers said that it was a political plot against the Government's attempt to produce locally made drugs and other materials to make the country independent from, and immune to, possible boycotts from abroad.

RDM
10/6/83
98

Hospital 10/6/83 (98) funds

not fully E-Post spent

Post Correspondent

CAPE TOWN — Only 40% of the funds set aside for Livingstone Hospital during the past two years were spent there, Mrs Molly Blackburn (PFP, Walmer) told the Provincial Council yesterday.

Mrs Blackburn said there was a "desperate need for physical upliftment at the hospital" and she was "puzzled and dismayed" at the discrepancy between allocation and spending.

For the 1980-81 financial year, R1,08 million had been budgeted, but the auditor's report showed that only R483 000 had been spent. In the following year R2,2 million was set aside, but only R853 638 was spent.

During 1981 and 1982, R64 000 and R44 000 were set aside for the Provincial Hospital, but the money had not been spent.

This year R209 000 had been set aside for the casualty department of the Provincial Hospital.

"The time for action is now," she said.

Tasting defeat

LONDON. — A 22-year-old voter who ate his ballot paper after discovering he had voted for the wrong candidate in Thursday's British general election faces possible prosecution.

A police spokesman in Nottingham said yesterday it was an offence to willfully destroy a ballot paper, but said no decision had been taken on whether to prosecute.

In London, a five-year-old boy was spotted yesterday, carrying a bunch of flowers bigger than himself towards Mr Margaret Thatcher's No 10 Downing Street residence.

Asked by a television reporter why he was doing it, the child named Timothy, replied: "Well, the last time I got in the newspaper." — Sapa-Reuter and UPI.

By GEOFFREY ALLEN
THE inquiry into alleged misconduct in the Transvaal Hospital Services is searching for one of South Africa's top businessmen, Mr Isaac Kaye, who is believed to be "somewhere in Europe."

Last night the chairman of the commission, Mr L. V. de Kock, said he was prepared to hold a special session of inquiry if Mr Kaye returned to South Africa.

The examiner at the De Kock Commission, Mr Frans Roets, said he was making strenuous efforts to get hold of Mr Kaye but that he had met with no success so far.

According to Mr Roets Mr Kaye had recently been in Israel, apparently in Tel Aviv, but had since moved on and his whereabouts were not known to his Johannesburg office.
Before giving evidence to

Top SA businessman sought by TPA inquiry

the commission on Wednesday one of Mr Kaye's associates, Mr Max Peter Goldberg, said he believed his former boss was in Europe and would be back in South Africa before the commission ended.

Mr Roets said last night Mr Goldberg had failed to keep an undertaking to inform him (Mr Roets) where Mr Kaye was.
According to rumour in the

local business world last night Mr Kaye is staying with his former business colleague Mr Dusty Miller in London.

Throughout the commission's hearings Mr Kaye's name has been banded as being the mastermind behind a scheme to buy influence among TPA officials.

Mr De Kock said he still had a considerable amount of work to do before the report

would be ready to submit to the Provincial Administrator, Mr Willem Cruywagen.

He believed it would not be necessary to hold any further public hearings.

The commission was established after the Sunday Express printed allegations of misconduct by Dr Hennie Grove, Director of Hospital Services, and his deputy, Dr Cherhard Schepers.

Mr De Kock said after the commission hearing ended yesterday that Mr Roets would consider whether to hand over certain documents handed in as evidence to other official bodies such as the South African Medical and Dental Council.

An example was a list of doctors who were allegedly given gifts in the form of money or presents by Mr Kaye's Alumina group.

Judge asks AX counsel: Why should he not hang?

By TONI REYNEKE

A JUDGE asked yesterday why he should not impose the death sentence on Rodney Ax, the Hillbrow Jawbreaker.

Mr Justice W. J. Human told the Rand Supreme Court he wanted to hear argument from the defence and prosecution on whether he should sentence Ax to death for keeping a young woman captive, raping her six times and threatening her with a knife.

Ax, 19, was convicted this week on 19 charges of rape, indecent assault, robbery with aggravating circumstances, robbery, theft and escaping from custody.
He will be sentenced on Tuesday morning.
Mr A. Booysen, defending,

victim fell into the category of "extreme cases" in law for which "the ultimate penalty is reserved".

He said Ax, of Queens Street, Berrams, had shown a "propensity to violence, sexual assault and dishonesty".

He had shown "a callous disregard for other people's property, the integrity of his victims and the administration of justice by his repeated escapes and attack on a prison warden".

"The court must view this in a serious light," Mr Berry said.

He added that the court should take into account Ax's previous convictions for theft, housebreaking, vand-

success. Even the two years' jail he had served had had no positive effect on him.

"If this has been no deterrent, rehabilitation quite clearly will be well nigh impossible," he said.

Mr Berry described Ax as a "committed, unrehabilitated, remorseless and habitual criminal, both in and out of prison. Rehabilitation here is not a realistic possibility".

He said Ax had expressed "gloating bravado" for what he had done. There was a total lack of remorse and his attacks were predetermined. His motives for the crimes were "selfish" and "immoral".

The three rapes that Ax had committed were all ag-

this sort of damage to people. It must be met with the strongest possible sentence."

Mr Booysen, however, said the court could not find, in the light of all the evidence, that the last rape charge justified the death sentence.

Instead, he proposed that "a lengthy term of jail which meets the judicial standards of time, should be imposed".

He said Ax should be jailed for at least 12 to 20 years, saying jail would be more beneficial to him in later life.
He said the fact that Ax was first jailed at the age of 15 did not show he was unable to reform.

Earlier, Dr I. Bernhah told the court he had formed the impression from interviews



Nurses quit over remarks

w/te Argus 11/6/85

Weekend Argus Correspondent

BLOEMFONTEIN. — Four of the coloured nurses recently recruited to ease the crucial nursing shortage in Bloemfontein's white hospital have walked out of their jobs and attempts to persuade them to return have failed.

It is understood that remarks passed by white nurses working in the same ward — the intensive care unit of the Universitas Hospital — caused the walk-out on Tuesday.

Shortage

Fifty-two coloured women, 45 of whom have no qualifications and are being trained as nursing assistants, were signed up last month for ward duty in Universitas and national hospitals in a move by the Free State Hospital Services to alleviate a shortage of about 500 nurses.

The nurses who left Universitas Hospital on Tuesday were all fully qualified. State-registered nurses formally employed at the Pelenomi Hospital (for blacks).

Remarks

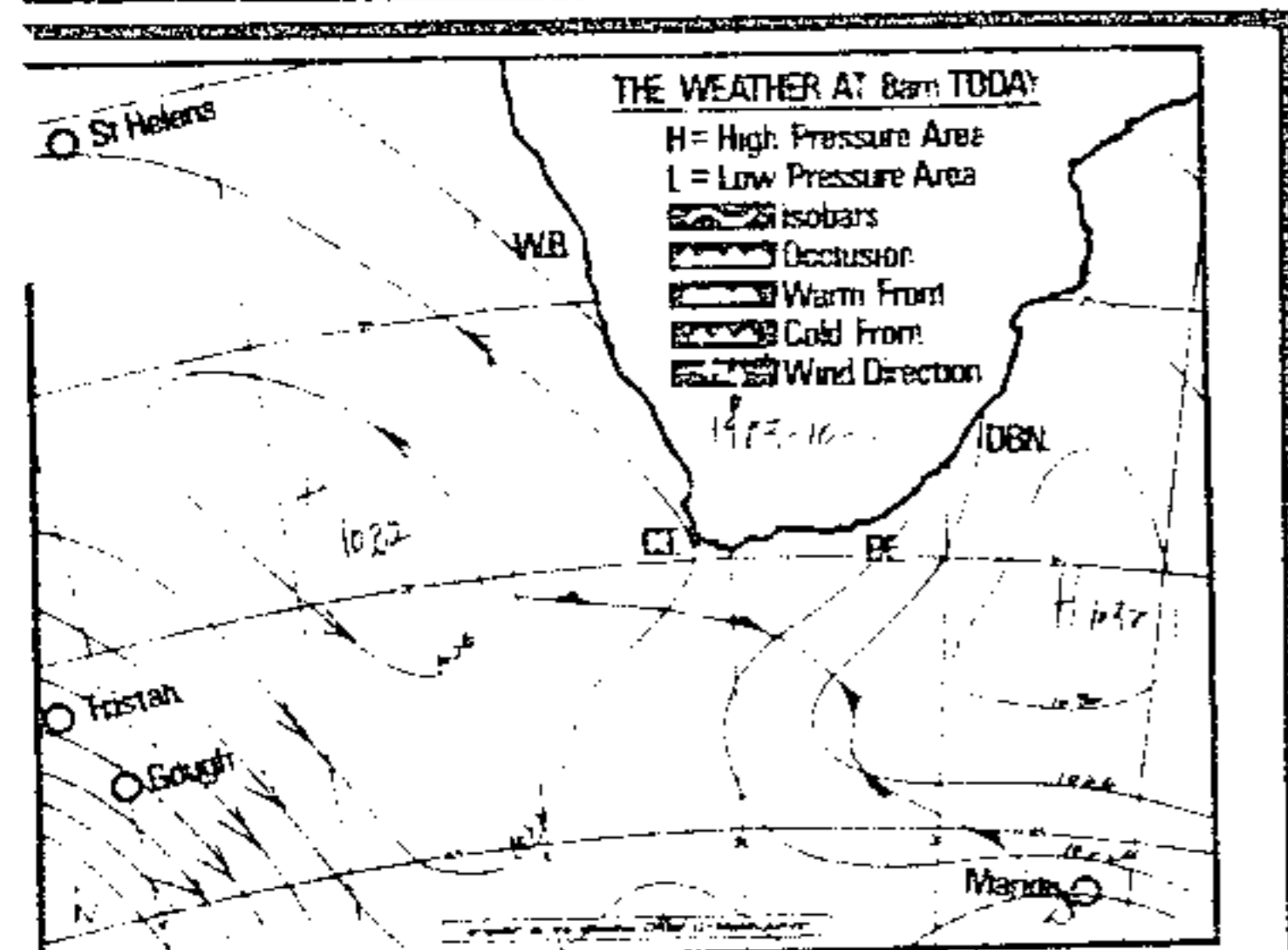
The MEC for Hospital Services, Mr Humphrey Simes, said yesterday "one or two remarks" had made the nurses unhappy. Senior hospital staff had approached the nurses to persuade them to return but were unsuccessful, he said.

"The nurses who left still have their jobs," he said. "If they don't want to work at Universitas or national hospitals they can return to Pelenomi Hospital and there is no question of steps being taken against them."

Mr Simes said more coloured nurses would be recruited and that staff would be accepted from as far afield as Durban, Cape Town and Port Elizabeth.



ier...shocked at an electricity arrears bill of R409.



WITH a weak front south of the country moving south-easterly, fair weather will prevail over Cape Town and the rest of the Peninsula.

Pool	closed	(The figure in brackets shows the average for the month)
Wind	14 deg C	
TEMPERATURES		
Stellenbosch	6 deg C	Maximum temperature 18.2 (18.0) deg C
Simon's Bay	9 deg C	Minimum temperature 8.5 (7.7) deg C
George	15 deg C	Mean temperature 13.4 (12.6) deg C
East London	13 deg C	Maximum humidity 90 (97) %
Port Elizabeth	11 deg C	Minimum humidity 45 (58) %
Kingston	12 deg C	Mean humidity 68 (81) %
Bloemfontein	7 deg C	Mean atmospheric pressure 1022.9 mb (1020.0)
Indoek	16 deg C	
Port Alfred	7 deg C	Rainfall: 8 am — 8 am: 0 mm
Cape Town (yesterday 2 pm)	17 deg C	
Cape Town (today 9 am)	5.2 deg C	For the latest, up to the minute detailed weather information for today, phone 46 1261

Tuesday

a day earlier than expected of the position of the

Minister of Cape Town said Ramadan beginning in South Africa would not be affected and could still start on Monday.

Paper raided

KAMPALA. — Ugandan police have raided the offices of the opposition Democratic Party weekly, Munnansi, following Government criticism of the Press for its reporting of a refugee camp massacre. — Sapa-Reuter.

Naas bridges change in times

Weekend Argus Reporter MR NAAS BARNARDO'S grandfather helped cut the pass through the Bloukrans gorge.

His father used the elephant path at the bottom of the gorge to deliver post.

And now Mr Barnardo has ridden his bicycle 216 m above the gorge.

Mr Barnardo, 73, pedalled his fat-tyred bicycle next to a 1926 Model T Ford carrying Mr Hendrik Schoeman, Minister of Transport, over the 451 m Bloukrans Bridge officially opened yesterday.

A retired forestry worker, Mr Barnardo said: "I have lived here all my life and it was beyond my understanding that the gorge could be bridged," he said.

"When I heard Mr Schoeman was coming to open the bridge, I applied to ride my bicycle over with him and my wish was granted," he said.

Nobody can

brIBE me

Schepers



Mr Dirk Coetzee, foreground, director of Industrial Economic Investigations, leaves the hearing with three colleagues who would not identify themselves.



Prof Funston — "Dr Schepers' evidence is incorrect".

FOUR OFFICIALS of the Department of Industries, Commerce and Tourism appeared as unexpected observers at the De Kock commission of inquiry in Pretoria this week.

Mr Dirk Coetzee, director of Industrial Economic Investigations, was accompanied by three colleagues who refused to identify themselves or explain their interest in the evidence before the commission.

It is understood, however, their attendance during the last few days was related to wide-ranging inquiries that will follow the De Kock commission — which was itself a result of Sunday Express disclosures of the relationships between a pharmaceutical group of companies and provincial government officials.

Many of the documents seized by the De Kock commission will be passed to the Department of Industries to assist its inquiries.

By LAUREN GOWER

Dr Schepers's testimony was questioned by Mr Frans Roets of the Department of Justice who led evidence to the commission on an overseas trip for Dr and Mrs Schepers in 1979. The trip was arranged and paid for through Mr Peter Goldberg, a senior executive of Continental Ethicals, a subsidiary of what was then South African Drugists.

Dr Schepers said Mr Goldberg had relayed an invitation, purporting to be from

ference in Dusseldorf and while there he had accepted invitations to view equipment in other European countries, including Switzerland, Denmark and France. He had also viewed different operating-theatre techniques.

Mr Roets suggested that a person who did not know the exact process could believe that manufacturing meant producing an original product, and — if this person were on a tender board — could award a contract to the company on this assumption.

Mr Roets also put it to Mr Goldberg that "his" company (referring to any of the companies in the group) moved money out of South Africa by arranging for overseas suppliers to overcharge. This overcharge was used to gain an increase in prices from the State, who had awarded tenders, and the amount over and above the genuine price was held overseas to the credit of the South African group.

care, another company in the group, to pay for occasional overnight hotel accommodation for Dr Schepers and his wife, although Dr Schepers had said he was a personal friend of Surgicare's managing director Mr Bill Kennedy.

Questions waiting for Alumina's ex-boss

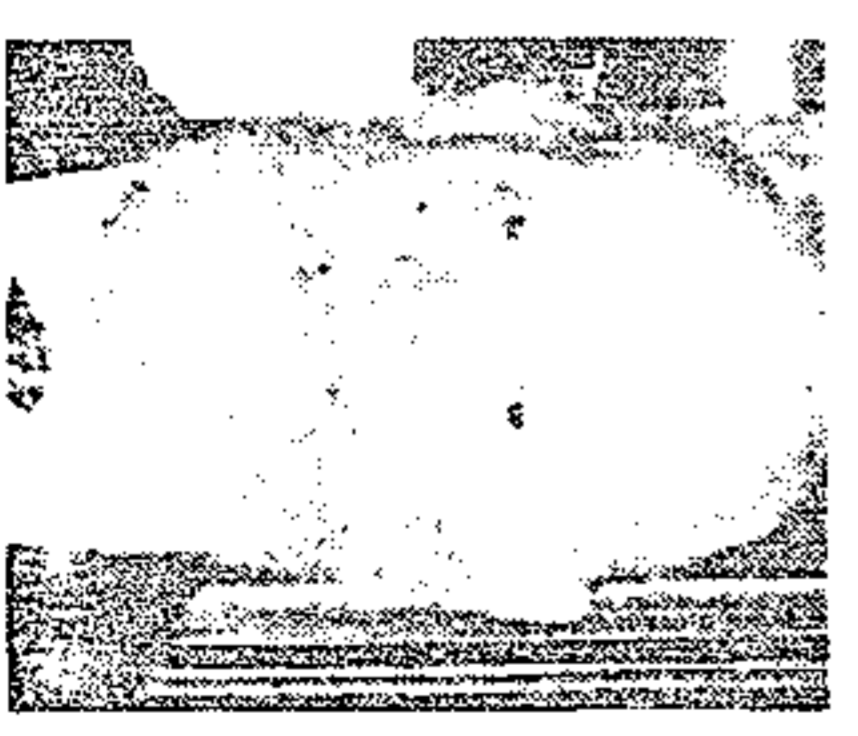
MR ISAAC KAYE, former head of the Alumina pharmaceutical group, may be called to testify at a special hearing of the De Kock commission into the possible influencing of provincial tenders by his companies.

Mr Kaye is abroad and, should he return to South Africa before the hearing of the commission, Mr Louwrens De Kock, has made his findings, he will be called to answer questions relating to the marketing strategies and admini-

stration procedures of the Alumina company and its subsidiaries. The commission, which began its public hearings in Pretoria five weeks ago, was originally set up to investigate allegations of improper conduct by Dr H A Grove and Dr G W Schepers, director and deputy director respectively of Transvaal Hospital Services, and the possible influencing of provincial tenders by the Alumina group of companies.

Wide-ranging evidence by more than 20 witnesses which related to foreign exchange irregularities, the switching of valuable tenders, funds to set up a 'bogus' manufacturing plant and threats to ex-employees of the Alumina company and its subsidiaries led to Mr De Kock extending his brief.

Further investigations will continue until the commissioner submits his findings to the Administrator of the Transvaal, Mr Willem Cuywagen.



Dr Gerrit Schepers "I have no wings".

the Israeli Export Institute, for two medical specialists of the TPA to visit Israel in 1979, to assess medical equipment. He had ex-

His explanation about the invitation was contradicted by Professor Funston, who flew specially from Durban shortly before the closing of evidence on Thursday.

The Sunday Express disclosures had already caused an outcry from overseas principals who wanted to know what was going on in

which quoted an interview with him, was distorted. He was asked to study a copy of the article prepared by the reporters and to report to the commission any inaccuracies.

that he had also received a trip to the Greek Islands from Continental Ethicals, produced his bank statement to show that he had himself paid for all overseas travel

He had complained about Alumina's X-ray factory at Rustenburg to the Transvaal Provincial Administration and other provinces, and had made several representa-

expected observers at the De Kock commission of inquiry. In Pretoria this week.

Mr Dirk Coetzee, director of Industrial Economic Investigations, was accompanied by three colleagues who refused to identify themselves or explain their interest in the evidence before the commission.

It is understood, however, their attendance during the last few days was related to wide-ranging inquiries that will follow the De Kock commission — which was itself a result of Sunday Express disclosures of the relationships between a pharmaceutical group of companies and provincial government officials.

Many of the documents seized by the De Kock commission will be passed to the Department of Industries to assist its inquiries.

In the course of the pharmaceutical inquiry, the Sunday Express also uncovered evidence indicating serious irregularities in the State's programme to stockpile strategic materials and in its programme to assist the development of border industries.

This week the newspaper's disclosures and the testimony of its reporters before the commission were challenged by Dr Gerrit Schepers, deputy director of Transvaal Hospital Services.

Dr Schepers said he saw the Sunday Express campaign not so much as a campaign at the level of an inquiry into irregularities in the pharmaceutical fields, but as a campaign directed against the Government and against individuals.

Possible misconduct by Dr Grové and Dr Schepers and the possible influencing of these officials by employees of the pharmaceutical group, Alumina (launched by Mr Isaac Kaye and later taken over by South African Drugists) have been the subject of lengthy and controversial evidence before the commission chaired by Mr L de Kock.

Roets of the Department of Justice who led evidence to the commission on an overseas trip for Dr and Mrs Schepers in 1979. The trip was arranged and paid for through Mr Peter Goldberg, a senior executive of Continental Ethicals, a subsidiary of what was then South African Drugists.

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His explanation about the invitation was contradicted by Professor Funston, who flew specially from Durban shortly before the closing of evidence on Thursday afternoon to tell the commission that the deputy director's evidence was incorrect.

He had not been approached at any time about the invitation. He might have accepted it if it had been approved by the provincial executive committee and the University of the Witwatersrand.

At the time of the invitation, in 1979, he had entertained no intention of leaving the provincial service, he said. Questioned by Dr Schepers, the professor — now in private practice in Natal — denied telling the deputy director that he was leaving two years before he in fact did so. Earlier, at the start of lengthy evidence, Dr Schepers drew attention to the "disappearance" from the commission of Mr Martin Welz of the Sunday Express who had, at the open-

ing, and — if this person were on a tender board — could award a contract to the company on this assumption.

He described the factory as "bogus", and later accused the company of using an appeal to patriotism, a cry of "Vir Volk en Vaderland" to get contracts.

Mr Goldberg, in earlier evidence, claimed that a Sunday Express report

Africa by arranging for overseas suppliers to overcharge. This overcharge was used to gain an increase in prices from the State, who had awarded tenders, and the amount over and above the genuine price was held overseas to the credit of the South African group.

"This is a very serious allegation," Mr Goldberg said. Dr Grové, answering allegations made by a witness

that he had also received a trip to the Greek Islands from Continental Ethicals, produced his bank statement to show that he had himself paid for all overseas travel by himself and Mrs Grové.

He had not known full details of Dr Schepers' journey to London and was not aware that Mrs Schepers had gone along as well.

He also said he believed Dr Schepers had acted incorrectly by allowing Sur-

though Dr Schepers had said he was a personal friend of Surgicare's managing director Mr Bill Kennedy. Several witnesses claimed that provincial and State contracts were manipulated in favour of the pharmaceutical group. Those who came forward to give evidence of this included Mr H P Bekker, and Mr Vivian Rudman, both formerly of rival suppliers who imported packaged film.

Mr Rudman said his company had been advised in a TPA circular that they had been awarded contracts for certain hospitals and his company had therefore stocked up heavily with X-ray film to meet the contracts. However, it then found that the hospitals they had been advised to supply had already been stocked up by the Alumina company. Later his company was told the hospital allocations had been changed. This had resulted in substantial losses to his company.

He had complained about Alumina's X-ray factory at Rustenburg to the Transvaal Provincial Administration and other provinces, and had made several representations to Minister Chris Heunis, to Customs and to Members of Parliament. But all without success, Mr Rudman said.

Instead he had been accused of being unpatriotic and trying to oppose a local venture, Mr Rudman said.

Other evidence heard this week included: Mr Peter Goldberg admitted that a Rustenburg factory, substantially financed with taxpayers' money through the Industrial Development Corporation did not actually manufacture X-ray film, but imported it in rolls. The factory cut and packaged the film.

He had described the factory as "manufacturing" when applying for a bank loan, but everyone in the business knew what the factory was doing, Mr Goldberg claimed.




Dr Gerrit Schepers... "I have no wings"



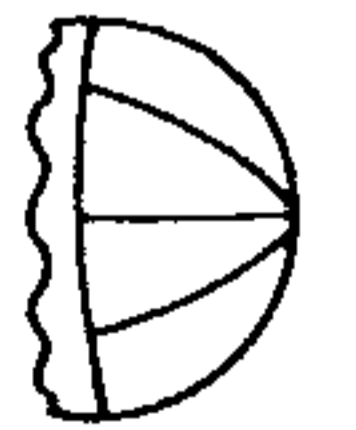
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Part of the crowd at last night's University of the Western Cape mid-year graduation ceremony. 150 people received degrees and 46 were awarded diplomas.

Hospital delay slammed

*w/c Argus
18/6/83
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Weekend Argus
Reporter

MEDICAL services in the "new cities" of Khayelitsha and Mitchell's Plain were hopelessly inadequate, Professor Richard van der Ross, rector of the University of the Western Cape, said last night.

Speaking at the UWC mid-year graduation ceremony, Professor van der Ross said the coloured community continued to be served in large areas with minimal health services.

"It is bad enough that about 300 000 coloured people in Mitchell's Plain are without a general hospital. It is worse to learn that no such hospital is planned.

Epidemics strike

"A new city of 300 000 at Khayelitsha has already started. It is quite incomprehensible that the hospital at Guguletu-Heideveld is still being delayed.

"Must we wait until epidemics strike these new concentrations of people? Must people be expected to travel from the False Bay coast to Groote Schuur?"

The answer, he said, was to complete the Guguletu-Heideveld hospital without delay as a teaching hospital for the UWC medical faculty. This the Cabinet had decided to

open 10 years ago as "a matter of urgency".

"Such a move would also facilitate the building of our long overdue dental hospital," Professor van der Ross said.

The dental faculty currently treated more than 1 000 patients at Tygerberg Hospital, operated a maxillo-facial and oral surgery unit at Groote Schuur and ran a mobile dental clinic in several townships.

"By 1984 our dental and para-medical services will be scattered between the Groote Schuur, Tygerberg and Conradie hospitals, with ambulances screaming along Peninsula roads to carry patients needless miles."



Jacqueline Dawn Adriaan receives a BA (honours) degree in Afrikaans and Nederlands.



Dr Izak Jacobus van Zyl receives a Doctor of Theology degree from the rector and vice-chancellor, Professor Richard van der Ross.

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Millions to be spent on twin town hospitals

By WINNIE GRAHAM Property Reporter

TWO major developments in Sandton and Randburg will provide residents with an additional 570 hospital beds in the next few years. Both are multi-million-rand.

A 204-bed clinic is planned for Morningside, Sandton, and a 250-bed hospital for Olivedale, Randburg. An additional 116 beds for medical and surgical patients will

also become available when extensions to the Sandton Clinic are completed by next March.

The Morningside Clinic — still in the early stages of planning — will be built near the Holiday Inn at an estimated cost of R15-million. The hospital will serve surgical, medical and maternity patients. Facilities will be available for convalescents. There will also be doctors' rooms in the complex.

Building is expected to

start in September and the clinic will probably open in March, 1985.

The Randburg Hospital — its planning is still in the embryonic stage — will incorporate several novel features, including a community health centre and a preventive medicine section. Also a multimillion project, the hospital will fulfil a long-felt need in the area.

A total of 250 beds will be provided in the first phase,

with an extra 100 in the next stage.

The extensions to the Sandton Clinic, which are underway, will cost about R2 000 000. Initially, provision will be made for medical and surgical patients, with additional suites for doctors provided later.

The building of the two hospitals, with the extensions to the already heavily-used Sandton Clinic, will be a major boon to the people of the two towns.

978 S. Express 19/6/83

AS TPA'S 'FILTER SCHEME' FOR SOWETO CLINICS BACKFIRES...



● Baragwanath — crowds are streaming into the already overcrowded hospital

The steadily rising tide threatens to drown Baragwanath

19/6/83 S. Express 98

A SCHEME by the Transvaal Provincial Administration to withdraw specialist doctors from Soweto clinics has backfired.

Patients have been streaming to the overburdened Baragwanath Hospital to skirt what they feel is a second-rate medical service offered by the clinics.

In 1981, the TPA's Hospital Services attempted to stem the flow to Soweto's overcrowded hospital by using the clinics as filters through which only the most serious cases would pass.

But specialists were barred from working at the clinics because, the TPA felt, they would be needed at the hospital to attend to the serious cases.

The TPA's strategy included an attempt to integrate primary health care into community life, which involved promoting the gen-

eral practitioner as the main dispenser of health and the clinic as a fount of medical care.

The scheme, however, has backfired.

Doctors at Baragwanath say patients have lost confidence in the medical service being offered at the township's eight clinics, which are administered by Baragwanath, and are heading for the hospital itself in increasing numbers.

Admission figures to the hospital have risen sharply since April, while the attendance figures at the clinics have plummeted.

From April to December 1982, attendance figures at the clinics plunged by an average 17% a month, while the admissions to Baragwanath climbed by a steady average of 10% a month over the same period.

The number of admissions

By ANNE SACKS

to Baragwanath could have been even higher if two new hospitals, the Hillbrow Hospital and Sebokeng Hospital near Vereeniging, had not opened around April 1982.

Professor Harry Stein, head of Baragwanath's Department of Paediatrics, said there was a disturbing increase in the number of stillborn babies at the hospital.

He said the number of peri-natal deaths, that is, babies who are stillborn because of ante-natal or delivery complications, has climbed steadily in the last six months from 35 per 1 000 to 41,6 per 1 000.

Because of the vulnerability of children, peri-natal deaths are regarded internationally as a valuable index of the effectiveness of medical care in general.

Some doctors believe the

present crisis is partly due to the 100% increase in patient fees from R1 to R2 per visit, which came into effect last April.

This has put medical care out of the reach of thousands of patients suffering from chronic diseases, who require frequent checks at clinics.

But most doctors blame the TPA's Hospital Services.

Professor Stein believes many of the peri-natal deaths could have been averted if there were specialists at the clinics who were better able to diagnose and manage maternity cases.

The superintendent of Baragwanath, Dr Chris van den Heever, said some of the reasons for the drop-off in clinic attendance included last April's fee increase as well as the opening around the same time of the Hillbrow Hospital and the Sebokeng Hospital.

16-year delay on hospital 'a disgrace'

ARCAS
21/6/83
98
340

Medical Reporter

IT IS an "absolute disgrace" that the Guguletu-Heideveld Hospital has still not been built 16 years after it was first mooted.

Dr John Sonnenberg, chief health spokesman for the PFP in the Provincial Council, said there was a "desperately urgent" need for the hospital which has been on the drawing board since 1967.



Dr John Sonnenberg

SPEECH

Dr Sonnenberg was reacting to a speech by Dr Richard van der Ross, rector of the University of the Western Cape, in which he said the Guguletu-Heideveld Hospital "must be proceeded with without delay as a teaching hospital" for the medical faculty of UWC.

Dr Sonnenberg said when he asked why the Heideveld-Guguletu Hospital had not been built he was told the council was waiting for the UWC medical school to be built.

Dr R L M Kotzé, director of hospital services in the Cape, said it was up to the "higher education authorities" to decide

whether the hospital would be adapted as a teaching hospital.

"Money will then be the next thing needed to build the hospital. If it is going to be a teaching hospital, the treasury will be asked for special funds. If not, the money will come directly from the province."

Asked about the shortage of medical facilities at Mitchell's Plain, Dr Kotzé said a high priority was the building of a large day hospital in the area, but this would depend on finances being available.

He said the hospital services department was also planning health facilities for Khayelitsha.

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Bleak financial year ahead for Transvalers

98 3/4

THE Provincial Council budget session, which closed in the Ou Raadsaal in Pretoria last week, had little for the comfort of Transvalers.

Shocks included a huge increase in penalties for contraventions of the Road Traffic Ordinance and the inevitability — it may be introduced next year — of parents being compelled to contribute substantially to the education of their children.

The session opened with a blistering attack by the Leader of the Opposition PFP, Mr Douglas Gibson, on successive executive committees.

He claimed they had been bad rulers, bad planners and downright wasters of public money.

He attacked planning blunders which, he said, cost taxpayers tens of millions of rands in fruitless spending.

He said the Johannesburg Hospital was a monument to bad planning as well as to white greed.

Half the hospital's 2 000 beds were empty, while black patients had to be accommodated on ward floors at the Baragwanath Hospital.

The session was peppered with acrimonious and angry Broedertwis tussles between the Conservative Party's eight councillors and the big National Party majority in the council.

Backdrop to the session was the Government's proposed constitutional changes and the threat these held for the provincial council system.

The PFP Opposition claimed the Government had set out years ago to strip the provincial councils of their powers and to undermine and restrict the functions granted them at Union.

In terms of the proposals, PFP leader Douglas Gibson said the provinces would be emasculated and all power grabbed by the Government under an executive president with dictatorial authority ... beyond even the reach of a court.

The proposals were repeatedly attacked during the session by the Conservative Party as well as the PFP ... but for very different reasons.

The Conservative Party's obsessional fear was that the proposals would be the thin edge of the wedge for total integration, while the PFP saw them as being cynically designed to entrench apartheid and the National Party even more deeply.

The proposals, PFP members indicated, were a facade which should blind no one to the Government's real intentions ... to perpetuate white rule and privilege at the expense of increased racial polarisation, black isolation and provocation.



JOEL MERVIS ... attack on SABC "bias" in news reporting.



FANIE SCHOEMAN ... compulsory financial contributions for education.

By GERALD REILLY, Pretoria Bureau.

Where in all the world, one bewildered Conservative Party member asked, would you find a country where the ruling party was eager to surrender political control and power?

Conservative Party members warned of the inevitable confusion and conflict which would follow the implementation of the new dispensation.

The Nationalists countered with what has become the stock response ... the "move-in-the-right-direction" argument.

However, at least one subject got the unanimous support of all parties ... war was declared on reckless driving.

Punishing new penalties aimed at disciplining the province's motorists into a more responsible use of roads, and to slow the rising road death toll, would be introduced next April, it was announced.

Fines of up to R3 000 (or three years' jail, or both) will be imposed.

Reckless driving will carry a maximum penalty of R2 000 (or two years', or both).

Stiff penalties are also promised for other road offences, such as forged driving licences or roadworthy certificates.

Announcing the penalties, the MEC in charge of road traffic, Mr Daan Kirstein, said the current penalties had failed to keep pace with the falling value of money. Each year they became less severe because of inflation.

They had also failed as a deterrent to bad and dangerous road behaviour.

The end of the era of free education at provincial

schools was also foreshadowed during the session.

The MEC in charge of education, Mr Fanie Schoeman, announced that the Education Ordinance would be amended next year to make provision for compulsory financial contributions by parents to the education of their children.

He warned, however, that the issue should not become a political football and should not be dragged into the political arena.

The costs of providing and maintaining schools and colleges of education and paying the province's 26 000 teacher corps were stressed.

Other costs, too, had become prohibitive and beyond the means of the province, under the current inadequate Government subsidy to the province.

The chronic English-speaking teacher crisis was highlighted by the PFP's education spokesman, Mr Peter Nixon.

Only one in seven teachers at the education colleges, he said, were English-speaking.

The crisis came into focus when it was realised that, for every three Afrikaans-speaking pupils, there was one English-speaking pupil.

Statistics showed a steady decline in the number of English-speaking teachers. Mr Schoeman said that from 1959, English-speaking teachers declined from 19,7% of the total to 18,9%.

In the same period, English-speaking pupils had increased from 29% of the total to 32,2%.

A particular aspect of the English-speaking teacher crisis, it was emphasised, was the sharp and continuing de-

cline in the number of men students at the province's two colleges of education.

During the budget debate, the SABC was slammed for "blatant and unashamed bias" in its presentation of television and radio news.

Of the hysteria generated by the recent series of by-elections and by the constitutional reform plans, the SABC had over-reached itself as a blatant propagandist for the National Party, the MPC for Edenvale, Mr Joel Mervis, claimed.

The alarming aspect was that television and radio were easily able to deceive the public.

The news staff of the SABC, Mr Mervis said, was packed almost entirely with dyed-in-the-wool supporters of the National Party and being biased in favour of the Government was a way of life.

A more balanced treatment of the news, he claimed, could only come from a more balanced staff and a realisation that all South Africans paid for the SABC and not just the supporters of the National Party.

Attacked, too, was the headmaster of a Johannesburg school who sent out a circular, through his pupils, to parents asking them to inform on coloureds and Indians living illegally in the Hillbrow area.

The PFP MPC for Hillbrow, Mr Max Neppe, condemned the "cruel and wicked witchhunt" which used pupils to propagate an iniquitous Group Areas Act and encouraged them and their parents to become agents of the Government.

98 ~~975~~ ~~Port Alfred~~ ~~22/6/83~~ ~~2061~~ ~~16112~~ ~~Heenan~~
1007 Mr. E. K. MOORCROFT asked the
Minister of Health and Welfare.

Whether there are any (a) clinics, (b) doctors, (c) nurses and (d) community health workers in the Black township of Port Alfred; if so, how many in each case?

The MINISTER OF HEALTH AND WELFARE:

(a) 1;

(b) 3.

(c) 4; and

(d) none; community health workers are presently being trained by the Department of Health and Welfare.

118 018
SUPER DENIES IT

Montsisi 'kicked out' of hospital

By **MONO BADELA**

DAN Sechaba Montsisi, former leader of the banned Soweto Students' Representative Council (SSRC), recently released from a four-year imprisonment on Robben Island, yesterday alleged that he was "kicked out" of the Natal-spruit Hospital.

Montsisi, who was admitted for a knee operation on June 14 after an injury sustained while playing soccer on Robben Island, claimed that he was thrown out after protesting to the matron, Mrs W du Plessis against what he called "appalling conditions".

The matron, he alleged, called him a "prisoner" and accused him of being an agitator.

NO CRUTCHES

But Dr A F Chemaly, the superintendent of the hospital, yesterday denied this and said Montsisi had been discharged at the insistence of his private doctor, Dr A L Orford.

Montsisi, who said he was not given crutches when he left and was not provided transport home although he was still unable to walk, claimed that patients, especially from Ward 21, were made to wear soiled and dirty pyjamas for two weeks.

The hospital, he said, was plagued with hordes of cockroaches which "invaded our lockers at night".

TERRIBLE NOISE

The patients, he alleged, could not sleep at night because of the "terrible noise" caused by the heating system. The food, too, left much to be desired.

He said that complaints were met with arrogance.

Dr Chemaly said the hospital was short of linen because of the financial crisis in the country which resulted in the hospital budget being cut drastically.

"We have to skimp here and there to make ends meet. At the moment we are experiencing overcrowding," he said.

AGITATOR

He said the heating system would be fixed and as for cockroaches, "even five star hotels do have them".



OPERATION: Sechaba Montsisi at home.

Asked about the matron's allegations, Dr Chemaly explained that Montsisi was "a deputy of Tsietsi Mashinini during the Soweto riots.

"You could see that the man is an agitator and a troublemaker," he said.

Call for State to give the go-ahead

(98) C. Herald 25/6/83

URGENT NEED FOR NEW HOSPITALS — VAN DER ROSS

THE lack of medical and dental facilities in the black community was highlighted last week by Professor Richard van der Ross, Rector of the University of the Western Cape.

At the university's graduation ceremony on Friday, Professor van der Ross said the facilities for Mitchells Plain and Khayalitsha were hopelessly inadequate.

He said a general hospital was desperately needed to cater for Mitchells Plain's 300 000 residents and the 300 000 people who will eventually live in the new township Khayalitsha.

MINIMUM

"Our community continues to be served in large areas with minimum health services. It is bad enough that some 300 000 Mitchells Plain residents are without a general hospital. It is worse to learn that no such hospital is planned," he said.

Professor van der Ross called on the Government to give the go-ahead for a hospital to be built at Guguletu or Heideveld.

EPIDEMICS

"Must we wait until epidemics strike? Must people be expected to travel from the

Groote Schuur Hospital?"

He said the Guguletu/Heideveld hospital could be used as a teaching hospital for the medical faculty at UWC.

At the oath-taking and prize-giving ceremony for 15 final-year dental students on Wednesday, Professor van der Ross said that only about 50 out of more than 1 000 dentists were black.

"This raised the question: What do people in the black community do when they need dental care?" he asked.

ENSURE

"We must ensure that medical and dental services are in reach of all, not only those in the cities who can afford them.

"Should we not, as a university, go out into the townships and recruit people as future dentists, and bring them through high school and university?"

He said UWC ran a dental clinic at Crossroads and a mobile township clinic.

"We may introduce an internship for qualified dentists, requiring them to do practical field experience in areas where dental services are not normally available, before entering private practice," he said.



● Mr Mervyn Raymond Meyer (B Cur) is capped by Professor Richard van der Ross at the graduation ceremony of the University of the Western Cape.



● Shirley Anne Jephta walks off with her Bachelor of Arts degree at the University of the Western Cape's graduation ceremony on Friday night.

Poor will die at home, says Azapo of new hospital rule

The new hospital ruling in the Transvaal that out-patients must pay bills in full before treatment will result in poor people staying away and dying at home, Azapo claimed today.

The health secretariat spokesman of the Azanian People's Organisation, Mr Abu-Baker Asvat, was commenting on the new payments policy announced by the Director of Hospitals, Dr Hennie Grove.

The policy is that in-patients, to whom a day tariff is applicable, must pay a deposit on admis-

sion. Where a non-recurrent tariff applied, as with out-patients, the patient "will be expected to pay the full amount on admission". A patient will not be refused treatment if he cannot pay — but will be expected to arrange payment as soon as possible.

The ruling would increase hardship in the townships, particularly among "people who are battling to make ends meet and who are living a hand to mouth existence," Dr Asvat said.

Health services should be the duty of the State

— available to one and all and free of charge, he said.

Mr Isaac Mogase of the Soweto Civic Association said the ruling was "a terrible situation".

Mr Tom Manthatha of the Soweto Committee of Ten said the ruling was "ugly and inhuman".

People attacked in the street or involved in serious car accidents were not likely to have cash on them when taken to hospital, he said.

"The ruling is a horrifying idea. The Government is responsible for the health of its citizens, he said.



Khayelitsha health service 'inadequate'

By JO-ANNE RICHARDS

NEARLY 450 people now living at Khayelitsha — 304 of them children — are without personal health services.

Although the Divisional Council provides a preventive health service — including infant feeding, family planning and immunization — there is no curative health service for the people who began moving there on June 7.

Injured or ill residents must travel to the nearest provincial day hospital in Guguletu, either by car or by catching two buses, for which they must pay R1.23.

The first bus from Khayelitsha to the Nyanga terminus leaves at 5.30am and the last at 8.30pm. The clinic is open three times a week, although a staff member is present every day.

Both the clinic and the provincial day hospitals close at night.

The Medical Officer of Health for the Divisional Council, Dr L. Tibbit, said it was not the Divisional Council's brief to

provide curative health services — its clinics provided promotive and preventive services.

He said the staff at the clinic, which included nurses specializing in community health care, could deal with first-aid and minor ailments before referring the patient to the day hospital.

A spokesman for the Red Cross said staff members who visited the area last week had been so concerned about the lack of facilities for dealing with ailments and injuries that they had left

their first-aid box at the clinic.

While they were there, a small child with bad burns on his legs was referred by the clinic to the day hospital without treatment, he said.

According to Dr John Sonnenberg, MPC and opposition spokesman for health, the provision of health services in Khayelitsha was primarily the responsibility of the Western Cape Administration Board.

The chief director of the WCAB, Mr J L. Gunter, said the board had

not asked the Provincial Administration to provide health services, but had arranged with the Divisional Council to provide a clinic.

The health services provided by Divisional and City councils were purely preventive. Personal health services for the treatment of injuries and ailments were handled by the Provincial Administration.

The Acting Director for Hospital Services in the Cape Province, Dr J L. Jordaan, said he was aware of the problem and

was making arrangements to deal with it. He was at present investigating the possibility of making a nurse from one of the day hospitals available for duty in the area. If a nurse was not available, a post would have to be created.

Dr Sonnenberg said the situation at Khayelitsha was clearly hopeless. A curative presence in the area was an urgent necessity, especially as the large numbers of children were subject to illness as well as injury.

A chaotic situation should not be allowed to develop before something was done, he said.

Mr Ken Andrew, PFP MP for Gardens and opposition spokesman for black affairs in the Western Cape, said the people of Khayelitsha were promised adequate health facilities as soon as they had moved there.

These facilities should at least incorporate first-aid, community health nursing and transport to a nearby day hospital, he said.

Health costs may be out of reach of most

Mercury Correspondent

CAPE TOWN.—Escalating health care costs might become so exorbitant that the public would not be able to afford them, Prof N S Louw, president of the Medical Association of South Africa, said last night.

He was speaking at the opening of the association's centennial congress.

Prof Louw said: 'This is not the responsibility of the medical profession alone. Very often the hospital and pharmacists' accounts exceed that

of the doctor by far.'

He said the doctor's responsibility including promoting primary health care, not over-prescribing already costly medicines, not over-serving patients and not requesting 'unnecessary, expensive special investigations' when a diagnosis could be made by good clinical evaluation or examination.

There was one doctor for every 2 000 South Africans and another 20 000 or more would have to qualify in the next 25 years to meet the popu-

98

lation growth, he said.

'It is unrealistic to assume that the existing seven medical schools will be able to fulfil the demand.'

A health advisory committee had been formed to make recommendations to the health authorities, he said.

It might be time to allow health teams, under the supervision of a doctor, into the private sector. These teams could prove more effective and less costly than the individual services of a

doctor.

Prof Louw said it remained an open question how much longer our country would be able to afford luxurious and big hospitals except as training schools.

He also expressed the wish that the association's future role would be to bind colleagues of all races, colours, creeds and political beliefs in a dedicated and well-disciplined profession, able to offer the best possible service to the sick.

Ambulance 'a vital part of services'

ARGUS 8/7/83

98

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Staff Reporter

AMBULANCES have become a vital extension of medical services and are no longer there for "scoop and ride" purposes, says an emergency services chief.

Delivering a paper at the 54th congress of the Medical Association of South African in Cape Town today, Dr Alan MacMahon, director of the Peninsula's Emergency Services Centre, said that while the ambulance service still had a long way to go, it had improved radically in the past 10 years.

He said it would continue to improve but that it needed the support of the public and the medical profession for it to reach its full potential.

Treatment

He said ambulances were no longer designed only for transport but for pre-hospital emergency treatment and staff were trained to deal with emergencies.

Dr MacMahon said a possible way to bring the ambulance services and the medical profession closer together was to give medical students and nurses an opportunity to work in the ambulance field "to see what it's like on the outside".

Cases

Dr MacMahon also emphasised that emergency cases should be separated from transport cases to speed up the service.

In many cases, he said, ambulances were only ferrying people who had no other means of transport to hospital.

He also called for more use of air transportation particularly in view of the relatively new concept of regional hospitalisation.

● See page 4.

New fees: bitter pill for patients

98
By Sue Leeman
Pretoria Bureau

Star 5/7/83
vate category now have to pay for prostheses.

Patients at the Johannesburg Hospital were thrown into confusion this week when they learnt they would have to dig deeper into their pockets to pay for treatment.

One recent new ruling requires all patients to pay deposits ranging up to R175, either on admission or at the start of being treated as out-patients.

Some of the more costly items now being charged to private patients include heart valves at up to R2 000 as well as cardiac pacemakers.

The new ruling is part of a major savings drive by the Transvaal Hospital Services, and means private out-patients will be billed for their medication while in-patients in the pri-

One example of patients having to pay more is the unmarried out-patient who earns more than R2 500 a year and is there-

This man is desperate

Mr Eric Vermaak of Crown Gardens is one of the people who feels the effects of the new provincial hospital rulings most keenly.

Mr Vermaak, who underwent a kidney transplant at the Johannesburg Hospital three months ago, is battling to pay for vital anti-rejection drugs which will now cost him more than R200 a month.

His wife Pat told The Star this week that the situation was becoming desperate. "These drugs keep him alive, but we cannot afford to pay for them. Our medical aid partly reimburses us, but not immediately, so we have to battle to make ends meet in the meantime. The chemist is prepared to give us credit, but this is limited. This is a desperate situation for someone literally married to a hospital."

A spokesman for the Johannesburg Hospital said Mr Vermaak could apply for reclassification, giving details of his expenses and income. He could even take his case as far as the Hospital Board.

fore classified as private. That person will no longer receive medication for his R13 consultation fee. Instead, he or she will be issued with a prescription which they must pay to have

filled at a private pharmacy.

This also applies to a man with a wife and two children whose family income exceeds R6 250 a year.

Private in-patients will also suffer from the new ruling. They used to be charged between R20 and R35 a day for the whole spectrum of treatment and medical appliances, but must now bear the cost of prostheses such as heart valves and cardiac pacemakers, as well as orthopaedic and cosmetic appliances.

The MEC for Hospital Services, Mr Daan Kirstein, said the system of deposits paid by patients was now being enforced to counteract the problem of unsettled hospital bills. The Province wrote off more than R1-million annually in unpaid accounts, he said.

Bara gets praise for treatment

By ELLIOT TSHINGWALA

HUNDREDS of thousands of casualty cases and outpatients were treated at Baragwanath Hospital last year, Miss I O'Mahony, the hospital's matron-in-chief said last week.

Speaking at the graduation ceremony for more than 200 student nurses held at the Harriet Shezi Hall, Miss O'Mahony, quoting figures from an article written by the director of hospitals, said 172 727 people were treated at the hospital.

During the same period 26 952 babies were

Zola.

She also heaped praise on Dr P Beukes, for the part he took in the various projects undertaken by the hospital. Passes she said, were as high as 100 per cent in some subjects. The average pass was 78.5 percent for all the students. This had never been achieved at the hospital and should be considered a milestone in the history of the hospital.

The main speaker, Mr M M Morapeli, rector of the Soweto Teachers Training College, said the standard of training and sophisticated machinery at Bara ranked among the best in the world. Mr Morapeli, who with his nurse wife has visited several hospitals in Europe and Britain, said they had been met with praise and admiration wherever they went. It was easy for South African nurses to get jobs overseas because of their training, he said.

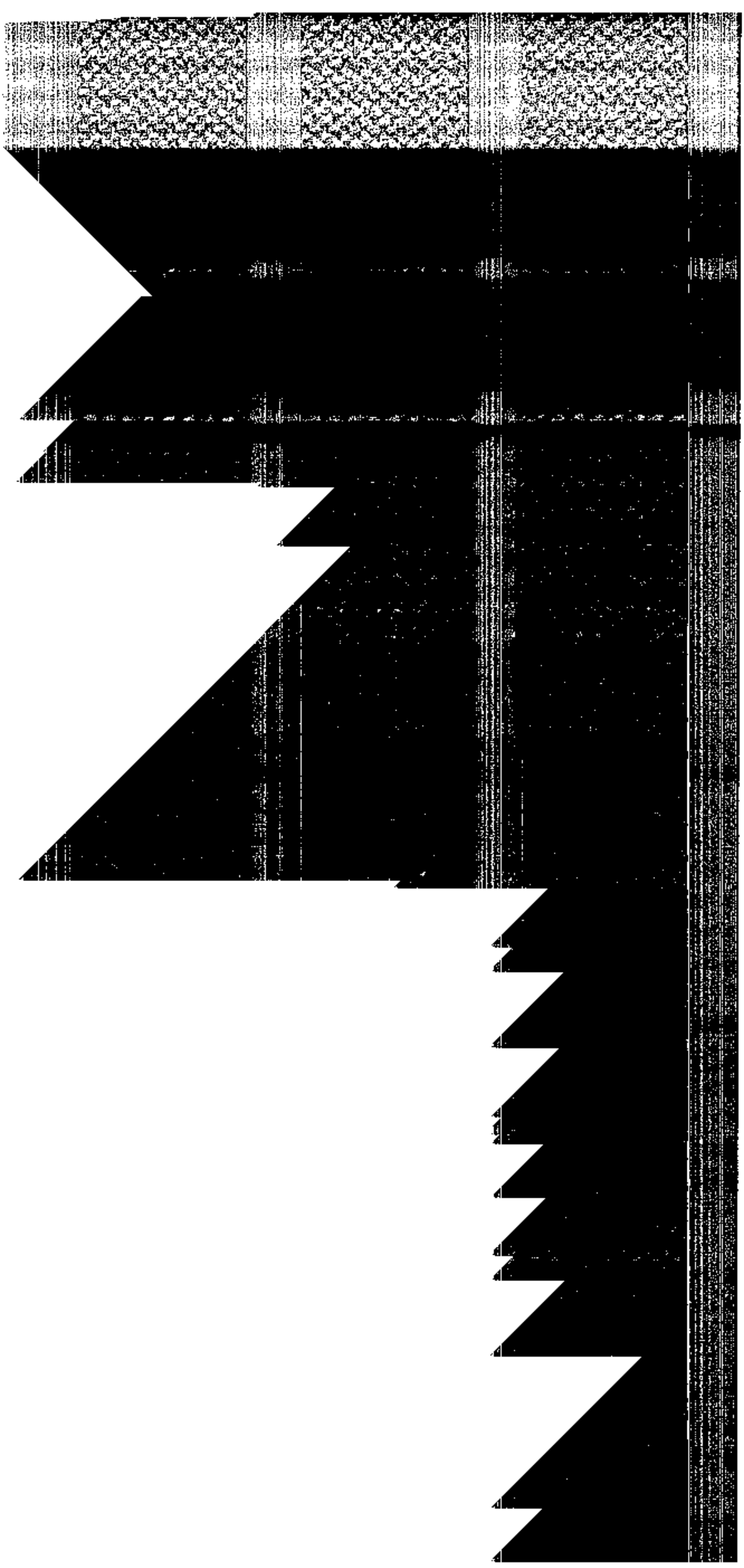
Prizes and award were conferred on 11 graduates for above average skill, compassion and good human relations.

The world renowned Baragwanath choir rendered music.



These three lovely Ladies of the Lamp are part of the group of eleven who were conferred with prizes and awards for above-average skill and compassion. They are from left: Beauty Vanda, Esther Hlongwane and Sheila Mfulwane.

CHANGE TO EQ IT WILL CHANGE YO



Hospital tariffs to go up ^{Sowetan} 11/7/87 98

THE Transvaal Executive Committee of the Department of Hospital Services, has decided that in-patients to whom a daily tariff is applicable will have to pay a deposit of between R20 and R175 on admission to all provincial hospitals.

A directive from the Director of Hospital Services, Dr Hennie Grove, said the advance payments expected from in-patients to whom a non-recurrent amount applies, will range between R5 and R35. It will be expected of out-patients, including emergency cases, to pay an amount ranging between R2 and R13 before treatment.

The directive said: "In

By JOSHUA RABOROKO

cases where a non-recurrent tariff applies, as for out-patient treatment, the patient will be expected to pay the full amount on admission. In this way an effort is made to counteract the increase in the amount of patient fees which must annually be written off as irrecoverable."

INCOME

Dr Grove said a patient is classified in a specific tariff group on the basis of the family's total income and the number of persons constituting the family. The deposit or non-recurrent amount payable by the

patient will therefore depend on the tariff group into which he has been classified.

Persons who are aware that they will be admitted to a provincial hospital, are consequently advised to establish beforehand at the hospital what amount they will be required to pay on admission.

According to the system envisaged, at least a part of the account, if not the full account, will be collected from potential defaulters. The cost and administrative work attached to the recovery of the debts should also decrease considerably.

"The public may however, rest assured that a patient will not be refused treatment if he is unable to pay the required amount, but such a person will nevertheless be expected to make the necessary arrangements for payment of the amount as soon as possible," Dr Grove said.

Meanwhile the Baragwanath Hospital superintendent, Dr Chris van der Heever, has requested that all patients visiting the hospital should bring their reference books with them and if they belong to a medical aid scheme then the patient should bring his or her membership card to the hospital.

Azapo says new health tariffs will cause suffering

~~11/11~~
Sowetan
98
12/7/83

By JOSHUA RABOROKO

THE TRANSVAAL executive of the Department of Health Services' decision to charge in-patients between R20 and R175 on admission to all provincial hospitals will bring untold suffering to most people.

In a statement to The SOWETAN yesterday, the Azanian Peoples' Organisation's Health Secretary, Dr A Savat, said that in future patients would be reluctant to go to hospitals and clinics for fear that they would be turned away if they did not have money.

Azapo was reacting to a statement by the Director of Hospital Services, Dr Hennie Grove, that the advance payments expected from in-patients to whom a non-current amount applied would be between R5 and R35.

CASES

According to a directive it will also be expected of out-patients,

including emergency cases, to pay an amount ranging between R2 and R13 before treatment.

Dr Grove has also said that a patient is classified in a specific tariff group on the basis of the family's total income and the number of persons constituting the family.

In the statement Azapo says that the decision was taken without considering the untold suffering it would cause to all concerned.

MONITOR

However, the statement says Azapo will monitor this decision and keep the public informed about its consequences.

"The standpoint of the organisation is that health services are a basic right which should be available to all free of charge," the statement says.

Meanwhile patients at

Baragwanath Hospital have been asked to bring reference books or

medical aid membership cards to the hospital.

This scheme, according to sources, is likely to bring about a lot of

inconveniences to people who might get ill while not in possession of their documents or money.

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Hospital refusal: Hurt boy dies

98

MARITZBURG. — A boy who was seriously injured after falling from a moving bakkie was refused admittance to Northdale Hospital on Monday and died as a result of his injuries in Durban's Wentworth Hospital the next day.

The dead boy was Zulinkosi Lindedu, 9, son of a farm labourer employed by a Mr Naidoo of Northdale. Mr Naidoo owns a farm in the Albert Falls area.

As he drove away from the farm on Monday morning, Zulinkosi, who was playing with his two brothers, climbed on to the back of the bakkie's canopy without Mr Naidoo's knowledge.

About 50 metres down the road, Zulinkosi tried to jump from the bakkie and fell hard on the road. Mr Naidoo drove on, unaware of what had happened. When he returned to the farm about 15 minutes later, he found

the injured boy lying on the gravel road.

An unidentified nurse who lives nearby was at the scene. She told Mr Naidoo that the boy had severe head injuries.

Mr Naidoo drove Zulinkosi to the nearby Northdale Hospital. On his arrival, Zulinkosi was examined by Dr K Devraj, who told Mr Naidoo the boy was not critical and could be taken to Edendale Hospital. "There were none of

the usual signs of a serious head injury — no vomiting or loss of consciousness," Dr Devraj said yesterday.

"Northdale Hospital's policy is that black patients are sent to Edendale if they are in a stable condition. The boy seemed stable to me."

Mr Naidoo did not know the way to Edendale Hospital and asked Dr Devraj to call an ambulance. The doctor declined and instead gave

Mr Naidoo directions to the hospital, saying it would be quicker to go by car.

Mr Naidoo drove as fast as possible to Edendale. "At that stage the boy seemed to be having a fit," Mr Naidoo said. When he arrived at Edendale Hospital a doctor said Zulinkosi was in a critical condition. He was rushed to Wentworth Hospital in Durban.

Mr Naidoo called Wentworth on Tuesday night and was told that the boy had died about 6.15pm that evening.

A spokesman for Wentworth Hospital's neuro-surgical ward yesterday declined to comment on the incident or the cause of Zulinkosi's death. "We get a lot of patients in here," he said. "Ask the district surgeon." — Sapa

UJGT

Hospital scandal shock

A SERIOUSLY injured black boy who fell from a moving truck was refused admittance to Northdale Hospital on Monday and died as a result of his injuries in Durban's Wentworth Hospital the next day.

The dead boy was Zulinkosi Lindedu (9), the son of a farm labourer employed by a Mr Naidoo of Karachi Road, Northdale.

Mr Naidoo owns a farm in the Albert Falls area. As he drove away from the farm on Monday morning, Zulinkosi climbed on the back of the bakkie's canopy without Mr Naidoo's knowledge.

About 50 metres down the road, he tried to jump from the bakkie but fell off. Mr Naidoo drove on, unaware of what had happened. When he returned to the farm about 15 minutes later, he found the injured boy lying on the gravel road.

Mr Naidoo drove Zulinkosi to the nearby Northdale Hospital. On arrival, Zulinkosi was examined by Dr K Devraj, who told Mr Naidoo the boy was not critical and could be taken to Edendale Hospital.

"Northdale Hospital's policy is that black patients are sent to Edendale if they are in a stable condition," said Dr Devraj. "The boy

seemed stable to me. He had lacerations, but there was no evidence of any fracture. If it had been my decision, though, I would have treated him here."

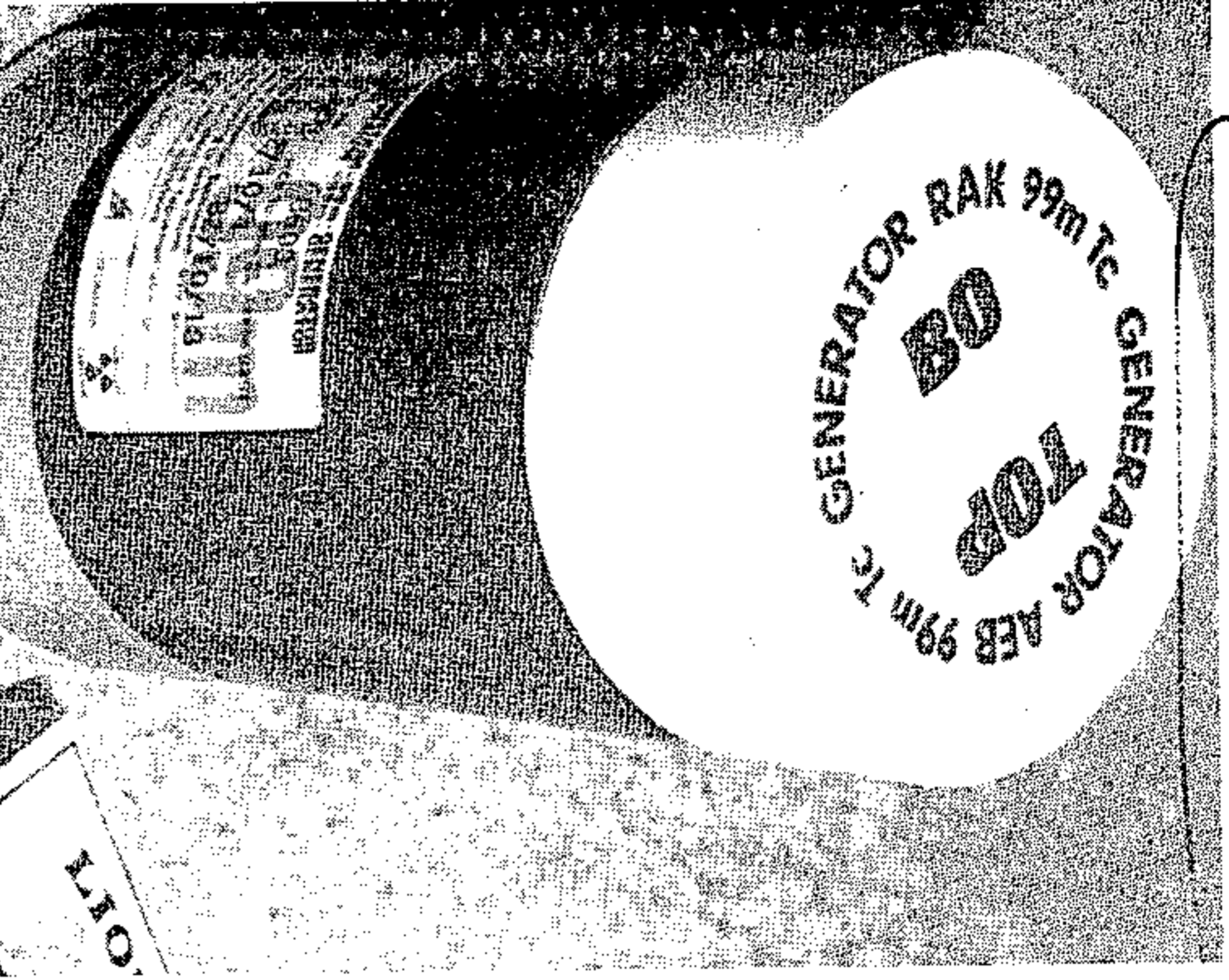
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Mr Naidoo called Wentworth on Tuesday night and was told that the boy had died at about 6.15 pm that evening.

A spokesman for Wentworth Hospital's neuro-surgical ward refused to comment on the incident.

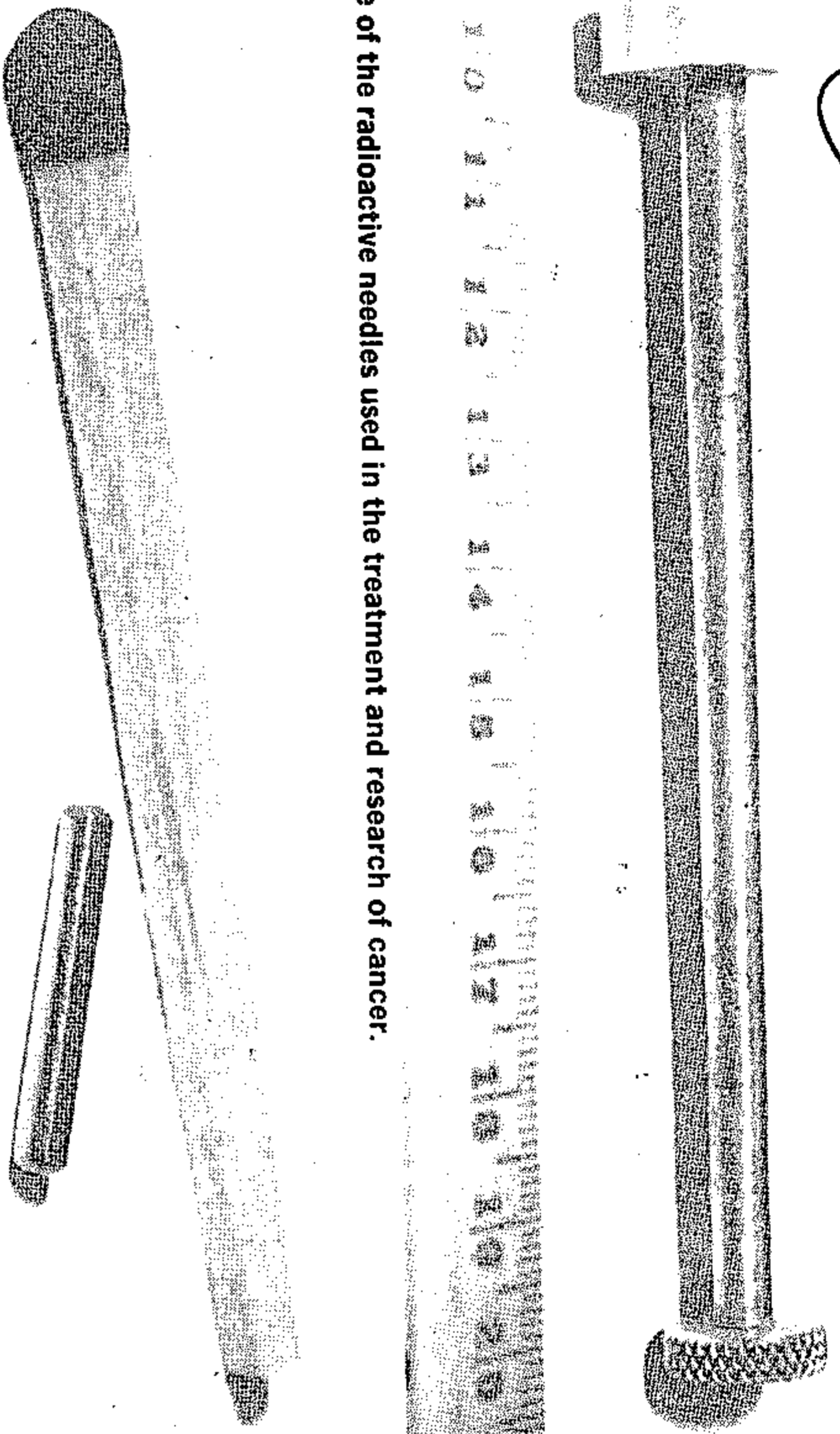
Spokesman 15/1/83
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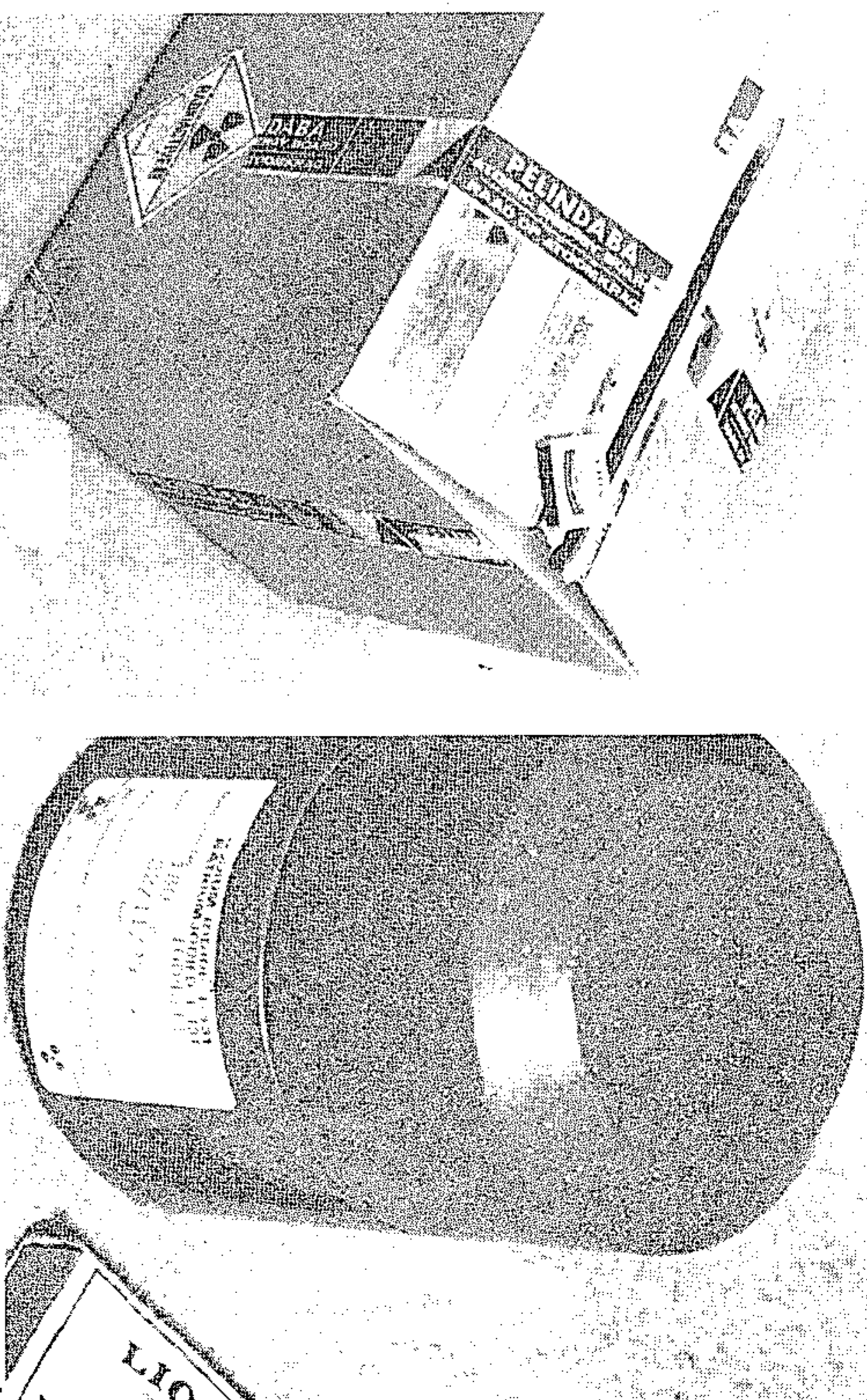


A container of dangerous radioactive needles

One of the radioactive needles used in the treatment and research of cancer.



The dangerous radioactive needles are much smaller than a matchstick



The missing items were stored in a box like this

A container in which missing needles were stored.

Needles: haystack gets bigger

By GEOFFREY ALLEN

DANGEROUS radioactive material missing from the Johannesburg and Hillbrow hospitals could have disappeared, or been stolen, at any time during the past three years.

The material, which contains cobalt and radium, is being sought by police and hospital authorities, but the simple fact is that no-one knows when, or how, it went missing — or if it has even been taken from the hospital premises.

This was confirmed at a Press conference at the Hillbrow Police Station yesterday.

● Dr Neville Howes, Superintendent of the Johannesburg Hospital, said he could not be sure exactly when the needles, used in cancer

treatment and research, went missing. It was "sometime in the past three years", he said.

● Major W N Visser, in whose office the conference was held, said there was no monetary or "sabotage" advantage to stealing the material.

All other questions were referred to the Police Information Directorate which had earlier referred them to the Press conference.

Mr A P Haneekom, of the Atomic Energy Corporation of South Africa, stressed that the material was dangerous and that anyone spotting it should stay at least three metres away and phone Maj Visser at (011) 642 9025.

But it is not certain whether the four containers of radioactive equipment (three missing from the Hillbrow Hospital and one from the Johannesburg Hospital) are still on the

hospital premises.

Although Hillbrow detectives have opened a theft docket, the investigating officer, Colonel P W J Delpoit, said the equipment could have been mislaid when the hospital moved from the old General Hospital in Hillbrow to the Johannesburg Hospital a few years ago.

This was confirmed by Mr Haneekom who said that both premises were still being searched.

In all seven radioactive needles, five cobalt and five cesium, are missing.

The matter was reported to the police last Tuesday after a physicist reported the needles and their containers missing from the Hillbrow Hospital and asked for a check at the Johannesburg Hospital. Radioactive needles have a lifespan of

1 600 years and anyone having the radioactive material has been asked not to dump it "at any cost".

Giving a description of the missing material, the Atomic Energy Corporation said the needles were "shiny metallic objects, cylindrical in shape, 10mm long, with a diameter of 2mm".

"Some of them are encapsulated in glass tubes.

"One is a shiny metal eye applicator which has a small, thin, concave shell-shaped section small enough to fit the eye, with a small handling pin."

The needles were stored in six cylindrical containers which themselves were stored in four sturdy cardboard boxes lined with polystyrene.

Boy's death not due to negligence of hospital staff

98 (K) Mercury
25/7/23

Pietermaritzburg
Bureau

THE investigation by the Department of Hospital Services into the death of a nine-year-old boy last week has revealed that there was no negligence on the part of any hospital staff.

Zulinkosi Lindedu died at Wentworth Hospital last week after being taken to Northdale Hospital and referred to Edendale Hospital from where he was sent to Wentworth.

The boy had fallen from a truck and had suffered brain injuries.

The assistant director of hospital services, Dr Charles Roper said yesterday no one could be blamed for the boy's death and that he probably would have died in any event.

'We took statements from the doctor who examined the boy at Northdale

and from the nursing staff who were present, and it appears that the boy was fully conscious when he arrived at the hospital.

'He appeared to have only a scratch on his head and was referred to Edendale Hospital. By the time he reached Edendale his condition had deteriorated and he was sent to Wentworth for treatment.

'Brain injuries are extremely difficult to diagnose and we are satisfied there was no negligence involved.'

Dr Roper emphasised that the policy of the Province was to treat and if necessary admit any patient at Provincial hospitals if their condition was serious.

'It is tragic that a young child has died but we are satisfied that it was the result of the injuries he sustained and not from lack of treatment.'

Gift or benefit 'is not an offence'

Grové is completely exonerated

98 2/27 93 1/85
ROU 21/7/83

By GEOFFREY ALLEN
and GERALD REILLY

DR HENNIE GROVÉ, the Transvaal Director of Hospital Services, has been completely exonerated of all allegations of corruption in his Department and of alleged misconduct by himself.

His deputy, Dr Gherhard Schepers, was found to have made an error of judgment in accepting an extension to an overseas trip paid for by a private company.

And he was found to have acted against the interests of the Province by taking his wife on an extended official tour in Europe.

Although the De Kock Commission into alleged misconduct by the two doctors found that Dr Grové and Dr Schepers had benefitted from an offer by the Alumina Development Corporation (formerly the dominant supplier of medical equipment and drugs to the TPA), or one of its subsidiaries, to buy TV sets at cost price, neither man had committed an offence.

In the report released in Pretoria yesterday, the commission said: "The *per se* handing over of a gift or a benefit" did not constitute an offence.

Moreover, the TPA had not been "prejudiced", it added.

In only one instance was it found that the Alumina Group won any advantage from its dealings with the TPA — when a letter was sent out from the Administration ~~but~~ ^{purporting} to be the allocation to various companies of hospitals they were to supply in terms of a new tender.

Subsequently, it was discovered that the tender had not yet been awarded and that therefore the allocation was wrong.

Meanwhile, some companies had been able to provide three months' stockpiles of goods to the hospitals before the correct allocations were sent out.

The commission made two recommendations:

● That the ordinance governing Provincial commissions in the Transvaal should be widened to give the commissions more power. The Commissioner, Mr Lourens de Kock, said his scope to investigate the allegations fully had been limited and that the matter had been discussed with the chief legal advisor of the Province and the relevant ordinance was being reviewed.

● That the Province should lay down strict guidelines on exactly when and under what circumstances officials were allowed to receive presents or advantages from supplying companies.

The Administrator of the Transvaal, Mr W A Cruywagen, commented last night: "It is to be regretted that officials of the Administration have been subjected to unnecessary suspicion and have had to endure such a degree of humiliation . . . I am satisfied that no offence has been committed."

"I and the members of the Executive Committee have full confidence in both officials and also in the system followed in respect of tenders, not only in the Department of Hospital Services, but also in the Transvaal Provincial Administration as a whole, and we are further satisfied that, as is evident from the report, the Administration has not in any way been prejudiced and that the possibility of irregularities in the handling and acceptance of tenders has been ruled out."

Dr Grové said last night he was still considering the report.

But an apparently ebullient Dr Schepers insisted on first turning on his desk tape recorder, and then declined any comment.

Mr Ken Owen, editor of the Sunday Express newspaper, which published many of the allegations against the doctors, said, "We are still studying the report. However we are reassured by the main finding that the Provincial officials were not influenced by the favours they received."

The leader of the Progressive Federal Party in the Provincial Council, Mr Douglas Gibson, said the report removed the cloud of suspicion that hung over the province.

Medical probe *not yet complete*
Mercury 22/7/83 *98*

Mercury Reporter

INVESTIGATIONS into allegations that two Addington Hospital doctors solicited funds from medical supply companies to attend medical congresses overseas were not complete, according to the Natal Director of Hospital Services, Dr Johan Vorster.

He would say no more as the matter was 'embarrassing'.

On Wednesday the Director of Provincial Hospital Services in the

Transvaal, Dr Hennie Grove, was exonerated of all allegations of corruption in his department.

His deputy, Dr Gerhard Schepers, was found to have made an error of judgement by accepting an extension to an overseas trip paid for by a private company, and to have acted against the interests of the province by taking his wife on an extended official tour.

However, the De Kock Commission found that neither man had committed an offence.

98 RDM
23/7/83
**Hospital
probe to
be held**

By HELENE ZAMPETAKIS

THE Transvaal Provincial Administration will conduct an intensive investigation into conditions at Soweto's Baragwanath Hospital, where facilities are being strained to breaking point by overcrowding and understaffing.

This assurance was given yesterday by Dr Sampie Cronje, deputy superintendent at the hospital.

He said he had met yesterday afternoon with Dr H van Wyk, senior deputy director of hospital services for the province, and Professor Leo Schamroth, head of Baragwanath's department of medicine.

"Our discussions — a preliminary step — were fruitful," he said. "A deeper investigation will begin next week."

He indicated that more details may be made available next week.

The investigation follows allegations that overcrowding and a severe shortage of medical staff had brought the hospital to breaking point.

Mamelodi Maternity Home is to close soon

By SAM MASENO
Pretoria Bureau

98
201
continue.

THE Mamelodi Maternity Home, which has served the township's community for 26 years, will close in September, its work being taken over by the local hospital.

The maternity home was built by the Women's League of the NGK 26 years ago, according to the home's committee chairman, Mrs S Marais.

She said since the Transvaal Provincial Administration had built the Mamelodi Hospital, it was no longer necessary for the home to

child born at the institution had been given a Bible in its own language as a present.

The matron of the maternity home, Mrs L Malan, said thousands of babies had been born at the institution.

She said she did not have a complete list of all babies born there, but between 1967 and 1969 more than 2 000 babies were delivered annually, and thereafter more than 1 000 babies had been delivered.

"We have been happy here, and blacks and whites have been working happily together," she said

A function marking the closure of the maternity home will be held on September 20.

One of the features of the home, Mrs Marais said, was that there were weekly visits by church ladies who brought cakes for the patients and presents for the babies.

Mrs Marais said every

Army docs to help Bara

29/7/83 (78) (124) 2014

By HELENE ZAMPETAKIS

MILITARY doctors will be sent to Baragwanath Hospital on Monday — as a first step towards easing the critical shortage of medical staff at Africa's largest hospital. Dr Sampie Cronje, deputy superintendent of the hospital, said yesterday the senior deputy director of the hospital Services, Dr H van Wyk, had approached the Surgeon General of the South African Defence Force, Lt Gen Nicol Nieuwhoudt, for help.

This followed a meeting last week in which authorities heard complaints and proposals from severely strained doctors at the department of medicine.

Reports of overcrowding — with more than double the maximum capacity of patients sleeping on floors — and a shortage of more than 75% of senior housemen emerged from angry departmental doctors last week.

Dr Cronje said yesterday that the four military doctors could be joined at the end of next month by an additional contingent as a temporary measure to relieve the winter stress on the department.

And the Director of Hospital Services, Dr Hennie Grove, had agreed to create two posts of electro-cardiographic (ECG) technicians to take the burden off junior housemen, who had been handling all ECGs as well as other duties.

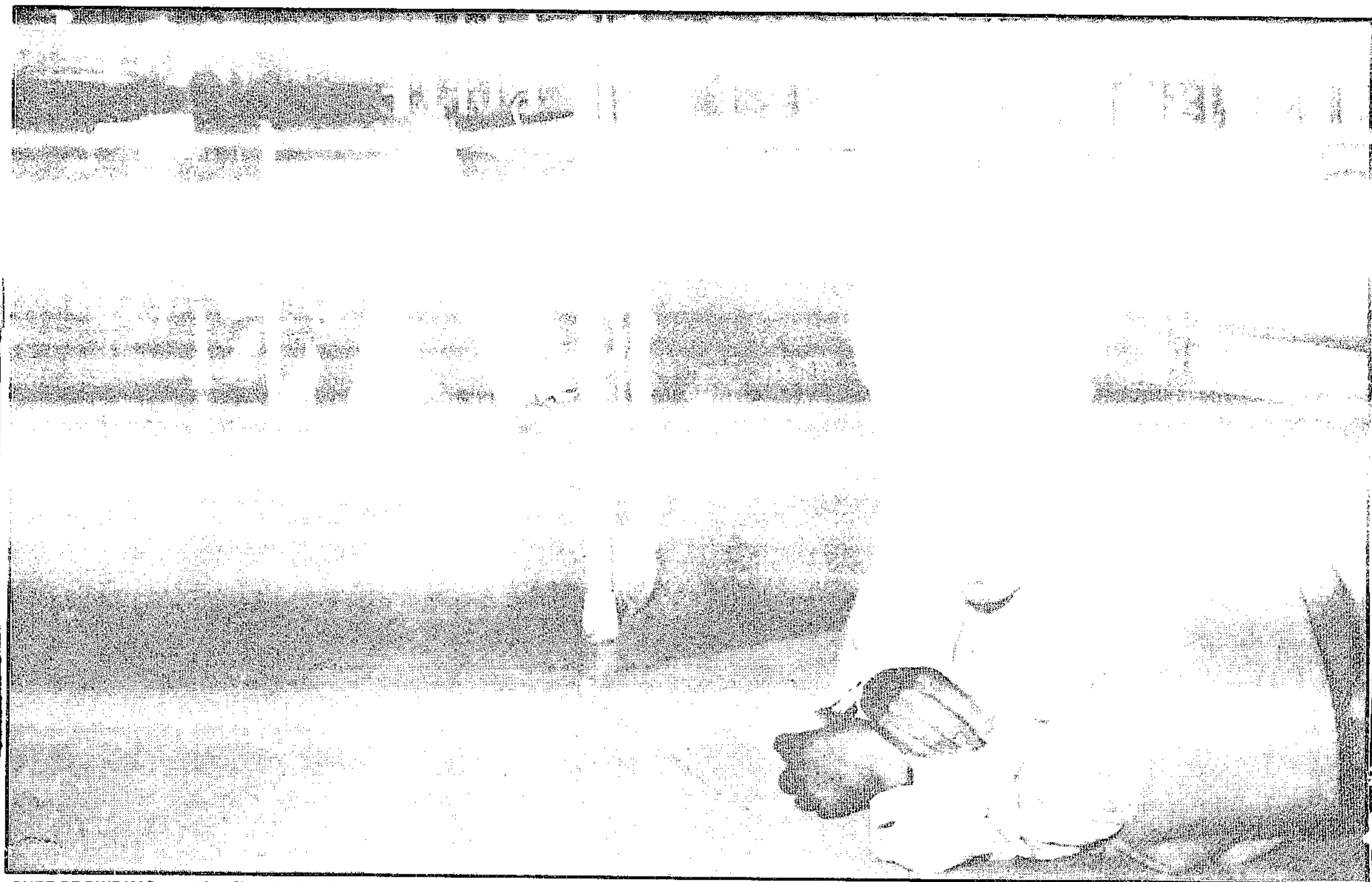
Negotiations were under way for another 27 beds and mattresses to be moved into wards 55 and 56 if it was acceptable to nursing staff. Baragwanath Hospital would not be paying the military doctors' salaries, but had already arranged accommodation for them and would provide them with protective clothing and meals.

"This has been arranged as a temporary measure. Hopefully the load will decrease in September as summer approaches," Dr Cronje said. Earlier this week Dr Cronje told the Mail that Baragwanath Hospital was "stretched to its limits" and there was no prospect of acquiring additional land for expansion.

However, an investigation into overcrowding in other departments, such as the surgery and gynaecology departments, had revealed that the problem there was "not as significant".

Overcrowding was a "long-term" problem and authorities could only inform Dr Grove of the increasing load on the hospital.

"Our funds are tight and we won't be able to get any more money. We are tied to our current financial budget," Dr Cronje said. But there would be "immediate relief" for the understaffed medicine department which had only five of its 22 senior houseman posts filled.



OVERCROWDING ... the floor's her bed, but she's lucky not to have been turned away from Baragwanath

Beds for 40 patients, the floor for 50 others

98
204
2/8/83



OVERCROWDING ... yet a patient still gets loving care

A CRITICALLY ill woman is slumped in a chair, moaning softly. A medication drip is propped up above the chair, but her bedletter — her crucial medical and drugs history — is missing.

Next to her, a woman tosses in her sleep ... an "URGENT" sticker in red stuck to her forehead. She is lucky to have a bed. But she has one because her condition is diagnosed acute.

On the floor next to the bed, a young pregnant woman with respiratory problems clutches a blanket around her shoulders. She is cold and complains resignedly that she slept little last night.

These women are patients in Ward 21 of the Department of Medicine at Baragwanath Hospital, which we visited with the full co-operation of the hospital authorities.

The patients share the designated 40-bed ward with 89 women and a child.

The overcrowding and shortage of medical staff in the department has reached "breaking point," doctors have said.

And while the problem is receiving some attention, it will take much more to ease the strain.

The department of medicine also has to cope with an average of 40 psychiatric patients at any one time, with about five of these patients in

Report: HELENE ZAMPETAKIS

Pictures: ROBERT TSHABALALA

each ward.

There are no special facilities at the hospital for psychiatric cases. They are simply "farmed out" to various wards, a nursing sister says.

The doctors administer drugs and, if a patient's condition deteriorates, they are referred to Sterkfontein Hospital.

Four times a week a clinical psychologist attends to patients for the entire hospital.

At times it has been necessary to tie psychiatric patients to a bed to prevent them from thrashing out.

"Sometimes they become wild and chase the nurses," a sister laughs. But she adds earnestly: "It is very hard for us. And we must also always wear a smile for the patients."

Because there are too few beds, the dazed, drugged psychiatric patients soon start to wander and get lost in the hospital grounds.

Nursing staff have learnt to pin notices to the gowns of psychiatric patients saying: "RETURN TO WARD 21."

Referring to the "URGENT" stamps that are stuck to the forehead of critically ill patients, a doctor

says: "We have to do that. It's the only way we can indicate the urgency of a case."

"There just are not enough doctors and too many patients to do things any other way here."

Doctors are sceptical about measures taken so far to relieve the strain. Yesterday, four military doctors started work in the department.

Ideally, there should be seven housemen in each ward. But each ward now has only four housemen.

The hospital authorities also hope to move an extra 27 beds into departmental wards.

"It is just a drop in the ocean, because this won't even accommodate the overflow of patients in a single ward," a doctor says.

During the day the patients move outside to give doctors greater freedom of movement within the ward. You can see them sitting on the lawn or leaning against a wall with a drip propped up above them on a chair.

They should carry their bedletters with them, but they are often lost in the confusion of constant movement.



OVERCROWDING . . . medical staff thread their way through a packed ward

"Sometimes I haven't been able to find out what medication a patient was receiving. People are not being treated properly here," an angry doctor said.

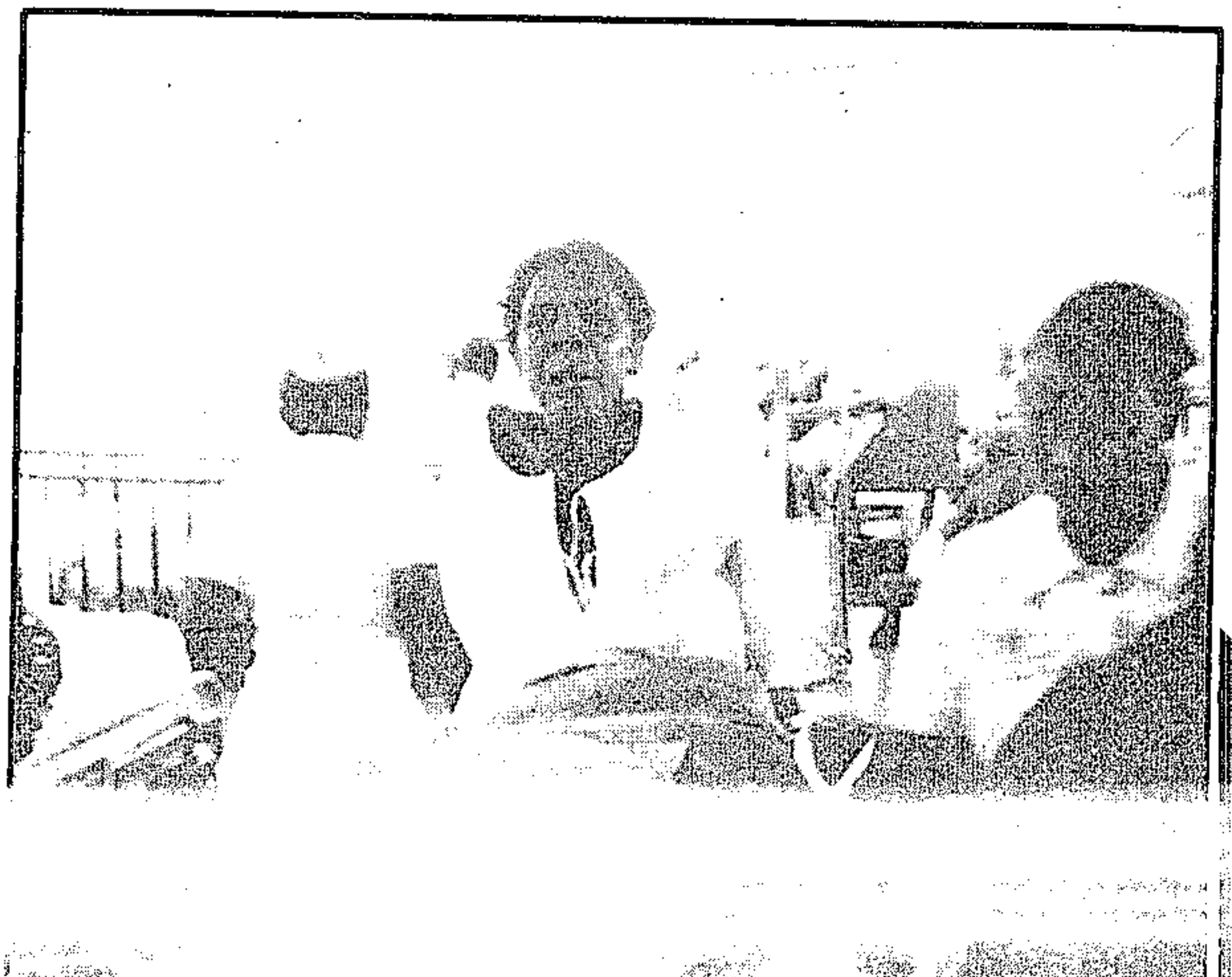
When the sun goes down and the chill of the night air drives patients back into the crammed wards, more than half prepare to sleep on the floor.

They are handed three blankets . . . two to keep out the cold from the floor and one to cover themselves.

A woman who could not sleep for four nights "from the cold" was administered sleeping tablets.

This is when doctors and nurses attending the sick must step over bodies which pack the spaces between and under the beds.

The wards are cold at night, the nurses say.



OVERCROWDING . . . search for a space for a distraught, just admitted patient

Let blacks use Jo'burg Hospital (98) ROOM beds — PFP 4/8/83

By GERALD REILLY
Pretoria Bureau

UNUSED beds in the Johannesburg Hospital should be thrown open to black patients to relieve the chaos in the grossly overcrowded Baragwanath Hospital.

This was said by the Progressive Federal Party spokesman on hospitals in the provincial council, Mrs Irene Menell, yesterday.

"We are in a state of emergency as far as black hospital accommodation is concerned, and drastic action is called for."

She said there were about 850 empty beds in Johannesburg Hospital — an expensive set-up as overheads had to be met whether beds were being used or not.

Even if all the hospital beds were made available and the hospital had the necessary nursing staff, bed occupancy would be something less than 60%.

And that expense in turn "locked" other facilities badly needed by patients who had access only to overcrowded facilities, she added.

"To say that black patients must be excluded from using these beds because one day, some time around the year 2 000, white patients would need the beds, and so in the meantime they must be kept out of use, is a ridiculous argument."

But it was the argument used by the authorities, Mrs Menell said.

Mrs Menell said according to the member of the Executive Council in charge of hospitals, Mr Danie Kirsten, during 1982 Baragwanath admitted 1 212 private patients, Kalafong 2 494, Hillbrow 342, and Tembisa 1 735 — a total of 5 783 private patients at just four hospitals.

It would make sense, she

said, to open up some of the unused beds in white hospitals to accommodate this category of patient.

"Keep them as separate as you like, bring in black staff to nurse them, seal them off in any way the authorities wish, but if the concession is made an immediate demand would be met.

"Because eventually regardless of immediate policy, regardless of *eie belang*, and group self determination, we will have to share more and separate less. It is absolutely inevitable," Mrs Menell said.

Making surplus beds in white hospitals available was one of the strategies that could be used to relieve the tremendous pressure on black hospitals.

There was not one black hospital that was less than 100% full in the Transvaal.

Bad and unintelligent planning by the provincial hospital authorities had resulted in a big surplus of beds in white hospitals, and a critical shortage of beds for blacks.

"We have overbuilt white accommodation, and grossly underbuilt black accommodation."

The crisis could be relieved further by the provision of facilities for patients in need of lower level care — including convalescents. At present this type of patient was aggravating the problems at Baragwanath.

In Soweto itself there was a need for at least double the number of beds available.

"The population of Soweto must now be around the two million mark, and needed urgently are three community hospitals each with an 800-bed capacity."

With this expansion would have to go an intensification in the training of black doctors, nurses, and paramedical personnel, Mrs Menell said.

'All being done to relieve Bara situation'

98 ROM 2/8/83
1 200-bed hospital is planned for Soweto

By GERALD REILLY and
GEOFFREY ALLEN

THE Transvaal Provincial Administration is doing everything in its power to extend hospital and health care facilities in Soweto, the MEC in charge of hospital services, Mr Danie Kirstein, said in Pretoria yesterday.

"Within the limits of available funds — and they are very limited — all that can be done is being done to relieve the situation."

Mr Kirstein said staffing was a major hurdle in the way of hospital development.

Asked why the Johannesburg hospital's 850 empty beds could not be used to take the overflow from Baragwanath Hospital, Mr Kirstein said:

"The 850 beds in this hospital are empty because we have not got the staff.

If we could staff the hospital fully, the hospital would be fully utilised by white patients."

The executive committee had approved the building of a 1 200-bed hospital in Soweto.

Planning of the hospital had been delayed because of a shortage of funds, but the project was receiving the highest priority.

Fully-fledged community health centres were also on the programme. One was already in use in Soweto and another would be commissioned towards the end of the year.

The centres have day beds and maternity facilities.

Three further health centres were at the planning stage.

Five wards at Leratong Hospital, near Krugersdorp, with 203 beds were now being built to take some of the load off Baragwanath Hospital.

On this year's estimates R31-million had been provided for various health services, some of which had reached an advanced stage.

Mr Kirstein also said 724 beds had been set aside for the use of blacks at the Hillbrow Hospital.

Dr J Nach, superintendent of the Hillbrow Hospital, which caters for blacks, said the hospital had a 95% occupancy.

"To average that figure you in fact have a 110% occupancy.

"It may seem from time to time that we have empty beds, but that is because we are preparing to take in more patients.

"It often happens that two patients will use the same bed on the same day," he said. "There is no way that we could take in the overflow from Baragwanath."

TAXPAYERS

Over R300 000'

DRUGS COMPANY

URGES PROBE INTO HOSPITALS TENDER AWARD



● Mr Daan Kirstein. ...asked to investigate

A MULTINATIONAL pharmaceutical company has called for an investigation of the awarding of contracts totalling R1-million by the Transvaal Department of Hospital Services.

The company claims the deals will cost the taxpayer more than R300 000 — the amount it says was overpaid by the province.

The multinational, Maybaker, of Port Elizabeth, part of the giant French-owned drugs empire, Rhone-Poulenc, has challenged the awarding of contracts for X-ray film chemicals to a fledgling Johannesburg company whose quoted prices for the chemicals were up to 70% more than those of Maybaker.

Mr Stanley Anderson, chief executive of Maybaker, confirmed he had written to Mr Daan Kirstein, MEC in charge of Transvaal Hospital Services, asking for an investigation, "so that we can be quite certain tests were carried out which showed that our products were inferior to those of the successful tenderer".

The successful tenderer, Mr Bill Sykes, managing director of X-Ray Imaging Services, said: "The better

By WILMAR LITTING

man won."

Mr Sykes was formerly managing director of CGR, a subsidiary of the Alumina group of companies headed by Mr Isaac Kaye, and subsequently taken over by South African Druggists.

The company was dis-

solved in 1981 and Mr Sykes launched X-Ray Imaging.

In a letter last week Maybaker asked Mr Kirstein to investigate following the company's failure to obtain a satisfactory answer from Dr Hennie Grové, director of the Transvaal Department of Hospital Services.

It referred to a tender published on October 13.

Maybaker tendered for products, including developer-replenisher and fixer/hardener to make 20l of working solution.

The company quoted R13.60 for a 20l container of developer and R8.10 for the same amount of fixer.

When the tenders were opened in public on November 12, the company wrote the quoted prices were not read out because of the length of the list of items. However, two weeks later, a clerk in the department, Mr S J Gerber, supplied prices to Maybaker. The company representative noted that X-Ray Imaging had quoted R19.03 for 22l for developer and R13.20 for the fixer.

However, when the department published the results of the tender on May 10, these showed that X-Ray Imaging had been awarded the contracts at R20.55 for the developer and R14.25 for the fixer.

Maybaker pointed out to Mr Kirstein that X-Ray Imaging were not producers of the chemicals, but merchants who purchased the concentrates and merely mixed the solution to the required strength.

According to the letter, X-Ray Imaging had used Ciba-Geigy chemistry, but were instructed by the Department of Hospital Services to prepare the solutions from the Kodak chemical.

Maybaker listed the province's financial loss because of the tender awards.

X-Ray Imaging would be paid R993 720 by the province for supplying 28 816l of developer (R592 169) and 28 179l of fixer (R401 551).

Maybaker's total quote for the same amounts were R431 087 for developer, R251 075 for fixer.

The additional cost to the taxpayer was R311 558.

Two telegrams from Maybaker to Dr Grové in June, seeking an explanation about the quality of their products, and asking for advice, were answered by an acting director, Dr P Hauptfleisch, who wrote a standard letter, referring inquiries to Dr Gerrit Schepers, deputy director, and refusing to give reasons for non-acceptance of the tenders.

"Rest assured," Dr Hauptfleisch wrote, "all tenders are treated equally."

However, when the samples of their products, which had been submitted for testing, were returned to Maybaker, in accordance with standard procedure, it became apparent that they had not been tested.

"We are at a loss to understand how a panel of experts drawn from various hospitals were in a position to adjudicate on factors such as quality and suitability," the company wrote to Mr Kirstein.

It also pointed out that according to State policy, provided quality is satisfactory, preference should be given to locally-produced materials.

Asked for comment, Mr Kirstein said: "I can't remember a letter like that. The best person to speak to is probably Dr Hauptfleisch." (Dr Hauptfleisch had already referred inquiries to Dr Grové).

"I do remember that one of the MPCs mentioned the issue to me but that is all."

Mr Kirstein said he was not familiar with the name 'Maybaker'.

Dr Grové said he was unable to comment. He referred all inquiries to Mr Kirstein.

Stabbing: Doctors ask for protection

C. T. D/8/83

Staff Reporter

SOME doctors working at day hospitals and clinics in the crime-ridden areas of the Cape Flats have called for better protection, after a doctor was stabbed in Manenberg last week.

Two men stabbed a doctor on the staff of the Cape Town City Council's health department in the back twice and robbed him of cash and two credit cards last Monday.

Speaking from his home last night, the doctor said he and some of his colleagues felt more should be done to protect doctors in certain areas.

"I realize the police are understaffed and have many problems, but I called them immediately after the stabbing, and by 4.30 pm, when I had already been driven to hospital and stitched, they had not put in an appearance," he said.

Star 11/2/83 (48)

SA's health services 'are badly planned'

By Pamela Kleinot, Medical Reporter

While most South Africans do not have adequate access to basic health care, a highly sophisticated haemodialysis programme is run at the Johannesburg Hospital costing R24 000 a year per patient.

Professor John Gear, head of the department of community health at the University of the Witwatersrand, said last night that a relatively sophisticated health service was offered at Alexandra Clinic to 80 000 people.

Its annual cost was equal to that needed to keep 20 chronic kidney failure patients alive for one year.

"Such irrational decision-making is the norm rather than the exception in health service planning in South Africa," he said.

Morals of treating ill babies

Medical Reporter

There has been no reported criminal prosecution in South Africa of anyone who has failed to treat severely defective and seriously ill babies, according to Professor Ellison Kahn of the University of the Witwatersrand's School of Law.

"It would be wrong of the criminal law to compel unwilling parents and doctors to do anything positive to prolong the life of a severely handicapped baby and expose them to a charge of murder if they do not act," he said in his lecture entitled "Murder as a fine art".

In view of legal and ethical problems arising from advances in medicine, Professor Kahn, who is convener of this year's series of Senate Special Lectures, chose the "Sanctity of Human Life" as the overall theme.

Last night Professor Kahn said he applauded doctors who had actively put hopelessly crippled babies out of their suffering with an injection, often without the knowledge and consent of the parents, simply telling them that their child was born dead.

Speaking at a lecture entitled "Who is to Live?" at Wits last night, he blamed medical schools for the mal-location of resources in South Africa.

He said students were brought up in an environment of academic excellence which paid little heed to the needs of society.

"We are failing in a fundamental goal and that is to produce graduates who will provide health care and allocate health resources for the people in South Africa," he said.

Professor Gear said only five percent of doctors in South Africa practised in rural areas — where half the population lived.

Infant mortality rates in rural areas were up to 10 times more than in urban areas. (The IMR, the number of live-born babies dying in their first year of life, is an internationally accepted marker of health care quality.)

"Resources have been under-allocated in these areas," he said.

Professor Gear added that until this year no Wits medical student had had to spend time at a rural hospital.

He said a survey of final-year medical students last year showed that almost 30 percent intended leaving South Africa permanently and a further 30 percent were undecided.

Technological ambition was one of the reasons for wanting to leave.

cont ↓

Law allows patients to refuse treatment

Medical Reporter

South African law allows a person to refuse medical treatment even if it may result in the patient's death or his health deteriorating, Professor S A Strauss of the University of South Africa said last night.

Speaking on "The right of the patient to refuse medical treatment", he said the recognition of the individual's right to control his own destiny had become more important than ever. Neither a doctor nor a court of law had the right to override the will of a patient.

"It is inconceivable that a doctor can claim any legal basis for forcing a patient diagnosed to be suffering from cancer to undergo chemotherapy or X-ray treatment against his (the patient's) will, where the patient would prefer to take the chance of dying an earlier and even a more painful death," he said.

Although there was usually a complete identity of interest between doctor and patient, there was the occasional clash of interest when the doctor wanted to do what was medically indicated but the patient declined.

He said the motive for refusing medical treatment "should be legally irrelevant — whether it be upon religious grounds, out of fear, or out of a desire to die an early death".

A refusal to undergo medical treatment could not be equated with suicide, he said.

Municipal Reporter

THE Association of Divisional Councils of the Cape yesterday decided to ask the Department of Health to provide increased finance to divisional councils bordering on independent homelands for the provision of health services.

Speaking in support of their motion, a Kaffraria divisional councillor, Mr M J Robb, said his council had received several delegations from local farmers objecting strongly to the high increase in the health rate.

He said Kaffraria was sandwiched between Transkei and Ciskei and literally thousands of people from these areas made use of its health facilities.

He said it was impossible to identify those from the independent states and on

Dept of Health aid sought by Cape divisional councils

11/8/83 98 E. Post

moral grounds, it was also impossible to turn away sick people.

"It is unfair that the ratepayers foot the bill for health facilities for these people."

Mr S Bekker, a Drakensberg divisional councillor, said his area, which shared a common border with Transkei, was in a similar situation.

"Our ratepayers are under a great burden in providing health facilities for these people and I appeal for help from the Department of Health," he said.

The Cape Provincial Council's MEC for Local Government, Mr H J Kriel, denied that divisional councils had been promised a reduction in rates and the eventual abolition of direct taxation when they accepted amalgamation.

Mr Kriel was responding to a motion at the conference.

Speaking in support of the motion from the Bokaroo Divisional Council, that the Provincial Administration fulfill its promise to reduce rates, Mr P Streicher, of Langeberg, said at

the time the greatest argument for amalgamation was the promise of lower rates.

Mr Kriel said he was not aware of these promises.

He said he could not see how rates could go down with more effective government and service provided by the amalgamated councils.

"I agree there is high taxation in the Cape, but there is better control over local areas in this province than in any other," he said.

Rates had not increased greatly considering the in-

flation rate, he said.

It would not be possible to finance divisional councils from other sources of revenue at this stage.

Mr S J Smit, a Midland divisional councillor, was re-elected president of the Association of Divisional Councils.

Mr S Bekker of the Drakensberg Divisional Council was re-elected vice-president. A former president of the association, Mr Robbie de Lange, of Kaffraria, lost his seat on the executive committee.

Crisis in the hospitals

The problem: A racial imbalance

in services

BARAGWANATH hospital for blacks is crammed with patients, some sleeping under the beds; Johannesburg hospital for whites — the immense complex dubbed a "disease palace" — stands largely empty.

The Transvaal spends three times more money on caring for an average white patient at the Johannesburg hospital than on the average Baragwanath patient.

The average cost of care — calculated from last year's figures — for each white patient is R1 676 and for each black patient R513.

The running cost of the Johannesburg "disease palace", as it has been called by an overseas medical expert, was R56-million. It admitted 33 764 patients. Baragwanath's running cost R61-million, with 119 501 admissions.

The staggering gulf in the allocation of medical resources emerged from the little published 1982 report of the Transvaal director of hospital services released recently.

Behind tedious tables of figures lies the story of discrimination in action — and the not unexpected result that whites have one of the best health services in the world.

Informed medical sources say the provision of hospital facilities for blacks in the Transvaal is not keeping up with the spiralling demand. They warn that if this trend continues the existing black hospitals will collapse in three years under the weight of a 300% patient overload.

BY ANNE SACKS

Although the approximate population ratio is one white to four blacks, there are more than 8 000 beds for whites and about 13 500 beds for blacks in the 64 hospitals and 29 clinics run by the province.

The demand on these hospitals has increased by 8% among whites and 29% among blacks over the past five years.

The number of white patient admissions increased from 324 000 in 1978 to 350 524 in 1982.

The number of black admissions rose from 455 451 to 588 715 over the same period.

The number of white out-patients and casualties grew from 1.3-million in 1971 to 1.8-million in 1982, while the same category of black patients has rocketed from 2.2-million to 4.5-million over the same period.

As the expectations of black patients increase, doctors say they are running out of answers for those demanding to know why they have to sleep on the floor or



Overcrowding at Baragwanath Hospital means many patients have to sleep on the floor.

BLACK HOSPITAL

In Pretoria, it cost the H.F. Verwoerd hospital R45.5-million to treat 28 042 patients and Kaitleng R18.6-million to treat 47 223 patients.

In the Schweizer-Reinecke hospital the section for whites has a bed occupancy rate of 16% — the lowest in the province — while the section for blacks is hopelessly overcrowded with a high bed occupancy rate of 125%.

At the Kalte de Haas hospital in Potchefstroom, where 126 white beds were nearing completion in a hospital with a 65% bed occupancy rate, no new beds were provided in the overcrowded black section, where the occupancy rate is 111.7%.

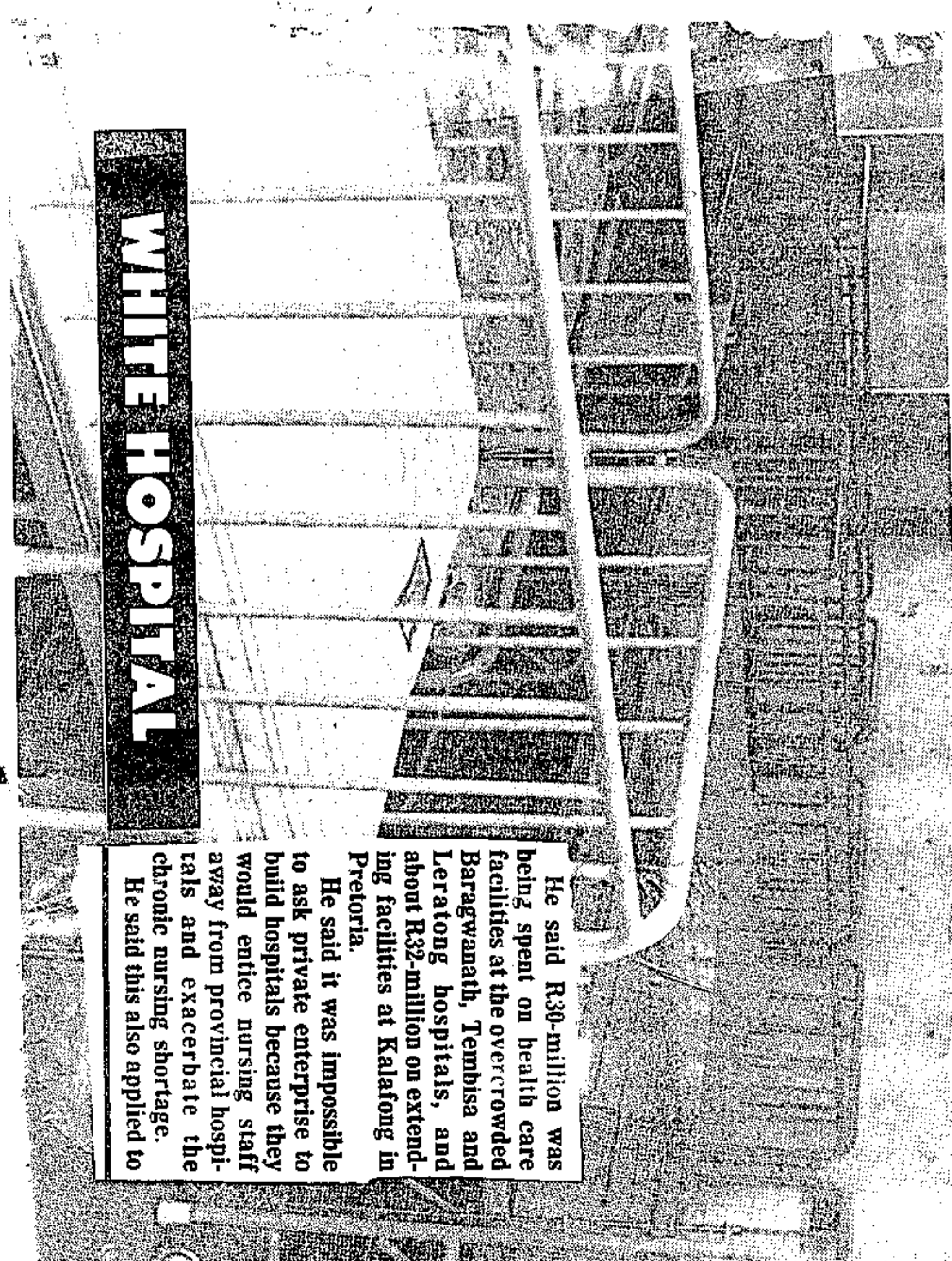
Although Baragwanath is overcrowded, it seems better off than Leratong in the Krugersdorp area and Kaitleng in Pretoria.

Last year, Baragwanath had a bed occupancy rate of 102% and Kaitleng's was 114% and Leratong's 107.6%.

The black hospital at Christiansia in the Eastern Transvaal topped the list with an occupancy rate of 179.3%, followed by the J.D. Verster hospital at Koster with 125%.

In the light of the cry for more beds and more space, the province provided only 409 new beds last year.

On the surface, the new beds were allocated on an



Too many beds and not enough patients — one of the unused wards at the Johannesburg Hospital.

WHITE HOSPITAL

planning stages since 1960 while plans for the hospital in Brakpan were announced in the late 1970s.

A new 1 200-bed teaching hospital is planned for Pretoria, but because of the financial crunch, it is unlikely the Soweto hospital and the new Pretoria hospital will be built in the same year.

And the former MEC in charge of hospitals, Dr Serwaas Latsky, made it quite clear before he resigned last year that the Pretoria hospital was the priority.

Baragwanath is receiving by far the biggest single slice of the shrinking hospital services cake, and the statistics show why.

That one hospital has to cater for as many blacks in the same way as the 38 hospitals for whites.

Bara saw 1 727 270 patients in this category, while 29 910 white babies were born in the province.

Baragwanath also made

the most use of the services of visiting nurses. Nearly 300 000 visits were made by nurses to the homes of patients, about 280 000 more than the next most utilised service in Coronationville.

The reason for the heavy reliance on domiciliary attendance is the demand for beds in the hospital, which often necessitates the early discharge of patients.

The superintendent of Baragwanath hospital, Dr Chris van den Heever, was not available to comment on these statistics.

blacks, where there was no shortage of applicants but a shortage of facilities to train them. He regarded this shortage of black nurses as temporary, however.

He added that it was difficult to negotiate an overseas loan — which the Soweto Council did for the electrification of the townships — because the repayments would be too high.

Blacks like it there because they get well fed . . .

MR DAAN Kirstein, MEC in charge of hospital services in the Transvaal, says one reason black patients stay in hospitals for an average of two days longer than whites is that black people like being in hospital.

He said the province was trying to determine why black patients spent an average of seven days in hospital, whereas whites were dis-

charged after five. So far he said, they had found no answers.

"Blacks like to be in hospital because they get well fed. We are trying to do something about this problem because we are trying to get people out of hospital as soon as possible to make room for others," he added.

Mr Kirstein confirmed that the provincial administration was negotiating with the Minister of Finance, Mr Owen Horwood, for special funds for at least three hospitals it plans to build.

"We are chronically short of money because of the high costs of running the hospital service. It is a problem we are trying to solve every day," he said.

The province was seeking funds to build a new 1 200-bed academic hospital in Pretoria, a new 1 200-bed hospital for Soweto, an 800-bed hospital for blacks on the East Rand, and several other projects.

Each hospital will cost about R150-million and could take up to eight years to complete, he said.

Mr Kirstein rejected the suggestion that white patients received three times as much financial care as blacks, saying the province was spending 70% of available money on facilities for blacks.

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... and the solution: Open up J G Strijdom and the South Rand

DR MARIUS Barnard has enthusiastically backed the idea of opening two Johannesburg hospitals to blacks by transferring white patients to the half-empty Johannesburg Hospital.

There is room for another 850 patients in the Johannesburg Hospital which could easily absorb the total of 838 patients from J G Strijdom Hospital in Auckland Park and from South Rand Hospital near Rosettenville.

This would free two hospitals to take the surplus from overcrowded black hospitals, especially Baragwanath.

Dr Barnard, the Progressive Federal Party's spokesman on health, said he would prefer integrated health facilities. But since the government was determined to maintain segregation, he would support a strategy of centralising health care for whites in the R150-million Johannesburg Hospital.

The J G Strijdom has 542 beds and the South Rand, which was originally built for 412 beds, caters for only 296 patients.

The South Rand could serve blacks in the southern part of Johannesburg in the same way that the Hillbrow Hospital serves blacks from the northern part.

Mr Daan Kirstein, MEC in charge of hospitals, said this week the suggestion "involved

too much to give an off the cuff answer".

He declined to comment further.

Dr Stephanus Wessels, superintendent of J G Strijdom, would not comment. He referred the Sunday Express to the provincial authorities.

One of the problems of such a move would be providing transport for black patients from Soweto, but Dr Barnard said "this could be coped with".

Another problem would be accommodation for black nurses who would need government permission to live in Auckland Park, a white group area. The alternative would be to staff the hospital with coloured nurses from nearby Coronationville.

The J G Strijdom, which opened in 1973, was planned as a teaching hospital for a medical school at the Rand Afrikaans University (RAU). It is currently being used as a teaching hospital for the University of the Witwatersrand.

According to Professor Jan de Lange, the Rector of RAU, the university is still considering when to open its medical faculty.

"When this happens, the agreement is that Wits University will move out to accommodate RAU medical students."

Dr Barnard said hospitals were "for patients and not for colours", but said enthusiastically he would support the idea with all the influence he could bring to bear on the authorities.

Mrs Irene Menell, MPC for Houghton and health spokesman for the PFP in the province, has also backed the idea.

"What is really necessary is the removal of the colour barrier in the provision of health care facilities because segregated facilities make no sense medically or economically.

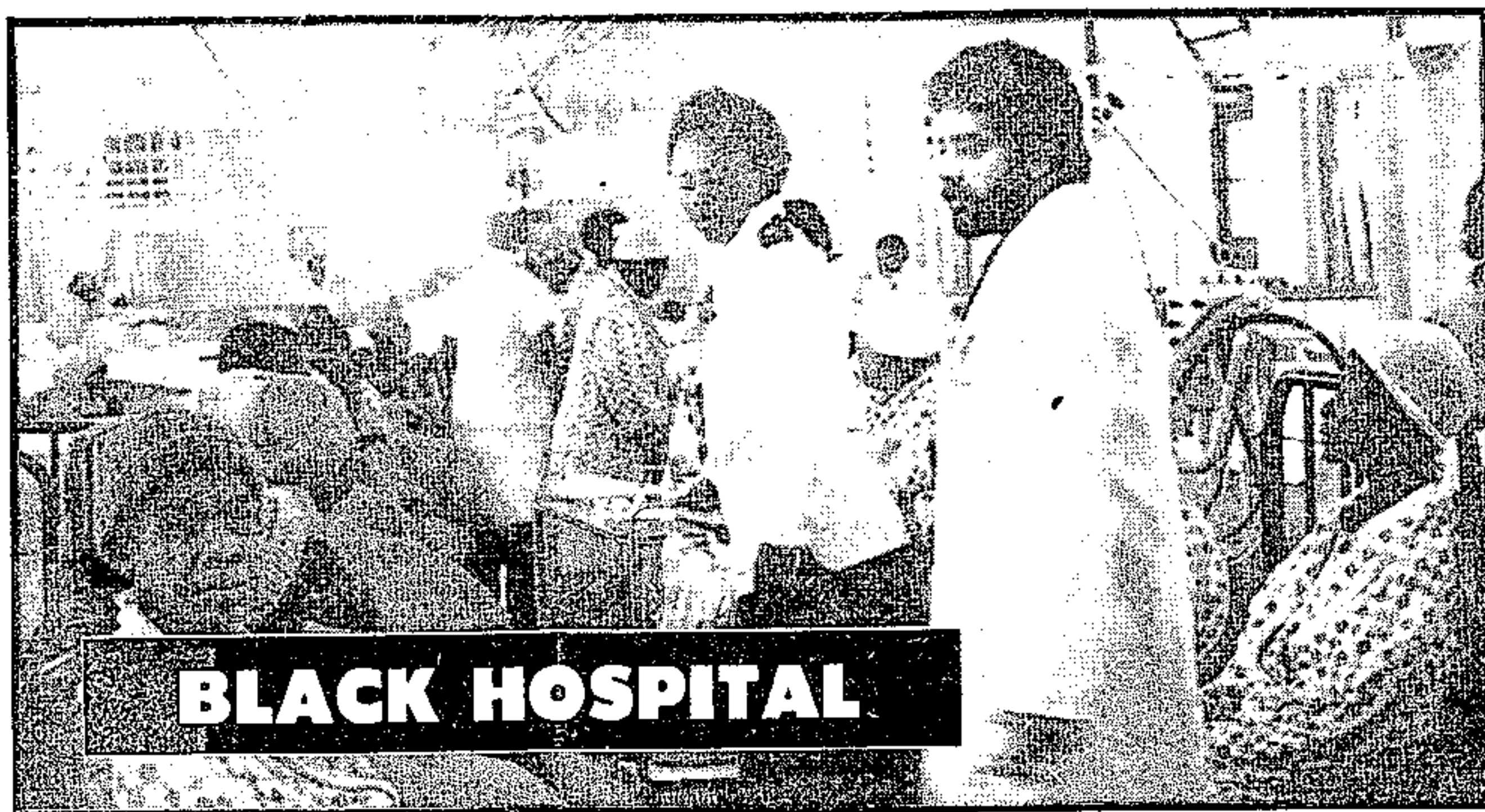
"But beyond this, the conversion of the J G Strijdom into a hospital for blacks could be one of the strategies to ease the shortage of facilities," she said.

The TPA appears under increasing pressure to ease the overcrowding at Baragwanath. Last week it announced the executive committee had approved the building of a 1 200-bed hospital in Soweto. Plans, however, were being delayed by shortage of funds.

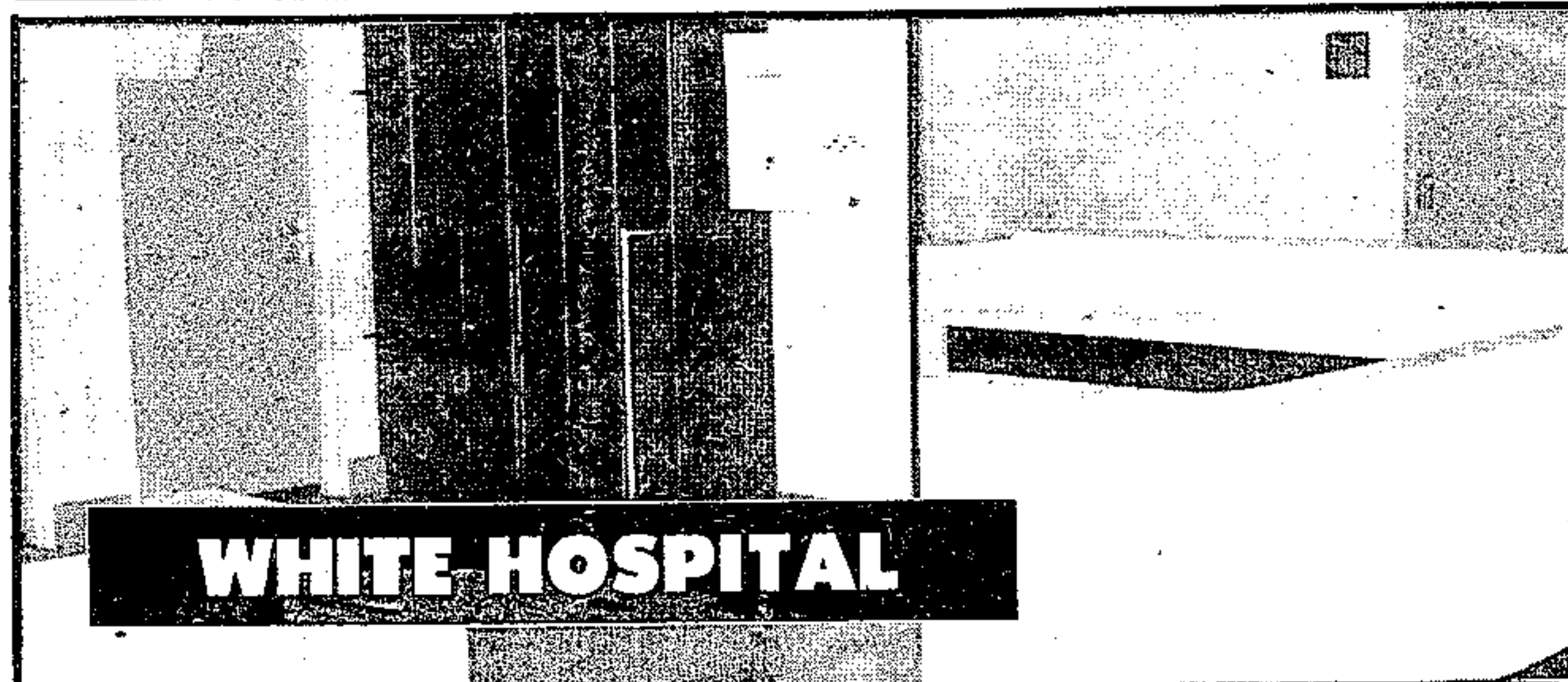
The Transvaal hospital administration has long complained that the shortage of funds was inhibiting the provision of health care facilities, and blames the money crisis for the erosion of 15-year-old plans to upgrade Baragwanath, Hospital.

□ This Baragwanath ward is a hive of activity as doctors and nurses huddle together to discuss treatment for scores of patients in the ward.

□ The bustle of activity is a stranger to this nurses' station at the Johannesburg Hospital, where there is too much space for too few patients.



BLACK HOSPITAL



WHITE HOSPITAL

for display on motor vehicles were painted.

(i) There exists no authorization for the performance of such work but a former deputy commanding officer at East London Prison, and without the knowledge of Prison Head Quarters, overstepped his authority by granting permission that the banners could be made.

When the incident became known early in 1982, the Commissioner ordered a Departmental investigation, the result of which were made known to myself.

As a result of these findings, appropriate steps in accordance with Prison Regulation 105 read with Prison Regulation 148 were taken on 5 April 1982 against the responsible deputy commanding officer, a subordinate commissioned officer as well as a non-commissioned officer.

(ii) The National Party.

(iii) The material was supplied by a member of the Prisons Service and not by the State.

(2) No, seeing that no government material, government time or government money was involved and also because the work was done voluntarily by a prisoner in his spare time which is meant for relaxation and recreation, no fee was charged and no basis exists on which an amount can be calculated.

(a) and (b) Fall away.

+Mr. H. E. J. VAN RENSBURG: Mr. Speaker, arising out of the hon. the Minister's reply, were the prisoners who did this work, who manufactured the banners concerned and so forth, enrolled members of the NP? [Interjections.]

+The MINISTER: Mr. Speaker. I cannot reply to the question with certainty. How-

ever, if the prisoners concerned had good judgment, it obviously was the case. [Interjections.]

Mr. G. B. D. McINTOSH: Mr. Speaker, further arising out of the reply given by the hon. the Minister, could he tell the House whether, although the Prisons Department did not receive any payment, they accepted any payment on behalf of the prisoner in question and whether they subsequently handed it over to him upon his release?

+The MINISTER: Mr. Speaker. I already stated in my reply that no payment was involved in the case. I therefore do not know how on earth something could have been handed to the prisoner concerned. [Interjections.]

Howland 17/8/83
Death of national serviceman
O. G. 1856
Mr. G. B. D. McINTOSH asked the Minister of Law and Order:

(1) Whether, with reference to the reply given by the Minister of Defence to Question No. 2 on 4 February 1983, the inquiry instituted by the South African Police into the death of a national serviceman attached to F Company at the military base at Ladysmith, Natal, has been completed; if not, why not; if so, what were the findings;

(2) whether an inquest has been held into his death; if not, (a) why not and (b) when will it be held; if so, what were the findings?

The MINISTER OF LAW AND ORDER:

(1) Yes. As I have on 25 February 1983 indicated in my reply to the honourable member's Question No. 310 (written), the investigation was completed on 15 February and the relevant documents referred to the magistrate on 18 February.

(2) Yes, on 18 March 1983. The finding was that he died of a heart attack and

that no person was responsible for his death.

Howland 17/8/83
Death of Simon Ngcobo
O. G. 1857
Mr. G. B. D. McINTOSH asked the Minister of Justice:

Whether, with reference to his reply to Question No. 2 on 2 February 1983, the inquest into the death of Mr. Simon Ngcobo has been concluded; if not, why not; if so, what were the findings?

+The MINISTER OF JUSTICE:

The findings in the inquest, which was concluded on 17 March 1983, are as follows:

(a) Identity of the deceased: "Simon Ngcobo".

(b) The cause or likely cause of death: "Undetermined on the available evidence".

(c) Date of the death: 19 September 1981.

(d) Whether the death was brought about by any act or omission involving or amounting to an offence on the part of any person: "I am unable to come to any finding on the available evidence."

Howland 17/8/83
KwaNdebele: hospitals
O. G. 1857
Mr. R. A. F. SWART asked the Minister of Co-operation and Development:

Whether any hospitals are to be built in KwaNdebele prior to independence; if not, (a) why not and (b) what arrangements are to be made for the hospitalization of KwaNdebele citizens; if so, (i) how many, (ii) when, (iii) where, (iv) at what cost and (v) who will finance the construction of these hospitals?

+The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

No.

(a) Because there are sufficient existing hospital facilities.

(b) Citizens of KwaNdebele will be hospitalized at Philadelphia Hospital.

(i)-(v) Fall away.

Report entitled *Strategy and Guidelines for the Physical Development of the Republic Ciskei*

*12. Mr. R. A. F. SWART asked the Minister of Co-operation and Development:

Whether, with reference to his reply to Question No. 17 on 13 April 1983, the final audited account for the period 1 April 1982 to 31 March 1983 in respect of the report entitled *Strategy and Guidelines for the Physical Development of the Republic Ciskei* by the Institute for Planning Research of the University of Stellenbosch has been received; if not: (a) why not and (b) when is it anticipated that it will be received; if so, what were the total costs incurred by the State in connection with this publication?

+The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

No.

(a) The account must still be audited by external auditors.

(b) According to information furnished by the University concerned it is anticipated that the account will be submitted to the Department of Co-operation and Development, shortly.

The estimated total costs to be incurred is, as mentioned in the reply to Question no. 17 of 13 April 1983, approximately R167 853,00.

Howland 17/8/83
Crossroads
O. G. 1858
Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

(1) Whether, with reference to his reply to Question No. 7 and 13 May 1983, the appeal committee for Crossroads

17/8/83
J. G. Strijdom/Johannesburg General Hospital
98 Hamard Q. 61, 1886
34. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

Whether he has received any representations concerning the conversion of the (a) J. G. Strijdom and (b) Johannesburg General Hospitals into hospitals for Blacks; if so, (a) from whom and (b) what was (i) the purport of the representations and (ii) his response thereto?

†The MINISTER OF HEALTH AND WELFARE:

(a) and (b) No;

†Dr. M. S. BARNARD: Mr. Speaker, arising out of the hon. the Minister's reply, may I ask him whether, if he should receive such a request, he would study it carefully and grant permission.

†The MINISTER: Mr. Speaker, I cannot understand how the hon. member's question can arise out of "no".

†Dr. M. S. BARNARD: Mr. Speaker,

King Edward 'best hospital in the world'

Mercury Reporter

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KING Edward VIII Hospital is the medical Mecca for blacks and Indians, from as far as Swaziland and Transkei, but more than 85 percent of the 5 000 patients screened daily should not be there.

Kwa Khongela, named by the local people because it is situated in the Durban suburb of Congella, together with Clairwood Hospital, is the biggest in the world.

On a recent whip-around tour — for that is what it can only be called when racing through corridors with medical superintendent, Dr Justin Morfopoulos — hundreds of people could be seen sitting listlessly on benches waiting for attention.

According to Dr Morfopoulos many of the people could be treated at peripheral clinics and should only come to King Edward if referred by a doctor, a clinic or another hospital.

And it was these trivial cases which were congesting the otherwise smooth flow of King Edward.

Almost a million people passed through the gates last year — 5 000 are screened daily — and staff do not leave the hospital until every person who has come to the hospital has been seen.

'This is the best hospital I have seen in the world. Doctors are available 24 hours a day, it has the most modern equipment, but there is just not enough space,' said Dr Morfopoulos.

Although King Edward has 2 000 beds (originally designed for 700), sometimes more than 600 people have to make do with mattresses on the floor, also often sharing a ward with patients recovering from completely different ailments.

'That should not be allowed but there is nothing else we can do.'

Dr Morfopoulos does not see the planned R90-million Cato Manor hospital relieving any of the pressures at King Edward.

'I think they all believe this is the first step to heaven. Ambulances arrive every day from all parts of Natal and buses crammed with patients seeking cures come from as far

away as Swaziland,' said Dr Morfopoulos.

'King Edward is their Mecca.'

King Edward, together with Clairwood Hospital, has the biggest labour ward in the world with 56 beds, whereas five is regarded as standard.

'We produce 40 000 babies a year. That's a city.'

'This is the only teaching hospital in Natal and we are already over the optimal size for a hospital. There is no point in extending because it would not be functional,' he said.

In the casualty reception, which looks like a battlefield at weekends, has a noticeboard listing more than 30 referral hospitals where ambulances arrive, leave their patients, and return later to collect them.

The laundry looks like a chain of dry cleaning companies — and it should with 30 000 pieces of clothing being handled every day. In the kitchen pots and pans are continually bubbling and it's food, food, food for those staff who prepare between 10 000 and 13 000 meals a day.

Mercury

20/8/83

183 267 (98)
14/8/83 S. S. S. S.
**Tender award
probe rejected**

THE Transvaal provincial administration has dismissed a complaint from a pharmaceutical company whose tender to supply the province with X-ray film chemicals was rejected in favour of a more costly supplier.

Maybaker of Port Elizabeth, part of a giant French-owned company, asked for an investigation of the tender award, pointing out that its tender was about R300 000 cheaper than that of X-Ray Imaging Services, the company that won the R1-million contract.

Maybaker wrote to Mr Daan Kirstein, MEC in charge of hospital services, after failing to obtain what it regarded as a satisfactory answer from Dr Hennie Gröve, director of hospital services.

Mr Kirstein, responding to a report of Maybaker's complaint, which was published by the Sunday Express last week, told newspapers: "I investigated the matter per-

sonally and wish to state categorically that the contract was concluded strictly in accordance with the provincial tender board regulations.

"I am satisfied that the award of the tender to the company concerned was made in the best interests of the administration."

He refused to disclose why the more expensive tender was accepted, saying that tender board regulations prevented him from doing so. He said the De Kock commission of inquiry had found it "virtually impossible" to favour any tenderer.

Mr Kirstein added: "It is to be regretted that the company saw fit to submit the matter to the Press before having received a reply from me."

● Mr Kirstein is mistaken in assuming that Maybaker complained to the Press. The Sunday Express obtained its information from an independent source, and Maybaker was subsequently asked for its comment.

UP, UP and AWAY those private hospital fees

SOUTH AFRICA'S private hospital bed fees are set to soar again by 20% from September 1 — the eighth increase to be approved by the Department of Health since 1980.

The new tariff for medical aid patients, due to be gazetted and granted by Minister of Health Dr Nak van der Merwe this week, brings the cumulative increases for all private hospital services to more than 115% during the four-year period.

Bed fees have gone up in the same period by a staggering 157%.

This means that from September 1 a bed in a general ward will cost R56 a day — compared to R21,50 in 1980.

These prices apply to hospitals with more than 70

beds. Smaller hospitals charge slightly less.

The increase has been recommended by the powerful and autonomous tariff committee, a sub-committee of the Central Council of Medical Schemes.

The five-man tariff committee has the final say on fees for private hospitals in cases where agreement is not reached between the hospitals and medical aid schemes.

This week the recommended increase was strongly criticised by a member of the committee, Mr John Ernsten.

"There is no sense to this escalation. In my 14 years' experience of tariff negotiating, I have never seen escalation go as wildly and increases achieved without justification. The evidence put forward by the private hospitals is merely hypothetical. But nobody pays very much attention to us."

And of course the man in the street always pays," he said.

Mr Ernsten is also the chairman of the Representative Association of Medical Aid Schemes (RAMS).

The increased fees will come into effect on the same day as the recently announced 15% increase in doctors fees.

Increases in bed fees to private patients — non-medical-aid patients — are almost certain to follow the latest increase.

Costs to private patients at the Sandton Clinic, for example, are currently R54 a day for a bed in a general ward, R76 for a semi-private ward and R130 for intensive care.

At a provincial hospital the total maximum cost to a patient is R35 a day. This includes not only the ward fee, but all treatment from surgery to medicines.

Mr Ernsten's colleagues on the tariff committee are:

● Mr Dave Tabatznik, who heads an empire of private hospitals for blacks and has extensive contracts with the Department of Health for black patients.

● Mr H Harmsworth, managing director of Entebeni, a large private hospital in Durban.

● Dr J du Toit, manager of the entrepreneurial Midland Medical Plan in Port Elizabeth.

● Mr Daan de Villiers, chairman, a retired attorney.

Report by WILHELM UTTING

Mr De Villiers was asked whether it was possible for committee members to be objective about setting fees in cases where they could have vested interests.

"You would be surprised," he said, "how even businessmen are keen to keep prices down."

The demand from the Representative Association of Private Hospitals had been for a 15% increase for all services provided by the hospital, he said.

"But we felt this would simply give them 15% more in profits. I feel pleased we

managed to cut this request back to an increase in ward fees only," Mr De Villiers said.

How hospital costs have soared:

● In 1980 an internal X-ray examination, a cystoscopy, which takes five minutes in an operating theatre, and about four hours' stay in hospital, cost R87. The price today — excluding doctor's and anaesthetist's fees — is R230.

● A simple appendectomy and a four-day stay in a general ward presently costs

more than R450. This includes the specialist's fee (R115,20), the anaesthetist's fee (minimum of R52), theatre fee (minimum of R95) and four days in the hospital ward at R46,50 a day.

To this must be added the cost of medicines and requisites used in the theatre. From September 1 the price will be a minimum of R511, excluding drugs.

Although the tariff committee members are selected from members of the central council, the Medical

Schemes Act vests full power in the tariff committee to set fees, and it does not report back to the central council.

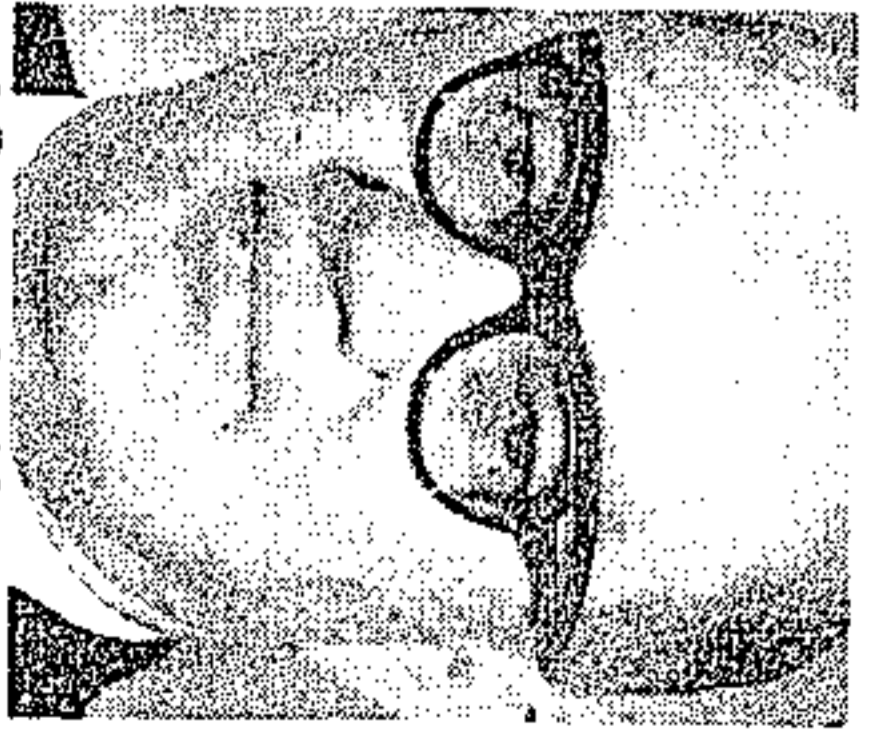
The central council recently took legal opinion on whether the sub-committee should report back to it, but was advised that the Act clearly vested all powers in the tariff committee.

And RAMS is currently involved in making representations to the Department of Health to have the entire system of fee-setting changed to allow the profes-

sions to set their own fees without interference from government.

Officials of the country's two associations for private hospitals, the National Federation of Private Hospitals and the South African Association of Private Hospitals referred all Press inquiries to Mr Barney Hurwitz, the president of the umbrella organisation, the Representative Association of Private Hospitals.

Mr Hurwitz is overseas, as is Mr Tabatznik.



● Dr van der Merwe ... gazettes fees this week

select committee he shadowy omelands.

The battle of holiday Inns at Bol Kerzner's announcement the ost because o Earlier this select comm erring casho

The select alt's alleged valNdebele c vernment h idence and

30 000 aspirant nurses apply to Bara — 121 to Johannesburg hospital

Whites stay out, blacks queue up



● Nursing is becoming a growing profession for blacks and a dying profession for whites, say doctors.

THERE is a long waiting list of people applying to train as nurses at Soweto's Baragwanath hospital, while at the white Johannesburg hospital, every one of the small number of applicants is automatically accepted.

"We take everyone who

Report by ANNE SACKS

said a senior manager at the Johannesburg hospital this week.

Nursing is a dying profession among whites and a growing profession among blacks, says Dr Chris van den Heever, superintendent of Baragwanath.

This disparity has emerged in the light of the crisis in Transvaal hospitals in which almost all black hospitals are overloaded with patients while white hospitals have an average bed occupancy rate of 59%.

This week, Professor John Gear, head of the department of community health at the University of the Witwatersrand's Medical School, added his support to the idea of opening the J G Strijdom Hospital in Auckland Park to blacks to help ease the overcrowding at Baragwanath.

Opposition politicians have backed the idea of rationalising white health care facilities in central Johannesburg by absorbing the J G Strijdom's 542 beds into the half-empty, 850-bed Johannesburg hospital.

Prof Gear said: "The ideal would be an integrated health service.

"However, no stone must

be left unturned in the effort to rationalise the health service so that the maximum number of beds can be used.

There is enough merit in the idea of opening J G Strijdom hospital to set up a working committee to look into it as a matter of urgency."

The Johannesburg hospital cannot be filled because of the shortage of nurses to care for patients.

Only 127 people applied for its three-year nursing course. Baragwanath received up to 30 000 applications.

Dr van den Heever said 1 166 applicants were accepted this year. At the Johannesburg hospital, all the white applicants were appointed automatically, said Ms Meryll Hammond, a lecturer at the Wits community health department, who has studied the white nursing crisis.

Dr van den Heever pointed out that many of the black applicants did not have the necessary matriculation qualification. Only between 500 and 2 000 could seriously be considered.

The director of the provincial hospital services, Dr Henrie Grové, said his department was unable to provide nursing statistics this week.

Black patients and the MEC

A STATEMENT by Transvaal politician Mr Daan Kirstein that blacks stay in hospital longer than whites because they like the food has unleashed a storm of protest in Johannesburg medical circles.

"Such a racist statement cannot go unchallenged," said Soweto doctor Abu-Bakr Asvat, head of the Azanian People's Organisation (Azapo) national health secretariat.



● Mr Kirstein ... under fire

And Dr Chris van den Heever superintendent of Baragwanath Hospital, and Professor John Gear, head of the Department of Community Health at the University of the Witwatersrand's medical school — this week rejected Mr Kirstein's view.

Mr Kirstein, MEC in charge of hospitals in the Transvaal, said last week blacks stayed in hospital for an average of two days longer than whites because they liked being in hospital where they were well fed.

Dr van den Heever said many black patients stayed longer in hospital to rehabilitate whereas white patients were referred to special rehabilitation centres.

Prof Gear said nowhere were patients admitted to

hospitals because of the food.

"If anything, black patients are discharged prematurely because of the demand for beds," he said.

Other reasons were:

- Blacks sought treatment when their symptoms were advanced. This was because of the inaccessibility of health care facilities and because blacks feared they would lose their jobs if they took sick leave.
- Only the chronically ill could be admitted.
- Black hospitals were so overloaded it took longer to process patients.

Dr Asvat said in black hospitals such as Baragwanath, patients were discharged as soon as they showed the slightest signs of recovery.

Illness will cost even more

Medical aid subscriptions likely to rise

By GERALD REILLY
Pretoria Bureau

DOCTOR'S fees and private hospital tariffs will rise sharply from the beginning of next month, forcing many medical aid schemes to raise members' subscriptions.

Doctors and dentists' fees are set to rise by 15% and ward charges at private hospitals by 20%.

Medical aid patients also now have to pay for medicine at provincial hospitals. This was at one time part of the total service. A continual increase in the prices of medicines and drugs have also sent the cost of illness spiralling.

The president of the Representative Association of Medical Aid Schemes (RAMS), Mr John Erntszen, said increases in medical and hospital costs would mean aid societies would have to raise subscriptions.

"Some schemes have already decided to increase their subscriptions. Those who don't raise them this year will find they will have to impose substantial increases next year."

Mr Erntszen, who is a member of the tariffs committee of the "central council of medical schemes, said that in the past four years private hospital fees had risen by more than 150%.

However, theatre and other fees were not affected by the increase.

The increase in the total bill for a patient in a private hospital can be as little as 4% or as much as 11%, depending on the length of the patient's stay in the hospital.

Nurses pay, he said, was a big component in private hospital costs. In the past three years nurses had been given three special increases to keep them in line with nurses in provincial hospitals.

"The increase of 20% in ward fees is as reasonable as it could be, taking into account all the circumstances."

Mr Erntszen said, however, he was strongly opposed to the present system of determining tariffs, including those of doctors and dentists.

RAMS had made representations to have the present system reviewed.

9/8/85
22/8/85
22/8/85

22/8/85

Ciskei. Admitted under section 42A of the Mental Health Act, 1973 (Act No. 18 of 1973),

- (c) he was detained from 17 August 1983 until 23 August 1983;
- (2) no; section 42A provides for the receiving into an institution of a person for the purposes of examination of and report on the mental condition of the person concerned. Maj.-Gen. Minnaar did not show any sign of mental disorder during his stay at Weskoppies Hospital and therefore did not require any treatment;
- (3) Yes;
- (a) 23 August 1983.
- (b) by order of the Supreme Court of the Transvaal.

Hansard Q. 64 2004
 Weskoppies Hospital: Maj.-Gen. Taillifer
 Minnaar
 98 10 24 88 31/8/83
 20. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether Maj.-Gen. Taillifer Minnaar was admitted to Weskoppies Hospital on or about 17 August 1983; if so, (a) who authorized his admission, (b) under what statutory provision was he admitted and (c) for what period was he detained there;
- (2) whether he received any treatment; if not, why not; if so, what was the nature of the treatment;
- (3) whether he has been released; if so, (a) when and (b) on whose authority?

†The DEPUTY MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
- (a) authorized by the Director-General: Health and Welfare of the request received from the Department of Health and Welfare, Ciskei,
- (b) in accordance with the agreement between the RSA and the

Maj.-Gen. Taillifer Minnaar: citizenship

*21. Mr. S. S. VAN DER MERWE asked the Minister of Internal Affairs:

- (1) Whether Maj.-Gen. Taillifer Minnaar is a South African citizen; if not, what is his nationality;
- (2) whether he is in possession of a valid South African passport; if not,
- (3) whether he is in possession of a foreign passport; if so, from which country;
- (4) whether he has been in the Republic recently; if so, (a)(i) how and (ii) where did he enter the Republic and (b) what travel document did he use?

†The MINISTER OF INTERNAL AFFAIRS:

- (1) Yes. (2) Yes.
- (3) Falls away.
- (4) The Department of Internal Affairs has no information in this regard.

Medical aid fees to rise *Mercury* 15 percent

1/9/83 Mercury Reporter

NATAL'S largest medical aid scheme yesterday announced it would be increasing members' contributions from October 1.

The general manager of National Medical Plan, Mr R H Basson, said the scheme's 45 000 members would have to pay about 15 percent more for their medical aid.

In response to a report that some medical aid schemes would not be implementing increases this year, Mr Basson said it depended on each individual scheme's budget and claims rate.

'Some may have budgeted in advance for increases in doctors' and dentists' fees and hospital charges, and others might have waited for the actual increases to be announced before adjusting their rates.

'I know that most of the major schemes throughout the country have increased their premiums as from today,' he said.

The president of the Representative Association of Medical Aid Schemes, Mr J Ernstzen, yesterday said schemes which were not increasing members' contributions this year were in the minority.

'The general picture I have got is that most are looking at increases of between 15 and 20 percent.

'Those which aren't putting up their prices must have very substantial reserves or they introduced large price hikes at the beginning of the year,' he said.

Mr Ernstzen said those schemes which were able to put off price hikes this year would more than likely increase their premiums at the beginning of 1984.

Fees for doctors and dentists contracted into medical aid schemes go up by 15 percent today while private hospital ward fees rise by 20 percent.

W. D. ...

219143 98 ~~219143~~ Khayelitsha Q. Col. 2039
Hansard

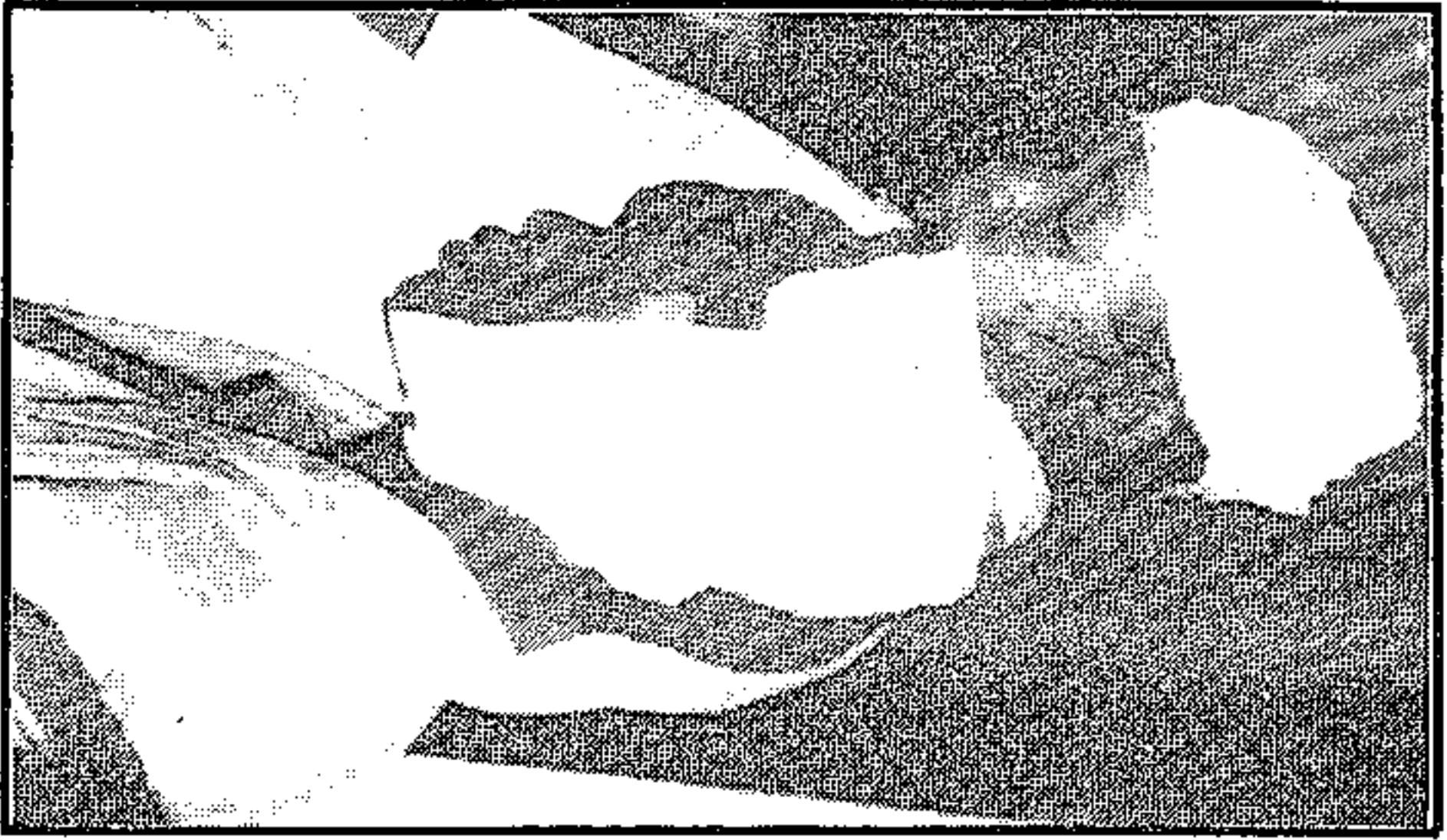
*17. Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

(a) What is the (i) nature and (ii) extent of the health services provided at Khayelitsha, (b) how many (i) doctors, (ii) nurses and (iii) community health workers are there at this township and (c) since what date have these services been provided in each case?

The DEPUTY MINISTER OF CO-OPERATION:

- (a) (i) Clinic services.
- (ii) Nursing services daily by Day Hospital Organization the Child Health Unit of the Red Cross Hospital.
- (b) (i) Nil.
- (ii) Three nurses.
- (iii) Nil.
- (c) All services commenced on 16 May 1983. Every endeavour is being made to establish and adequate medical infrastructure in the shortest possible time.





9-30: Two young girls who survived a two-car smash on at the Old Potchefstroom Road which took seven lives.



10-00: ... brought to hospital.



... called in to subdue this ... He was one of many



98 City Pass 4/19/83

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... out, this man was mugged by a gang and ...

... SEVERAL

PRESS COMMENT

A RELUCTANT UITLEANDER

IF proof was needed that South Africans of all colours are deeply anxious to be patriots, it has been provided by super athlete, Sydney Maree.

After breaking the world record in the 1 500 metres, he said: "It was primarily a record for South Africa."

This great runner left South Africa for the United States because the opportunities here for him were just about nil. Simply put, if he had stayed here he would have stayed poor; jogged around a few tatty stadiums, and eventually given up in disgust.

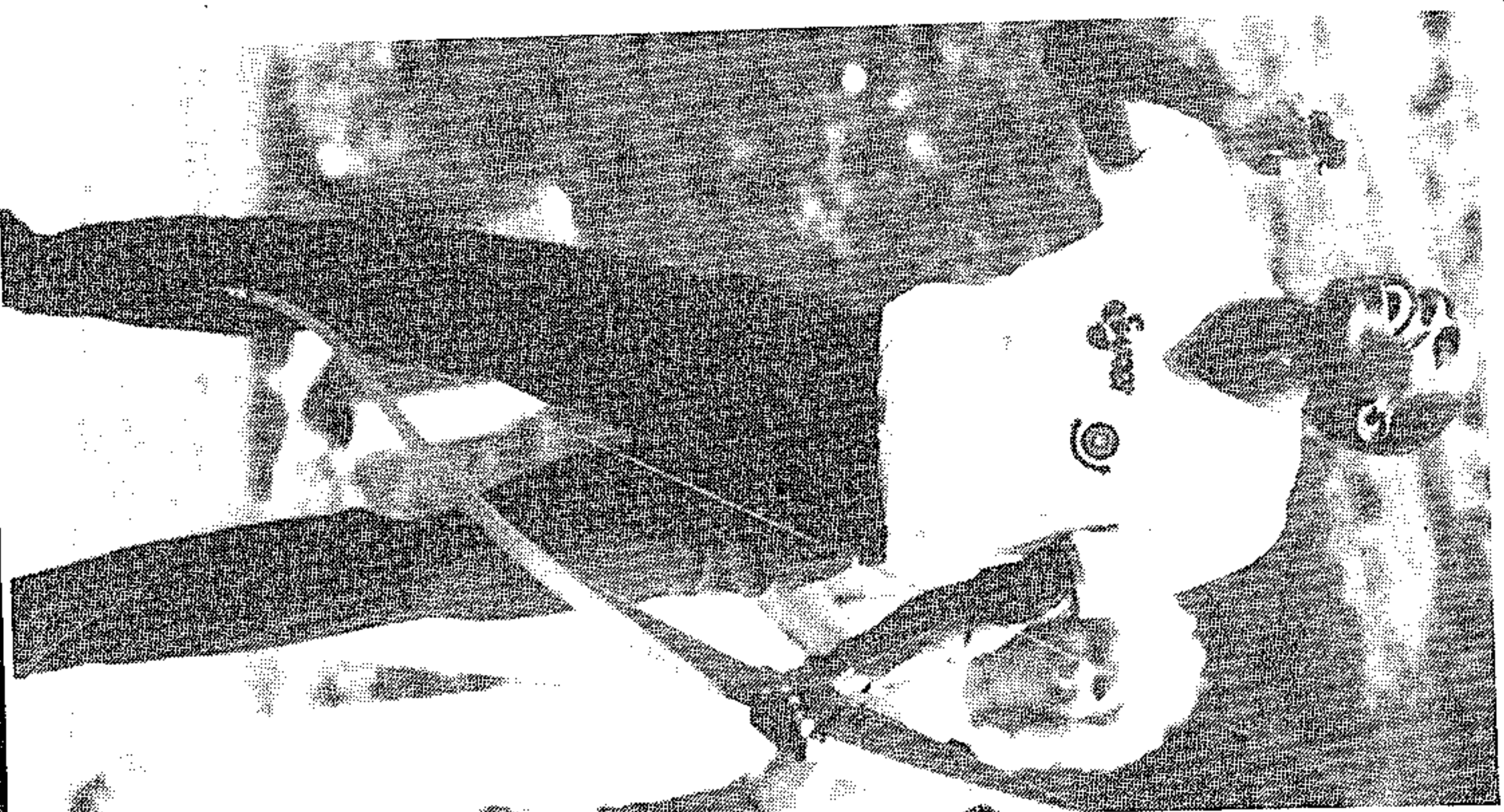
Outside this country there was opportunity, proper training, international competition — and money. Although, even in the States he was barred from international competition until 1981 when he got his US resident's permit.

And shortly before breaking the world record he vowed to help other black South African athletes reach world prominence without having to leave their country.

Like many others who quit this country before and after he did, Sydney Maree has proved that he still longs to be a proper South African although, as he said: "I left because as a black I was nothing."

Multiply Sydney Maree many, many thousand times, and given reason to be proud and participating South Africans, what a contribution could be made to this country.

A country that is badly in need of contributions.



Drought-here's the naked truth

LAST weekend in Maseru a dozen or so girls took off all their clothes and paraded before an enthusiastic audience. They were competing for the Miss Body Beautiful title.

The spectators should have stopped to think for a few moments. Had they done so their welcome would have been less enthusiastic.

For it was only a few years ago that a prominent dominee blamed miniskirts for

another drought — although thankfully, this did nothing to lengthen skirts. Many people thought he was right, for the rains came as the craze was dying out. With a bevy of girls barring all, is it any wonder that we are in the middle of the worst drought in history and P W Botha had to postpone the referendum? With things like this happening, he may have to postpone it again.

The Editor

A sentimental journey

leaders and writers. It was a trip into nostalgia for a man who left here 25 years ago

<p>JOHANNESBURG</p> <p>BROADWAY Fordsburg Tel.: 838-2877</p> <p>Sept. 2 & 3 KARATE Plus THE SPACE WOMAN</p> <p>Sept. 5 & 6 I'M A WOMAN Plus TWELVE KUNG FU KICKS</p> <p>Sept. 8 - 10 THE BOX Plus THE RAGING MASTER</p> <p>DAKOTA Drive-In Main Reef Road Tel.: 27-4253</p> <p>Sept. 2 & 3 BUDDY GOES WEST Plus ENDANGERED SPECIES</p> <p>Sept. 5 - 10 ENGIMA Plus BORDER OF VIOLENCE</p> <p>LYRIC Sept. 2 - 8 FORCED VENGEANCE</p> <p>LUXXM Sept. 2 - 8 CABO BLANCO</p> <p>STARLITE Sept. 5 - 6 THE SOLDIER Plus THE BOAT</p> <p>Sept. 8 & 9 TOUGH ENOUGH Plus WHO DARES WINS</p> <p>WEST RAND</p> <p>eyethu Sept. 2 & 3 BLUE THUNDER Plus FIRST BLOOD</p> <p>Sept. 5 - 7 WIND SERPENT Plus BREAKER BREAKER</p>	<p>WEST RAND</p> <p>HI-WAY Drive-In Lenasia Tel.: 852-1326</p> <p>Sept. 2 & 3 LONE WOLF MCCOUADE Plus THE WICKED LADY</p> <p>LOTUS Sept. 2 & 3 PLAYDEAD Plus NIGHTINGALE SANG A SONG IN BERKELEY SQUARE</p> <p>Sept. 5 & 6 FLASHDANCE Plus FAST TIMES</p> <p>Sept. 7 - 10 FLASHDANCE Plus SHARKEYS MACHINE</p> <p>PRETORIA</p> <p>MATHOLE TEMBISA</p> <p>Sept. 2 & 3 OCTOPUSSY Plus THE GOOD THE BAD AND THE UGLY</p> <p>Sept. 5 & 6 FORCES Plus JAWS 2</p> <p>Sept. 7 BODYHEAD Plus SAVAGE HARVEST</p> <p>Sept. 8 - 10 BUDDY GOES WEST Plus YAKUZA</p>	<p>PRETORIA</p> <p>THEBU Sept. 2 & 3 GUN FOR 100 GRAVES Plus TIME TO DIE (Special evening show)</p> <p>Sept. 5 & 6 MY BODY GUARD Plus SURVIVE</p> <p>Sept. 7 - 10 SKY RIDERS Plus ONLY WAY HOME Special evening show</p> <p>THE RISE AND FALL OF LITTLE MOTHER Admits only</p> <p>REEF</p> <p>ORIENT Sept. 2 - 3 NIGHT KILL</p> <p>SHARPEVILLE Sept. 2 - 3 BEATSMASTER Plus CONAN THE BARBARIAN</p> <p>ELDORADO Sept. 12 - 3 MOTHELRIDE</p> <p>FRIENDS! Make new friends by joining our growing list of names, addresses and interests of people wishing to make new friends. Simply supply us with your name, address, phone number, age, interests and send it along with a R4,00 postal order to: FRIENDS, P.O. Box 785072, Sandton 2146.</p>
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24 HOURS OF GOOD

Right next to you at Mphephalatsi

11-00.

The victim of an accident near Klip Valley Highway intersection in Soweto. She was unconscious when the ambulance brought her to the hospital.

Story: KHULU SIBIYA

Pics: MIKE MZILENI

IT'S 11 pm on Friday at Baragwanath Hospital. The place looks like an abattoir.

There's blood everywhere, with people writhing and moaning on stretchers.

Bara's always busy at month-end — and the out-turned pockets of the patients tell you why. Those empty pockets, sticking out like deformed limbs, testify that this is mugging day, and victims have paid in blood and cash.

They have been hacked with pangas, stabbed with knives and beaten senseless with knobkieries.

One of these pay-day victims, an elderly man, was wheeled into Bara at about 9.30 with a huge gash on the back of his head. He'd been mugged outside his house.

"I really don't know what happened," he told me. "I just heard this noise, and the next thing I was on the ground."

As time goes on, more and more of his kind are ferried into Bara's casualty section. They come in ambulances, taxis and cars, that same shocked look on their faces.

At 10.30, three badly injured men arrive in an

ambulance, their clothes a bloody mess. They say they were attacked outside a shebeen in Dlamini location while on their way home.

Thirty minutes later taxis bring in a middle-aged man who has been hacked with a panga, and two others who were badly beaten with kieries.

A nurse attending to the panga victim says his life is in the balance. "He's lost a lot of blood," she says.

A doctor on duty explains: "This is nothing. We expect more casualties through the night, right until the early hours of Monday morning

"Most of the victims have been mugged there is just no end to it, especially at the end of the month and at weekends."

While we were speaking came news of another disaster — a car accident not far away. We heard later that seven people died.

Last year about 1 500 people were killed in Soweto. Last weekend, 11 people were killed, seven of whom were found lying in the streets with stab wounds.

And Baragwanath casualty ward is the centre of this terrifying cyclone. Some live, some die — and the next weekend the carnage starts again...



11-30. Stabbed in the head and repeatedly in the back as he fled his attackers, this man collapsed outside his home and was rushed to hospital — he lost his entire pay-packet in the attack.



MIDNIGHT: Only six hours to dawn, but the queues of victims in Bara Hospital's casualty ward show no sign of slackening. The doctors and nurses face hours of hard work ahead.

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7/9/83
Call to share health facilities

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Staff Reporter *C. Turley*

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A MAJOR contribution towards health for all in the year 2000 would be achieved by a co-ordinated medical and health service in every community in the country, Mr P J Loubser, the MEC for hospitals, said yesterday.

He told the 1983 Hospital Management Conference: "If these communities could share accommodation, equipment and personnel, there would be a considerable saving in operating costs."

Mr Loubser said the real health situation of a country should not be measured by the number of hospitals being built, but rather by the facilities provided, he said.

He also called for the even spreading of all available resources in the health sections.

98 RDM
8/9/83

The 'soulless' hospital gets kind words

Mall Reporter

SOME call it "a soulless concrete monstrosity", but the State President yesterday referred to the new R165-million Johannesburg Hospital as having an exterior of aesthetically highly-pleasing, fair-faced slabs.

"It is not a group of buildings that can easily be ignored," Mr Marais Viljoen said when he officially opened the hospital, which, on December 3, 1979, became an essential part of the lives of many people in Johannesburg and the Southern Transvaal.

"The standing of this hospital in the international medical community is the result of major contributions by generations of professionals.

"With facilities like these, it is hardly surprising that this hospital has produced and attracted greatly respected academics, researchers and clinicians — men and women whose papers are read and whose voices are heard in the far corners of the world."

The Administrator of Transvaal, Mr Willem Cruywagen, said there had been much resistance to the hospital, but that criticism had died down.

Today, he said, it is the hub of health activities. The staff of the hospital could very

well, like Salvador Dali, say: "There are some days when I think I am going to die of an overdose of satisfaction."

Indeed, much had been achieved since the hospital came into operation. But the shortage of staff — especially nurses, but also doctors — still prevented the hospital from being used to its full potential.

In 1959 the Johannesburg General Hospital had grown to a capacity of 1 600 beds. In 1964 it was decided that a new hospital would provide the necessary possibilities for expansion.

The Johannesburg Hospital was built with a capacity of 2 000 beds. Until now it could not be used fully. Only 60% of the beds were occupied, due only to staff shortages, said Mr Daan Kirstein, MEC for Hospital Services, yesterday.

Mr Kirstein said staff shortages would not be solved by employing black, coloured or Indian nurses, because shortages also existed at black hospitals.

He said the staff levels at the Johannesburg Hospital had improved in the past year, and he hoped the increases announced for the New Year would boost it even more.

Pretoria man pleads guilty to theft of R49 000

Pretoria Bureau

A PRETORIA man who stole more than R49 000 from 14 business concerns was found guilty of theft by the Pretoria Regional Court yesterday.

Sentence will be passed on September 19.

Anton Pieter Veldtman, 34, pleaded guilty.

The State alleged he stole R49 587 from companies

whose estates had been sequestered or placed under provisional liquidation by the Pretoria Supreme Court.

Veldtman said he had committed the offences realising his actions were wrong.

The magistrate warned Veldtman to decide whether he would be in a position to repay the money, as this could be taken as a mitigating factor.



on a tour of the Johannesburg Hospital. Mrs Marietjie Viljoen, wife of the State President, with Mr Willem Cruywagen, Administrator for the Transvaal.



at theater sister talks to Mr Eckardt Riese and Mrs Monique Wittmer at an Hospital yesterday. Miss Pat Quan, a specialist sister, looks on.

Pictures: ROBBIE TSHABALALA

93 RDM
8/9/83

Walker tells how he played possum

el in 35° heat on December 29 last year.

The three deceased are Ernest Makhatini, Mayo Khumalo and Mhlakaza Xaba.

Mr Walker, who claims to be an asthma sufferer, told Mr Justice D O Vermooten he had not been examined by a doctor on his arrival from Durban Point Prison the previous day.

On December 29, he was told to push wheelbarrows, but could not

but I felt I could do no more. I then saw Smit assaulting another convict, Barry Bloem," he said.

Bloem pleaded with W/O Smit, saying: "If you want to kill me, let me say my last prayer."

W/O Smit then threw Bloem in the water and further assaulted him. When Bloem crawled out of the water, frogs were jumping out of his clothes.

"Then two red-haired warders came to me and hit me with their

Walker confirmed previous evidence that no black warders had taken part in the assault.

Under cross-examination by Mr S W Burger, he denied his evidence was a fabrication concocted after talking to other convicts.

"There was talk about who killed the three deceased, but I did not see it, therefore I cannot tell this to the court," he said.

Walker then added: "There are a lot of things going on in prison, things even the police do not know about"

Dominees may come under fire

Mall Reporter

NEDERDUITSE Gereformeerde Kerk dominees who backed a statement by 193 clergymen rejecting the Government's constitutional proposals in Pretoria last week, are expected to come under fire from the Northern Transvaal synod of the NGK

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New hospital (98) for Ciskei ~~98~~

KING WILLIAM'S TOWN — A 250-bed hospital was to be built soon by an Israeli company, the Ciskei Minister of Health and Welfare, Dr C. H. Beukes, said in an interview yesterday.

Building should start next month or in two months time and should be completed at the end of next year.

He said it would be situated next to the Whittlesea village and would be a prefabricated type in which the constructors were specialists.

About 150 nurses would be employed and the number of doctors would depend on how many were recruited.

Dr Beukes said the recruitment of Israeli doctors was in the pipeline.

Three who would be arriving this year would be stationed at Whittlesea.

He said the hospital would be serving people from Hewu, Zweekedinga and Ntabethemba. At present the people in these areas were served by a little cottage hospital at Thornhill.

Other patients were accommodated at Frontier hospital in Queenstown and those who could not be admitted there came to Cecilia Makiwane hospital at Mdantsane.

At present Ciskei has five hospitals. They are the Cecilia Makiwane, Mount Coke near Zwelitsha, Nompumelelo at Peddie, Victoria at Alice and St Matthews hospital near Keiskammahok. — DDR.

New mums made to sleep on ward floor

C. Herald 11/10/83 (98)

DURBAN. — Mothers who had just given birth sometimes had to sleep on the floor at Addington Hospital, because they were classified coloured and the director of hospital services would not allow them in the "white" ward.

All "coloured" post-natal mothers were recently moved from the "white" wards, back into the overcrowded coloured section of Addington — apparently against the wishes of most of the ward staff.

A memorandum was signed by the majority of the maternity staff, including about 40 nurses and sisters, protesting against moving the coloured patients away from the white wards.

The memorandum said the coloured section was unhygienic. Originally the patients had to be moved out, because there were bugs in the roof and the building had to be fumigated. Sections were badly rusted and not conducive to the health of mothers.

EMERGENCY

There was a faulty lift in the coloured section. It could be a death trap if there was an emergency while a mother was being transported to the theatre.

The coloured section was often badly overcrowded, in which case mothers had to sleep on mattresses put down on the floor, because there were not enough beds.

Obstetrically, it was undesirable to have the labour wards and ante-natal section far away from the operating theatre. If there was an emergency in the delivery ward, for example calling for a Caesarian section, the pregnant woman would have to be wheeled to the delivery ward along draughty open corridors.

The coloured delivery ward was far away from the nursery, so new mothers were cut off from their babies.

There was ample room for coloured maternity patients in the white maternity ward.

COMMON

The director of Hospital Services, Dr Vorster said it was not a common occurrence for coloured mothers to have to sleep on the floor, although he was aware that this had happened.

He said there were times when the coloured ward was full, and this was because there could be no control over the number of maternity patients and births.

The senior medical superintendent of Addington Hospital, Dr Margaret Barlow, said the maternity patients were moved back to the old block because repairs had been completed there.

"Management are aware that not all the facilities in the old building - including the surgical block - are ideal. Steps are taken every year to upgrade these facilities within the scope of the maintenance department and the economic climate. For instance, two lifts were renewed last year.

"With regards to patients being wheeled along draughty open corridors, this I'm afraid is a hospital hazard and covers the multiracial children's wards, geriatric wards and multi-racial oncology and eye wards."

DOCUMENT

Dr Vorster said he did not want to comment on the transferral of maternity patients. He said he had not seen a document from the staff of the hospital protesting against the move.

Various sections of the hospital were multi-racial and others were not - "That is just a fact of the hospital," he said.

Department will act on the 'forgotten patients'

(98) New 4/10/83

By Sheryl Raine, Pretoria Bureau

Although the Department of Health does not normally interfere in the day-to-day operational activities of its institutions, it has now decided to give direct attention to genuine problems at Weskoppies Psychiatric Hospital.

This move, announced by the Chief Director of Psychiatry, Dr P H Henning, follows articles published in The Star on September 7.

Since July this year The Star has received several letters from State President's patients claiming that they had been "forgotten" in the hospital's maximum security ward. They appealed to the newspaper to have the cases publicly reviewed.

One of the 10 patients who wrote to The Star has already had his case reviewed by the Weskoppies Hospital board. Other cases are believed to be in the pipeline for review.

Dr Henning has given his assurance that in terms of departmental policy State President's patients were not forgotten.

Their treatment and procedure for release followed strict legal codes, he said.

COMPLICATED LEGAL POSITION

The legal position of such patients is complicated.

They are not found guilty of any crime and sentenced. They are declared State President's patients and sent for treatment to a psychiatric institution to be released when healthy or sufficiently recovered.

But they may be released only after favourable recommendations from the hospital board, the Attorney-General, a Supreme Court judge and an order from the State President himself.

Reports reaching The Star indicated that the legal proceedings often got bogged down in bureaucracy.

After publication of an interview with Dr Henning in which he stated his department's policy regarding State President's patients, patients from Weskoppies wrote to The Star challenging his statements.

The patients in the maximum security ward complained that the policies were not being properly implemented. They invited Dr Henning to visit their hospital and assess the situation for himself.

Two patients wrote letters to The Star and described conditions and practices at Weskoppies which differed greatly from the recommended conditions and practices stated in the department's policies.

The maximum security ward was supposed to be a

place where milieu therapy was administered to patients as well as direct therapeutic sessions with an assigned psychiatrist.

The true atmosphere of the "milieu" of the mental institution ranged from "bitter desperation to hopeless resignation", the patients claimed.

UNFORTUNATE CONSEQUENCES

The social mixture of people in the maximum security ward had unfortunate consequences for sensitive patients.

It was claimed that such patients were incarcerated with criminals, psychopaths, epileptics and others who were seriously mentally ill.

The sensitive patients, instead of recovering, tended to identify with their companions.

The patients challenged the Department of Health's assertion that Weskoppies was able to provide a quality service despite staff shortages.

Furthermore, there was a "considerable amount of inter-departmental and inter-disciplinary disharmony among the psychiatrists, psychologists and nursing staff at the hospital", which confused the patients.

Patients claimed that they were "kept in the dark" about their cases and decisions concerning their future were put off indefinitely or delayed for long periods.

This caused immense frustration and patients became desperate and sometimes aggressive.

In a written reply, Dr Henning said the department did not believe it would be correct to use the Press as a medium for communication between the department and people in its cares.

CORRECTLY REPORTED

"However, I wish to assure The Star that what it has reported correctly reflects the official policy of the department and we are now aware of the complaints that this policy is not being properly implemented.

"Although the department does not normally interfere with the day-to-day operational activities of an institution, I have decided to give personal attention to any problems experienced by both the staff and patients in the maximum security ward, and to overcome genuine difficulties.

"The reality of the situation is that there will always be people who will have to be detained in the maximum security ward, who will not like it, and who will agitate against it even when we succeed in overcoming genuine problems."

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Address: University of Natal
Pietmaritzburg
3200
Telephone: (033) 63320 Ext. 313
Contact: Norman Bromberger
Projectives:
(1) Research on incomes, formal and informal
(11) Unemployment project
(111) Cattle project

DEVELOPMENT STUDIES RESEARCH GROUP (DSRG)

John replies in line

know whether I was interested in buying the game reserve."

● Any films in the offing? "Believe it or not, I've actually been sent a script for The Billy Bunter story."

● He saw a leopard eating its prey, he said, on his last visit to South Africa. "Once the bones and things were off, and the crunching began, that was it — I was off."

Someone said he could see a leopard in Benoni. "What's a benoni?" asked Elton.

Elton John will open his 10-concert season at the Sun City Superbowl on Friday.

to mouth: "Oh shut ton, you're in South now."
whether there was lance of Rod Stewning him on stage in City: "That devery much on how e reacts."
e Milligan, a re-sitor to South Afriote to him to ask adopt a baby elehere for R15 000. Spike wrote me r letter wanting to

Full probe ordered into Weskoppies

4/10/83 (98) 87er

By Sheryl Raine, Pretoria Bureau

Weskoppies Psychiatric Hospital is being investigated by the Department of Health and Welfare, as well as the SA Police, in the wake of complaints by patients and articles which appeared in The Star.

The Director General of Health, Dr F P Retief, and the Chief Director of Psychiatry, Dr P H Henning, have decided to intervene personally and give attention to the running of the State institution after complaints from State President's patients in the maximum security ward.

The SAP Drug Squad has been asked to investigate allegations of dagga dealing and the illegal sale of home-brewed alcohol at the hospital tuck-shop.

The dagga is allegedly being sold disguised as tobacco.

Patients in ward 11 — the maximum security ward — have again complained in letters to The Star about their treatment.

They have claimed that the therapy they were receiving amounted to "a case of criminal neglect". They also said they saw their psychiatrist only at irregular intervals.

In the letters they complained that "sensitive patients exist in a living hell in ward 11 because they are incarcerated with seriously ill inmates — including both psychopaths and criminals.

"Decisions concerning the release of patients or their transferral to open wards is delayed indefinitely. Information concerning the patients' futures is not relayed to them and this causes them to become depressed, desperate and bitter," the letters claimed.

The Star subsequently passed these complaints on to Dr Henning.

The Department of Health has now acknowledged it is aware of complaints that its policies concerning the treatment of State President's patients at Weskoppies were not being properly implemented.

The department will now assess the situation for itself and has expressed its intention to help overcome all genuine problems experienced by staff and patients.

There are 250 State President's patients at Weskoppies, of which about 50 are accommodated in the maximum security ward.



chairman of the Watford Football Club and millionaire singer and pianist, is a funny man. The thing from his ear is a present from Australia.

● Picture by Philip Littleton.

● See Page 7.

CARGO WAGON

New dental clinic opens in Vosloorus

By MZIKAYISE EDOM
A NEW dental clinic, the first of its kind in the East Rand, has been opened in Vosloorus township in Boksburg.

The clinic was officially opened by Dr L Matthews, chief director of dental services in South Africa.

The clinic, which consists of a waiting room, an operating room with two dental chairs and an office, will be run on a

part-time basis with two dentists working two mornings a week.

At a later stage, it will operate full time. The clinic will be run by the Boksburg Town Council and the Vosloorus Health Clinic.

Equipment, valued at more than R20 000 was donated by Colgate Palmolive in Boksburg. It took the Boksburg Town Council and Colgate Palmolive six

months to organise the clinic.

Pensioners and schoolchildren will be treated free at the clinic while other patients will pay a nominal fee of R1 per visit.

According to a spokesperson for Colgate-Palmolive, the company was planning to sponsor more dental clinics in black townships in the near future.

Hospital deposits no longer required

THE Transvaal executive committee has decided to exempt members of medical aid schemes from paying deposits on admission to provincial hospitals.

The director of hospital services, Dr Hennie Grove, said in Pretoria yesterday that the system had created practical problems for medical schemes, in particular for those schemes which covered the cost of admission and stays in provincial hospitals.

It would be possible to exclude the patient from paying. Payment could now be made directly to the hospital by medical schemes, he said.

This would expedite payment of hospital accounts, combat bad debts more effectively, and facilitate procedures for members of medical aid schemes.

Dr Grove said it was announced earlier this year that the executive committee had decided that deposits must be paid on admission of in-patients to provincial hospitals to whom the day tariff was applicable.

In cases where a non-recurrent tariff applied, as for outpatients treatment, the patient would be expected to pay the full amount on admission.

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Wards for Indians and Coloureds

14/10/83

98 Mercury Reporter

PRIVATE wards and special facilities are to be provided at all provincial hospitals in Natal for fee-paying Indian and coloured patients because of the ever-increasing enrolment of Indian and coloured workers to medical aid societies.

Dr Fred Clarke, MEC in

charge of hospitals, said yesterday there was a major demand for these facilities by fee-paying private Indian and coloured patients. But the programme would be long-term.

Dr Clarke said it was also a policy of the Province to provide emergency casualty facilities and

emergency ward admissions for Indian and coloured patients at all provincial hospitals.

He said a new R650 000 ward had been provided at the Newcastle hospital. The overall cost of re-development to the hospital would be R22 million, he said.

Dr Clarke said there would be improvements at hospitals in Estcourt, Northdale, Port Shepstone and the C J Crookes Hospital in Scottburgh.

Community health centres would be built in Phoenix, Fosa Settlement in Newlands and at Newlands East.

Call for hospital in Mitchells Plain

IT was sad that the State would be spending a R1-billion to implement the constitutional proposals, when it apparently had no money for a general hospital in Mitchells Plain — its much-vaunted city by the sea.

This was said this week in a statement released by Mrs Theresa Solomon, secretary of the Mitchells Plain Co-ordinating Committee (MPCC), an umbrella body of civic associations in Mitchells Plain.

Mrs Solomon said the lack of a general hospital in Mitchells Plain was a crisis as there were only three day hospitals which catered for 40 people each daily.

POPULATION

"The population of Mitchells Plain is a quarter of a million, which makes it bigger than Bloemfontein, Port Elizabeth and East London.

"Survey and interviews conducted in Mitchells

Plain by the MPCC prove that the people's feelings are running high, because of a lack of one basic facility.

Some of the comments people made include:

ACCESS

- where we lived before there was easier access to hospitals;

- it's a disgrace that a mental hospital is built before a general one;

- we don't only need a general hospital but a children's one as well;

- a hospital should be a first priority — in white areas all necessary facilities are built first.

Mrs Solomon said that so far this year there had been 1 000 accidents needing ambulances, which took hours to arrive because they had to take people to hospitals far away.

"There are only two ambulances allocated to Mitchells Plain.

AGED

"Our chronically ill, especially the aged are particularly affected, because they have to travel

to hospitals outside the area. Besides the inconvenience, the travelling costs are crippling.

"In 1978 the authorities promised a hospital for Mitchells Plain, obviously to lure people to their mini-homeland.

"Once they had achieved their end, all talk of a hospital vanished. Instead, we have three half-day hospitals, each with one doctor catering for 40 patients a day and grossly understaffed.

MATERNITY

"None have any basic facilities, such as cardiac, X-rays, theatres and maternity.

"This is inadequate and the MPCC views the problems surrounding the lack of a hospital as a crisis.

"We therefore demand that a start is made no to build a fully equipped and properly staffed general hospital as a first priority and the need for a children's and maternity hospital should be tackled with the least delay," she said.

Army
1204
medics
18/10/83
plan (98)
for
SWA (28)
WEN
KW

By PETER KENNY
Africa Bureau

WINDHOEK. — The office of the Administrator-General of South West Africa has put forward a plan for the army to take over effective control of all medical services in war-torn Owambo.

But the plan is apparently meeting stiff resistance from a number of quarters in the area, especially nursing staff. The aim is for an army officer to take over the post of Director of Health in Owambo and as medical superintendent in the busy Oshakati Hospital. The medical services in the area would be further supplemented by a further 16 doctors.

The executive committee of the Owambo Ethnic Authority, which controls health services at present, is understood to have reacted to the proposal, but has made no comment to the Press.

According to a report in the Windhoek Advertiser yesterday a memorandum of the proposal was given to the Owambo ethnic administrator chairman, Mr Peter Kalandula, and his MEC for Health, Pastor Heita, at a meeting with the Administrator-General, Dr Willie van Niekerk, last Tuesday.

The memorandum apparently threatened to cut off funds to the administration for Owambos, thereby relieving them of effective control of medical services, if they did not agree to the plan.

One Owambo official is believed to have said that recent reports of bubonic plague in Owambo had been exaggerated to facilitate the army takeover.

A spokesman for the Owambo Administration said that of the 17 doctors in the Oshakati area, seven were army doctors.

The Air Force also provides a back-up ambulance service in the region so that the military already has strong effective control of medical services.

The Roman Catholic Church and the Finnish Mission with the Evangelical Church of Owambo-Kavango (ELOC) have numerous hospitals and clinics in Owambo.

A Roman Catholic spokesman in Windhoek said this was a matter for the bishop to comment on while the head of ELOC, Bishop Klephas Dumeni, said he could not comment at this stage.

Some people fear this might be a step to force more missionaries out of the area. Many of the authorities believe RC and Lutheran churchmen are too favourably disposed to Swapo.

A spokesman for Dr Van Niekerk said last night that he would be out of town until Wednesday.

Hospital turns patients away

W/C ARGUS 22/10/83

98

Pregnant women refused treatment

By LINDA VERGNANI
Weekend Argus Reporter

DOCTORS are concerned because pregnant women referred to the Paarl East Hospital are being turned away.

For three months patients who earn more than R240 a month have been told to consult private doctors or gynaecologists.

The doctors have said that many of the women refused treatment earn under R500 a month and cannot afford private ante-natal care and confinements.

There are also no private doctors in Paarl East willing to do deliveries. As a result, coloured patients have to seek private doctors across the river in the white part of Paarl.

Dr J Jordaan, acting-director of hospital services, said it had always been the administration's policy "not to compete with doctors in private practice".

"Only indigents accepted"

"Consequently only indigents — that is persons whose incomes are lower than R240 a month — are normally accepted as outpatients."

This policy had been in force since 1962 and applied equally to all outpatient departments of provincial hospitals.

The income ceiling was set 21 years ago by the provincial administration and has not been changed since.

Dr Jordaan said that in the absence of a general practitioner willing to attend to the ante-natal care and the confinement the patient could approach the hospital and be attended by the staff.

Investigation promised

Asked why the policy had been applied only in the past three months at Paarl East Hospital, Dr Jordaan promised a "thorough investigation".

He added, however, that this would take time as Dr H A Rust, the newly appointed regional medical superintendent for the Western Cape and acting-

medical superintendent of Paarl and Paarl East Hospitals, was away on official business.

A trade union doctor, who may not be named for professional reasons, said he was "extremely concerned" about the consequences of turning pregnant women away from provincial hospitals. He feared they might fail to get ante-natal care.

It was possible that such women might in desperation wait until they were in labour and then go to the provincial hospitals or maternity obstetric units, hoping to be admitted. He felt this would endanger their health and that of their babies.

He knew of one patient who, with her husband, earned R120 a week and who had twice been turned away from the hospital.

"Unnecessary hardship"

Another Paarl East doctor said: "We feel very strongly about this matter. The rule should be changed because it is bringing unnecessary hardship on patients."

"It's a ludicrous situation. What family doesn't earn R240 a month nowadays? But if they earn more than that it does not mean they can afford a private doctor or gynaecologist."

"An uncomplicated delivery costs R200 or R300 and a complicated one will cost more."

Another doctor said about 10 of his patients had been turned away from the hospital in the past three months.

● Dr Jordaan said in written replies to Weekend Argus questions that the limitation of R240 a month had been "debated on numerous occasions" with the Medical Association of South Africa.

At the most recent meeting with the Medical Association, in September, it was decided to appoint a joint committee "to investigate the possibility of introducing increased differentiated income ceilings for the various urban and rural areas of the Cape Province."

Still these people sit at Pollsmoor Prison. They were originally detained in August 1980 and the case

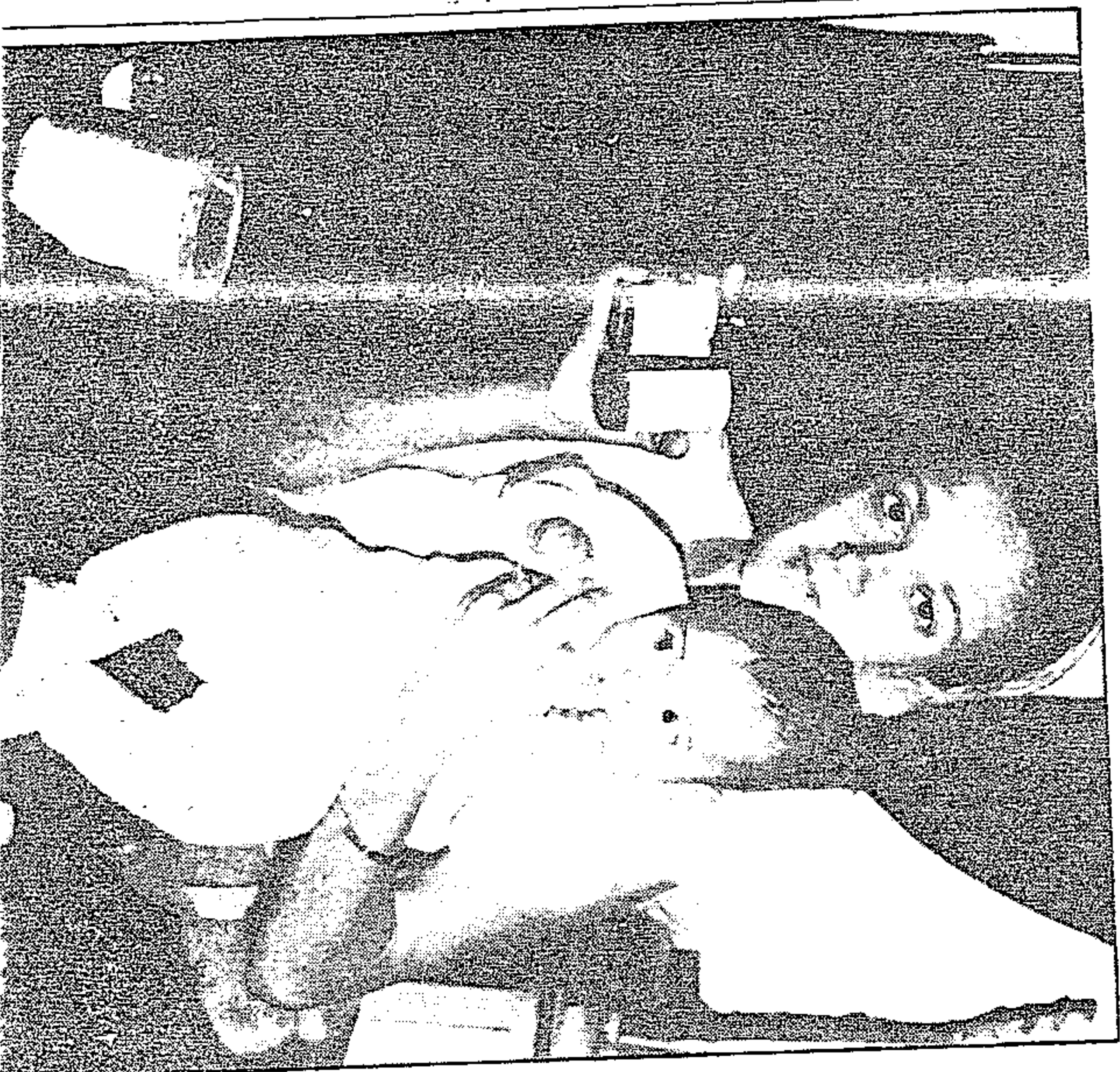
sparked off by the 1980 bus boycotts, their alleged involvement in certain incidents 'terrorism' and alternatively, murder, following Oscar Mpetha and 18 other people on charges of of the marathon trial of veteran trade unionist, March 6 marked the second anniversary of the start

SUPPORT THE MPETHA ACCUSED!

'BAD' BRAND MILK BABY PROBLEMS

29/10/83 C. Herald

98



THE Cape Town City Council has withdrawn a popular brand of babies' powdered milk from its clinics after a young Lentegeur mother claimed that the milk caused endless stomach problems for her four-month-old child.

Mrs Beatrice Dyers, 18, of Primrose Street, Lentegeur, discovered the difference between fresh powdered milk and the old, odd-smelling supplies she had bought last week when a neighbour drew her attention to it.

The council has suspended sales of the milk while her complaints are being investigated.

Mrs Dyers has been buying milk from the Lentegeur Clinic since her baby Melissa was about 14 days old.

SMELL

She has a file of hospital bills and reports and a large number of bottles of medicine to back up her claims that the milk was responsible for her child's illness.

Mrs Dyers asked us to smell some the old milk

Mothers need have no fear about the powdered milk now available from the City Council clinics, according to Cape Town's Medical Officer of Health.

distinct smell and tasted bad.

Mrs Dyers said: "Last Monday I went to the clinic to get a supply of powdered milk, like I always do. Shortly after that, a neighbour called me over to say I should have a look at the milk she bought at the clinic.

"When I smell the milk and she told me there was something terribly

and the child's illness has caused great worry."

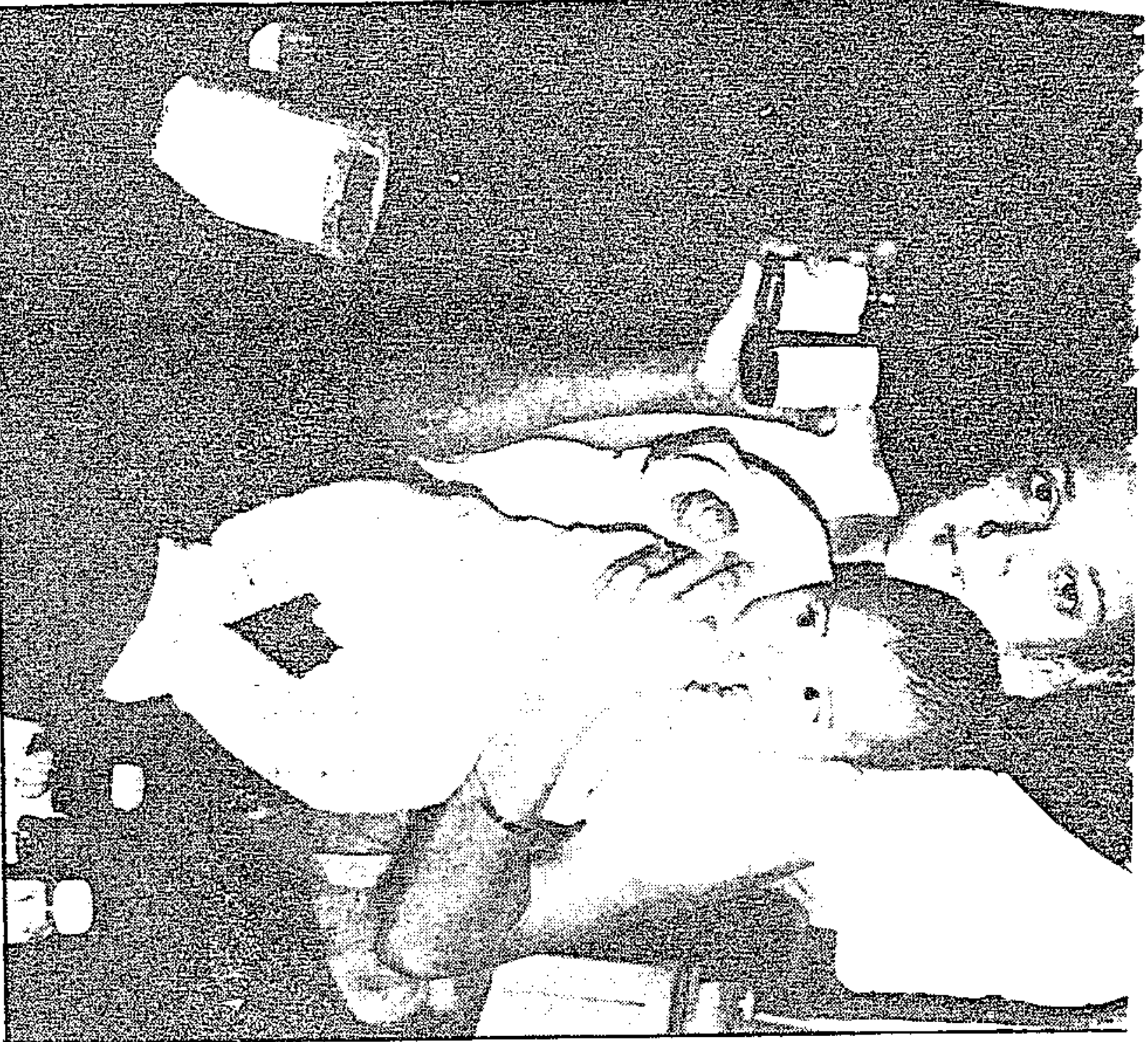
Dr R J Coogan Cape Town's Medical Officer of Health said the matter was brought to his attention on Monday.

"I have asked our inspectors to collect samples of the milk for further investigation. The milk obviously smells unpleasant and the samples have been sent to the Government Laboratories for analysis.

"Until the results are known, that particular brand of powdered milk has been withdrawn and people will now be able to make their choice from other brands of milk that are available.

A spokesman for the manufacturers of the powdered milk in question told Cape Herald that their attention had been drawn to the complaint that they had ar-

that the milk caused endless stomach problems for her four-month-old child.



● MRS Beatrice Dyers, baby Melissa and the bottles of medicine and 'smelly' milk

Mrs Beatrice Dyers, 18, of Primrose Street, Lentegaur, discovered the difference between fresh powdered milk and the old, odd-smelling supplies she had bought last week when a neighbour drew her attention to it.

The council has suspended sales of the milk while her complaints are being investigated.

SMELL

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distinct smell and tasted bad.

Mrs Dyers said: "Last Monday I went to the clinic to get a supply of powdered milk, like I always do. Shortly after that, a neighbour called me over to say I should have a look at the milk she bought at the clinic.

"When I smelt the milk and she told me there was something terribly wrong with it, I realised that I had been feeding Melissa the same milk all these months. The milk I had been buying had a terrible stench. I never questioned it. I just accepted that the milk smelt like that."

"I took the milk — all three tins of it — back to the clinic, but one of the people in charge said there was nothing wrong with it. They refused to accept my milk, but took my neighbour's."

"It's painful when I think that my child has been suffering from stomach trouble all the time, possibly because of the milk. At the hospital the doctors were unable to determine why Melissa's tummy was continuously upset. The hospital bills are extremely high

and the child's illness has caused great worry."

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"Until the results are known, that particular brand of powdered milk has been withdrawn and people will now be able to make their choice from other brands of milk that are available.

A spokesman for the manufacturers of the powdered milk in question told Cape Herald that their attention had been drawn to the complaint, that they had arranged for samples to be flown to their laboratories for analysis, and that they would issue a statement when the laboratory report was available.

Clinic crisis forces pre-dawn queueing



● 6.15 am ... and more than 40 people wait — some in vain — for their chance to be treated at the clinic.

6.15 - and all's not well

IN the very early hours, every Monday and Wednesday morning, more than 40 women, in different stages of pregnancy, start queueing at the ante-Natal clinic in NY 21, Guguletu. This is one of three such clinics serving the areas of Guguletu, Nyanga, Old Crossroads and New Crossroads.

By the time the clinic opens its doors, it is apparent that the service it provides is nowhere near good enough.

But the people of Guguletu, Nyanga, Old Crossroads and New Crossroads prefer this clinic to the long and expensive journey to Groote Schuur Hospital. And so from about 4.30 am on each of these days, they walk long distances from their homes to the little clinic which forms part of

CAPE Herald staffer NAZEEM HOWA, right, watched in the early hours of Monday morning as pregnant women trudged up in ones and twos until they formed a pitiful queue outside the clinic in Guguletu. This is his report.



a row of four attached houses.

And every Monday and Wednesday morning, a number of those women are turned away by nursing staff because the clinic is too small and so is the staff complement.

At present, the first 15 patients who attend for the first time, are treated there. The following 10 patients are referred to Groote

Schuur Hospital in two sections of five each and the rest of the people who have queued for treatment are then sent home.

This cut-off system leaves many angry because, they say, people who are in need of treatment are sometimes sent home.

Another reason for the clinic having a cut-off point is that it operates on Mondays and Wednesdays only. On Tuesday and Thursdays, the nursing sisters who run this clinic do duty at one of the other clinics in Old Crossroads.

The people who use this clinic say that something must be done about it soon. They have suggested that the clinic could op-

erate on more days during the week, if extra staff were employed.

These are not the only problems facing pregnant women who are attending the clinic. They leave their homes so early, they have to walk to the clinic because no public transport is available.

When the first patients, hoping to be treated, arrive at the clinic it is about 4.30 in the morning. They have to stand around in the dark until the clinic opens at about 7 am. No seats or cover are provided for the pregnant women.

RAIN

Many people have complained that in rainy weather they have to spend long hours in the rain, while waiting for the clinic to open. Some have taken ill because of this.

A spokesman for the Provincial Administration said that it was planned to enlarge the clinic next year. He referred us to Dr R O Watermeyer, a deputy medical superintendent at the Groote Schuur Hospital, for an answer to our other questions.

Dr Watermeyer was on sick leave at the time of going to press.

Crisis countdown

PREGNANT women started arriving at the clinic in NY 21 from about 4.30 am on Monday morning.

No facilities such as toilets, seating or even a roof over their heads are provided for the pregnant women as they wait for the clinic to open.

This table shows how they arrived at the locked gates of the clinic.

● Only women who were attending the clinic for the first time were taken into account.

Number	Time
2	4.30
2	5.21
1	5.23
2	5.33
2	5.34
2	5.37
1	5.38
1	5.47
2	5.48
2	5.51
2	5.52
3	5.55
1	6.00
2	6.01
1	6.02
1	6.09
2	6.10
1	6.12
3	6.13
4	6.17
2	6.18
3	6.20

Strictly for early birds

THE doors of the clinic were opened to the patients at about 6.21 am. Everyone was asked to come in, and the 40 women were divided into several groups.

The women who had already attended the clinic were not involved in the divisions, as they had appointments.

Those who were attending the clinic for the first time were ca-

tegorised. Women who had had children by Caesarian Section were referred to Groote Schuur Hospital, as were those who suffered from epilepsy.

CROSSROADS

Then those who lived in Crossroads were told that they could not be treated. They were told that the Crossroads clinics would be open on Tuesdays and Thursdays. They were told to go to that clinic even though they had spent more than an hour queueing for treatment at the clinic.

The rest were divided into a group of 15, a group of 10 and those left over were told that they would not be treated. They were told to report to the clinic on Wednesday. But those turned away complained that the clinic was full when it was in operation.

Of the two groups, the 15 were treated at the clinic, while the 10 were referred to Groote Schuur in two groups of five.

Row over new R150m hospital

98

Mercury

31/10/83

Mercury Reporter

HEATED controversy has broken out over plans for a new R150-million medical school and 1 000-bed teaching hospital for the University of Natal at Cato Manor to complement the present facility at King Edward VIII Hospital.

Grievances about King Edward have been that the hospital is overcrowded — 'We're fighting a battle there every day, with as many as 40 casualty admissions at a time' — and so the atmosphere is not good for training.

Moreover, the Alan Taylor Residence for medical students — none are white — is in Wentworth, 14 km from the hospital, surrounded by an oil refinery and police workshops.

A new residence next to the new hospital, which itself would be only 2 km from the main Howard College campus, is part of the deal offered.

Fait accompli

Medical students, graduates and some faculty members believe the money offered by the State — which could amount to R200 million — would be better spent on primary health care centres in the townships and rural areas.

But Dr Fred Clarke, MEC in charge of hospital services, told a university forum called to discuss the matter at the weekend that a new hospital would be built at Cato Manor anyway.

rious enough to warrant the sort of treatment King Edward was designed to give, she said.

Therefore the most urgent need was for more primary health care centres as 'the first line of contact with health services'.

Mr A Motswaledi, speaking for medical students, questioned whether the new medical school would produce more doctors because the standard of black education was falling and would not provide enough matriculants.

A Lamontville community leader, the Rev



Dr Fred Clarke ... 'the hospital will be built'.

Mcebese Xundu, speaking for 'the consumers', said the main reason for ill-health among blacks was that 'the majority is crammed on to 13 percent of the land where there is terrible overcrowding'.

As a result disease was rife — so medical services could not be seen in isolation.

'The weak link in medical services is at the community level,' he said. 'To minimise disease there must be just wages and just housing.'

Prof S Kallichurum, dean-elect of the faculty of medicine, said: 'We want the new hospital, the new residence, the new medical school as well as the primary health centres.'

Prof R H Philpott, the present medical faculty dean, said that if the offer were refused, it would be made to 'another university in Natal' and would not be used to improve primary health care.

A community paediatrician, Dr W Loening, warned that if the hospital were built 'we will be committed to the ongoing running expenses — about 30 percent of the initial outlay each year'.

'Our demographical surveys clearly show the need,' he said.

He called the overcrowded King Edward VIII Hospital 'the worst in the country'.

All that remained to be discussed was whether the university wanted the new hospital as a teaching hospital.

His statement was strongly criticised by speakers, who said they had not realised they had come to discuss a fait accompli.

Weak link

Dr K Ginwala, a faculty member, speaking on behalf of the Medical Graduates Association, said she was concerned that alternative ways of spending the money had not been considered.

Nearly 65 percent of patients at King Edward VIII Hospital, the present medical school teaching hospital, were self-referrals and their illnesses had not been se-

Health services — access for poor is difficult

Medical Reporter
MANY of the poorer areas of Cape Town have two or fewer general practitioners and no hospitals, and many working class people have "problems of access" in reaching medical help.

This emerges from a working paper produced by the Southern Africa Labour and Development Research Unit (Saldru) at UCT on Access to Health Services in the Greater Cape Town Area.

The highest concentrations of general practi-

tioners are in the wealthier suburbs such as Bellville, Claremont, Rondebosch, Sea Point and Wynberg.

The poorer areas named in the paper are Bishop Lavis, Facreton, Guguletu, Langa, Steenberg and Nyanga.

"Problems of access are created since people have to undertake inconvenient journeys to reach general practitioners, adding transport costs to the costs of consultation."

This was also a problem in the case of specialist referrals, since more than 50 percent of the private specialists worked in the city centre, the rest working mainly in other medical centres in the wealthier white suburbs.

Using 1980 figures the paper states that of the Peninsula's 936 private practitioners, 397 are specialists and 151 of these are surgeons.

This concentration was not related to the major health problems in the area — preventable diseases such as gastro-enteritis, pneumonia and under-nutrition among children, and TB among adults — but to areas of maximum profitability.

All of the 22 private hospitals in the metropolitan area of the Peninsula, with the exception of one convalescent home, were in the white areas.

Only one curative clinic, Empilisweni SACLA clinic, run by church organisations, provided primary health care facilities to a population of about 30 000 people at Crossroads.

Limited access to the services of general practitioners was a problem particularly for workers since general practitioners, apart from provincial hospital casualty departments, provided the only primary health care services available after working hours.

Provincial hospitals, with the exception of one convalescent home and one orthopaedic hospital, were all located in white group areas.

New day hospitals have been opened in three areas in the past three years, but others have been closed. Bonthuvel closed after the 1976 unrest, and areas with large populations far from the city, such as Mitchell's Plain, have no day hospitals.

"The day hospitals in Langa and Guguletu (two areas with the highest rates of TB and infant mortality) have needed extending for more than four years."

The paper concludes: "What has been found is that areas with the greatest need are areas in which there is least access to health services."

183 139 98 2/11/83

Union set for lab breakthrough

By STEVEN FRIEDMAN
Labour Correspondent

IN WHAT is believed to be a unique development, a central Johannesburg pathologists' laboratory has said it is willing to recognise a black trade union which has been recruiting its workers.

The laboratory's decision follows a recent work stoppage. A second pathologists' laboratory was also hit by a stoppage, but refused to negotiate with the union because it is unregistered.

The union is the Black

Health and Allied Workers Union of SA (BHAWUSA). A spokesman for the laboratory yesterday requested that it not be named for fear of contravening SA Medical and Dental Council regulations.

The laboratory employs around 100 workers and the other laboratory to be hit by a stoppage employs about 75.

In a statement released by the union and signed by a representative of the laboratory yesterday, BHAWUSA's president, Mr Tlou Komape, announced that an agree-

ment had been reached between the laboratory and the union's shop stewards in talks following the stoppage.

As part of this settlement, the statement said, the laboratory had said it was prepared to recognise the union and further negotiations would take place "in due course".

The laboratory also agreed to reinstate eight retrenched workers at the same rate of pay as they were receiving before their dismissal, the statement added.

"The management will endeavour to reinstate workers in the same or similar position to those which they occupied before, as from Monday, October 31," the statement said.

BHAWUSA is a union which was formed spontaneously by workers at a Johannesburg drug company earlier this year.

It has no links with any existing union federation and has no full-time officials — all officials are full-time workers.

Recently it extended its operations and began recruiting workers at laboratories to which the drug company supplies its products.

A representative of the laboratory said yesterday management had not yet recognised the union, but had indicated that it was willing to do so.

This is believed to be the first time that union recognition talks have been held between doctors and workers employed by the medical profession.

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7/11/83

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IS THERE a doctor in the house? This is
a phrase rarely used by labour journal-
ists in the course of their duties. Until
last week.

The cause of the query was the settle-
ment of a dispute between a Johannes-
burg pathologists' laboratory and the
new Black Health and Allied Workers'
Union of SA.

The lab, which employs about 100, has
reinstated eight workers after a recent
strike and says it is willing to recognise
BHAWUSA.

If it does, this will surely be the first
time the employer side to a recognition
agreement has been a partnership of
doctors.

The story behind the formation of the
union is interesting. BHAWUSA is a rare
example of a union formed by spontane-
ous combustion rather than by an organ-
ising campaign run by unionists.

Workers at a Johannesburg drug com-
pany got together and decided to form
the union. Presumably, because the drug
company supplies laboratories, its
workers organised those in a couple of
city labs into BHAWUSA.

There has been one other strike by
BHAWUSA members at a Johannesburg
lab, but there the doctors/managers re-
fused to negotiate with the union be-
cause it is unregistered.

Whether BHAWUSA can turn its
members' enthusiasm into a permanent
union presence remains to be seen.

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The 20,5% discount to be implemented in terms of the revised tariff structures reflects the increase of 6%. If the tariff for these two undertakings had not been revised, the increase of 6% would have resulted in a surcharge increase from 33,5% to 41,5% for Rand and OFS and a surcharge increase from 36% to 44,2% for Eastern Transvaal.

DRS. BUNTON, MUNDEL & BLAKE 73215

Saunting Mrs Eileen Robson,

after his 'act' and apolo-

restaurant exit and for Mr Parnood

NATIONAL ARKAS 11/11/82

98



Health services need urgent change — Dr Barnard

Argus Correspondent DURBAN. — A complete revision of South Africa's health services was urgently required, Dr Marius Barnard, MP, Progressive Federal Party health spokesman, said here.

Dr Barnard, commenting on the substantial curbs imposed on private patients in Natal provincial hospitals, warned that privileged people would have to be prepared to pay more for health services in the future.

"The whole balance of health care in South Africa is wrong," he said. "The State cannot be expected to pay for expensive curative medicine like heart by-pass operations and to ignore the needs of the underprivileged."

MALNUTRITION
"Money is urgently needed to prevent malnutrition, cholera and typhoid. "Whether a person has a heart by-pass operation

in a private hospital or in a Government hospital, the cost is still around R10 000. "In the one case the taxpayer generally is paying, while in the other the patient or a medical aid is paying."

293 SOCIETIES
For instance, there were 293 medical aid societies, which themselves were pushing up medical fees because of the duplication of administrative costs. The number of medical aid societies should be reduced.

Dr. Barnard said the Browne Commission, which was investigating health care, had been appointed four years ago. "I have asked repeat-



Dr Marius Barnard

edly in Parliament when this commission is going to report.

"It is extremely urgent that the commission completes its task and that the Government decides on the future of medicine. "It must decide on the future role of private medicine and on whether South Africa requires a national health service."

He was convinced that whatever the Government decided, privileged people would have to pay more for medicine in the future, either in tax or as private patients.

He pointed out that medical costs in South Africa were a quarter of those in West Germany or the United States.

"At least 15 percent should be spent on preventive medicine to stop outbreaks of diseases such as cholera and typhoid."

Dr Barnard said he supported Government moves which included the cutback on private patients, to spend less on curative medicine and more on preventive medicine.

Burglary suspects caught on the jog

Argus Correspondent DURBAN. — Luck wasn't in for three suspected thieves fleeing with stolen goods — they ran into three police detectives out jogging. The head of the CID in Durban, Colonel Gert van Zyl, was jogging at lunchtime with Warrant Officer Pieter Joubert and Warrant Officer Graham Dwyer.

Near Greyville racecourse they noticed three men carrying a large quantity of property. Not wanting to scare the suspects off they quietly jogged up to them and then pounced. They were found in possession of clothing, jewellery, radios, a tape recorder and watches believed to have been stolen from a flat in Berea.

well-known car critic was talking about the improved on strut and five-link plus anti-roll bar rear out the roughest roads for the finding specific benefits, too, are a led that the new suspension gives less and safety behind the wheel after control on the road

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Argus 11/11/83

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CITY/NATIONAL

Natal provincial hospitals to reject private patients

Argus Correspondent

DURBAN. — Private patients will no longer be treated at provincial hospitals in Natal except in emergencies, says Dr Fred Clarke, MEC in charge of hospitals.

Dr Clarke said that although this cutback was concentrated particularly on Natal, it would apply also to other provinces.

The restriction against private patients — people who wish to be admitted and treated by their own doctors — was necessary to relieve the pressure on hospital staff.

Although there was no shortage of staff, and hospital posts had been filled, there was no capital available to establish new posts.

It was therefore necessary to discourage private patients from provincial hospitals.

This meant heavy additional expense for South African families who will have to be treated at private hospitals, where high medical fees are not always covered by medical aid schemes.

Three of Natal's largest medical aid societies — National Medical Plan, Natal Industries Medical Aid Services and the Municipal Medical Aid Scheme —

confirmed that they would not pay cardiac, by-pass and allied treatment in specialised cardiac units at private hospitals.

A heart by-pass operation would cost about R10 000 at a private hospital and between R400 and R600 at a provincial hospital.

However, the above medical aid schemes will pay only for the surgeon's fees at the statutory rate and the tariff for provincial hospital — which is about R30 a day.

The excess — a minimum of R6 500 — would have to be borne by the patient.

It's not the Cape Sun that goes on a bender!

Staff Reporter
CAPE TOWN people who think the new Cape Sun Hotel sways when the south-easter blows have been assured the building is a solid as a rock.

Reflections on the glass front give the impression of building movement, architect Mr Louis Karol said explained.

Mr Karol said he had personal experience of how the new skyscraper handled the south-easter. He and his family were staying on the 27th floor at the weekend when gales buffeted the city.

He said that while using the lift with its glass-

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Mr Karol said he had personal experience of how the new skyscraper handled the south-easter. He and his family were staying on the 27th floor at the weekend when gales buffeted the city.

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No change

98
in policy
Mercury
on private
11/11/83
patients

Pietermaritzburg
Bureau

THERE has been no recent change in the Natal Provincial Administration's attitude towards the admission of private patients to provincial hospitals.

This assurance was issued yesterday by the MEC in charge of hospitals, Dr Fred Clarke, in the wake of Press reports suggesting that a new ban on private patients has been imposed from this week.

In an interview with the Mercury, Dr Clarke said no provincial directives had been sent to his hospitals on the admission of private patients and there was certainly no ban on them at any provincial hospital.

Afford

However, the increasing health expectations of the public, particularly among blacks — coupled with the effects of the recession on incomes — were leading to an ever-increasing demand for hospital facilities.

At the same time the Province did not have the money to employ the additional staff needed to meet this greater demand.

As a result patients who were not in urgent need of treatment and who could afford private hospitalisation were being encouraged to make use of these private facilities where they were available.

If they insisted on going to Addington, for example, every effort would be made to accommodate them but they could suffer delays as more serious cases would be given preference.

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Natal's hospitals R6 000 000 in the red

98 Mercury
14/11/83

Political Reporter

NATAL provincial hospitals were R6 000 000 in the red and would be in a far worse position by the end of the year unless the Government stepped in fast, according to the MEC in charge of hospitals, Dr Fred Clarke.

He said: 'The financial position is very serious, more serious than ever before. All hospital posts have been frozen for four months and we won't start any new projects.'

The Natal Provincial Administration had asked the Government in September for assistance, without success. It was obvious that urgent representations would have to be made again.

Dr Clarke said hospitals had run into trouble largely because of the rapidly escalating cost of medicines, especially those used for treating cancer.

There were also increased demands on hospital services, particularly from the black communities who were becoming more conscious of the availability of health services.

Patients were streaming over the homeland

and independent state borders for treatment.

'We have sent out instructions to everyone to look into every avenue to save money,' he said.

The MEC said that while the position was serious, there was no chance that operating theaters would be closed.

He repeated earlier assurances that there had also been no change in the provincial administration's attitude towards the admission of private patients to provincial hospitals.

Difficulties

Reports that a ban had been imposed on private patients were incorrect, but patients not in need of urgent treatment or those who could afford private hospitalisation were being encouraged to make use of private facilities where they were available.

Dr Clarke said the financial difficulties would not affect the new teaching hospital at Cato Manor, which would be specially funded by the Government.

Since September 1, the cost of accommodation at private hospitals has been three times higher than the rate at provincial hospitals.

A day's stay in a general surgical ward costs R56 compared with R15 for the maximum charge in a general ward at Durban's Addington Hospital.

There are only three private hospitals and two private clinics in Durban and no private hospitals in Pietermaritzburg.

A group of Durban doctors and businessmen recently opened a modern private hospital at Isipingo and there are plans to develop a 250-bed multi-racial private hospital at Westville.

In an effort to relieve the enormous pressure on overcrowded provincial hospitals, there are plans to develop a network of simple community health centres.

R6m hospital crisis forecast for Natal

Mail Correspondent

DURBAN. — Natal provincial hospitals are R6-million in the red and will be in a far worse position by the end of the year unless the Government steps in fast, according to the MEC in charge of hospitals, Dr Fred Clarke.

"The financial position is very serious," he said, "more serious than ever before. All hospital posts have been frozen for four months and we won't start any new projects."

The Provincial Administration asked the State Treasury for aid in September. The applications were unsuccessful and it was obvious that further urgent applications would have to be made.

Dr Clarke said hospitals had run into trouble mainly because of rapidly rising costs of medicines, especially those used for treating cancer.

There were also increased demands on hospital services, particularly from

the black communities, who were becoming more conscious of the availability of health services.

Patients were streaming over the "homeland" and "independent" state borders for treatment.

"We have sent out instructions to everyone to look into every avenue to save money," he said.

But the MEC said operating theatres would not be allowed to close despite the crisis.

He repeated earlier assurances that there had also been no change in the Provincial Administration's attitude towards the admission of private patients to provincial hospitals.

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In an effort to relieve the enormous pressure on overcrowded provincial hospitals, there are plans to develop a network of simple community health centres.

(98) R204 17/11/83

Some hospitals let parents stay over

By ANN PALMER

PARENTS are welcome to sit with their sick children at three major hospitals on the Reef, but facilities for sleeping overnight are only available at two of the hospitals.

A senior spokesman for the Johannesburg Hospital said they had very relaxed visiting hours during the afternoon, once the doctors had completed their rounds.

"In the case of a desperately ill child, there are facilities for the parents to stay overnight."

The spokesman said in the case of minor operations or illness, parents would have to make their own arrangements for staying overnight, but would be able to comfort and feed the child during the day if they so wished.

"In some circumstances,

the mother is a better nurse than a nurse."

The superintendent of Bargwanath Hospital, Dr Chris van den Heever, said his hospital was the first on the Rand to make facilities available for parents to stay.

For example, he said, mothers could stay up to five months in hospital to feed and look after premature babies.

The superintendent at the J G Strijdom Hospital, Dr P J Cronje, said they had very relaxed visiting hours during the day and it was possible for the parents to be with their child for most of the day.

However Dr Cronje said the hospital did not have facilities for parents to sleep there overnight.

R18-m Cape hospital set to open

928
29/11/83

Own Correspondent

CAPE TOWN — A sophisticated R1,5 million catheterisation laboratory — the first of its kind in the world — is one of the special features of Cape Town's new R18 million City Park Hospital due to open next week.

The laboratory will be used in diagnosing cardiac-related symptoms.

The City Park Hospital in Loop Street, the city's newest and largest private hospital, will be opened to its first patients on Monday.

Construction of the 200-bed hospital cost about R12 million. A further R6 million was spent on medical equipment.

There are two floors of doctors' suites and the hospital occupies seven floors of the building, which once served jointly as a car park and a home for Cape Town's city engineer's department.

The first of the seven floors houses the administrative section. The next two floors house seven operating theatres, three of which are equipped with special air-conditioning units for orthopaedic and open-heart operations.

Six of these theatres are equipped for orthopaedic, cardio-vascular, neuro, plastic, urological, gynaecological and general surgery, while the seventh will handle minor and outpatient cases.

Also on these two floors are a 10-bed surgical intensive care unit, an isolation unit, two seven-bed surgical high care wards, as well as general and private

wards for surgical cases.

In all of these sections nursing staff will be able to monitor the condition of patients through sophisticated electronic equipment.

There is also a seven-bed coronary intensive care unit and a seven-bed coronary high care ward.

There will be more than 50 maternity beds and more than 80 cots with a neo-natal intensive care unit and an obstetric theatre on the 11th and 12th floors.

Most general wards will have between four and six beds. They will be equipped with radios, but not television or telephones.

Patients will have a set menu and will pay between R55 and R58 a day.

The 40 private wards, with bathrooms en suite, will each have a two-channel television, a telephone and a radio, as well as special menus with a wine list. These will cost around R100 a day.

The hospital is now almost fully staffed.

The hospital manager, Mr Alan Matthews, said: "Because of the special facilities and equipment, we have had little trouble recruiting trained staff. We are fully staffed in some sections and, though we could do with more staff in others, we are operational."

He said there would be no restrictions on admission based on race.

"The hospital will mainly cater for medical aid patients," said Mr Matthews.

He said there was a need for a modern private hospital in Cape Town.

'Private' tag often too costly

ARGUS
30/11/83
98

Argus Correspondent

PRETORIA. — Many patients who are classified as "private" in provincial hospitals cannot afford the treatment, the Medical Association of South Africa (Masa), has said.

"According to current tariffs in Transvaal provincial hospitals, a family of four with an income of R520 a month are classified as private patients," states an article in the supplement to the November 5 edition of the SA Medical Journal.

Hospitalisation for any member of this family would cost them R20 a day.

In all cases the tariff includes only accommodation and nursing. Additional services such as blood transfusions, medicines and bandages are extra, says the article.

Many private patients

are also unaware that unless they are emergency cases they may not be treated by provincial hospital staff as it is "not policy to compete with private practitioners".

Visits to casualty departments cost members of medical schemes R14. Patients who are in the same category but who do not belong to medical schemes are charged R10.

The expenditure budget for Transvaal provincial hospitals is R652-million annually, while the income from patients fees amounts to only R50-million, the article says.

About 80 percent of the white population belong to medical schemes, the article says, and by the year 2000 more than 40 percent of the black population will also enjoy these benefits.

Woman burnt during op: hospital probe complete

THE office of the Director of Hospital Services in the Cape has investigated the incident in which a Parkwood Estate woman was severely burnt while being treated at Groote Schuur Hospital.

However, according to the Director of Hospital Services, Dr RLM Kotze, the results of the investigation have not yet been handed in.

The woman, Mrs Jane Kock, suffered extensive burns to the lower regions of her body after giving birth to a daughter at Groote Schuur a few weeks ago.

BURNT

According to Mrs Kock, she discovered that her pelvic region was severely burnt and blistered after she awoke after a minor operation.

The hospital staff could not explain what had happened except to say that she was allergic to Lugols Iodine, a solution used to swab women before their babies are delivered.

After being discharged from Groote Schuur Hospital, Mrs Kock had to be treated at a private hospital.

When approached for comment, the hospital

authorities declined and said the matter had been referred to the Director of Hospital Services for investigation.

LEGAL ACTION

"Because Mrs Kock intends taking legal action against the hospital, we cannot divulge any information to the press," Dr Kotze said.

Last week, an astonished Mrs Kock told Cape Herald that she received an account of R10 from Groote Schuur Hospital for her period of confinement.

"I was in hospital for about three weeks and expected a rather large account," said Mrs Kock.

The maximum rates for admission to the maternity ward at Groote Schuur Hospital are R25 with daily charges of up to R30.

98
C-Herald 1/12/83

A SICK SITUATION

THE medical facilities in Mitchells Plain are enough to make anyone sick. There is no proper hospital in the ever-expanding area and the people living there have a 10 000 to 1 chance of being treated by a doctor when they fall ill.

Twenty general practitioners have the huge responsibility of serving the 200 000 people living in the area.

On average in South Africa, there is one doctor to 1 540 people. But even that is not enough and, according to the World Health Organisation, there should at least be one doctor to every 900 people.

The sum total of medical facilities for the thousands of Mitchells Plain residents are two half-day day hospitals, two full day hospitals and 20 general practitioners.

CAMPAIGN

But Mitchells Plain people have decided not to take this matter lying down.

Under the banner of the Mitchells Plain Coordinating Committee (MPCC), representing civic organisations in

Plain civic body launches petition to get hospital built

the area, they have started a campaign which promises to be intensive.

Already a petition has been drawn, calling for the immediate establishment of a hospital in or very close to Mitchells Plain.

The petition has been signed by more than 1 000 people in a short space of time but it is expected to blossom over the next few weeks.

In the petition, the MPCC demands a fully-equipped general hospital with adequate staff. They ask that work on "this much-needed facility" start immediately.

SUPPORT

Support has come from local churchmen, doctors and a doctors' organisation, the National Medical and Dental Association (Namda).

According to MPCC secretary Mrs Teresa Solomon, Mitchells Plain "desperately needs a general hospital".

"Right now, there are no facilities like X-rays, operating theatres, cardiac and maternity units here, and this often causes near-deaths.

"So far, there have been 1 000 road accidents where ambulances were needed, but what could people do with only two ambulances serving the whole of Mitchells Plain.

SERVE

"We are not saying that we want a "coloured" hospital. The hospital should serve areas like Guguletu, Crossroads and Khayalitsha as well.

"Most of the major hospitals are in white areas, far from the reach of blacks. If a hospital should be built in Mitchells Plain, it should at least be as big as the old Somerset Hospital.

"If the hospital is just outside Mitchells Plain, it should be as big as Groote Schuur."



● THIS is a normal scene outside the Beacon Valley Hospital. Others who are ailing and desperate for treatment are seen in the humid conditions. It is a symptom of the sick situation.

Statistics tell it all

STATISTICS drawn up recently by the National Medical and Dental Association, illustrate the serious need for a general hospital in Mitchells Plain.

WESTRIDGE

Number of dwellings..... 4 042
Population..... 24 000
Medical services: One clinic, three doctors' surgeries in two private homes and one chemist.

PORTLAND

Number of dwellings..... 4 562
Population..... 28 891
Medical services: Three doctors' surgeries in three private homes and one dentist.

LENTEGEUR

Number of dwellings..... 5 247
Population..... 31 750
Medical services: One clinic, one day hospital (7.30 am-4.30 pm), one surgery in a private home and one chemist.



● DR Reg Coogan, Cape Town's Medical Officer of Health

Hospitals

A FULLY-fledged general hospital in Mitchells Plain is "definitely" in the plans of Dr Reg Coogan, Cape Town's Medical Officer of Health.

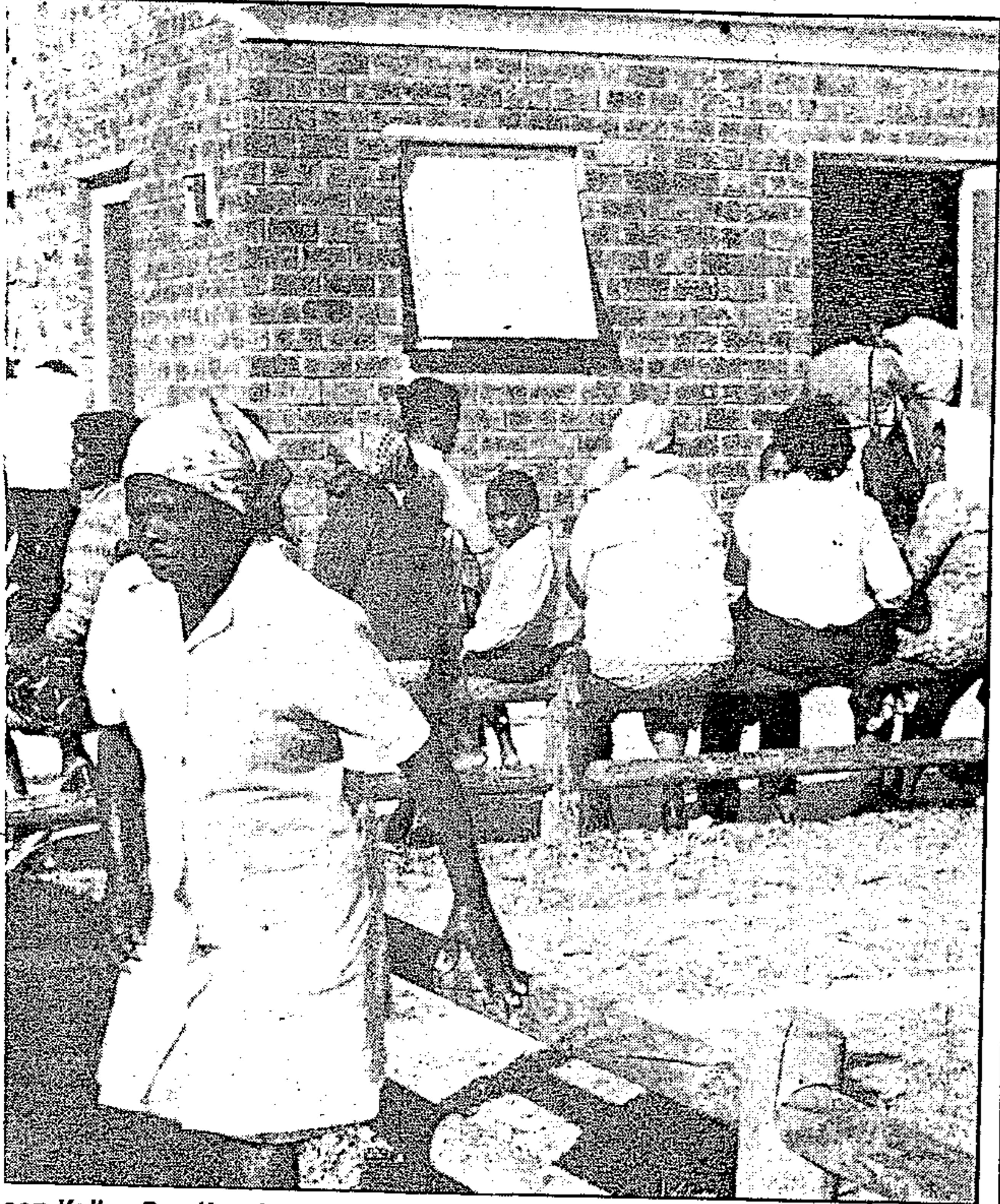
Dr Coogan said the Council should prove matters by building a primary health centre soon.

"I can appreciate the experience of private practitioners and experience."

"The council will help by establishing a combined centre where we will have midwifery facilities and other services."

98

...ATION!



con Valley Day Hospital in Mitchells Plain. Inside all the seats are taken and treatment, have no choice but to sit outside in inclement weather or in hot the serious strain under which the health services in the area operate.

tal necessary' — Coogan

general hospital for Mit-
definitely necessary," says Dr
Town's Medical Officer of
the Council would try to im-
building a combined commu-
soon.
e the problem that the pri-
s and the Day Hospitals
l help to make things easier
combined community health
will have a polyclinic with
and a large number of oth-

"This project is in an advanced stage of plan-
ning and something could appear on the ground
sometime next year.

"We are also trying to find accommodation
for more general practitioners in Mitchells
Plain," said Dr Coogan.

PLANNED

Dr M Jooste, the Provincial Administration
deputy director in charge of hospital planning,
is on record as saying that the State has not yet
planned a hospital for Mitchells Plain.

Dr Jooste has said that a training hospital
would be added to the GF Jooste Hospital in
Manenberg and that students from the Univer-
sity of Western Cape would do their medical
training there.

Crisis casualty

THE lack of a hospital in Mitchells Plain
could so easily mean the difference between
life and death, as a Lentegeur woman has
found out.

Mrs Lucy Sebastian
of 15 Bloubekkie Street,
Lentegeur, feared for
her life and the life of
her baby when she gave
birth earlier this year.

Her husband, Martin,
was forced to act as
midwife on March 28
when she gave birth
more than an hour
after their first attempt
to get hold of profes-
sional medical
assistance.

Mrs Sebastian gave
birth to a 4,5 kilogram
son, Warren, 75 minutes
after her husband had
made the first calls for
a doctor and an
ambulance.

BOOKED

Among those contact-
ed were a doctor whom
Mr Sebastian had
booked months in ad-
vance, the family's
house doctor and the
ambulance service.

Mrs Sebastian said:
"I feel it is totally ridic-
ulous not to have a hos-
pital in a place as big

as Mitchells Plain. I am
lucky that nothing un-
fortunate happened at
Warren's birth, but any-
thing could have hap-
pened if I had been at
home all on my own.

"I'm sure many other
people have had near-
death experiences and
this makes the matter
even more urgent."

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SEE PAGE 17

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Mdlalose denies 'collapse'

78
Mercury
8/12/83

**African Affairs
Correspondent**

THE KwaZulu Minister of Health and Welfare, Dr Frank Mdlalose, has denied that health services in the homeland have collapsed, as has been claimed by Dr Fred Clarke, MEC in charge of health services in Natal.

Dr Mdlalose said the KwaZulu Government was under severe strain providing personnel and finance.

'Our funds are inadequate. That is in the hands of Pretoria.

'KwaZulu gets far less per capita than any other homeland.'

He said the shortage of black doctors was a chronic problem.

There was only one black doctor to every 90 000 patients in South Africa compared with one to every 4 000 white patients.

Referring to Dr Clarke's contention that hundreds of patients

needing specialist treatment were being transferred to Natal's hospitals from KwaZulu, he said that not even white hospitals such as Lady-smith Hospital or Grey's Hospital in Pietermaritzburg could provide this type of treatment.

Certain special cases could only be referred to hospitals such as Addington or Wentworth.

Dr Mdlalose made reference to Dr Clarke's remark that, as a result of staff and money problems, the obstetrics, gynaecology and orthopaedic wards at Edendale Hospital near Pietermaritzburg had been closed.

Emergencies at Edendale were handled immediately, he said.

Dr Mdlalose said there was a growing patient load in KwaZulu.

The birth rate in the homeland was now 3 per cent and was increasing.

kwaZulu health breakdown strains Natal hospitals

98
8/12/83

Own Correspondent

DURBAN — Natal hospitals are under "an incredible strain" because of a breakdown in kwaZulu health services, the MEC in charge of hospitals here said yesterday.

Dr Fred Clarke said hundreds of patients needing specialist treatment were being transferred to Natal and as a result services to local people might have to be cut.

Many provincial hospitals were already full and authorities were considering closing down some wards or theatres and transferring staff to relieve pressure in crisis areas.

A lack of staff and money had closed down the obstetrics, gynaecology and orthopaedic wards at Edendale Hospital, one of the largest in kwaZulu.

The hospital's superintendent, Dr DJ Lawson, said that only an emergency service was being maintained and most patients were being transferred to Durban's King

Edward VIII Hospital.

Patients needing radiotherapy were being sent to Addington Hospital.

Dr Clarke said health services in Natal and kwaZulu were integrated, despite being separate on a political level.

When kwaZulu standards began to deteriorate, it placed an additional strain on Natal's already overburdened hospitals.

Some of the busiest departments, like obstetrics and gynaecology, were already beginning "to burst at the seams".

He said every effort was being made to accommodate the extra patients but it was hoped that kwaZulu would soon be able to sort out its health problems.

Natal's hospital ser-

vices were already in a critical condition with a shortfall of 3 000 nurses and a lack of funds, which meant that in the next four months only key positions would be filled.

To relieve the burden, private patients would only be treated in private hospitals, but this was not possible in some cases.

The only solution was to close down some wards at "non-white" hospitals and transfer staff to relieve pressure in crisis areas.

But that was only a temporary solution and would add extra strain on outpatient departments.

Dr Clarke said the only permanent solution would be a massive injection of State funds into hospital services.

ER promised new hospital next year

(98) Sowetan 8/12/83

By MZIKAYISE
EDOM

A NEW hospital, estimated to cost millions of rands, will be erected between KwaThema and Tsakane townships early next year if all goes according to plan.

The hospital, which will accommodate 8 000 patients at a time and also serve thousands of

out-patients is expected to be in operation by the end of 1985. So far there is only one small hospital, the Far East Rand Hospital in Springs serving the KwaThema, Duduza and Tsakane residents.

Dr Dion Olivier, the superintendent of the Far East Rand Hospital yesterday confirmed that if all went according

to plan, a new hospital will be erected near Tsakane.

He said: "The present hospital in Springs serving the three townships is small and has inadequate facilities."

He said: "The new hospital, to be known as Falasong Hospital will be very modern and will have improved facilities like a modern theatre,

and an intensive care unit, a facility we do not have at the Far East Rand Hospital."

Dr Olivier said the opening of the new hospital will not mean that the Far East Rand Hospital will be closed. He said plans were in the pipeline to renovate the Far East Rand. According to Dr Olivier, the Department of Health has been negotiating with the East Rand Administration Board since 1980 for a site to build a new hospital.

He said: "We have finally succeeded in getting a site and we are still waiting for the allocation of funds from the Government so that if all goes well, we can start with the building of the hospital early next year."

'New deal' may harm ^{ROM} health — doctors

~~93~~ ~~304A~~ 98
 12/12/83

Mail Correspondent

DURBAN. — The Government's new constitution came under fire at the National Medical and Dental Association's annual conference in Durban at the weekend.

Delegates said that as health was regarded as "own affairs" to be considered separately by the white, coloured and Indian chambers of Parliament, it was being fragmented along ethnic lines.

They feared the future of health services would be further racial fragmentation, deterioration of the quality of services, possible collapse of services due to inadequate administrative and financial support and potential loss of medical manpower.

The conference proposed the forma-

tion of a national action committee to co-ordinate and implement a campaign to reject the new constitution.

The conference, held at the University of Natal, also rejected forced removals and uprooting of families.

More than 3 500 000 people had been forced to move from their settled areas and a further two million people were at present under threat of removal, delegates heard.

There were "obvious effects" that forced removals had on health and health services, the conference was told.

The gathering decided that the association must "openly and actively" recognise forced removals as a "causative factor" of ill health and suffering in South Africa.

Opening the conference, Dr Essop Jassat, who heads the Transvaal Indian Congress, said the need for the association was seen more than a year ago because of the concern among doctors and dentists at what he called the "deterioration of the health of our people and the total lack of a national forum to discuss the health needs of this country".

He said the "controversial handling" of the "Steve Biko affair" by the Medical Association of South Africa had also prompted many dissatisfied doctors and dentists to form a separate association.

"Since it (Masa) identifies itself closely with the State, it therefore cannot vigorously take up issues which result from apartheid and racial discrimination and which adversely influence the health of our people."

KwaZulu hospitals 'coping'

By Patrick Leeman
African Affairs
Correspondent

THE MEC in charge of hospital services in Natal, Dr Fred Clarke, had been misinformed when he said that Edendale Hospital had closed its general, obstetrics and gynaecological wards.

This was said at Ulundi by Dr Frank Mdlalose, KwaZulu Minister of Health and Welfare, in an exclusive interview with The Natal Mercury.

'These wards are not closed,' he said.

Dr Clarke had alleged that there had been a breakdown of health services in KwaZulu.

'Patients still get admitted to all our hospitals and still get treatment in all our hospitals,' Dr Mdlalose said.

'We are coping. We still have well-orientated white and Indian doctors in spite of Dr Clarke's point of view,' he said.

The KwaZulu minister referred to Dr Clarke's contention that when standards in KwaZulu began to deteriorate it placed an extra strain on the already overburdened hospitals in Natal.

Referring to Dr Clarke's claim that hundreds of patients needing specialist treatment were

being transferred to Natal's hospitals from KwaZulu, he said: 'Not a single ward in any of our KwaZulu hospitals has been closed.'

'We have financial constraints. The surprising thing is that we survive. It appears that Dr Fred Clarke has problems in his own domain. He would like to project those problems into our area.'

Dr Mdlalose said the number of qualified and practising African doctors in South Africa was about 200.

There was a ratio of one black doctor to every 90 000 black patients.

On the other hand, there was a ratio in the white community of one doctor to every 4 000 patients.

He said there were only two medical schools for Africans in southern Africa — the Medical School at the University of Natal and the newly established Medical University of Southern Africa.

There was a population growth in the black community of 3 percent a year.

Only 100 doctors were qualifying each year to cater for a black population in South Africa of between 18 million and 20 million.

Adequate

10 1/2

Natal hospitals face critical staff shortage for Christmas Emergencies only!

By Stan Maher

NATAL'S two biggest black hospitals have shut their doors to routine "cold surgery" cases and have stopped doctors' leave for Christmas, in an effort to cope with an almost impossible treatment situation.

Doctors at Durban's King Edward Hospital and at Edendale Hospital near Pietermaritzburg, have had their leave frozen for a month from December 15. And theatre doors will be shut except for emergencies.

During the next few weeks the numbers of trauma cases — victims of road accidents, stabbings, assaults and near-murders — will soar. And the hardpressed orthopaedic surgeons will be working around the clock.

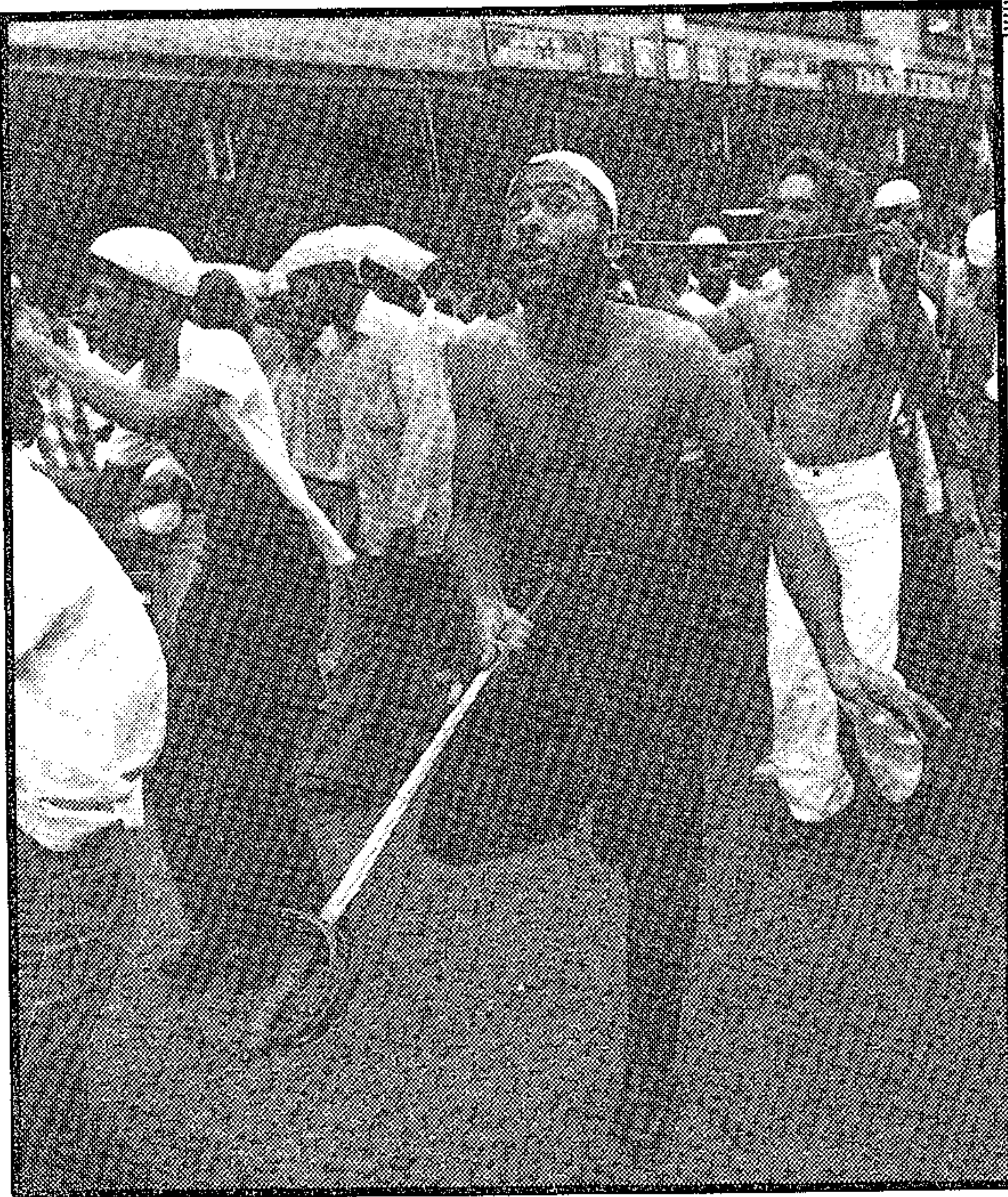
Mercifully, there will be one area of relief: the maternity wards, normally one of the busiest parts of the hospitals, will have a lighter workload.

The two hospitals are the end of the line for patients referred for treatment from all over Natal, said Edendale's medical superintendent, Dr Derek Lawson.

"King Edward is really the last point of call for patients. There they have so many sleeping between beds that they virtually polish the floors every night," he said, only half in jest.

"We haven't got to that stage — we couldn't cope if we did. We're not coping now.

"We have had to tell hospitals to send us only urgent cases, just as King Edward has. Virtually every hospital has to do this towards the end of the year when we hit a



peak. Both of us are closing theatres and wards because doctors' and nurses' posts have been frozen and we just can't handle the work. There is a severe shortage of money for filling these posts."

The staff shortage is at the crux of Edendale's problem. Originally designed to serve only its own region, the aging giant now takes cases referred from smaller hospitals all over the province.

"Sometimes I think the

other hospitals aren't pulling their weight," said Dr Lawson. "They could cope with quite a few of the cases they send on to us. But they are overworked, so they send the patients to us and we get even more overworked.

"We are 30 doctors short at Edendale. We have 90, we need 120. We have 28 matrons — we are supposed to have 67."

The list goes on. The hospital makes do with 389 nursing sisters instead of the 648 it is sup-

posed to have, with 354 staff nurses instead of the 670 it needs. And there are only 516 assistant nurses when the work load calls for 849.

"It has always been like this," Dr Lawson said. "When I was at King Edward I remember asking for 185 nurses to bring us up to strength — we were given six."

But it is in the doctors' ranks that the pressure is hardest.

"We are supposed to work a 40-hour week. Some of our staff are

Devotees stun Christmas crowds

DEFYING pain, these Muslim devotees caused a sensation in the centre of Durban yesterday during the annual Basha Peer commemoration procession. Wielding swords, knives and spikes, they tramped through the Christmas crowds to the cemetery in Brook Street where there is a holy shrine to the Muslim saint, Badsha Peer. The festival continues today at the Orient School ground.

putting in working weeks of from 72 to 84 hours," said Dr Lawson.

"Our doctors in maternity have been working virtually around the clock... We have seven operating theatres going flat out."

Only two of the 23 junior specialist posts are filled by permanent staff. "Fortunately we get help from consultants in Pietermaritzburg," said Dr Lawson. "Their help has been invaluable. And so has that of the army doctors doing their national service. I don't know what we would have done without them.

"Everyone looks to Edendale's welfare. A lot of specialists have passed through here and there is a lot of goodwill towards the hospital."

Edendale falls under the KwaZulu Government. Its black staff are employed by the homeland, while white doctors are seconded by the De-

partment of State Health. But so tortuous is the bureaucracy involved that even the Departments of Co-operation and Development and of Community Development take an interest in the hospital's administration.

The pressures involved in running an integrated health service with different levels of political control led to an angry exchange last week between Dr Fred Clarke, director of Natal hospital services and Dr Frank Mdlalose, KwaZulu's Minister of Health and Welfare, whose attitude towards the hospital drew a warm tribute from one doctor there.

Dr Clarke said Natal hospitals were being placed under extra strain because of the deterioration of health services in KwaZulu.

Dr Mdlalose replied that KwaZulu was being severely squeezed because of a lack of funds.

(98)
RDM
28/12/83

Hospital denies patient's charges

Mail Reporter

BARAGWANATH Hospital has denied allegations by a Soweto man that he waited for more than 12 hours at the hospital without receiving treatment after sustaining a hand injury in a car accident on December 13.

When the allegations appeared in the Rand Daily Mail on December 15 a hospital spokesman said the matter was still being investigated.

In a subsequent letter to the RDM, a superintendent Dr P C Arnott, said the patient, Mr Mncedisi Mbambisa, had arrived at the casualty department at 10,45pm on December 13 following a car accident.

Mr Mbambisa was seen immediately by a casualty officer who ordered an X-ray of the left hand to be taken. This was done at 11,44pm, says Dr Arnott, and Mr Mbambisa was returned to casualty.

There was no obvious fracture of the hand, but he was referred to the orthopaedic department.

"The specialist was contacted and given the details of the injury and as he was busy with other urgent cases, he felt that this patient's minor injury did not justify being seen immediately.

"At 7am on December 14 the patient was called to be seen, but he did not appear. The patient reappeared at 9,40am, but when called later he was not available.

"The patient was finally seen at 1,45pm and discharged. The above facts have been obtained from the patient's record card and statements from personnel," the statement concluded.