HEALTH & DISEASE - Hosp. & CLINICS

1986

JAN — DEC,

Out in the varsity cold

By CARMEL RICKARD, Durban

THIS week's disclosure that the government was streamlining procedures for admitting students of other races to "white" universities left the University of Natal in the odd position of having one faculty with restricted entrance — its medical school is barred to white students.

NU principal Professor Pete Booysen said it was unacceptable to the university that race should be the criterion for admission to any faculty and his university would continue to press for the medical school to be "desegregated".

In 1983, when the government announced its controversial quota bill, the administration departments of "white" universities no longer had to apply for ministerial permission to register students of "other races" wanting to study certain subjects at these universities.

However, in a number of disciplines, this permission still had to be obtained for each individual student. These included pharmacy, medicine and nursing.

Now the government has decided to scrap this requirement and restrictions in these fields have also been lifted, so the universities will no longer have to make individual applications for prospective students in any discipline.

Booysen said while ministerial permission need no longer be sought, the government still had the quota system which could be used at any time if the State felt too many black students were being admitted to a "white" university.

"The university has never accepted an admission policy based on race in any form whatsoever," said Professor Karl Tober, vice-chancellor of the University of the Witwatersrand, while University of Cape Town principal, Professor Stuart Sanders, backed the call for the quota system to be scrapped.

It's not clear what prompted the change — no reason was given in the department's letter to the university principals. A spokesman for the department refused to comment, saying all correspondence between it and the universities was confidential.

And the announcement highlighted the rigidity of South Africa's political structures: the Committee of University Principals, which represents the heads of all the autonomous universities, was not informed of the change.

A spokesman for the CUP explained that since the University of the Western Cape and Durban-Westville had become members, the CUP was only concerned with "general affairs" matters.

Free hospital treatment to go

W/L ARGUS 12/1/86 98 11/1/86

Weekend Argus
Provincial Reporter

FREE treatment in provincial hospitals is to be abolished and hospital fees are to be linked to income tax under a new tariff structure announced by the Administrator, Mr Gene Louw.

The new fees come into operation on April 1.

Mr Louw said the new structure incorporated a sliding scale based on the liability of a family to pay income tax and makes provision for all to pay on an equitable basis for health services in a provincial institution.

It would bring considerable and welcome relief to patients in the lower-income groups.

The main elements of the new structure are:

● State patients — those unable to pay income tax such as indigents and social pensioners — will pay between 50c and R1 a hospital day or for an out-patient visit.

● Semi-State patients — those liable to pay income tax and able to make a significant payment for health services but cannot afford private sector health care — will be charged from R6 to R30 as in-patients at insitutions giving specialist services and from R3 to R15 at those giving general practitioner services or R6 to R14 and R3 to R7 as out-patients.

● Private patients — those liable for income tax and who usually make use of private sector health services but who for various reasons require to be treated in provincial institutions.

This group will pay from R36 to R54 in day tariffs at specialist insitutions and from R18 to R27 at general ones, and will be charged on a sliding scale for the use of theatres, X-ray and laboratory examinations, medication and prostheses on which expenditure exceeds a certain amount.

As out-patients they will pay fixed tariffs of R18 and R9 for visits to specialist and general institutions respectively.

Mr Louw said that these tariffs were linked to the medical aid scheme benefit scales and would have to be adjusted as soon as the scales were amended, either by notice in the Government Gazette or by new income tax scales.

Hospital fees to be restructured

Cape Times 11/1/86 (98

By CHRIS ERASMUS
Medical Reporter

SWEEPING changes to the structure of fees charged in Cape provincial hospitals and clinics have been announced by the Administrator, Mr Eugene Louw.

The Province will earn considerably less from out-patient fees as a result of reductions in charges which will largely benefit poorer patients. However, revenue from in-patient fees and particularly from more affluent patients would "more than compensate for the loss in revenue from out-patient fees", he said.

The new fees structure comes into effect on April 1.

Payment of fees for in- and out-patients at provincial institutions will be based on a sliding scale linked to the patient's most recent income tax assessment.

According to Mr Louw, the purpose of the new system is "mainly to adjust the means test (by which patients are assessed on their ability to pay hospital fees) and to rationalize and place on a sound basis the hospital fees structure".

"An increase in the revenue of the Province was only a secondary consideration. Consequently it is estimated that the potential revenue will only increase by about seven percent," he said.

Mr Louw emphasized that "health services will not be withheld from anyone, and no one will have to suffer unnecessary hardship to meet their financial commitments in respect of health services".

Tariffs will be divided into three categories: Nominal tariffs for State patients who do not pay income tax; inclusive tariffs for semi-State patients who pay income tax but who cannot afford private-sector services, and separately specified tariffs for private patients who as a rule make use of private-sector health services but who need treatment in provincial insitutions.

State patients will pay a minimum of 50c and a maximum of R1 for each hospital day or out-patient visit.

Semi-State patients, if they are in-patients, will be charged between R6 and R30, according to a sliding scale on the tax that they pay, at institutions rendering specialist services. At institutions rendering only general practitioner services, they will pay between R3 and R15.

As out-patients, such people will pay between R6 and R14 and R3 and R7 for visits to specialist and general practice institutions, respectively.

Private patients will also be charged on a sliding scale both for hospitalization and the use of hospital facilities such as theatres. The day tariffs for hospitalization for specialist institutions for such patients will be between R36 and R54, and at general practice institutions, between R18 and R27.

As out-patients, all private patients will pay fixed tariffs of R18 and R9 a visit at institutions giving specialist and general practice services, respectively.

Mr Louw also emphasized that it would become compulsory for every patient to produce at each visit to a provincial hospital or clinic, both a personal identity document and one of the following: Their latest income tax assessment, income tax certificate, pay slip or social pension book.

Azapo no to blacks in white hospitals

98 SOWETAN 20/1/86.

By SOWETAN Reporter

THE Azanian People's Organisation yesterday said the use of trained senior black nursing staff in white hospitals was unacceptable.

Azapo's health secretariat, Dr Abu-Baker Asvat, said: "Only when discrimination has been totally eliminated from our health services would we be prepared to give such a move our blessing".

He said the black nurses were being used by the white hospitals now because of an acute shortage of white nurses.

His response follows an announcement last week that the white Pretoria hospital, H F Verwoerd Hospital named after the architect of apartheid, had hired trained black nurses. The white Johannesburg hospital started the trend by taking 36 senior black nurses onto its staff last year.

Among these, 16 were "borrowed" from Baragwanath Hospital.

The move has been praised by white and black readers of a Johannesburg afternoon newspaper with the common concern, equal payment for equal work. It is understood that blacks entering the profession are paid between 10 to 15 percent less than their white counterparts. Whites also have proper training facilities.

ARGUS 21/1/86

New hospital fees hit middle-income group

98

By KAREN STANDER
Provincial Reporter

REVISED tariffs for provincial hospitals will hit people in the lower to middle-income group who are not members of medical aid societies — especially jointly taxed married couples.

The overhauled tariff structure is based on a revised means test worked out on income tax paid, bringing relief to many in the lowest income group.

But others will pay considerably more in in-patient fees and the tariffs are linked to the much-criticised system of joint taxation of married couples.

According to Mr Geoff Everingham, Opposition spokesman on finance in the Provincial Council, the old means test was overtaken by inflation.

He said the new system was an improvement — but it had problems.

Although free hospital treatment will be scrapped when the new system comes into operation on April 1, anyone who does not pay income tax will be considered a "State patient" and pay only a token fee of between 50c and R1 a hospital day or out-patient visit.

Semi-State patients

A married man with no dependants starts paying income tax when he earns R501 a month and a single person at R351 a month.

Semi-State patients — those liable for income tax but who cannot afford private health care — will be charged from R6 to R30 a day as in-patients at institutions providing specialist services and from R3 to R15 at those with general practitioner services. They will pay R6 to R14 and R3 to R7 as out-patients.

The third category is that of private patients, those liable for income tax and who "as a rule have to make use of private sector health services but require to be treated in provincial institutions."

This group will pay from R36 to R54 a day at specialist institutions and from R18 to R27 at general ones. They will be charged on a sliding scale for the use of theatres, X-ray and laboratory examinations, medication and prostheses on which cost exceeds a certain amount.

As out-patients they will pay tariffs of R18 and R9 for visits to specialist and general institutions.

Cut-off point

Private patients without medical aid, particularly at the lower end of the income scale, will be hardest hit, although the system increases the number of people eligible for treatment at provincial hospitals.

The cut-off point at which one is considered a private patient is annual tax paid of R150. The increase at this point is dramatic. The daily rate goes up from R30 to R36 a day and the patient is liable for extra fees for facilities.

Maximum fees are paid by in-patients when tax reaches R645.

For working couples with no dependants earning below R7 600 or above R16 500, being taxed jointly or singly would make no difference because they pay either no fees or maximum fees.

However, within these limits there is a significant prejudice in favour of being taxed as single people, unless the split between the incomes of spouses is very uneven.

ARGUS 5/2/86

Hard times — plea to millions to aid hospital

98

Tygerberg Bureau

A FUND-RAISING campaign for Tygerberg Hospital has been launched under the chairmanship of Parow town councillor Mr Jan Burger.

A committee started the campaign this week with letters to Tygerberg's eight municipalities whose mayors went on a fact-finding tour of the hospital late last year.

Appeals will also be made to the business sector and the hospital's millions of former patients, said Professor Jup de Jager, chairman of the Teaching Hospitals Board.

"Tygerberg Hospital has a proud history of serving this area," he said.

R130 a night

"Its reputation, especially in the research field, is excellent.

"We will therefore also call on all members of the public to support their teaching hospital in these hard times because we cannot expect the State to pay all of it.

"Just one example of the trouble we are in is that one hospital bed costs an average of R130 a patient a night — yet our maximum nightly tariff is only R45," he said.

The hospital needed the money for "delicate and sophisticated apparatus" which could not be included in its R120-million budget this year.

Parow Town Council has pledged R5 000 a year for the next five years and other councils are considering grants.

A spokesman for Brackenfell Town Council which asked its budget committee for a decision this week, said R25 000 was "a huge amount for our small municipality, yet a mere drop in the bucket for the hospital with its expensive equipment needs".

He felt the fund would be helped considerably if every patient who had been treated at the hospital also sent in a contribution, however small.

The hospital has treated more than five million patients since it opened in 1976.

Doctors 'used as tools of apartheid'

STAR 7/2/86

98

By Sue Dobson

Doctors at Johannesburg's Coronation Hospital are up in arms about a directive from the Transvaal Provincial Administration calling for the transfer of patients to regional hospitals in their "own" areas.

The directive is said to be aimed at easing the hospital's overcrowded conditions, but doctors feel they are being made to carry out racial segregation.

Two doctors from the hospital, who did not want to be identified, told *The Star* they felt they were being used as "tools of apartheid" by enforcing the directive.

"We have been told to send patients to their regional hospitals if they don't need specialised medical care. Black, coloured and Indian patients come all the way to Coronation Hospital because they know they will receive treatment of a high standard here."

Overcrowding complaints

Mr Daan Kirstein, the MEC for Transvaal Hospital Services, said from Cape Town last night that coloured people had complained about the overcrowding in the hospital.

Told by *The Star* that doctors felt they were being made to carry out apartheid, Mr Kirstein said: "That may be so, but coloureds have been unhappy about the shortage of beds in their own hospital, situated in their own suburb, and we have decided Indians and blacks must make way for them, That is all there is it."

Doctors, however, added that many regional hospitals were not equipped to deal with certain cases.

"We believe that we would not be acting in accordance with medical ethics if red tape forced us to send a patient to a hospital against his wishes. We would be enforcing the Group Areas Act."

The doctors are in an awkward situation. If they do not enforce the directive they could face suspension without pay, pending an inquiry.

If found guilty they could be fined or dismissed.

Chairman of the Southern Transvaal Branch of the Medical Association of South Africa, Dr Jonathan Gluckman, said: "Clearly it is wrong to deprive a patient of special care because of administrative requirements.

"Surely, in the changing climate of reform in South Africa and President Botha's rejection of apartheid, the application of his outlook to the care of the sick should provide the opportunity for its practical utilisation. This instance exemplifies the very opposite."

Official comment was not available on the issue at the time of going to press.

Missing businessm charged with fraud

Pretoria Bureau

Criminal proceedings have been tuted against missing Johannes businessman Mr David Fink a warrant for his arrest was signed Johannesburg magistrate yesterda

Mr Fink, who is understood to London with his family, is cha with fraud after allegedly misa priating R7,3 million from Bar National Industrial Bank (Barnib).

He is alleged to have transferred overseas in a series of illicit fo exchange deals.

His assets have been since been visionally sequestrated in the Ran preme Court.

A spokesman for Barnib today firmed that the action was proceed

98 FM 7/2/86

HOSPITAL SERVICES

Natal's own worries

Responsibility for hospital services, along with education and other provincial government functions, is destined to be split among the constituents of the tricameral parliament once the provincial council system is abolished in April.

But "chaos" is widely expected to result thoughout provincial hospital services once "own affairs" administration comes into being. For some, this further demonstrates the impracticability of the new constitution.

Even government seems awed by the scale of the problems at hand. This may explain its tardiness in implementing the change. Though it is acknowledged that a phasing-in period is necessary to ensure the maintenance of essential services, very little administrative work appears to have been done to smooth the pending transition.

Says Dr Fred Clarke, MEC in charge of hospitals in Natal: "It's a typical case of government saying it must be done and the responsible department asking, *how*?"

Clarke is implacably opposed to splitting Natal's carefully integrated hospital services into "own affairs empires." It will, he says, negate much of the good work that has already been done and contradict moves towards multiracial government in the region.

However, in its haste to broaden the constitution to the second tier of government, he fears the authorities will press ahead and foist the division on the provinces — irrespective of the complexities or the "bureaucratic monster" it would create in the process.

Using the situation in Natal to demonstrate the difficulties, Clarke explains that in terms of the proposals Natal's 24 hospitals and clinics will be administered by four separate authorities. These will be the white, coloured and Indian ones, with State and psychiatric hospitals falling under general affairs. Hospitals will be classified according to the majority community they serve and each administration will have its own budget.

"If an Indian man is knocked down outside Greys Hospital and brought in for treatment, somebody will have to document how many days he spent in a hospital bed, what medicines and swabs were used, how many doctors visited him — and the costs will have to be debited to the Indian hospitals' administration. Can you imagine the size of the bureaucracy that will create?" asks Clarke.

At present, hospitals in Natal (excluding those in KwaZulu), are run by the Natal Provincial Administration's hospital services. Services like laundry, orthopaedic, instrument maintenance, pharmaceutical, and radiological are centralised. Doctors and surgeons are shared and deployed where most needed and expensive specialist equipment like cat scanners, neurological, cardiac and other disease units are located at nodal hospitals and are open to all.

"In theory all these facilities will have to be duplicated, or the costs of treatment debited to the administration concerned," says Clarke. "If a patient comes in to the orthopaedic unit for a surgical boot, for example, it will have to be costed out."

Clarke believes the current system is working well and should be left intact, both from a cost and efficiency point of view. He feels it would function even better under the mooted nominated multiracial executive committee for Natal which is expected to replace the provincial council.

He has made these submissions to the highest levels in government. To date the delay in implementation is the only mild encouragement he has had that government could be reconsidering. ■

MONDAY, 10 FEBRUARY 1986

†Indicates translated version.

For written reply:

Own Affairs:

HANSARD 98

Provincial hospitals: administration

1. Dr W J SNYMAN asked the Minister of Health Services and Welfare:†

(1) Whether his Department will administer provincial hospital services after the proposed abolition of the provincial authorities; if not, (a) which Department or Departments will administer these services and (b) from what date; if so, when does his Department propose to take over the administration of the hospitals;

(2) whether his Department will administer hospitals that make provision for patients of all population groups; if not, which Department or Departments will administer these hospitals;

(3) whether certain health services for Whites are to be transferred to local authorities; if so, (a) what services and (b) when;

(4) whether certain health services for Whites will fall under other Departments; if so, (a) under which Departments and (b) what services in each case?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) I cannot furnish a definite reply on the question at this stage. The reorganisation of the health services of the provincial administrations is at present the subject of an enquiry by a project team of the Commission for Administration. As soon as this enquiry has been completed, a recommendation will be furnished to the Cabinet for final decision.

(2), (3) and (4) Fall away.

TUESDAY, 11 FEBRUARY 1986

†Indicates translated version.

For oral reply:

General Affairs:

State President:

Letters to heads of state

*1. Dr W J SNYMAN asked the State President:†

(1) Whether he addressed letters to heads of state of other countries during November or December 1985 in which he furnished guidelines with regard to proposed changes in the Republic; if so, to the heads of state of which countries;

(2) whether any of these heads of state have responded to the letters up to now; if so, from which countries have responses been received;

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

†The STATE PRESIDENT:

(1), (2) and (3) It can be taken for granted that I am continually communicating with heads of state and governments in different parts of the world on matters of mutual, regional and general concern. It is, however, not customary and certainly not in the interests of South Africa to simply give one-sided answers in public about this matter.

Ministers:

HANSARD

Military courts

*1. Mr P A MYBURGH asked the Minister of Defence:

11/2/86

See

Row over hospital race ruling mounts

STAR. 12/2/87 98

By Sue Dobson

Opposition is growing in the Indian and Coloured communities to a directive received by doctors at Johannesburg's Coronation Hospital calling for the transfer of black and Indian patients to regional hospitals in their "own" areas.

A community meeting has been planned for this week to oppose the instruction.

Last week, doctors at the Coronation Hospital protested about a directive received from the Transvaal Provincial Administration instructing them to transfer patients to regional hospitals in their "own" areas if they did not require specialised medical care.

The directive is said to be aimed at easing the hospital's over crowded conditions.

'Tools of apartheid'

However, many doctors at the hospital believe they will be acting as "tools of apartheid" if they carry out the directive.

Mr Daan Kirstein, the MEC for Hospital Services, said yesterday that coloured people in Coronationville had complained about overcrowding at "their" hospital.

"We're not talking about apartheid. Politics does not come into this issue — it's a matter of hospital services. The directive is a practical measure to alleviate the crowded situation of a coloured hospital in a coloured area. People must be sent to hospitals in areas where they belong".

He repeated that Indians and blacks would have to make way for coloured people at Coronation Hospital.

'Sick society'

Support for the doctors' stand is coming from various quarters.

Earlier this week the Health Workers' Association (HWA) expressed its support for colleagues at Coronation Hospital, and the Health Secretariat of the Azanian People's Organisation has condemned the directive as being "symptomatic of our sick society".

A spokesman from HWA said the directive should be seen as an attempt by the authorities to make Coronation Hospital a coloured hospital only, and slammed the House of Representatives for "this further intrusion of apartheid into our health care system".

Azapo said attention should be focused on alleviating suffering.

"Such a move is a direct result of the tricameral Parliament that came into existence last year, as well as the ideology of the minority-elected Government," Azapo's statement read.

Soweto hospital plan again shelved

STAR 13/2/86 (98)

By Sue Leeman,
Pretoria Bureau

The province is pressing ahead with plans for a R275-million white teaching hospital for Pretoria — but continues to put off building a desperately needed R100-million facility in Soweto, a project which has been shelved for more than 20 years.

Each hospital will have 1 200 beds.

Responding to questions during yesterday's provincial council sitting, MEC for hospitals Mr Daan Kirstein said the hospital planned for New Canada, Soweto, was still on the waiting list because of a lack of funds.

However, plans for the new H F Verwoerd academic hospital were taking shape.

This is despite the fact that Soweto's Baragwaneth Hospital is vastly overcrowded — during the 1984/85 financial year the average bed occupancy rate was 113 percent and the facility handles nearly one-third of all out-patients treated at provincial hospitals.

The H F Verwoerd Hospital, on the other hand, caters adequately to white patients in the capital.

PLANNING

Mr Kirstein said a total of R1,5 million had already been spent on the H F Verwoerd scheme and detailed zoning plans, including the basic concept design of the project, had been completed. Sketch plans were currently being drawn up.

Because funds were tight, he said, it was not possible to say when the new hospital would be commissioned.

Instead of the New Canada facility, the province has opted for building community health centres at Zola and Chiawelo. Funds have been set aside in this year's "mini budget" for these clinics to be extended. The Soweto Community Health Centre will also be upgraded.

The PFP spokesman on hospitals, Mrs Irene Menell, has repeatedly called for a rationalisation of hospital facilities so they can be used more effectively and economically.

Because of the overcrowding at Baragwanath, she says, another hospital for Soweto is a priority.

At the same time, the hundreds of unused beds at the Johannesburg Hospital should be thrown open to black patients.

● See Page 7.

Hospital board slams TPA 'apartheid' order

STAR 14/2/85 98

By Sue Dobson

A number of community and health organisations last night pledged their support of the stand taken by doctors at Johannesburg's Coronation Hospital against a Transvaal Provincial Administration directive forcing patients to go to hospitals in their "own" areas.

A member of the Coronation Hospital Board, Mrs Dorothy Cornelius, said she was prepared to resign from the board because she could not "assist in enforcing a directive that could only bring suffering to others".

The directive calls for the transfer of black and Indian patients to regional hospitals in their "own" areas to ease overcrowding at the hospital.

Among the organisations who pledged their support at last night's meeting were the Transvaal Indian Congress (TIC), the Transvaal Regional Council of the National Medical and Dental Association (Namda), the Health Workers' Association and the Federation of Ratepayers' Association of Lenasia.

Issuing a statement on behalf of members of the board, Mrs Cornelius said the directive was discriminatory and appealed to the authorities to urgently withdraw the instruction and ensure that adequate hospital facilities were made available to all South Africans.

The meeting passed a resolution agreeing that the TPA directive would be an extension of apartheid in hospitals by bringing about further segregation along racial lines, was contradictory to medical ethics and was an attempt to "consolidate the rejected tricameral system".

The meeting resolved to call for the withdrawal of the directive and the establishment of a just and equitable health service for all South Africans.

to introduce legislation at the council's May sitting.

Council rules keep MPCs in the dark about game farm

STAR

Pretoria Bureau

19/2/86.

Both opposition parties in the Transvaal Provincial Council tried yesterday to tackle the provincial administration on its recent purchase of a prime game farm near Ellisras — but ran foul of the council's standing rules.

Mr Alan Gadd (PFP, Yeoville) and Mr Dries Bruwer (CP, Lydenburg) had both tabled questions about the province's reasons for purchasing the hunter's paradise "Dnjala" at a cost of R3,2-million.

Both homed in on speculation that the farm was bought as a private hunting retreat for use by Cabinet Ministers and senior provincial officials.

However, questions are only allowed on Wednesdays and the council ended its February sitting last night.

MEC for nature conservation Mr Fanie Schoeman has said the province wanted to build a road on the land, and use the balance for a nature reserve.

'Hospitals must deal with staff grievances'

STAR

Pretoria Bureau

19/2/86.

98

The Transvaal's hospital services needed to develop a long-term personnel strategy in order to respond immediately to legitimate staff grievances, said PFP provincial spokesman on health Mrs Irene Menell.

Mrs Menell attacked the hospital services during the Provincial Council session yesterday, criticising particularly such "bungles" as the strike at Soweto's Baragwanath Hospital, which crippled the institution for weeks last year.

Mrs Menell said although the strike had ended months ago, representatives had only arranged to meet staff today.

Salaries of hospital staff were unrealistically low — with some general assistants earning R362 after 10 years' service, she said.

STRATEGY

Black nurses' salaries in some categories were 30 percent lower than those of whites and this had been a reason for the nurses' strike.

"What is needed is a long-term personnel strategy, with trained personnel management staff who are sensitive to the political climate and to the needs of workers," she said.

The MEC for hospitals, Mr Daan Kirstein, said he was looking at the matter of salary parity. He denied that the Baragwanath incident had been a disgrace.

HEALTH SERVICES

Hospitals in limbo

Government seems poised to introduce measures that will throw the public health service into turmoil. Disaster could be averted, however, if the medical profession's advice is taken, and health declared a "general" affair.

In terms of the tricameral constitution, health is an "own affair" and the services should be reorganised under the coloured, Indian and white chambers of parliament. With the phasing out of the provincial councils, hospital services are under threat of the knife — along with other provincial functions they could be split among the three houses.

The members of the provincial legislative assemblies are busy packing their bags for the last time. By next month the administrators and their executives will be in complete control. In theory we are about to enter a new era of local and regional government, with the provincial system replaced by a non-elected second-tier system consisting of the administrator and his executive in conjunction with the new Regional Services Councils. In practice the provincial departments are still there.

It all begs the question: does anyone know what is going to happen? All Minister of Health and Population Development Willie van Niekerk will say is that the matter is "under investigation" and a phasing-in period is needed.

The only comfort is that government may be reconsidering. Several sources indicate that the decision is bogged down in an internal departmental dispute, with several senior officials opposing the proposed policy. With good reason. The policy was tried in Namibia and failed. And as Van Niekerk was the Namibian Administrator General at the time, he has first-hand experience of the sort of farce that can develop.

Even within the parameters of the existing constitution there is a way out. The constitution could be amended with health declared a general affair. How this would be received by the "own affairs" health ministers will be fascinating. During his budget debate the Indian "own affairs" Health Minister Ismail Kathrada said the House did not want ethnic hospitals. Whether he will take this to its logical conclusion and willingly make himself redundant remains to be seen.

Under the current constitution, health services are an "own affair." With the new second-tier administrations about to be established, the prospect exists for fragmentation and chaos. Health should be a "general affair," and the constitution amended to declare it such.

During his budget debate the white "own affairs" Health Minister Dr George Morrison astounded the medical profession with his tenuous grasp of medical matters. "Separate health services were justified because certain ailments affected only certain races," said Morrison. Said one doctor: "Tell that to the malaria-infected mosquitoes who don't care about the colour of someone's skin as long as their blood is red."

Certainly in SA only blacks get cholera, but that is because of their living conditions and not their genetic make-up. Apartheid may try to keep people apart, but the reality is that people work and, these days, even live together. Disease knows no racial barriers. We need central planning, not inefficient coordinating committees between ethnic governments. Counting the homelands, we now have 14 health ministers.

Even before the advent of the new constitution, the problem of divided control hampered efficient health delivery. The services are controlled at three levels — State, provincial and local. Theoretically each sector has a different function to perform, but in practice they are often treating the same patient. One example of how the fragmentation results in overall inefficiency: black women in SA have one of the highest rates of cervical cancer in the world and costs of long-term hospitalisation for each patient are astronomical. Yet no mass screening programme that could detect the disease during the early stages — usually performed as part of family planning services — is being carried out.

The past system has led to a lack of coordinated planning and an imbalance in provision of services between urban centres and rural areas. Another lopsided consequence is that less than 20% of the annual budget is spent on preventive and promotive medicine.

Another contradiction: while government simultaneously insists on continuation of segregated public health delivery, it also advocates privatisation — and the private hospitals are integrated.

While the bureaucrats plot and plan, out in the real world doctors at the helm of the public service are busy rationalising services anyway.

In December last year Cape Director of Hospital Services Dr Niklaas Louw announced the consolidation of hospital emergency services in the area. "This development followed a severe shortage of money and staff," said Louw. "While the policy of separate facilities for the different race groups is still in force, duplication of services on racial or any other grounds simply could not be afforded any longer."

And, in the Transvaal, a desegregated radiotherapy unit is operating at Hillbrow Hospital (although wards remain segregated) and the Johannesburg Hospital has an integrated cardiac surgery unit.

Meanwhile, doctors have been left in limbo, not knowing what is going to happen. Says one: "We have had no option but to rationalise resources. What if we are now made to undo all this?"

The long-awaited report of the Browne Commission on health services is due to be tabled during the current parliamentary session. It may provide clarity.

But preventing matters becoming worse is one thing. To save the hospitals is only the first step. The next step is for government to listen to the demands of the profession for a unified health service, which would allow planners to design for a healthy SA. ■

NAMDA ACCUSES SECURITY FORCES

SOWETAN 19/2/86

98

Patients have a right to confidentiality, say medics

SECURITY forces have been accused of trying to force medical staff at the Alexandra Health Centre to hand over "confidential" information about patients treated for unrest-related injuries.

The accusations have been made by the National Medical and Dental Association.

Asked to comment, a police spokesman in Pretoria said that "during the normal course of their investigations, detectives did visit the Alexandra Health Centre and questioned personnel".

Police would question whoever they saw fit during the course of their investigations, the spokesman said. This applied to medical personnel as well.

Victims

It has been established that no unrest victims were treated at the centre yesterday, apparently because of fears that the confidential patient/doctor relationship was in jeopardy.

The centre had treated about 10 patients for "penetration injuries" every day since Saturday — when the violence broke out, it was learned.

Staff at the centre, fearing the possibility of reprisals for alleged "co-operation" with police, said in a statement yesterday that they would not give any third party, including the police, access to patients' medical records unless they were compelled to do so by subpoena.

The staff of the health centre regard it as their ethical duty to preserve the confidentiality of the patient/doctor relationship at all times, the statement said.

The health centre staff refused to hand over any information and the security forces then subpoenaed the health centre to submit information about patients.

The Namda statement said in part:

"Namda opposes the interference of the security forces in the health services.

"Those injured, or ill, should be free to use the health services knowing that they will not be subjected to victimisation, harassment, imprisonment or any other form of activity by the security forces.

"If this is not the case, those injured will not receive the medical care they need and may suffer permanent damage and/or loss of life.

"The duty of the health services and health personnel is to comfort the sick and injured regardless of political belief or activity.

"The medical and other health-related professions must stand firm in opposing any intervention by the security forces into the health services." — Sapa.

NAMDA ACCUSES SECURITY FORCES

98 SOWETAN 19/2/86

Patients have a right to confidentiality, say medics

SECURITY forces have been accused of trying to force medical staff at the Alexandra Health Centre to hand over "confidential" information about patients treated for unrest-related injuries.

The accusations have been made by the National Medical and Dental Association.

Asked to comment, a police spokesman in Pretoria said that "during the normal course of their investigations, detectives did visit the Alexandra Health Centre and questioned personnel".

Police would question whoever they saw fit during the course of their investigations, the spokesman said. This applied to medical personnel as well.

Victims

It has been established that no unrest victims were treated at the centre yesterday, apparently because of fears that the confidential patient/doctor relationship was in jeopardy.

The centre had treated about 10 patients for "penetration injuries" every day since Saturday — when the violence broke out, it was learned.

Staff at the centre, fearing the possibility of reprisals for alleged "co-operation" with police, said in a statement yesterday that they would not give any third party, including the police, access to patients' medical records unless they were compelled to do so by subpoena.

The staff of the health centre regard it as their ethical duty to preserve the confidentiality of the patient/doctor relationship at all times, the statement said.

The health centre staff refused to hand over any information and the security forces then subpoenaed the health centre to submit information about patients.

The Namda statement said in part:

"Namda opposes the interference of the security forces in the health services.

"Those injured, or ill, should be free to use the health services knowing that they will not be subjected to victimisation, harassment, imprisonment or any other form of activity by the security forces.

"If this is not the case, those injured will not receive the medical care they need and may suffer permanent damage and/or loss of life.

"The duty of the health services and health personnel is to comfort the sick and injured regardless of political belief or activity.

"The medical and other health-related professions must stand firm in opposing any intervention by the security forces into the health services." — Sapa.

KILLS DIARY

Bungling blamed for ailing hospitals

19/2/86

98

GERALD REILLY

ONE disastrously bungled incident after another had taken place in the province's hospital services during the past nine months, PFP MPC for Houghton Irene Menell said in the provincial council yesterday.

They included the Baragwanath Hospital strike, the transfer of black nurses from Baragwanath to Johannesburg Hospital and the refusal to admit anyone but coloured patients to Coronation Hospital.

Whites, Indians and blacks lived within the vicinity of Coronation and all had the right to be treated there and not told to go elsewhere.

Coronation was overcrowded but the argument rang hollow in the face of uncommissioned beds at J G Strijdom Hospital.

It rang even more hollow in the face of 800 uncommissioned beds at the desperately understaffed and ailing Johannesburg Hospital.

On national politics, Menell said continued insistence on the cornerstones of compulsory group identity and group self-determination was contradictory to any idea that apartheid was being dismantled or was outdated.

Concessions so far did not even dent the battleship of apartheid. It was still floating in all its ugliness, with all its guns aimed at those who wanted it to sink.

COPS SEIZE CLINIC FILES

POLICE yesterday seized about 175 medical records from the Alexandra Clinic, the director, Dr Tim Wilson, said.

Dr Wilson said police arrived in the morning with a search warrant and removed about 175 medical records, mostly of patients treated in the past week.

These included records of people treated for gunshot wounds sustained in a week of clashes between police and Alexandra residents.

Dr Wilson said he protested strongly as the records were confidential and the seizure was done without his consent.

"I protested on ethical grounds. I think it will deter patients with gunshot wounds from coming to the clinic."

He said he knew of children who cut out bullets themselves with penknives, rather than come to the clinic.

Dr Wilson said the police had visited him last Thursday and demanded medical records of people who had been treated for gunshot wounds. He declined

Sapa

and they issued him with a subpoena to appear in court tomorrow. Yesterday morning, they withdrew the subpoena and produced a warrant to search the clinic.

The records were returned to the clinic about an hour and a half later.

A police spokesman said in Pretoria that police had taken the documents from the clinic, but had returned them almost immediately.

Dr Abu-Baker Asvat, health spokesman for the Azanian People's Organisation, said he had conduxted a full-day clinic with an Azapo health team in Alexandra on Sunday, but did not treat any patients with bullet wounds.

He had heard the reason for this was that most people who had sustained bullet wounds had either left Alexandra to seek medical treatment elsewhere, were in hiding, or were treating themselves.

"We heard most victims have fled the township as they are reluctant to approach the local clinic for fear of a police raid.

"I treated a youngster yesterday with a grossly septic wound. His friend had removed a long thin object from his body," Dr Asvat said.

Mrs JOSLINA MTSHALI, a teacher at the J C Merkin School for disabled children in Soweto, was yesterday presented with a diploma by Mr Johan Bornman after passing a course on the teaching of disabled people. Sharing the joy with her are Mr Johannes Benade, Mrs Shelly Shorten, Sister Noma Kona and Mr Frans Walker.

Another hunger strike

FIFTEEN emergency detainees at Modderbee Prison on the East Rand went on a hunger strike yesterday, according to the Azanian People's Organisation (Azapo).

Today 54 others at the same prison are to go on a hunger stike, the Detainees Parents Committee said yesterday. The 15 are members of Azapo while the 54 are members of organisations affiliated to the United Democratic Front.

Meanwhile the 28 detainees at the Johannesburg Prison (Diepkloof) who were on hunger strike last week have ended their protest, according to sources. Yesterday the Prisons Department had not yet confirmed the Modderbee hunger strike and Johannesburg Prison's end of the hunger strike.

Prison officials said they would come back to us soon.

"Damelin makes it easy!"

Mr. J.P. Brummer, Principal, Damelin Correspondence College.

The Damelin Study Directorate, under the Chairmanship of Damelin Principal, Mr. J. P. Brummer sees to it that every student receives personal attention before and after enrolling as a student. The other members of the Directorate are Mr. Philip Pitse and Mr. Michael Tseka, the Chief Career Advisers, and Mr. M.C. Andrew, the Director of studies. Here we see them hard at work.

"To get a good job and earn more money you must have a good education. And our results over the past 30 years prove that there is no finer way than a Damelin Correspondence Course. My many years in the educational field have enabled me to develop courses that will bring out the very best in you. You see, Damelin is a private institution with no restrictive rules or regulations to stand in the way of dynamic teaching methods. I can therefore personally guarantee the best teachers and the very best notes. But of course correspondence doesn't just mean notes. It means that your teachers are in constant touch with you to watch your progress. In fact I am so sure of our methods, that if you do fail, we will give you up to four years free education until you pass. Fill in the coupon below and we will send you our free brochure." Damelin is the official correspondence college of the African Teachers' Association and also of numerous official and business organisations.

COURSES OFFERED:
Higher Primary, Standard 8, Senior Certificate (Matric), Office Administration, Salesmanship, Institute of Certified Bookkeepers (ICB), Foundation for Business Studies (FBS), IAC, IMM, CIS.

Mr. J.P. Brummer, B.A., LL.B., A.C.I.S., M.S.A.I.M., Principal of the Damelin Correspondence College, makes sure that Damelin takes the lead in education. Now, more than ever, a better educated man has a better future.

TO: THE DAMELIN CORRESPONDENCE COLLEGE,
P.O. BOX 4129, JOHANNESBURG 2000.

Dear Mr. Brummer,
Please send me your free brochure on the Damelin Correspondence Courses.

Name:

Address:

BOW: 25-02-88

Argus 25/2/86

Namda 'shocked' over removal of records

JOHANNESBURG. — The National Medical and Dental Association said today it was "shocked" by police action at the Alexandra Health Centre yesterday, where police removed 175 medical records of patients.

The centre's superintendant, Dr Tim Wilson, "who tried to oppose the police intervention, was not even given time to consult legal counsel," Namda said in a statement.

NO REASONS

"No reasons for removal of the notes were given other than the production of a search warrant."

The Association said "an essential premise of the doctor-patient relationship is absolute confidentiality. In all free societies this is recognised as a basic human right.

"As doctors who are dealing with 'unrest' victims, we reject the implications that these injured people are criminals.

"We fear that the confidential information contained in these notes will be used for political reasons and for further harassment of these individals.

"We commend and support the principled stand taken by the staff of Alexandra Health Centre," the Association said.

At least 23 people were reported killed and scores injured since violence erupted in the township near Johannesburg, after a funeral eight days ago. — Sapa.

Confusion over hospital

The row over whether black and Indian patients should be treated at Johannesburg's Coronation Hospital is continuing, with confusion among hospital staff over news that a policy to transfer patients to their "own" hospitals will be gradually introduced.

It is believed that the policy will be applied over the next three months.

However, some of the hospital's doctors were under the impression that the directive, put forward by the Transvaal Provincial Administration (TPA) to "alleviate overcrowding", had been suspended.

Namda condemns seizure of medical records

The police's confiscation of the Alexandra clinic's medical records was strongly criticised by the National Medical and Dental Association (Namda) yesterday.

It said such action violated the "confidentiality" of the doctor/patient relationship.

The clinic said 175 medical records were seized by police who apparently sought to identify people who had received treatment for gunshot wounds.

The police confirmed removing documents from the clinic "to get certain particulars from them". The documents were later returned.

Namda said the confiscation of the documents implied that those injured during unrest in the township were criminals and it rejected that.

Namda said: "An essential premise of the doctor/patient relationship is absolute confidentiality. In all free societies this is recognised as a basic human right. Namda is therefore shocked by the police action.

"We fear that the confidential information contained in these records will be used for political reasons and for further harassment of (the affected) individuals. We commend and support the principled stand taken by the staff at Alexadra clinic in refusing to voluntarily hand over the records."

Clinic superintendent Dr Tim Wilson said staff were upset by the seizure of the medical records and hoped it would not happen again.

Namda said — in its guidelines on ethical behaviour in situations of civil unrest — that doctors and health care workers were not bound to report gunshot wounds to the authorities.

It said: "Divulging the name or particulars of an unrest victim to law enforcement officers is a breach of patient confidentiality. It is unethical behaviour for which action may be taken by the relevant professional council."

Namda said detailed medical records should be kept for unrest victims. "These should be safeguarded against loss and should not be made available to a law enforcement officer without a search warrant or a subpoena," it said.

Patients placed under guard in hospital were entitled to visits by family and legal representatives, provided that they were not detained in terms of laws which expressly prohibited such visits.

Namda said law enforcement officers guarding patients may not interfere with medical treatment adding: "If a law enforcement officer wishes to remove a patient from hospital before he is fit to be discharged into custody, a senior medical officer should be responsible for handing the patient over.

"A senior law enforcement officer must authorise the removal. An indemnity form specially drafted for this purpose, with provision for the identification of the law enforcement officers, the patient's prognosis and the doctor's advice must be signed."

Namda said a sealed report on the arrested or detained patient's condition, addressed to the district surgeon, should accompany the patient and that further copies of that report should be sent to the district surgeon under separate cover and be retained by the original treatment centre.

Namda said health workers were obliged to inform family and lawyers of the intended removal of a patient by the police.

Gunshot victims 'not always the criminals'

Star 26/2/86

By Jo-Anne Collinge

The determination of the police to trace unrest victims implied that people with gunshot wounds were to be treated as criminals, but experience had shown that most victims just happened to be "people who were standing in the wrong place at the wrong time", a Wits Medical School meeting was told yesterday.

The meeting was a response to multiple deaths and injuries in Alexandra in the previous 10 days and the police seizure of medical records of victims treated at the Alexandra Health Clinic. It was called jointly by the Black Students' Committee and the National Union of South African Students.

A doctor associated with Wits Medical School and working at the Alexandra clinic stressed that the public had failed to "understand the scale of the disaster" in Alexandra.

The clinic, privately funded and run on a shoestring, had been unable to cope when it was suddenly filled with dead and dying people.

"We must now be prepared. This could occur again — we have no reason to think that the police and the army are drawing back in any way."

The doctor stressed that clinic staff had not only been medically unequipped but also unprepared for the ethical and legal issues of the crisis.

When the first victims were admitted, staff were unaware that they could turn police off the premises unless they had a warrant and the police had had easy access to the casualty section for a short while, she said.

The police had later been asked to go and when they had served two subpoenas on senior staff the clinic had prepared to fight these legally. Finally, the issue of a search warrant had led to police seizing 170 records on Monday.

"The action has undermined confidence in the clinic. People are afraid to come here or to any clinic for shot wound treatment. In effect they are being denied any reasonable or accessible health care," the doctor said.

There was concern that patients referred to State hospitals for treatment had little security and that administrators might be breaching patients' rights to confidential treatment by supplying the police with information.

Alexandra Civic Association chairman Mr Mike Beea painted a picture of a tiny, crowded area in a state of martial law.

"Innocent people, adults and children, are living in great fear. Innocent people are getting killed and they don't know where to go for treatment."

Illustrating his point that the helpless were falling in the crossfire, he said he knew of a three-year-old whose body was peppered with 28 pellets — and whose family sought private help rather than go near a clinic.

Plea to Health Minister in bid to safeguard patients

The Minister of Health has been put in the hot seat by Wits University and the board of the Alexandra Health Centre who have appealed to him to intercede with the police to safeguard patients in situations of conflict and civil unrest.

The appeal comes in the wake of police seizure of records of 170 patients at the clinic which serves strife-torn Alexandra and which had treated residents with gunshot wounds in the last fortnight.

Wits University vice-chancellor and principal Professor Karl Tober told *The Star* he had requested the Minister of Health, Dr Willie van Niekerk, to intercede with the Minister of Law and Order to prevent a repeat of this week's search-and-seize action at the clinic.

The board of management of the Alex Health Centre and University Clinic has endorsed the appeal by the clinic's superintendant, Dr Tim Wilson, to the Minister of Health "to attempt to secure the restoration of confidentiality of patient consultation".

The board has also backed Dr Wilson's refusal earlier this week "to assist the police in locating or identifying confidential clinical records".

The cops sicken us – doctor

98

CITYP. 2/3/86

By SINNAH KUNENE

THERE was an ironic twist this week to the National Medical and Dental Association's advert calling on health workers to heed patient's rights when dealing with security forces.

Security forces invaded Alexandra clinic – seizing documents with confidential information on unrest victims treated there – days after the ad was published.

Cops ignored director Tim Wilson's objection to their infringement of patients' rights and the medical code.

Their move was slated by health workers countrywide – who foresaw an inevitable friction between their ethical code of conduct and "power-drunk civil servants".

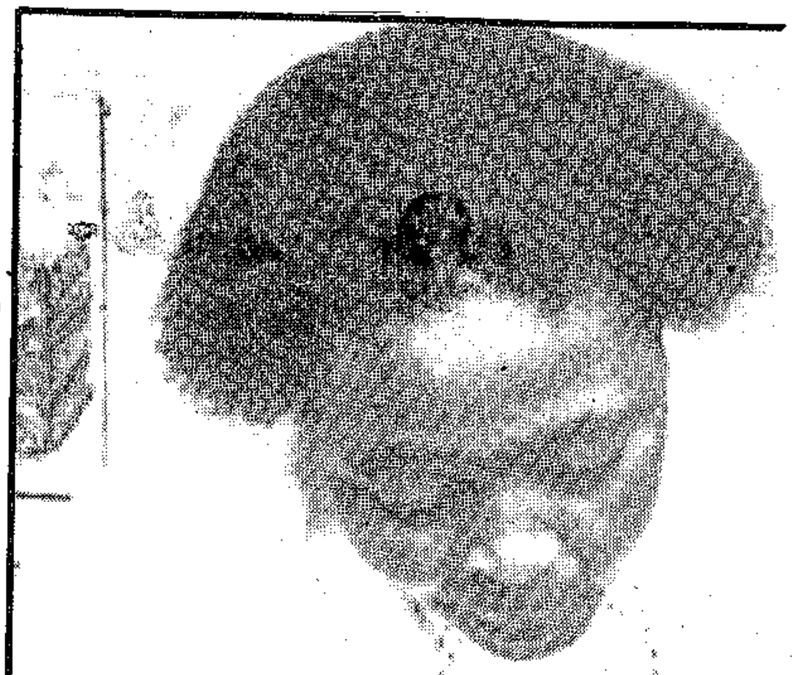
"We won't allow the Government to use us as its stooges," said a doctor, who may not be named.

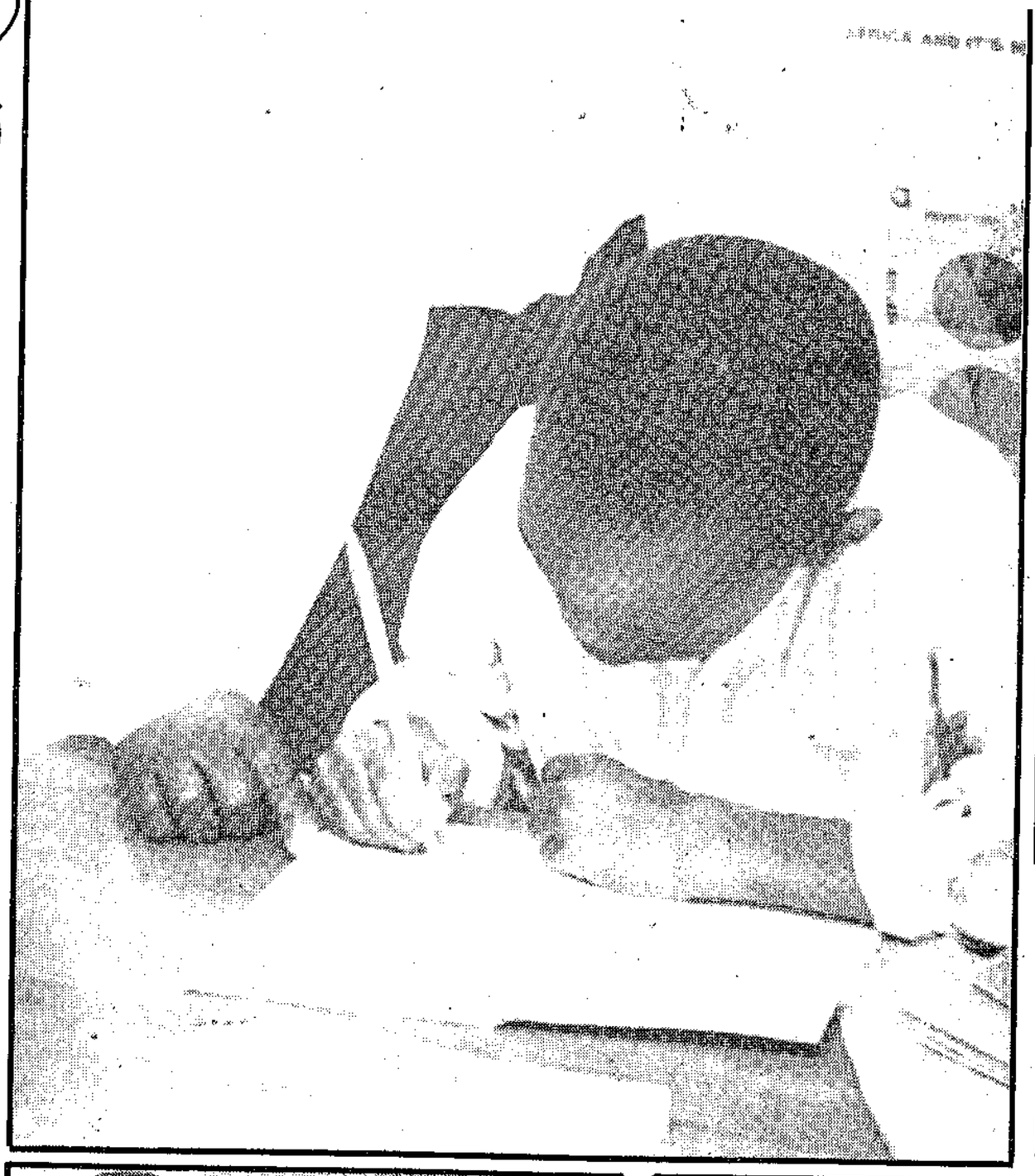
"Unrest victims treated in the clinic have a right to privacy.

"It is not for us to spy on them for their alleged 'riotous' activities," he said.

Bridgette Mataboge

With her sick don't miss on their education





years went by but our pupils were happy

- Bridgette Mataboge

Baragwanath school principal Bridgette Mataboge in the classroom, in her office and in one of the wards giving a patient individual tuition.

By SINNAH KUNENE

WHO SAID patients in hospital are too sick to continue with their education?

This is the question that bothered Bridgette Mataboge's as her ten-year-old son lay in hospital for many months without receiving any tuition.

Mataboge decided to do something about this problem and 21 years ago she started a unique school project at Baragwanath hospital under the auspices of the Cripple Care Association.

She started out with 36 pupils, some of whom were bed-ridden and had to receive individual tuition at their bedsides.

"My son had an operation on his clubfoot and was hospitalised for some time. On visits, I realised there were no special education facilities in the hospital and children were losing out on the daily tuition in township schools," recalls Mataboge.

"Classes were held in the orthopaedic wards' small splint room and sometimes we would pitch garden umbrellas on the grass during fine weather," she said.

However this denied hospitalised pupils in the medical, surgical and paediatric sections these priviledges, and in 1968 the Department of Education and Training helped expand the project and seconded a teacher to the school.

"For both of us it was a strenuous job as seven years dragged by, but our pupils were grateful and very cooperative. In 1975 and 1980 the DET appointed more teachers bringing the number of staff members to four," said soft-spoken Mataboge, who is principal of the school.

At present the school caters for pupils from grade one to standard five.

"Despite the inconducive atmosphere in ward to ward teaching, grouping of classes and different ethnic languages, there has been remarkable progress," said Mataboge.

But she did point out some problem areas which need to be improved for the school to function properly.

"Although nurses have been tremendously helpful in this project, we need further training in remedial education. Also, we're too short staffed to meet the demands for individual tuition in the wards. The burden may be eased if voluntary teachers made themselves available," said Mataboge.

27 000 jobs cut in SA building industry

By Sheryl Raine

More than 27 000 jobs have disappeared in the building industry since 1982.

According to the latest statistics from the Central Statistical Services in Pretoria, the number of people employed in the building industry peaked at 279 000 in March 1982. In August last year the figure was 251 800.

The official journal of the Building Industries Federation reports the greatest reduction of jobs occurred among black employees in the unskilled and semi-skilled categories.

Although the pace of retrenchments had declined, prospects for 1986 were still uncertain.

A survey of labour costs revealed the average annual wage increases for artisans in the period 1975 and 1984 were 12,4 percent and 15,2 percent respectively.

The rate of inflation over that period was 12,8 percent.

In 1984 the average nominal earnings of whites in the building industry was R18 700 a year compared with R3 924 for blacks, R6 773 for coloured people and R11 185 for Indians.

Estimated average wage increases this year would be eight to 10 percent.

Separate hospital 'will unleash world anger'

The head of the department of anatomy and former dean of Wits Medical School, Professor Phillip Tobias, has criticised the possible enforcement of a directive to reserve Johannesburg's Coronation Hospital for coloureds.

He said it would unleash more anger on South Africa from the international medical community.

"I deplore the Transvaal Provincial Administration's attempt to impose a de facto racial barrier on the admission of patients to one of our major teaching hospitals. This attempt to fragment our medical services is shocking," he said.

Professor Tobias said he believed the instruction would virtually force doctors to breach medical ethics and the Hippocratic Oath which stated that a doctor's services be available to all sick persons.

TRICAMERAL SYSTEM

The TPA imposed the instruction calling for black and Indian patients to be transferred to regional hospitals in their "own" areas to ease Coronation Hospital's overcrowded conditions.

"I fully agree with the ad hoc committee formed by doctors who oppose the directive, the Wits Medical Graduate Association and the South African medical faculties that the hitching of medical care and health services to the tricameral system is wrong in principle, unacceptable in ethical conscience and contrary to the country's need for a unified health service," the professor said.

The instruction would "entrench apartheid in medicine in a way that would unleash the international medical community's anger towards this country".

Council probe then doctor asked to quit

CAPE TOWN — A senior member of the Medical Research Council has been relieved of all duties pending his resignation.

The MRC decided last week to give Dr Jaques Rossouw, director of the National Research Institute for Nutritional Diseases, until March 31 to resign.

An investigation alleged Dr Rossouw infringed the MRC's conditions of employment. No details were given.

After a preliminary investigation in December he was released from duty pending a formal investigation and informed of the allegations.

A committee was appointed to investigate the allegations.

1 medical file given to police

Cape Times 5/3/86

Staff Reporter

ONLY one medical file containing confidential patient records from hospitals or day hospitals in the Cape Province was handed over to police during the past six months, the MEC for Health Services and Hospitals, Mr Koos Theron, said in the Provincial Council yesterday.

He was replying to a question from Dr John Sonnenberg (PFP Green Point).

"Except in the case of the Groote Schuur Hospital, where, on receipt of a warrant, one medical file was handed over to the SAP, no other medical files were handed over as such at any other hospital or day hospital," he said.

"To obviate any misunderstanding, cognizance must be taken of the long-standing and close-working relationship between the hospital authorities and the SAP in dealing with the somewhat less pleasant aspects of our daily human existence."

In the course of routine police investigations, it may become necessary to obtain specific data concerning a patient. This would then be given to the police by the hospital or day hospital staff concerned, he said.

"Although, strictly speaking, they are not legally bound to do so, it has been the *de facto* practice in everybody's interest for as long as can be remembered.

"In the event of a refusal to furnish such a statement, the professional staff attending would be compelled to furnish such medical particulars as might be required by the investigating police officer in a personal capacity in a court of law, which would mean a tremendous waste of time and manpower and would be to the benefit of no one."

Clinic fires 120 workers after strike

About 120 striking hospital workers were dismissed last night from the Garden City Clinic in Mayfair, Johannesburg.

The workers struck yesterday after a co-worker had been dismissed by the director of the clinic, Mr G R Anderson.

"The workers are striking illegally. There were no negotiations with me prior to their going on strike," Mr Anderson told *The Star* today.

He said the worker was dismissed because he was transporting food from a temporary kitchen to the main kitchen on a trolley used for carrying rubbish and disobeyed instructions to stop doing so.

Mr Anderson said the clinic was employing new staff and a few dismissed workers who arrived at the clinic today had been re-employed.

Mr Anderson told officials of the Black Health and Allied Workers' Union of South Africa who called on him yesterday that he wanted to address the striking staff but was told to negotiate through their elected shop stewards.

Union officals could not be contacted for comment this morning.

DISPATCH 6/3/86

Dr Orr may be called to court

Dispatch Correspondent

PORT ELIZABETH — The team appearing in the application for a final interdict against the police yesterday announced they intended calling Dr Wendy Orr, who had worked for the district surgeon's office in Port Elizabeth, to testify in the Supreme Court, Grahamstown.

Mr Ian Farlam, SC, told the court certain documents had come into his possession, which showed that Dr Orr had examined a former detainee, Mr Rex Quma, after his admission to St Albans Prison on September 18 last year.

A medical report showed that Mr Quma had complained of an assault to Dr Orr, and that she had administered treatment for certain injuries she noticed he had sustained, Mr Farlam said.

An interim interdict, restraining the police from assaulting or harassing Mr Quma, of Port Alfred, had previously been granted by the court. This week, a hearing of oral evidence started to deal with factual disputes which arose on the papers in the application for a final order.

The application was brought by Mr Quma's mother, Mrs Cynthia Quma.

The respondents are the Minister of Law and Order and the Divisional Commissioner of Police.

Mr Quma, said he had been assaulted by police on several occasions.

On Friday, September 13, he said, he had reported to the Port Alfred police station in compliance of his bail requirements when three policemen had remarked on his haircut, likening it to that of jailed African National Congress leader, Nelson Mandela.

Mr Quma said the policemen proceeded to show him a picture of someone with a crewcut, who they claimed was Mandela. He said one of the policemen had hit him on the side of his mouth with his fist, while another kicked him on his leg.

He was again detained on September 16, and taken to the local charge office where he was slapped in the face, kicked in the stomach twice and threatened with a firearm by a policeman who accused him and others of being the cause of the consumer boycott in the town, Mr Quma said.

The policeman had also said they deserved to die, while pointing a firearm at them, he added.

Late that evening, Mr Quma said, he was questioned by a white policeman about a meeting which had allegedly been held in the African township.

He said he had told the policeman, a certain Warrant Officer Ferreira, he had no knowledge of the meeting, nor had he attended any meetings.

Hospital staff sign petition in bid to halt TPA directive

The row over whether Johannesburg's Coronation Hospital will be for "coloureds only" continued this week with doctors circulating a petition for the withdrawal of the directive instructing the move.

The petition, drawn up by the Coronation Hospital Doctors Liaison Committee, is receiving considerable support from staff as well as doctors and health workers outside the hospital.

If the directive is enforced, black and Indian patients will be transferred to regional hospitals in their "own areas".

The Transvaal Provincial Administration introduced the instruction earlier this year to ease overcrowded conditions at the hospital.

The petition affirms the doctors' support of a policy of regionalisation of health services in South Africa, but stresses what they find objectionable about the TPA directive.

"We believe a nonracial organisation of health services on a regional basis and equal access by all to equitable health facilities in these regions, is necessary to a policy of regionalisation," the petition read.

The petition added that until the TPA directive on regionalisation fulfilled these requirements, doctors felt they would be unable to comply with it.

Baragwanath to get R750 000 paging system

98
BUS TIMES
9/3/86

THE world's largest in-house digital and voice message pocket paging system is to be installed at Baragwanath Hospital, Soweto.

The R750 000 order has been awarded to Kew-based Nira SA, a member of the Jasco Group.

The Teletracer 2800 will initially operate with 1 500 units to page doctors, nurses and ancillary hospital staff. It can handle up to 10 000 pagers.

Part of Baragwanath's multi-million rand communications improvement programme, the Teletracer installation will be completed within five months.

Advanced

Steve Gillvray, Nira's general manager, says: "The Teletracer 2800 was chosen largely for its lifesaving capabilities and advanced technology which makes it possible to interface the pagers with the PABX system and to monitor the status of equipment, such as blood bank refrigerators."

The heart of the system is the pager with its five-digit liquid crystal display. Each unit displays alpha-numeric codes indicating the location and task requiring the receiver's attention. A voice message can be conveyed.

The Teletracer 2800 can emit and display a selection of five different coded bleeps, each with a specific meaning. There is also a group emergency bleep tone to generate immediate action from a predetermined group of staff by means of a single transmission.

Mr Gillvray says: "It takes only three seconds to summon such a group. For instance, in the event of a cardiac arrest, the display will indicate the ward and bed where help is needed.

"This facility is considered the fastest possible way of warning key staff of an emergency."

When a staff member cannot be reached by phone because he is absent from a particular extension, the caller can dial the pocket pager of the other party. This eliminates the involvement of the switchboard operator and allows rapid communication among staff.

As the system is able to receive coded signals from multiple sources simultaneously, it can be used to monitor automatically conditions of equipment, such as the temperature of blood bank refrigerators.

Mr Gillvray says: "If the status is violated, the system will activate the pager of the responsible maintenance engineer. In the display area will appear ICE 25, indicating the exact location of the faulty unit."

Decade's use

The Teletracer system is interfaced with hard-copy printers which show the date, time and origin of each call, to which group of receivers it was sent and the message itself. This facilitates a check on emergencies and exceptional events which may have to be accounted for at a later stage.

The Teletracer replaces a Nira system in use for many years at Baragwanath.

SPR2 (98) 11/3/86

Hospital beds needed

PARLIAMENT — While there is a surplus of hospital beds for whites, there is a shortage for blacks at hospitals falling under the Department of National Health, according to the Minister of National Health and Population Development, **Dr Willie van Niekerk**.

Replying to a question by **Dr Marius Barnard (PFP, Parktown)**, he said there were 6 469 beds available for whites and 8 681 for blacks.

A total of 5 602 beds were needed for whites and 8 803 for blacks.

The figure did not include private hospitals subsidised by the Department of National Health. — Sapa.

Immediate relief sought for hospital

(98) Mercury 14/3/86.

Mercury Reporter

A SHORTAGE of funds has postponed plans to redevelop Durban's King Edward VIII Hospital and short-term measures will be necessary to provide relief for the hospital, the Administrator of Natal, Mr Radclyffe Cadman, said yesterday.

Mr Cadman was speaking during a tour of the hospital, where conditions have been severely criticised by doctors and the public.

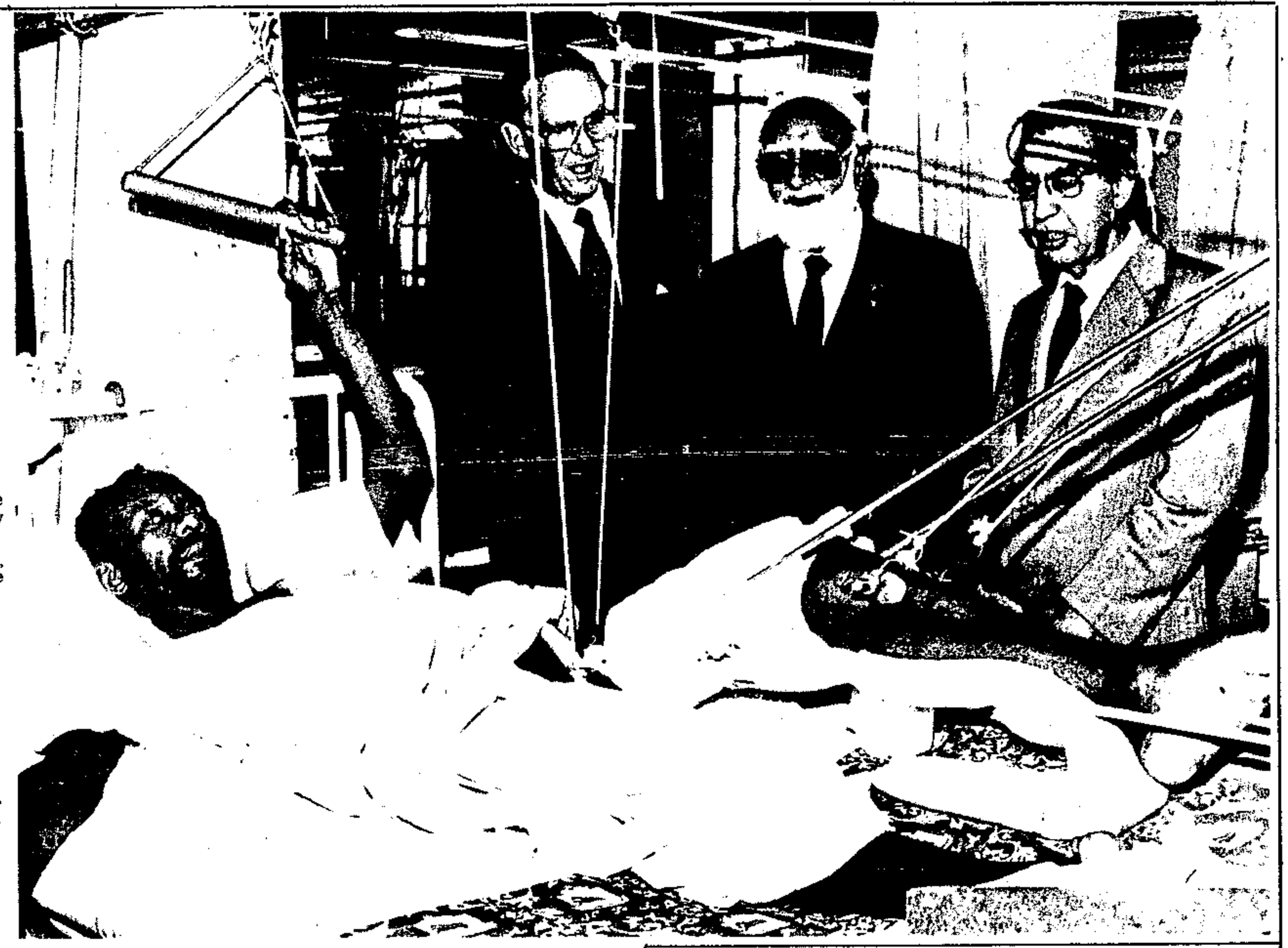
He said that in order to provide relief for King Edward, urgent negotiations with KwaZulu health authorities were under way to try to bring into immediate operation unused facilities at Umlazi's Prince Mshiyeni Hospital.

Dr Fred Clarke, MEC in charge of hospital services, who accompanied Mr Cadman on the tour, said Prince Mshiyeni Hospital, with a bed capacity of 1 600, was supposed to have opened in 1971.

King Edward's chief medical superintendent, Dr Justin Morfopoulos said that unless something was done soon there would be little point in the hospital's continued existence.

Mr Cadman said: 'It seems that we are going to have to think again about the development of the new facilities.'

Also visiting the hospital was the Director of Hospital Services, Dr Neville Howes, who said he attached 'top priority' to the redevelopment of the hospital in the shortest time possible.



Conditions at Durban's King Edward VIII Hospital came under the spotlight yesterday afternoon when the Administrator of Natal, Mr Radclyffe Cadman (standing, left) and members of the Executive Committee toured the hospital. Mr Cadman is discussing the treatment of a patient, Mr Hosana Mntambo, with Mr A G Khan, chairman of the hospital's advisory board, and Prof T L Sarkin, professor of orthopaedic surgery at the University of Natal.

Doctors get backing for ethics stand

The Southern Transvaal branch of the Medical Association of South Africa (Masa) has formally expressed its support for the stand taken by doctors at Johannesburg's Coronation Hospital.

The doctors say it is unethical to transfer patients to other hospitals against their will.

This means doctors transferring black and Indian patients to regional hospitals in their "own" areas, can be found guilty of unethical conduct if patients' lives are placed in danger through such a move.

Masa slammed the transfer of patients to other hospitals against their will as an "unacceptable" breach of ethics.

The Director of Hospital Services for the Transvaal, Dr Hennie van Wyk, disagreed with the view that the move was unethical, saying no patient would be turned away from Coronation Hospital in an emergency.

"The issue has nothing to do with race, and the policy of regionalisation has been in effect for many years throughout the Transvaal", he said.

Doctors and community and health organisations have rejected the directive, introduced by the Transvaal Provincial Administration earlier this year, to transfer black and Indian patients from Coronation Hospital to hospitals in their "own" areas.

The instruction was aimed at improving overcrowded conditions at the hospital.

(98) 24/3/86

(98) STAR 24/3/86.

AA study tells of badly-equipped, primitive facilities

Report slates cut-price private ambulances

By Zenaide Vendeiro, Transport Reporter

The appointment of "cut-price" private contractors to transport patients between hospitals in some areas of the Transvaal and the Free State has been severely criticised.

In its report on "Pre-Hospital Care for Road Accident Casualties" released today, the Automobile Association said there was no reason in principle why ambulance services could not be privatised but said efficient private services were the exception rather than the rule.

Although private contractors were only supposed to transport patients between hospitals, all 18 contractors surveyed by the AA were called upon to convey casualties from accident scenes to hospitals.

The majority provided services which were "primitive and an indictment of the low standards permitted by the provincial authorities".

Only two of the private contractors looked upon the provision of ambulance services as a full-time activity. The rest included general dealers, housewives, electricians, farmers, mechanics, undertakers and a coal merchant.

The majority of contracted services were characterised by extreme tardiness in responding to calls.

Crewmen appointed by private contractors included a deaf-mute who could not communicate with patients, a man with a serious heart defect who relied on bystanders to pick up the stretcher, one with severe arthritis and another who was showing signs of senility.

None of the part-time contractors had undergone formal ambulance training and the vast majority, said the report, either openly admitted they had not even received first aid training of any sort or were evasive when the question arose.

Ambulances used by private contractors to provincial hospital services included many poorly-equipped vehicles and numerous delivery vans and LDV's with canopies in which mattresses had been placed. Some had a bed pan or chamber pot as sole equipment.

Little, if any, treatment was given to road accident casualties by private contractors. This was because they were mostly untrained, unsupervised and contracted simply to transport people.

The AA study found that services provided by black contractors for blacks were even worse than the rudimentary services provided for blacks by white contractors. Decrepit delivery vans and LDVs garaged in scrapyards and unsanitary backyards of tumbled-down locations were used.

In some cases the contractors themselves were ragged and dirty and two of them were under the influence of alcohol when visited.

The AA said the fault lay with the present tender system.

Poorly designed ambulances pose threat to patients, drivers

Transport Reporter

A survey of ambulances and rescue and response vehicles by the Automobile Association found that many were so poorly designed that they posed a danger to patients and crewmen.

The AA report on "Pre-Hospital Care for Road Accident Casualties" found that:

- Large numbers of older ambulances of poor design were still in use and even the most modern ambulances had design faults.
- Ambulances were seldom equipped with dust deflectors to prevent dust and exhaust gases from being drawn into the vehicle.
- None had any sort of head protection for patients should the ambulance brake violently.
- Many ambulances had no radio communication at all.
- While it was the policy of all four provinces not to allow race discrimination in emergency cases, separate ambulances were provided for the different races.

The report also said there was a misconception among crewmen that ambulances should travel at the highest possible speeds to hospitals.

In fact, high speeds could add significantly to the rate at which a casualty's condition deteriorated.

Some rural crews 'medically unfit'

Transport Reporter

Ambulance services in some rural areas are manned by medically unfit, untrained and overworked crews, according to the Automobile Association report on pre-hospital care for road accident casualties.

Significant progress had been made in providing standardised training for ambulance services in all four provinces, said the report. Increasing uniformity and professionalism among instructors had, to some extent, averted what was becoming a crisis situation even in large centres.

But many local authorities in rural areas had not used existing training facilities. One out of every four of the 116 towns visited by the AA was served by completely untrained crews.

In addition, there was gross-understaffing with entire rural magisterial districts without a single ambulance or crewman.

"At present rates a reasonably adequate spread of properly equipped and trained ambulance crews on a countrywide basis appears impossible before well into the next century," said the report. "This intolerable situation is being paid for in lives and unnecessary suffering."

Conditions of service were cause for concern.

In one large town a matriculated crewman who had passed the basic ambulance course had a take-home pay of just over R300 a month after a year's service.

Salaries offered to blacks were so low that services could not find candidates with a level of education higher than Std 3.

In many towns, ambulance crews had extremely long hours of duty. Stretches of up to 18 hours without relief had been officially documented.

These factors led to immense turnover in staff which, in turn, led to a greater proportion of untrained to trained men, said the report.

Some of these untrained crewmen were put in charge of modern, well-equipped ambulances.

Untrained people could not provide the most basic first aid and were more likely to aggravate the condition of the casualty by inept handling or misuse of emergency equipment.

The AA report said the degree of indifference to the crisis was illustrated by the comment of a provincial hospital secretary who said: "We already have difficulty in finding drivers and if we had to start with such trivialities as first aid we would not find drivers at all".

Pre-hospital care recommendations

Transport Reporter

Recommendations for the improvement of pre-hospital care of road accident casualties have been submitted to the various health ministries, says Mr Eugene Roelofse, manager of the Automobile Association's research unit.

These recommendations, which are contained in the AA report on ambulance services, concern three areas:

- Ambulance and other personnel — the AA would like a deadline to be set after which no ambulance crew member may be appointed or retained on the permanent staff of an ambulance service unless he has passed the basic ambulance course. Standard conditions of service, clearly defined duties and minimum entry qualifications should be enforced.

Provincial and municipal traffic police, as well as the SAP, should be properly trained and suitably equipped to render first aid in emergencies. And the possibility of national servicemen being allowed to do duty in ambulance stations should be investigated.

- Vehicles and equipment — the report recommended the standardisation of ambulances and rescue and response vehicles, medical and rescue equipment and radio communication systems.
- Emergency services policy — the abolition of race discrimination in emergency services was urged, as was a reassessment of the present contract system for private ambulances so that they could be made to comply with standards of official ambulance services.

Finally, the report recommended the establishment of an emergency services inspectorate.

25/3/82.
STAR

'No race bar at spine unit'

Medical Reporter

Nobody would be refused admission to the white spinal unit of the H F Verwoerd Hospital in Pretoria on grounds of colour, the MEC for Hospital Services in Transvaal, Mr Daan Kirstein, told *The Star* last night.

Mr Kirstein visited the Muslim section of the hospital yesterday to check on the condition of Miss Fadilia Lagadien, the 27-year-old Cape Malay who was reported to be wasting away after allegedly being refused access to the specialist spinal unit on racial grounds.

Miss Lagadien was paralysed from the neck down after a motor accident near Sun City on December 7.

She has now been moved to a private ward, and special apparatus has been installed to assist her to lie on her stomach because of a sore on her back and buttocks, described by a medical consultant as "lethal".

Ambulance services: 'Govt findings soon'

Political Staff

CAPE TOWN — A report on all facets of the country's ambulance services was expected soon, the Minister of Health, Dr Willie van Niekerk, said today.

He was reacting after the publication of a Automobile Association report on the poor state of ambulance services.

The AA found that ambulances and rescue vehicles were badly designed and some ambulancemen were not trained adequately. The organisation also recommended the abolition of race discrimination.

Dr van Niekerk said the National Health Policy Council had instructed an advisory committee at the end of last year to investigate all facets of ambulance services. The memorandum of the AA had been referred to it.

An effective ambulance service in all areas of the country was of the greatest importance to all inhabitants, the Minister said. The prevention of accidents remained paramount, but when an accident occurred, the casualty should be transferred by trained personnel, in an effectively equipped ambulance.

The advisory committee's report was expected soon.

● See Page 13.

Medunsa man feels frustrated

By Kym Hamilton,
Pretoria Bureau

One of the two white students at the centre of a boycott at the black Medical University of Southern Africa (Medunsa) is upset and frustrated as he sees his chances of qualifying slipping further away.

Mr Darryl Wilke (23) was one of the two students who successfully brought an urgent application in the Pretoria Supreme Court last week seeking their reinstatement at the university.

Mr Wilke has a pre-medical B Sc degree from the University of the Witwatersrand. In late January he was told he was one of 30 students in his class who had failed to gain admission to third-year medicine.

He immediately applied to Medunsa, where he was accepted.

Mr Wilke said he had never experienced any animosity from his fellow Medunsa students and he did not believe his admission jeopardised anyone else's place.

"Now my chances of getting on with this year are small," he said yesterday shortly after finding students were boycotting classes in protest against the court decision.

A Medunsa Senate meeting was called yesterday to discuss the situation.

CM Tears
25 Feb 86
98

Plight of crippled woman: Inquiry

Own Correspondent

JOHANNESBURG. — The Labour Party is to investigate a Sunday newspaper report that a quadraplegic woman has been denied access to one of the country's finest spinal units in Pretoria because she is not white.

A medico-legal report soon after the accident found that the patient, Ms Fadilia Lagadien, was in a poor condition and wasting away in the H F Verwoed Hospital's Muslim section, just a few hundred metres from the "whites only" spinal unit.

The Minister of Health Services and Welfare in the House of Representatives, Mr Chris April, said yesterday he would launch an investigation today to see if the story was correct.

The Progressive Federal Party spokesman on health, Dr Marius Barnard, said Ms Lagadien's "tragic case" was exactly what to expect when health services were divided racially.

'Shock'

Ms Lagadien was involved in a car accident near Sun City last December which left her paralysed.

When her attorney instituted a third-party claim against the insurers of the other vehicle, he had to have a medico-legal report compiled.

He was shocked at the contents of the report, which stated Ms Lagadien was being housed in a ward designated an intensive-care ward but which in no way resembled such a facility.

The report claimed the patient was in a poor condition and the last medical annotation seen by the consultant had been done three months previously. It also noted the patient had a pressure sore the size of a dinner plate over the sacrum and on both buttocks, that unless the sore was treated it would be lethal, and said the patient was wasting away.

Accusations

The attorney wrote to the superintendent of the hospital on March 3, asking that the accusations in the report be urgently replied to.

By March 17 when no reply had been received the attorney handed the medico-legal report to the Sunday newspaper.

The Director of Hospital Services, Dr Hennie Van Wyk, said yesterday there were spinal units at five Transvaal Hospitals, three of which — Baragwanath, Kalafong and Natalspruit — admitted black patients.

He said that in all five, where there were "no beds available in the units", patients were given the necessary treatment in other wards by unit staff.

The St...

Council under fire because of plan for Indians

Jo'burg slated over 'apartheid'

By Shirley Woodgate,
Municipal Reporter

The Johannesburg City Council was accused last night of perpetuating apartheid in the city at a time when the Government was proclaiming loudly that the concept was dead.

Mr Pieter Schoeman was debating the merits of the Fordsburg Redevelopment Plan for Indians which he said was an implementation of the Group Areas Act. This scheme went against the realities of South Africa, he said.

Quoting a council official who said 20 000 people were occupying premises illegally in Johannesburg, he said races were already mixed in Fordsburg. "We are making fools of ourselves by creating a controlled area, which we cannot control as people cannot be forced out."

He criticised the council for creating artificially high prices by inviting 28 000 Indian people into the highly desirable piece of land near to the city.

Committee challenged

The area includes Fordsburg, Burghersdorp, parts of Newtown and Westgate, City West, Mayfair - east of Princess Street — and part of the farm Turffontein. It is bounded by the railway marshalling yards in the north, the M1 in the east, M2 in the south and proposed A3 to the west.

Mr Schoeman challenged the management committee to tell the Government that if if Indians lived legally in the city, they must be allowed to exercise their rights in the Johannesburg council as well.

The city would be a better place if town planning could be based purely on town planning rules and not with colour interference, Mr Schoeman said.

Another councillor, Mr Hennie Schoeman, said Fordsburg was destined to become a high-density show suburb where the pitfalls of Hillbrow would be avoided. It was clear the nature of the area would change to mainly residential.

Mixed area

People of other races would not be moved out — it would be a mixed area into which mainly Indians would move.

An anomaly which concerned Mr Cecil Bass was a narrow "controlled" strip of land set aside for whites, intruding into the Fordsburg scheme from the Mayfair side.

He said it was significant that a survey had showed that Hillbrow people cared about the kind of people living next door and not the colour of their skins.

City ambulance service 'ranks among SA's best'

Municipal Reporter

The recent Automobile Association report on primitive and outdated ambulance services did not reflect the situation in Johannesburg, said the deputy chairman of the management comittee.

Mr Jan Burger was addressing the monthly council meeting where he said the city was proud of its ambulance service, which was one of the best of its kind in the country.

This was ascribed to excellent training and dedication of the personnel, as well as the equipment in use and general preparedness. The service could handle efficiently any emergency that could possibly arise, he said.

It was also the most cost-effective in the country. In the past year city ambulances had travelled 2 228 931 km to transport 113 452 patients at a cost of R5 610 370 or R49,45 a call and R2,50 a kilometre.

TOTAL VALUE OF EQUIPMENT

Mr Burger said the total value of equipment excluding vehicles exceeded R360 000, while the vehicles included a special emergency transporter that could carry 40 patients.

Mr Les Dishy added his praise to the ambulance and fire and emergency services record. He listed 633 rescue attempts made last year, or over 50 a month, and 3 873 general fire alarms.

He said the department's success was achieved despite a lack of ambulance facilities.

The council authorised R40 000 for the purchase of 20 sets of diving gear and equipment for the Rescue Unit formed after the Westdene bus disaster a year ago.

The unit has responded to about 50 calls a month, the most recent being two calls to Ennerdale where four young residents drowned.

98

Boycott fever hits Medunsa

THE Medical University of South Africa has again become the site of student protest, with two white students at the centre of the strife on campus, writes THELMA TUCH.

FOR two days students have boycotted lectures in protest against a Pretoria Supreme Court ruling on Thursday that two white students — Pieter Kruger and Darryl Wilke — should be reinstated.

This year was the first time that Medunsa, a black university in Ga-Rankuwa, admitted white students — seven of them — sparking off a week-long student boycott last month.

In view of the black student opposition to the presence of white students, however, the seven registrations were cancelled after discussions between them and Medunsa rector Leon Taljaard.

The university will not be closed today, as speculated, but will close as scheduled on Thursday for the Easter holidays.

Problems remain unresolved, however, with a possibility of further confrontation between the university administration and courts.

There is a possibility that the administration will appeal against the Supreme Court ruling in an effort to placate black students.

According to a statement yesterday, by the Medunsa council, the university reiterated its policy of non-racialism.

It stated, however, that this applied only if vacancies were not filled by black students.

Kruger and Wilke were the only two of the original seven white students unable to find places at other medical schools, black students said yesterday.

This led to their urgent application to the Pretoria Supreme Court in what can be seen only as their last resort to get back on campus.

They returned to Medunsa on Monday, to be met by a total boycott of more than 1 000 students.

The stoppage continued yesterday.

Students have resolved to boycott lectures until the white students are removed.

Despite their opposition to the admission of white students — an attitude which could be interpreted as racist — the Student Representative Council has stressed its broader adherence to the principle of non-racialism.

Each SRC member is a member of the Azanian Students' Organisation — an affiliate of the non-racial United Democratic Front.

According to SRC president Raymond Billa, however: "The time is not yet ripe for non-racial education."

The boycott, he said, should not be interpreted as anti-white action. He said they were not against white students but rather against their presence as what they termed window-dressing for President P W Botha's reform plans.

Vice-president Gwen Ramokgopa said the university's acceptance of white students created a false impression of progress in the eyes of overseas observers.

"There can be no normal education in an abnormal society and non-racialism can only be realised following the total transformation of the South African system," she said.

Students said that while white medical students treated black hospital patients, their black counterparts were barred from examining whites.

This type of racism made it impossible to implement a truly non-racial atmosphere at the university, they said.

Health committee to discuss 'alarming' AA report

START
26/3/86

By Zenaide Vendeiro,
Transport Reporter

98

The Automobile Association's (AA) critical report on ambulance services has been referred to the Health Matters Advisory Committee for discussion.

This was announced yesterday by the Minister of National Health and Population, Mr Willie van Niekerk, in responding to a call by the PFP spokesman on health, Dr Marius Barnard, for the appointment of a select committee to examine ambulance services.

Dr Barnard said the AA survey exposed "a frighteningly dangerous situation for road users over vast parts of rural South Africa".

Mr van Niekerk said the health advisory committee, which consists of executive heads of the country's health authorities, was instructed late last year to investigate all facets of ambulance services. This report was expected "within the near future".

The manager of the AA research unit, Mr Eugene Roelofse, yesterday took the Transvaal and Free State hospital services departments to task for dismissing the findings of the AA report.

He offered the deputy director of hospital services for the Transvaal, Dr G Lippert, an all-expenses-paid "day in the country" to illustrate criticisms in the report.

He said he would show Dr Lippert:

- An ambulance contractor sharing premises with a funeral parlour.
- An ambulance housed near a pigsty.
- A deaf mute ambulance attendant operating a vehicle contracted to the department.
- An ambulance without as much as a piece of sticking plaster let alone splints, bandages, oxygen etc.
- The premises of an ambulance service in front of which an effigy of a black man hangs from a scaffold, "a macabre and distasteful spectacle brought to your attention in August last year".

Dr Lippert today refused to respond to the invitation, saying: "This matter is being dealt with by the department."

Mr Roelofse also accused senior health officials in the Free State of not keeping the MEC responsible for hospital services, Mr Humphries Simes, informed of the AA's report.

"In a lengthy telephonic interview with Mr Simes last night we were able to confirm that he had not seen the report. In fact, he was astonished and unaware of the existence of the document until details were published in the Press," said Mr Roelofse.

He said an advance copy of the document was sent to the director of hospital services in Bloemfontein on November 5 last year with a letter requesting an urgent interview. There was no response.

He said Mr Simes had undertaken to investigate the whereabouts of the AA report and had agreed to an interview next week.

● See Page 3.

STAR
day March 26 1986

Spinal unit 'open to all' 98

The MEC for hospital services in the Transvaal must give an unequivocal assurance that the H F Verwoerd spinal unit was run on the basis of need and not skin colour, Mrs Irene Menell, PFP spokesman for hospital services, said yesterday.

She was referring to a statement in *The Star* yesterday by the MEC, Mr Daan Kirstein, in which he said nobody would be refused admission to the white spinal unit on grounds of colour.

The politicians were commenting on the case of Cape Malay Miss Fadilia Lagadien (27). She was reported in the *Sunday Star* to be in poor condition and wasting away in the Muslim section of the H F Verwoerd, after allegedly being refused access to the spinal unit.

Her attorney said he had received a medico-legal report which led him to believe his client was being neglected.

Barnard, Morrison clash on separate health services

27/3/80 STAR 98

PARLIAMENT — The operation of a health service as an "own affair" in no way affected the relationship between a doctor and his patient, be that patient black, white or brown, the Minister of Health Services and Welfare, Dr George Morrison, said yesterday.

In the Second Reading debate on the white "own affairs" administration's Appropriation Bill, Dr Morrison said Dr Marius Barnard (PFP Parktown) had warned that the Medical Association of South Africa faced expulsion from its world body because of the racial basis on which South Africa's health services were organised.

He had also said that this racial basis was a contravention of the Declaration of Geneva.

The declaration, said Dr Morrison, laid down that religion, race and nationality should not be a factor affecting a patient's treatment.

"The Geneva Declaration has to do with a doctor's attitude to his patient and bears no relation to the body or administration that controls the health service."

It would be a "sad and dangerous" day if the Government had to get approval from the outside world before taking decisions that were in the interests of the country, Dr Morrison said.

Dr Barnard said racial differentiation in health and welfare services was unacceptable to workers in those areas, and to the public.

Even the Free State branch of the Medical Association of South Africa — "hardly PFP supporters" — rejected differentiation and Dr Barnard challenged the Ministers responsible for health and welfare to justify the policy to the House.

The standard of health services might be equal for all races but they were seen as discriminatory because they were separate. — Sapa.

'Holes' in ambulance service probed

CHT Times 28/3/86 98

Medical Reporter

THE Cape Province's ambulance services and personnel were not perfect, but they were as good as limited resources allowed, the province's MEC for Hospital Services, Mr Koos Theron, said yesterday.

Responding to a hard-hitting Automobile Association report on ambulance services in the Transvaal and the Free State, Mr Theron said there were "some holes" in the Cape's service but these were being looked into and corrected as quickly as limited finances would allow.

"Within the constraints placed upon us I think we have achieved a miracle with the province's ambulance services," he said.

Disagreed

Dr Alan MacMahon, consultant-in-charge of emergency services, said he and Mr Theron totally disagreed with the AA report's assessment of the safety of ambulances, at least as far as those in the Cape were concerned.

"Of the province's 450 ambulances, 90 percent have been properly equipped and the remainder will be phased out over the next few years," he said. Some 80 percent were equipped with radio communications.

Referring to criticism in the AA report of the training received by ambulance personnel, Dr MacMahon said the province had three permanent training centres, one each in Cape Town, Port Elizabeth and East London, and training for ambulance personnel from the Northern Cape was carried out annually in Kimberley.

"The vast majority of our personnel have undergone at least the Basic Ambulance Course, which trains them in the use of ambulance equipment to keep injured patients alive until more sophisticated help is available.

Advanced courses

"Many have also gone through more advanced courses and we have also trained about 500 traffic officers in the essentials of first-aid.

"Of course we still have a few personnel who have not passed some sort of course, but these people are very few in number and are usually from rural areas where we have difficulty finding personnel," said Dr MacMahon.

In the major centres, ambulance response times were usually excellent, with between 80 and 85 percent of calls being answered within 20 minutes.

Mr Theron said under no circumstances would racial discrimination by ambulancemen be tolerated and anyone guilty of this would be in serious trouble.

Prototype

Dr MacMahon added that a prototype ambulance, with easily obtainable parts to counteract the rising prices of large municipal ambulances which cost up to R80 000, would be unveiled within a few days.

● Sapa reports that the Progressive Federal Party's health spokesman, Dr Marius Barnard, has called on the Minister of National Health and Population Development, Dr Willie van Niekerk, to appoint a Select Committee to investigate the country's ambulance services. He said it should include representatives of the AA.

The PFP also condemned all forms of racialism by ambulance services "exposed by the report".

AA hits at ambulance services

24/3/88 (98)

By Zenaide Vendeiro, Transport Reporter

Ambulance services on long stretches of national roads and tourist routes are so outdated, primitive and defective that, in many cases, injuries are aggravated and the risk of deaths increased.

This is the finding of a study of pre-hospital care for road accident casualties released by the Automobile Association today.

The study found that while ambulance services in large cities and towns boasted modern ambulances, qualified crews and up-to-date communications and rescue equipment, the situation in most rural areas was glaringly deficient.

Rural areas — although accounting for only 12 percent of all accidents — produced 47 percent of fatal accidents.

"The situation as a whole is so prejudicial to the interests of the road user that it should be seen as a latent factor of important dimensions behind road death and morbidity statistics," said the AA report.

The report said the condition of road accident casualties on arrival at hospitals was often determined, not by the accidents, but by what happened to the patients in the interim.

A multi-million-rand injection was essential if the present serious backlog were to be overcome. Even with such additional resources, it could well take more than a decade to bring ambulance services to an acceptable standard on a countrywide basis.

The report also made several recommendations on how the present crisis in ambulance services could be overcome.

Mr Eugene Roelofse, manager of the AA's research unit, said the study was based on visits to 116 towns and villages, mostly on interstate, national and tourist routes, and information gathered from ambulance services, hospitals, police and traffic officers, municipal officials, breakdown service operators and members of the public.

Findings

The study found that:

- Many ambulance services, including those under municipal and provincial control, employed crews which had no ambulance training and were not even in possession of a basic first aid certicate. Salaries and conditions of service varied widely and were a cause for concern.
- There was a lack of standardisation in the design of ambulances and rescue and response vehicles. Some were found to be dangerous to both patients and crewmen. Many ambulances lacked even the most basic medical and rescue equipment.
- Many ambulances had no radio communication and some that did had very short ranges and could not link up with police stations, traffic departments or hospitals.
- Ambulance services for non-whites were inferior, with some local authorities resisting efforts of provincial administrations to give parity of treatment and facility.
- Most private companies or individuals contracted to transport patients to hospitals provided services which were "both primitive and an indictment of the low standards permitted by the respective provincial authorities".

● See Page 12.

Is there a doctor in the house?

By SELLO SERIPE

MEDUNSA has a double student headache on its hands – and taking a tablet won't ease the pain.

The campus closed on Tuesday after a dispute over two main issues:

- The re-admission of two white students.
- The university council's refusal to expel the chief security officer, who has been accused of setting his staff on students at a March 21 memorial service.

The Students' Representative Council has sent a memorandum to the council outlining its demands.

The university is due to reopen on April 7. But students say they won't go back to classes unless their demands are met.

Political comment in this issue and newsbills by P Qoboza, headlines and subediting by D Niddrie and C Vick, all of 204 Eloff Street Ext, Johannesburg.

Ikageng's band of Florence Nightingales care for the health of the poor

Healing hands

30/3/86. City P. (98)

Always a helping hand at the clinic:

For you...

By SINNAH KUNENE

ALTHOUGH the housing authorities seem to have cast a blind eye on their plight, over 1 000 families housed at Meadowlands Men's Hostel have not been abandoned by the community.

The Ikageng Women's Club's Diepkloof branch runs a crisis clinic there – providing services such as first aid, family planning, immunisation and health education.

Known as the Ikageng Health Education Centre, it operates from the hostel's dilapidated old communal bathroom – which was restructured into a three-roomed cubicle.

IWC chairman Sister Winnie Serobe says the centre treats an average of 60 patients a day.

The IWC realised the need for health care at the hostel a few years ago.

"As we went on our routine visits at the camp to give financial assistance and clothing to some poverty-stricken families, we realised the squatter area lacked vital facilities such as clinics," says Serobe.

In July 1984, the IWC and residents formed the health committee which is in charge of the centre.

"We negotiated with health authorities – who were ready to help," says Serobe.

"The Family Planning Association, City Health Department and Friends of Baragwanath came to our help."

A qualified nursing sister is attached to the clinic.

If there are emergencies, two Soweto doctors – including Azapo Health Secretariat head Dr A Asvat – are on call.

Serobe says the 128 Ikageng members contribute R3 a month to the clinic.

Friends donate medicine, bandages and other equipment.

and for you.

● Literacy classes are held at the centre in the afternoons – and Serobe appealed to professionals such as teachers and social workers to give voluntary services.

The clinic's matron, Alzinah Hlongwane, can be contacted at ☎ 936-2073 or 936-4708 (after hours).

New hospital fees system from April 1

Medical Reporter

ON April 1 all provincial hospitals and clinics will switch over to a new hospital fees structure, bringing an end to the system of free medical services for impoverished patients.

But, according to the Administrator of the Cape, Mr Eugene Louw, "health services will not be withheld from anyone, and no one will have to suffer unnecessary hardship to meet his financial commitments for health services".

In terms of the new fees structures, separate hospital fees for in- and out-patients will be payable according to sliding scales depending on the ability of the family to pay income tax.

Tariffs will fall into three categories: Nominal, inclusive and separately specified.

Nominal tariffs will apply to State patients — those not liable to pay income tax, such as social pensioners — who will pay a mimimum of 50c or a maximum of R1 a day for hospitalization and the same for each out-patient visit.

Inclusive tariffs will be for semi-State patients — those able to pay a portion of the costs of treatment but who cannot afford private sector care — who will pay, depending on their income tax liability, between R6 and R30 at specialist institutions such as Groote Schuur and Tygerberg and between R3 and R15 at general practice institutions, such as smaller provincial hospitals and clinics.

These patients will pay, as out-patients, between R6 and R14 and between R3 and R7, for visits to specialist and general practice hospitals respectively.

Separately specified tariffs will be for private patients who are able, as a rule, to pay the full costs of private sector treatment. These patients will pay, also on a sliding scale, between R36 and R54 at specialist institutions and between R18 and R27 at general practice hospitals.

All private patients will pay fixed rates of R18 for out-patient visits to specialist hospitals and R9 for out-patient visits to general practice institutions.

All patients visiting provincial hospitals and clinics are asked to provide at each visit a personal identity document and some form of proof of their tax liability.

Miss Molly Abrahams of Bonteheuwel, a patient at Groote Schuur, with the posters on display outside the hospital proclaiming an end to free hospital services.

Hospital fees now in line with medical aid

CAPE Times 3/4/88 P8

Medical Reporter

THE new hospital fees tariffs, which were to have come into effect at the beginning of the month, have been altered to bring them into line with the latest rates for medical aid scheme benefits.

The new fees structure has not itself been changed — patients will still pay on a sliding scale according to their assessed income tax liability — but the amounts payable have been increased for most categories of patients.

Hospital patients such as social pensioners and those not liable for any income tax will still pay a minimum of 50c and a maximum of R1 a day for hospitalization and for outpatient visits.

But the rates for other categories of patients such as semi-State patients, those who are able to pay a portion of costs of treatment, and private patients, have been increased for both in- and out-patient treatments in general and specialist hospitals.

Full details of the new rates are avilable at all Cape provincial hospitals and clinics.

The Cape Department of Hospital Services has published a list of institutions classified as specialist hospitals.

In the Peninsula these include, among others, Groote Schuur Hospital and Tygerberg Hospital.

10/9/86

STAR (98)

Medunsa boycott may continue

By Sue Leeman,
Pretoria Bureau

Medunsa students are now expected to continue their class boycotts into next week, when the university council will discuss the problem at the heart of the protest — the admission of two whites to the campus.

Mr Darryl Wilke and Mr Pieter Kruger have told the university authorities through their lawyers that they intend to continue their medical studies at the institution.

The chairman of the Students' Representative Council, Mr Raymond Bila, has vowed that if Mr Wilke and Mr Kruger — who have gained a Supreme Court ruling allowing them admission to the university — are admitted, the boycott will continue.

He said whites received superior education to blacks and were therefore better equipped for university. "Also, there are only two medical institutions for blacks ... therefore we cannot afford even a single place to be taken by a white student at this university."

2 whites in class at Medunsa

THELMA TUCH

THE two white students whose presence sparked off a boycott at the Medical University of SA (Medunsa) attended classes yesterday.

They were the only undergraduates on the predominantly black campus to receive tuition.

The Supreme Court in Pretoria recently ordered that Darryl Wilke and Pieter Kruger should be reinstated at the university. They were among six white students whose registrations were cancelled after black student protest against their presence.

More than 1 000 black Medunsa students have been boycotting lectures, in protest at the return of the two whites, and are demanding their expulsion.

Medunsa public relations officer Louis Vogel said yesterday that Wilke and Kruger, who had not attended lectures since their reinstatement, returned to classes yesterday.

The student boycott, he said, would be dealt with at the regular council meeting on Tuesday.

Students are also demanding the dismissal of the university's chief security officer, William Steyn, whom they allege has been harassing them.

Wilke and Kruger are both third-year medical students. They completed three years of a Bachelor of Medical Science degree at white universities, thereby qualifying to be admitted as third-year medical students.

This was the first year Medunsa has admitted whites.

PRIVATE HOSPITALS (98)

FIN MAIL 11/4/86

Big operations

To hear private hospital proprietors talk, you would think many of them were headed for the poorhouse. But sympathy may be premature.

The fact is that millions are being spent on new facilities and upgrades as owners await a government announcement on the privatisation of health services.

For example, Clinic Holdings (CH), the biggest private group with 17 hospitals countrywide, has a property portfolio worth about R250m. Graham Anderson, a director, says Milpark and the Park Lane in Johannesburg are currently its top hospitals but it is planning to turn the Garden City Clinic in Johannesburg's western suburbs into the group flagship.

About R10m has been allocated for the job, but the bigger money has gone for its 280-bed Greenacres Polyclinic in Port Elizabeth, where R25m has been invested in CH's latest. And, since opening, it has been decided to go ahead with a R10m extension.

The Rand Clinic in Hillbrow is to get a R9m-R12m revamp and R6m has just been spent on an intensive care unit and a new neo-natal unit at the Park Lane in Parktown.

In another development, a few old houses immediately east of the Garden City Clinic have been acquired and tarted up for letting as doctors' consulting rooms. Cost: "A few million rand."

Dr Edwin Hertzog, MD of Rembrandt's Medi-Clinic Corporation (MCC), is more reticent on detail. But it is common knowledge that MCC is similarly investing millions.

It operates the 72-bed Leeuwendal in Tamboerskloof, Cape Town, the 50-bed Medipark Clinic on Cape Town's Foreshore and, says Hertzog, it will soon open the 320-bed Panorama Medi-Clinic in Parow.

In June 1987 it expects to have the 145-bed Mitchell's Plain Clinic in operation and plans are ready for a 220-bed hospital, the Constantiaberg Clinic, in Cape Town's southern suburbs.

In the Transvaal, MCC operates the 11-year-old, 365-bed Sandton Clinic and the 200-bed Morningside Clinic which opened in June last year.

Life assurer Sanlam has only one hospital, the Louis Leipoldt in Bellville, which has been extended to 108 beds. But it recently built a new 323-bed hospital alongside, at a cost of R17m and is to spend R6m converting the old one into a medical centre.

Afrox became involved in private hospitals when it bought out Morris Finger's quoted Amalgamated Medical Services (Ammed) in May 1983. This was delisted but the name was retained.

Ammed now "owns 1 500 beds directly" in the Brenthurst Clinic, the Florence, the Lady Dudley and the Princess (all in Hillbrow, Johannesburg), the Eugene Marais in Pretoria, the Entabeni in Durban and the Bay Clinic in Richards Bay.

GM Royden Vice says it also has minority interests in five other private hospitals.

Ammed, too, is expanding. It has just spent R5,5m extending the Eugene Marais from a 258-bed to a 325-bed hospital.

It has spent R1,5m on new doctors' consulting rooms at the Brenthurst and R750 000 on a similar, but smaller, facility at the Entabeni. A new maternity section at the Florence set Ammed back R400 000 and it is now halfway through a R1,5m programme to brighten up lobbies and tile bathrooms.

Vice, who is the chairman of the Representative Association of Private Hospitals (RAPH), says the money is being spent to create a better image of private hospitals.

But, perhaps more to the point, he says the activity has also been influenced "by the apparent intention of government to privatise health services, probably starting with hospital services."

But CH's Anderson insists that "private hospitals are not a good business. We are governed by medical aid tariffs and have no say over what we can charge. Hi-tech hospitals such as ours, which are both capital- and labour-intensive, should be able to charge much more than small, low-tech hospitals in the Free State. But we're all lumped together as far as fees are concerned." ■

Abortive trip: Boesak returns

The Rev Allan Boesak returned from an abortive trip to Taiwan yesterday, saying that the South African authorities' refusal to grant him a passport made it impossible for him to do his church work.

Dr Boesak, president of the World Alliance of Reformed Churches, was only able to travel on a travel document valid for two weeks after his passport was withdrawn.

He told reporters at Jan Smuts Airport he had had to cut short his trip in Bangkok because he found his travel document was not valid for Taiwan.

"It was a waste of time," Dr Boesak said of his trip. "But it's taught me something; it's hopeless to do my work with this stupid travel document."

Dr Boesak had with him a black baby from Mauritius he was bringing to South Africa for an operation. — Sapa-Reuter.

Equity ban, SABC loss a double blow for SA

By Ian Gray

The outlook for entertainment in South Africa looks bleak after two crunching body blows.

The first was the announcement last night that the British actors' organisation, Equity, has backed a total ban on the country's actors performing in South Africa, and the second was the news that SABC suffered an operating loss of more than R27 million last year.

SABC chairman Dr Brand Fourie said this was "a dramatic reversal over a number of financially successful years".

The Equity move was followed by the angry resignation of its president, Mr Derek Bond, who has always believed in "building bridges" with South African theatre rather than isolating it.

In his first annual report, tabled in Parliament yesterday, Dr Fourie ascribed the corporation's loss to several factors:

- Advertising revenue, the main source of income, increased by only 5,4 percent over 1984.
- Licence fees showed a "small increase".
- Accrued interest dropped by 11 percent (R4 million) because of a decrease in funds.
- Operational spending showed a marked increase.
- The exchange rate had a "marked effect" on expenditure, because most technical spares and equipment are bought abroad.
- Local expenditure increased because of inflation.

Dr Fourie said that operational costs might have been even higher had it not been for the SABC's rationalisation programme. "The fact that operational expenditure (R409 million against an income of R389 million) exceeded the 1984 figure by only 12 percent can be regarded as an achievement."

- The Star Bureau in London reports that Mr Bond slammed as "apathetic" the 90 percent of members who failed to vote in the Equity referendum which backed the ban.

It backs a compulsory ban on performances and the sale to South Africa of any TV, radio, video or film material involving Equity members.

Lamenting Equity's stand, Dr Mike Leighton, cultural counsellor at the South African Embassy in London, said: "This is a sad day." But he added: "It will encourage our own artists to work harder and improve their productions."

STAR 14/4/86 (6AP) (6A) (98)

Medunsa meets on boycott

Pretoria Bureau

The council of the Medical University of South Africa (Medunsa) will discuss the continuing class boycott at a meeting tomorrow.

Black students today continued with their boycott in protest against the presence on campus of two white students, Mr Darryl Wilke and Mr Pieter Kruger, but it was not clear if the two whites were on campus early today.

The boycott entered its fourth week today. Students stayed away from classes for two weeks at the end of last term.

When the second term began on April 7, students continued to refuse to attend classes. Both white students have registered and paid fees for 1986.

Student body demands the reopening of Medunsa

15/4/86

Education Reporter

The Azanian Students' Organisation has condemned the closure of the Medical University of South Africa and demanded that it reopen immediately.

Violence erupted on the campus yesterday. A large group of black students, estimated at 500 to 600, caused severe damage when they attacked and stoned the administrative buildings at 10 am.

Singing and chanting the students — all believed to be undergraduates — approached the building and hefted a number of heavy concrete flower pots through the reinforced glass front doors.

Terrified staff locked themelves in their offices whilst others fled as stones crashed through windows, scattering glass and causing thousands of rands damage.

Afternoon the police gave students one hour to leave the campus.

One of the white students against whose presence the students were protesting has cancelled his registration.

Mr Darryl Wilke (21) might take up a research post at another university soon, his attorney Mr Ig Bredenkamp said today, but his controversial fellow-student, Mr Pieter Kruger (21), is to continue with his studies "come what may".

An Azaso spokesman said last night the South African Police had "no respect for academic freedom".

"We want to remind the police and the university administration that they have no right to expel students without the consultation of their parents," he said.

He added that the students had been correct in demanding the expulsion of the two white students.

"The Student Representative Council was not consulted on this matter. Whites have more medical schools than blacks in South Africa and the racist nature of this country's education department places white students in an advantaged position as compared to black students," he added.

Argus 16/4/86 (98

CITY

Patients move into R150-m hospital at Mitchell's Plain

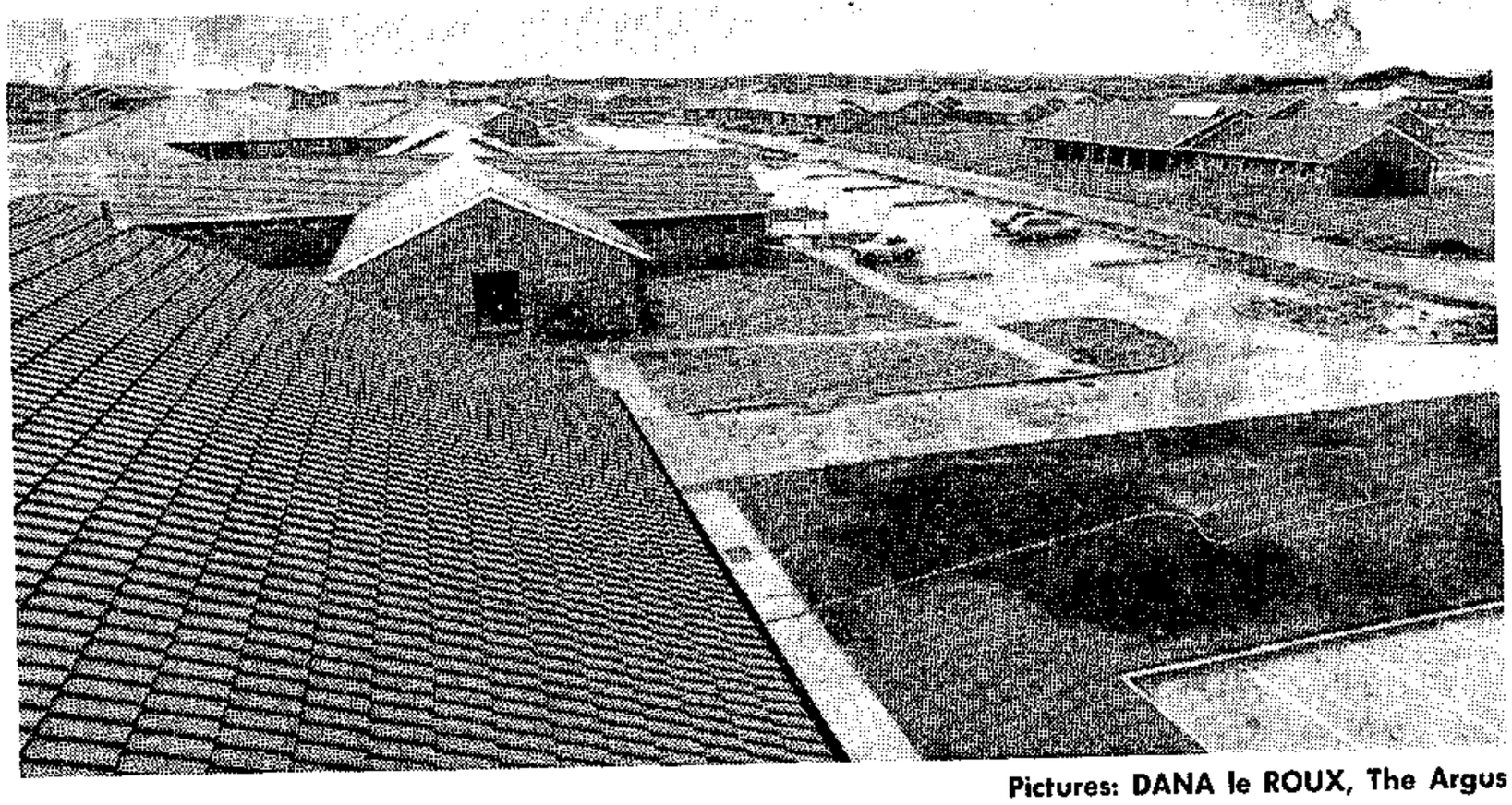
Staff Reporter

THE new R150-million Lentegeur Psychiatric Hospital in Mitchell's Plain, spread over 79 hectares, will eventually accommodate 2 400 patients.

The first 60 arrivals have been welcomed by the Minister of Health and Welfare Services in the House of Representatives, Mr Chris April. The official opening will be later this year.

"The hospital will serve psychiatric patients and the mentally retarded in the community in the Cape Peninsula, but we will also treat those from areas up to Namaqualand in the north and to George along the coast," said the acting superintendent, Dr G C W George.

Patients will be transferred from Valkenberg in phases, with the first 500 settled at Lentegeur by the end of May.



Pictures: DANA le ROUX, The Argus

The extensive Lentegeur Psychiatric Hospital complex in Mitchell's Plain.

Eventually, there will be 1 600 beds for psychiatric patients in four "villages".

The 800-bed section for the mentally retarded will replace the A J Stals Centre in Tokai and will include a training centre for high-graded retarded children.

The hospital will provide outpatient and inpatient care.

Emphasis

"The emphasis in modern psychiatry is to treat people as outpatients wherever possible and we will also be doing this," said Dr George.

"The hospital aims to provide more community-oriented care than before.

"Many of the hospital's facilities, such as the sports fields, pool and entertainment hall, will also be used by the community itself."

Facilities are to be used by the community as well

The acting superintendent of the hospital, Dr G C W George, left, with the nursing services manager, Matron A E Cloete, and the hospital secretary, Mr A M Barmania.

partment to monitor, evaluate and improve the scheme.

14. The Department reserves the right at any time, to obtain from the Contractor a statement, together with documentary proof, in which the costs of material, equipment and transport as contemplated in Annexure 2 are specified.

    The Department may cancel the agreement on giving one month's notice.

15. The Contractor chooses as his *domicilium citandi et executandi* for any correspondence or for the service of any legal process the following address:

.....

.....

.....

DATED AND SIGNED AT .....
ON THIS .....DAY OF .....1985.

AS WITNESSES:

1. .....
2. .....

On behalf of the Contractor duly authorised thereto.

DATED AND SIGNED AT .....
ON THIS .....DAY OF .....1985.

AS WITNESSES:

1. .....
2. .....

On behalf of the Department duly authorised thereto.

ANNEXURE 1

The work creation project, duration and costs of the project for work creation for unemployed persons and numbers referred to in paragraphs one and two of the agreement are as follows:

Title of project	Duration: (Days)	Number of persons employed at any particular time	Cost per working day per person

HoA

Weenen: emergency camp

738. Mr G B D McINTOSH asked the Minister of Constitutional Development and Planning:

(1) Whether, in terms of Government Notice No 217 published in the *Government Gazette* of 7 February 1986 in terms of the Prevention of Illegal Squatting Act, No 52 of 1951, certain sites have been excised from the emergency camp situated at Weenen; if so, (a) which sites, (b) what is the total area of these sites and (c) why are they being excised;

(2) whether any improvements have been effected on these sites; if so, (a) what improvements in each case and (b) by whom were they effected;

(3) whether there are any persons living on these sites; if so, how many;

(4) whether these persons are to be moved; if so, (a) why and (b) where will they be moved to;

(5) whether any compensation will be paid to these persons; if not, why not; if so, what compensation;

(6) whether the costs of removal will be paid by his Department; if not, why not;

(7) whether the persons concerned consented to the move; if so, (a) when and (b) in what manner did they signify their consent?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes, portions of undermentioned erven.

    (a) Portions of erven 356 and 366.

    (b) 19,0811 hectares.

    (c) The land has been sold by the Town Council of Weenen.

(2) No.

    (a) and (b) Fall away.

(3) No.

(4), (5), (6) and (7) Fall away.

Flats: domestic servants

744. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether persons living in flats which provide accommodation for domestic servants, are required to apply for permission to have such servants stay on the premises; if so, (a) (i) from whom and (ii) where is such permission obtainable and (b) for what period is permission granted;

(2) whether any conditions are attached to the granting of such permission; if so, (a) what conditions and (b) why;

(3) whether any charge is levied for the granting of the necessary permission in this regard; if so, (a) what charge and (b) why;

(4) whether he has received any representations regarding this matter; if so, (a) when, (b) from whom and (c) what was the (i) nature of the representations and (ii) response thereto?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes.

    (a) (i) Development Board for the area concerned,

        (ii) Offices of the Development Board concerned.

    (b) Up to 12 months at a time.

(2) Yes.

    (a) and (b) The conditions imposed are in the discretion of the Development Board concerned and are based on the merits of each case.

(3) Yes.

    (a) 50 cents per month or part thereof.

    (b) To cover administration costs.

(4) No.

    (a), (b) and (c)(i) and (ii) fall away.

Own Affairs:

Johannesburg North: hospitals/nursing homes

64. Mr P G SOAL asked the Minister of Health Services and Welfare:

(1) Whether there are any hospitals and/or nursing homes in the Johannesburg North constituency which fall under his Department; if so, (a) what are the names of such (i) hospitals and (ii) nursing homes and (b) what total number of beds do they have;

(2) whether his Department pays any subsidies to these hospitals and/or nursing homes; if not, why not; if so, what total amount is paid in such subsidies;

(3) in respect of what date is this information furnished?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) (a) and (b) No. However, one hospital called "Rosebank Clinic" registered as a private hospital for 106 beds and one unattached operating theatre unit for 5 day beds are registered with the Department of Health Services and Welfare.

(2) No. Both the private hospital and unattached operating theatre unit are privately owned.

(3) 10 April 1986.

HoA

FRIDAY, 18 APRIL 1986

†Indicates translated version.

For written reply:

General Affairs:

Public Service Pension Fund

497. Mr L F STOFBERG asked the Minister of National Health and Population Development:†

(1) (a) What was the level of the total assets in the Public Service Pension Fund at the end of each of the latest specified five years for which figures are available and (b)(i) in what manner and (ii) with what specified agencies were these funds invested;

(2) what was the (a) average interest yield and (b) total amount in contributions by (i) members and (ii) the State in respect of these five years?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) 31-3-81—R3 613 535 990;
31-3-82—R4 271 438 315;
31-3-83—R5 115 281 958;
31-3-84—R6 256 220 199;
31-3-85—R7 684 241 132.

(b) (i) and (ii) At the end of each months surplus funds are paid over to the Public Investment Commissioners, in terms of Regulation 17(2) of the Regulations made under the Government Service Pension Act, 1973.

(2) (a) 31-3-81— 9,1864%;
31-3-82— 9,7074%;
31-3-83—10,3020%;

31-3-84—10,6926%;
31-3-85—11,5241%.

(b) (i) 31-3-81—R128 739 090;
31-3-82—R181 349 246;
31-3-83—R227 786 478;
31-3-84—R277 581 423;
31-3-85—R353 588 718.

(ii) Including contributions by Provinces and Post and Telecommunications.

31-3-81—R391 986 321;
31-3-82—R484 092 165;
31-3-83—R608 747 874;
31-3-84—R741 547 949;
31-3-85—R968 484 196.

Pollutants: atmospheric levels

696. Mr G B D McINTOSH asked the Minister of National Health and Population Development:

What was the average recorded atmospheric (a) lead level, (b) sulphuric acid level and (c) level of other specified significant pollutants measured at the monitoring points in the Pietermaritzburg area in winter and summer, respectively, over the latest specified 12-month period for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Lead was not monitored.

(b) (i) Sulphur dioxide, a precursor to the formation of sulphuric acid, is monitored.

(ii) The average sulphur dioxide concentrations are expressed in micrograms per cubic metre.

	Summer 1984/85	Winter 1985	Mean annual value
City Hall	22	12	17
Mason's Mill...	—	7	4
Jolliffe Swimming Pool ...	—	5	3
Old Beer Hall ..	25	10	17
Northdale	20	10	15
Chase Valley ..	10	5	8

(c) The average concentrations of smoke pollution are expressed in micrograms per cubic metre.

	Summer 1984/85	Winter 1985	Mean annual value
City Hall	40	70	55
Mason's Mill...	—	75	40
Jolliffe Swimming Pool ...	20	25	23
Old Beer Hall ..	30	80	55
Northdale	15	60	38
Chase Valley ..	10	20	15

Mortgage loans

710. Maj R SIVE asked the Minister of Public Works:

What total amount has been budgeted by the Department of Public Works and Land Affairs for interest subsidies on mortgage loans of officials in its employ in the 1986-87 financial year?

The MINISTER OF PUBLIC WORKS:

An estimated amount of R7,4 million for interest subsidies on morgage loans of staff members is included in the total amount that was allocated for staff expenditure.

Blood

721. Mr L F STOFBERG asked the Minister of National Health and Population Development:†

Whether his Department has any figures in connection with the amount of blood donated for use in hospitals in the Republic; if not, (a) why not and (b) who has these figures; if so, what amount of blood was donated by (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks in each of the latest specified five years for which figure are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Department of National Health and Population Development does not keep statistics on blood donations.

(a) Blood Transfusion are administered by various independant private services.

(b) National Blood Transfusion Council.

	Units
(i) Whites.....	1983: 628 378 1984: 638 220
(ii) Coloured	1983: 61 187 1984: 63 139
(iii) Asiatics.....	1983: 33 870 1984: 34 086
(iv) Blacks	1983: 135 343 1984: 144 533

Figures for 1985 not yet available and figures for 1981 and 1982 not available without extensive investigation.

Separate figures for Indians not available.

April 1986

Sacla clinic treated 500 shot by police

Political Staff

THE Sacla community-based health clinic in the Crossroads squatter camp treated 500 people who had been shot by the police during 10 months of last year, according to the latest issue of the Western Province Council of Churches newsletter, Crisis News.

"Of the 500 shot, 90 percent of them carried bird or buckshot wounds.

"Bird and buckshot consist of numerous small pellets. Although less dangerous than high velocity bullets (of which the clinic treated five cases) the shot can cause serious and at times fatal injuries.

"Of the buckshot patients, 60 needed referral to other hospitals and 13 of them died of their wounds.

"Of the 31 people the clinic treated for rubber bullet wounds, four had fractures of the skull and a fractured jaw."

The clinic also treated 16 people for beatings. Many of them were severely beaten, with up to 30 wounds.

"Teargas has also been used frequently in this community and has even disrupted the work inside the clinic on a number of occasions.

"One patient was brought in unconscious after being teargassed while locked in the back of a police van. Another patient received a severe injury when a teargas canister was shot in his thigh.

"Most of the unrest victims treated at the clinic were male and between the age of 15 and 25 years. Five patients were younger than nine years old. Thirty seven of them were female."

Crisis News said the staff of 25 people, including four doctors, at the clinic not only had to treat injured people from Crossroads but also many from the surrounding townships.

Injured patients were reluctant to attend State hospitals for fear of arrest.

The clinic only covered a small area of Cape Town and in Cape Town itself a network of medical professionals had been set up and organized to cope with the vast numbers who had been shot in the conflict.

"Using the Crossroads statistic as an example, we would estimate that about 15 000 people have been injured in South Africa during 1985."

1 000 students expected back at Medunsa today

Pretoria Bureau

The 1 000 undergraduate students at the Medical University of South Africa (Medunsa) near Pretoria are expected to return to the campus today, but it is still not clear whether they will return to classes.

The students were ordered to leave the campus last week when the four-week-old class boycott erupted into violence. The university authorities have since ordered the students to report today and to sign an undertaking to continue their studies without interruption.

A university spokesman said today students were expected to arrive between 8 am and 4 pm. They would have to show proof of identitity.

Students are demanding that a white student, Mr Pieter Kruger, cancel his registration and that Mr William Steyn, who is in charge of campus control, be dismissed.

in respect of races in pupil/teacher ratios; if not, (a) why not and (b) when it is envisaged that such estimates will be made; if so, what amount per year is required to bring about parity by (i) 1990 and (ii) 1995?

†The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The hon member is referred to the answer on Question 29, which is also applicable to this question on pupil/teacher ratios.

Rabies

*31. Mr R W HARDINGHAM asked the Minister of Agricultural Economics:

How many cases of rabies were reported in (a) Natal and (b) KwaZulu during the latest specified period of 12 months for which figures are available?

The MINISTER OF AGRICULTURAL ECONOMICS:

(a) Natal: 68.

(b) KwaZulu: 15.

For the period 1 March 1985 to 28 February 1986.

Johannesburg station: release of gas

*32 Mr W V RAW asked the Minister of Transport Affairs:

(1) Whether an investigation was held into the release of gas in the Johannesburg station; if not, why not; if so, (a) what type of gas was released, (b)(i) by whom, (ii) why and (iii) when was it released and (c) what areas and/or public facilities were affected;

(2) whether any (a) adults and (b) children were evacuated from the affected areas; if so, what total number of persons were evacuated;

(3) whether any foodstuffs and/or meals were contaminated by the gas so released; if so, what was the total amount of the losses sustained in this regard;

(4) whether any action has been taken against those responsible for releasing the gas; if so, what action?

†The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a), (b), (i) (ii), (iii), (c) and (2) to (4) As the matter is *sub judice* no information can be divulged at this juncture.

Own Affairs:

Provincial health/hospital services

*1. Dr M S BARNARD asked the Minister of Health Services and Welfare:

(1) Whether a date has been set for the transfer of the provincial health and hospital services to his Department; if not, (a) why not and (b) when is it anticipated that a decision will be taken in this regard; if so, what is that date;

(2) whether any changes will be made to the (a) structure and (b) functioning of these provincial services when they are transferred to his Department; if so, (i) what changes and (ii) what is the reason for each of these changes?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) No.

(a) and (b) I refer the hon member to my reply on a question of the hon member for Pietersburg on 10 February 1986. The investigation by the project team of the Commission for Administration has been completed. The report is being studied at present and a decision will be taken shortly.

(2) The changes will be determined by the nature and extent of the functions which are to be transferred to Own Affairs Administrations.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, can he indicate which health services it has been agreed will be shared between the Natal Provincial Administration and the KwaZulu authority in terms of the Joint Executive Authority approved by the Government?

The MINISTER: Mr Speaker, the hon member should direct that question to the hon the Minister of Constitutional Development and Planning. [Interjections.]

Mr G B D McINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, would he tell the House whether the report of the Commission for Administration is an own affairs report or a general affairs report and whether it will be made available to hon members of Parliament?

The MINISTER: Mr Speaker, I do not think the report has been classified . . .

Mrs H SUZMAN: Race classification!

The MINISTER: . . . in the terms used by the hon member, but it is being dealt with by a general affairs department, namely the Department of Constitutional Development and Planning.

Mr G B D McINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, can he tell the House if the hon the Minister of National Health and Population Development is involved in dealing with this problem?

The MINISTER: Mr Speaker, the hon the Minister of National Health and Population Development is obviously involved in this matter.

Teacher training colleges

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

(1) Whether any Administrator, Provincial Executive Committee or Member of the Executive Committee was formally approached at any time during the latest specified period of five years for which information is available, to open to all races any teacher training college then falling under provincial control; if so, (a) by what persons or groups, (b) what are the names of the persons so approached, (c) on what dates did this occur and (d) what was the reaction in each case;

(2) whether during the above period any university acting in accordance with the provisions of the National Education Policy Act, No 39 of 1967, made a request, in conjunction with a teacher training college, that such college admit non-White students of the university; if so, (a) which (i) universities and (ii) colleges, (b) on what dates and (c) with what result in each case;

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

†The MINISTER OF EDUCATION AND CULTURE:

(1) No request in this regard was made to the Department. The Department also has no record of requests made to the Administrators, Executive Committees and members of Executive Committees in the past;

(a), (b), (c) and (d) fall away;

(2) No such request was made to the Department and the Department has no knowledge of requests made to Administrators, Executive Committees or members of Executive Committees;

(a)(i)(ii), (b) and (c) fall away;

(3) No.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, did I understand him correctly to say that his de-

Manhunt continues after arms cache find

By Karen Bowes, West Rand Bureau

The police search for the insurgents responsible for hiding what is believed to be the largest arms cache found in a white residential area continues today after the discovery of 30 kg of arms and ammunition in Constantia Kloof, Roodepoort.

The arms include landmines, limpet mines and handgrenades of Russian origin.

The discovery was made shortly after 3 pm on Monday when a worker stumbled over a khaki ammunition bag.

He handed the bag to his employer, who recognised it as military with Russian lettering on it.

Closer investigation by police led to the uncovering of the cache about 7 m from Christiaan de Wet Road, one of the main access routes between Roodepoort and Randburg and about 10 m from a concrete wall surrounding the nearest house, owned by Mr S P Assad, in Pauline Street.

COVERED

The cache had been covered with vegetation and debris, rather than buried.

The top layer lay close to the surface of the ground in a trench surrounded by dense bush and trees.

Each of the items had been carefully wrapped in plastic.

There were two Russian landmines with detonators, 10 SPM-2 Russian limpet mines and their detonators, three 158 mini limpet mines, four fold-up AKM guns, 16 loaded magazines of ammunition, three ammunition bags, two gun slings, nine handgrenades and a tin of handgrenade detonators.

A large security force contingent cordoned off the area soon after the discovery and began combing the koppies.

A police spokesman said yesterday no arrests have been made and the search was continuing.

Blacks feel uncomfortable in white wards — Kirstein

By Joe Openshaw, Medical Reporter

Apartheid was reinforced at the Johannesburg Hospital this week when Mr Daan Kirstein, director of Transvaal Hospital Services, ordered separate wards for black and white patients in the restructured heart unit.

Mr Kirstein told *The Star* yesterday the segregation of races had nothing to do with politics, but was in the interests of providing patients with the best possible hospital service.

"I visited the heart unit last week and formed the opinion blacks are uncomfortable among whites and more at ease among their own. The same applies to white patients," said Mr Kirstein.

"We're looking for trouble if we mix patients — they are happier segregated," said Mr Kirstein.

The anomaly now exists at the Johannesburg Hospital where patients in the heart unit are segregated, but are being attended by the same doctors and black and white nurses.

Doctors at the hospital told *The Star* they were disappointed and angry over this "needless perpetuation of apartheid".

The relocation of the J G Strijdom and Baragwanath cardiac units — with their individual doctors, back-up technicians and nurses — began early this year and the "new" unit was hailed as the centre for desegregated heart operations.

Since last year 90 black nurses from Baragwanath have been moved to Johannesburg Hospital and are used where the need is greatest.

According to Dr Reginald Broekmann, their integration has been problem-free.

He confirmed that the white and black patients have been segregated.

Dr Broekmann said black patients, who needed treatment only available at the Johannesburg Hospital, shared wards with whites in other sections of the hospital.

Mr Kirstein said he was not aware of any blacks sharing wards with whites and the official instructions was that, wherever possible, blacks should be separated by being placed in single wards.

Mr Irene Menell, the PFP spokesman in the Provincial Council said last night: "The segregation of patients in the Johannesburg Hospital heart unit has nothing to do with health care, it has to do with the reinforcing of prejudices, which in most cases, are not there."

Medunsa still empty as student body 'obeys rule'

Pretoria Bureau

The campus of the troubled Medical University of South Africa (Medunsa) was still empty early today as hopes that students will be able to complete the 1986 academic programme fade.

It is still not clear if the Students Representative Council will meet with the rector, Professor Leon Taljaard, who yesterday said his doors were open for talks.

Yesterday 850 students who had signed an undertaking to abide by university rules left the campus in compliance with an ultimatum that they return to lectures or leave residences.

Students have been boycotting lectures for about four weeks in protest against a Pretoria Supreme Court decision re-instating two white students.

Since then one of the students, Mr Darryl Wilke has cancelled his registration.

The other, Mr Pieter Kruger, was among the undergraduates who signed the undertaking to return to class.

29/4/86 QCSR 1483
HANSARD

New York: travel bureau

845. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether the South African Transport Services maintains a travel bureau in New York; if so, (a) where in New York, (b) at what total cost and (c) how many persons are employed at this bureau;

(2) whether any (a) bookings are and (b) other business is carried out at this travel bureau; if not, what is the purpose of the bureau; if so, (i) how many bookings were made at this bureau in the 1985-86 financial year, (ii) in respect of what services were these bookings made, (iii) what total revenue was generated from these bookings in that year and (iv) what other business is carried out at this bureau;

(3) whether any of these bookings were cancelled in the said financial year; if so, how many?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) Suite 1112, 535 Fifth Avenue.

(b) R546 070 (1985/86 financial year)

(c) Four.

(2) (a) and (b) Yes.

(i) 1 819

(ii) Train journeys
Scheduled motor coach tours
Charter coaches
Hotel reservations
Car hire
Inclusive tours
Sightseeing tours
Air bookings

(iii) R1 462 000

(iv) Pro-active promotions of South Africa as a tourist destination which, inter alia, include the:

— organisation of and participation in travel workshops;
— attendance of seminars relating to travel matters;
— organisation of and participation in promotions and exhibitions of travel clubs;
— liaison with wholesale and retail agents in the travel trade;
— development of tours, compilation of itineraries and the printing of brochures for package tours to South Africa;
— liaison with South African Airways, South African Tourism Board, the South African Embassy and reservation agents for South African hotel groups;
— arrangement of educational tours for travel agents and travel writers to South Africa in conjunction with South African Airways and the South African Tourism Board; and
— advertising of the products of the Transport Services in the media.

(3) Yes, 908.

Flight delayed

847. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether flight SA 317 from Johannesburg to Cape Town on 23 March 1986 was delayed; if so, what was the (a)(i) scheduled and (ii) actual time of departure of this flight from Johannesburg and (b) cause of the delay;

(2) whether delayed flights result in any additional costs to the South African Airways; if so, (a) what additional costs and (b)(i) what was the total additional cost of the delay of flight SA 317 on the above date and (ii) how is this amount made up?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) (i) 11h35.

(ii) 12h00.

(b) The aircraft was awaiting spares which were urgently required for repairs to an aircraft which was delayed in Cape Town.

(2) Yes.

(a) The operating of ground equipment is the main component of additional costs which is calculated depending on the time of the delay. Lengthy delays may result in additional costs in respect of refreshments and accommodation.

(b) (i) Approximately R50,00.

(ii) The cost for operating an auxiliary power unit.

QCSR 1485
HANSARD 29/4/86

Afforestation

867. Mr R W HARDINGHAM asked the Minister of Environment Affairs and Tourism:

(a) How many applications for permits in respect of afforestation were (i) received and (ii) granted in the latest specified period of 12 months for which figures are available and (b) what was the total area approved?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(a) (i) 198 for the period 1 April 1985 to 31 March 1986.

(ii) 174 for the period 1 April 1985 to 31 March 1986.

(b) 34 550,4 hectares.

QCSR 1486
Mimosa No 81 J Q
HANSARD 29/4/86

913. Mr P G SOAL asked the Minister of Education and Development Aid:

Whether, with reference to the reply of the Minister of Co-operation, Development and Education to Question No 15 on 7 May 1985, the property known as Mimosa No 81 J Q in the district of Rustenburg has been developed with regard to (a) schools, (b) water supply, (c) sanitation, (d) roads and (e) health services; if not, why not; if so, what stage of development has been reached in each case?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) to (d) Yes. All these facilities have been completed and the corresponding services are available.

(e) No. Provision of a mobile clinic is not as yet necessary.

Own Affairs:

Foreign Black students

HANSARD 29/4/86 QCSR 1486

65. Mr P R C ROGERS asked the Minister of Education and Culture:

(a) How many foreign Black students were enrolled in each faculty of each university for Whites in the Republic as at the latest specified date for which figures are available and (b) what was the country of origin of each such student?

The MINISTER OF EDUCATION AND CULTURE:

(a) and (b) The information required in respect of each faculty at each university is not available but with regard to the number of foreign students and the country of origin of each such student the position for 1984 (latest figures available) was as follows:

submission of representations regarding pay issues by South African Transport Services staff unions; if so, who are the members of this committee; if not,

(2) whether he will give consideration to appointing such a committee; if not, why not?

The MINISTER OF TRANSPORT AFFAIRS:

(1) and (2) Although I have already decided to appoint such a committee the composition thereof has not as yet been finalised.

Black settlements

*5. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether, with reference to his reply to Question No 13 on 8 April 1986, there are any further Black settlements or communities outside the urban areas that are still to be removed or resettled; if so, (a) how many, (b) what are the names of each of these Black settlements or communities, (c)(i) in which province and (ii) nearest to which White city or town is each of these Black settlements or communities situated, (d) when is it intended to remove or resettle them, (e) why is it considered necessary to remove or resettle them and (f) in respect of what date is this information furnished; if not,

(2) whether any other specified action is to be taken in respect of any Black settlements or communities outside the urban areas; if so, (a) what action, (b) for what purpose, (c) in respect of which settlements or communities and (d) when?

†The DEPUTY MINISTER OF DEVELOPMENT:

(1) and (2) There are no other areas in respect of which negotiations and definite agreements have been reached in terms of which total communities will be resettled. The Government has however received requests to assist people from certain communities with their moving.

Mr P G SOAL: Mr Chairman, arising out of the hon the Deputy Minister's reply, may I ask him what has happened to places such as Mathopestad? They were not included in the original list of 67 with which the hon the Deputy Minister provided me.

†The DEPUTY MINISTER: Mr Chairman, I clearly stated in the reply that no negotiations and agreements have been entered into with communities. On today's Question Paper the hon the member of Johannesburg North puts a question—Question No 7—about Mathopestad and he will get an answer to that. If there are other specific questions, we will be glad if the hon member would table them.

Mathopestad

*6. Mr P G SOAL asked the Minister of National Health and Population Development:

(1) Whether, since his reply to Question No 11 on 21 May 1985, his Department has found any reference to a request from the residents of Mathopestad for the provision of (a) clinics and (b) any other specified health facilities; if so, what was the nature of the facilities requested in each case;

(2) whether this request was granted; if so, (a) what facilities were provided and (b) on what dates; if not, (i) why not and (ii) what health or medical facilities are available to the residents of Mathopestad?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No.

(2) Falls away.

Mathopestad

*7. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) Whether, with reference to the reply of the Minister of Co-operation, Development and Education to Question No 14 on 7 May 1985, any meetings have been held with the residents of Mathopestad to determine a date for resettlement; if not, when will such meetings be held; if so, (a) when, (b) where, (c) what are the positions or ranks of the Departmental representatives who attended these meetings, (d) to whom did they speak, (e) on what date will these residents be moved and (f) what was the response of the residents of Mathopestad in this regard;

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

†The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) No. Further negotiations with the view to resettlement will take place as soon as the investigation regarding the ownership of the land has been completed.

(a) to (f) Falls away.

(2) No.

Cricket team

*8. Mr R A F Swart asked the Minister of Law and Order:

Whether a South African Police cricket team has been given any instructions not to enter a Durban and coast cricket league; if so, (a) why and (b) who gave these instructions?

The MINISTER OF DEFENCE (for the Minister of Law and Order):

No. Matches of the cricket league concerned *inter alia* take place on Sundays.

Since 1964 it has been the policy of the South African Police not to partake officially in organised sport on Sundays.

(a) and (b) Fall away.

Acasia Park: Directors-General

*9. Mr B W B PAGE asked the Minister of Public Works:

Whether any Directors-General are housed in Acasia Park; if so, how many?

†The MINISTER OF PUBLIC WORKS:

Yes, nine.

National servicemen

*10. Mr C UYS asked the Minister of Finance:†

(1) Whether the services of national servicemen who already possess accounting and/or B Com qualifications are made use of in offices of Receivers of Revenue in the Republic; if so, how many persons perform such service;

(2) whether these persons receive any additional remuneration; if so, what is the amount of the additional remuneration?

The MINISTER OF FINANCE:

(1) No. The persons with the qualifications mentioned or equivalent qualifications, of whom there are at present 182 in service, were granted extension of initial military service on certain conditions. They are full-time officials of Inland Revenue, are not subject to military discipline and do not receive military pay.

(2) The following allowances are paid to 97 persons in possession of the Chartered Accountants' qualification:

R4 200 per annum in the case of a senior taxation officer;

R3 000 per annum in the case of an assistant director.

Boycott at Medunsa is called off

THELMA TUCH

STUDENTS at the Medical University of Southern Africa (Medunsa) have decided to end their month-long boycott against the presence on the campus of white student Pieter Kruger.

They are also poised, they say, to submit substantiated evidence to the university regarding alleged misconduct by Medunsa's chief security officer.

Medunsa's rector Leon Taljaard said yesterday that the university would investigate the charges made against the security chief. Students have alleged that he harassed them on a number of occasions.

Almost all of the more than 1 000 students returned to the campus yesterday. A meeting was held at which proposals concerning the completion of the disrupted academic programme were discussed.

The options put before the students included studying during the winter vacation and postponing examinations to the end of November or early December, or alternatively an extension of the academic year to April/May next year.

Students have been boycotting lectures for more than a month to protest against a Supreme Court order reinstating two white students, Pieter Kruger and Darry Wilke, at the university.

Wilke voluntarily cancelled his registration after the continued student boycott. Kruger, however, has been intent on remaining.

Six other white students were also persuaded to cancel their registration at Medunsa when, at the beginning of the year, students boycotted lectures in protest against their presence.

Black students were angry that they were not consulted about the university's decision to admit white students.

Voluntary hospital workers to hold AGM

Medical Reporter

VOLUNTARY workers in hospitals provide many essential services and some extras which cannot be handled by overworked nursing staff.

Each hospital has its own voluntary aid office which falls under a central body, the Association of Voluntary Aid Services for Hospitals in the Cape Province.

Workers perform voluntarily any service which cannot be considered to be nursing and which is approved by the medical superintendent, said Mrs Shirley Collins, co-ordinator of Groote Schuur's voluntary aid group.

WASHING

Services include washing patients' hair, trolley services, distribution of magazines, feeding babies in the neo-natal unit, visiting patients from out of town, interpreting and helping with office work.

The association holds its first annual meeting tomorrow morning and after the election of office-bearers members can take part in a workshop on communication and a demonstration by Conradie Hospital volunteers.

For further information contact Mrs Collins ☎ 47 3311 extension 3926 or Mrs Lorna van Zyl ☎ 97 2954.

Patients, staff locked out of clinic

Staff Reporter

A GROUP of about 10 men snatched the keys of the Empilisweni Sacla clinic in Crossroads today, locking staff and patients out of the building.

Spokesmen for the clinic said the group — believed to be linked to the Crossroads executive committee — arrived just before the clinic was due to open when about 200 patients were waiting outside for treatment.

A spokesman said the men — one of whom was recognised as a Crossroads executive committee member — took the keys to the main door from the reception desk and went through the clinic picking up others.

"They said they had been sent by the community to fetch the keys and told staff to get out of the building."

The group said they wanted to meet the clinic committee tonight.

"We will decide what to do next after a full committee meeting later today."

A clinic worker who started telephoning newspapers was told to stop immediately.

"They were quite threatening," she said.

Shootout in hospital ward

Own Correspondent

MARITZBURG. — At least two armed men shot their way into the intensive-care ward of a hospital here, killing one man and injuring four others, when they abducted an injured comrade on Sunday night.

The men, allegedly African National Congress members disguised as doctors, pulled guns from under their coats as they entered the ward where the injured man was being treated under police guard.

The dead man has been identified as Mr Mlungisi Buthelezi, 20, son of a nurse, Mrs Magdalena Buthelezi.

Two police guards and two visitors were wounded, none of them seriously, according to hospital officials. Their names were not released.

Police yesterday said the injured man was Mr Gordon Christopher Webster, 23, also known as Steven Mkhize, who had been recovering from surgery for a bullet wound in the hospital's intensive-care unit.

Police said Mr Webster was well built, 1,76m tall with brown eyes and curly black hair.

Last night police offered a R2 000 reward for information leading to the arrest of the men.

Dr Peter Evans, chief medical superintendent at Edendale, said it was impossible to say whether the patient would still be alive after his ordeal.

Mr Webster was wounded on April 27 in a shootout with police in Edendale.

'Bombs'

Another man was killed in the clash and police said they found Soviet-made arms, ammunition and bombs in the trunk of their car.

The abducted patient was wheeled through the hospital complex on a trolley along a windy passage to a security fence about 300m from the ICU. Intravenous feeding tubes and blood transfusion apparatus were torn from the man and left near the fence.

The overturned trolley was still lying near the fence yesterday.

A massive police search was launched soon after the incident but by late last night no arrests had been made.

The Minister of Law and Order, Mr Louis le Grange, last night said the incident was "yet more proof of the determination and callousness of the ANC gangsters who have no respect for human life and who kill in cold blood".

Shootout in hospital ward

Own Correspondent

MARITZBURG. — At least two armed men shot their way into the intensive-care ward of a hospital here, killing one man and injuring four others, when they abducted an injured comrade on Sunday night.

The men, allegedly African National Congress members disguised as doctors, pulled guns from under their coats as they entered the ward where the injured man was being treated under police guard.

The dead man has been identified as Mr Mlungisi Buthelezi, 20, son of a nurse, Mrs Magdalena Buthelezi.

Two police guards and two visitors were wounded, none of them seriously, according to hospital officials. Their names were not released.

Police yesterday said the injured man was Mr Gordon Christopher Webster, 23, also known as Steven Mkhize, who had been recovering from surgery for a bullet wound in the hospital's intensive-care unit.

Police said Mr Webster was well built, 1,76m tall with brown eyes and curly black hair.

Last night police offered a R2 000 reward for information leading to the arrest of the men.

Dr Peter Evans, chief medical superintendent at Edendale, said it was impossible to say whether the patient would still be alive after his ordeal.

Mr Webster was wounded on April 27 in a shootout with police in Edendale.

'Bombs'

Another man was killed in the clash and police said they found Soviet-made arms, ammunition and bombs in the trunk of their car.

The abducted patient was wheeled through the hospital complex on a trolley along a windy passage to a security fence about 300m from the ICU. Intravenous feeding tubes and blood transfusion apparatus were torn from the man and left near the fence.

The overturned trolley was still lying near the fence yesterday.

A massive police search was launched soon after the incident but by late last night no arrests had been made.

The Minister of Law and Order, Mr Louis le Grange, last night said the incident was "yet more proof of the determination and callousness of the ANC gangsters who have no respect for human life and who kill in cold blood".

Bug found at ECC meeting

By RIAAN SMIT

STELLENBOSCH. — An electronic listening device was discovered in the hall where an End Conscription Campaign branch was launched here last night.

The device is in the possession of the Cape Times.

About 80 people attended the inaugural meeting of the ECC branch in the Coachman's Cottage.

The device was discovered when ECC members took down banners and posters.

MA philosophy student Mr Christo Nel was elected chairman of the branch.

Sandwiches blown up

Staff Reporter

MEMBERS of Cape Town's police bomb-disposal unit yesterday morning destroyed a briefcase and its contents — sandwiches and papers — found near the Divisional Council building in Wale Street.

A Divco spokesman said security guards had reported the "suspicious-looking" briefcase to police, who used explosives to dispose of it.

"The person left it there and went to his office thinking he would be only a few minutes, but he was delayed and when he came back his briefcase was gone."

TOMORROW
Midweek Property

Cape Times 6/8/86 (28)

Sacla clinic closed 'by order' claim

By HILARY VENABLES
Labour Reporter

THE Sacla Clinic in Crossroads was closed yesterday by members of the Crossroads executive committee who confiscated the keys and locked the building.

Angry doctors and health workers who gathered outside the clinic yesterday morning said members of the executive committee arrived at the clinic about 9am and demanded the keys.

"They said they were sent by the community, but they didn't give us any reasons for closing us down," one worker said.

"They said they had been ordered to prevent the clinic from opening this morning. When we protested, they simply walked into reception and took the keys."

A woman who had brought her aged father to the clinic for treatment was told that "he must just die outside", according to witnesses.

At least one of the executive members involved, Mr Willie Soga, is also a member of the Sacla Clinic Committee.

The clinic committee and the executive committee held an urgent meeting to try to resolve the crisis, but the executive committee insisted that the order to close the clinic had come from a community meeting held on Sunday.

"We told them the closure of the clinic would mean no health care for the community, but they weren't prepared to listen," one doctor said.

The executive committee agreed to meet the clinic committee again at 6 last night.

The clinic will be closed today and tomorrow, but may be reopened on Thursday, depending on the outcome of meetings with the executive committee.

No purpose

● The leader of the Nyanga Bush squatters, Mr Melford Yamile, has issued an open invitation to the clinic to operate from a building on "his property".

He said the closure of the clinic served no purpose and that those who closed it down were "working for the community council".

"I am not an enemy of the people of Old Crossroads or anywhere. Anyone who wants to come here to Nyanga Bush can come here and live in peace," he said.

Mr Yamile said he intended calling a mass meeting at Nyanga Bush on Sunday to discuss the closure of the clinic and leadership problems in the squatter community.

Clinic 'being used for political purposes'

Labour Reporter

THE Executive Committee of Old Crossroads says it closed the Sacla Clinic in the squatter camp "because it was being used for political purposes".

The executive confiscated the keys and locked the clinic on Monday morning.

The keys were returned to Sacla at a public meeting on Monday night, but clinic staff say they will not reopen until problems between the executive and the clinic workers have been "cleared up".

A delegation from the executive, who did not want to be named, said "comrades" from the Cape Youth Congress (Cayco) held meetings and printed pamphlets at the clinic and that "the community" had asked the executive to close the clinic down.

They claimed people had said health workers had been rude and refused to treat them if they did not join Cayco.

The clinic staff met yesterday to discuss the crisis and resolved not to reopen the clinic until they had met tonight with the clinic committee — which includes members of the executive committee. They will then meet the executive committee.

One staff member said there had been legitimate complaints from patients who said staff had been rude to them or that they had to wait a long time for treatment, but that the clinic was "trying to put these right".

The other charges by the executive committee were "a load of rubbish".

The Sacla printing press was available to anyone in the community, and no one was denied treatment because of their political affiliations.

Clinic closed while staff discuss safety

Staff Reporter

THE Empilisweni Sacla clinic at Crossroads will remain closed while negotiations about the safety of staff and patients take place.

The clinic was closed on Monday when members of the Crossroads executive committee seized the keys and locked staff and patients out.

After a meeting of staff yesterday a spokesman said the community-based committee which runs the clinic would meet today to discuss the grievances and demands of the executive committee.

The clinic committee is elected annually by the Crossroads community at a general meeting.

The spokesman said various allegations by the executive committee had been rejected.

The exective committee had accused the clinic of refusing treatment to patients who did not belong to certain organisations.

The spokesman said that the staff would seek an assurance that it would be safe for all staff and patients to go to the clinic and that the whole staff would allowed to work as a team.

The staff felt that the executive committee had persistently chosen not to follow the correct channels through the clinic committee when they had grievances.

Instead, they had interfered with the work of the clinic.

The staff's first priority was the patients who would have to be treated at alternative institutions until the clinic was reopened.

Crossroads clinic to open again tomorrow

Staff Reporter REGIS 2/5/86 (98)

THE Empilisweni Sacla clinic in Crossroads will reopen tomorrow and the situation surrounding its closure by community leaders on Monday is to be reassessed.

The South African Christian Leadership Assembly (Sacla) clinic will also be open on Saturday. Negotiations about the clinic's situation will be held this weekend.

On Monday members of the Crossroads Executive Committee seized the keys, locking staff and patients out of the building.

On Tuesday the committee met staff members. The clinic remained closed.

The community-based committee which runs the clinic met yesterday, a spokesman for the staff said today.

The staff felt they should support the committee in their attempts to resolve the conflict and for this reason went back on their decision not to return to work until the issue was resolved.

Several accusations made by the Crossroads Executive Committee were rejected by the staff.

The staff spokesman said the primary concern was for the community. No other health services are available in Crossroads.

The clinic has a staff of about 30 and treats about 230 medical and 60 dental patients daily.

Cape Times 8/5/86 98

Patients face lengthy delays

By CHRIS ERASMUS
Medical Reporter

HOSPITAL authorities have admitted that some hospitals in the Cape — and particularly Groote Schuur Hospital — are experiencing "serious problems", with some outpatients waiting several hours for medical attention.

"Everything that can be done to sort out these problems is being done," the province's acting Director of Hospital Services, Dr M Jooster, yesterday assured the Cape Times.

The delays in receiving attention in outpatient facilities in the major hospitals have been caused primarily by the introduction on April 1 of a new fees structure, said Dr Jooster.

Personal details

The new system, which pegs patients' fees to a sliding scale related to their taxable income, has required far fuller personal details from those visiting outpatient departments for the first time, he said.

"The system is only a little over a month old, and we are still in the process of receiving feedback from the hospitals themselves to see how we can improve matters.

"But we are aware that there have been unacceptably long delays for some patients and we are seriously looking into the matter right now," said Dr Jooster.

Five-hour wait

A recent on-the-spot investigation of the outpatient situation at Groote Schuur Hospital, where the delays experienced by patients are particularly extended, showed that patients had been waiting on benches or standing in queues for up to four and five hours in some cases — and some of these people had not yet even had their details taken by reception personnel.

Dr F S B Bowey, Groote Schuur's medical superintendent in charge of outpatients and pharmacy services, said the hospital had a "double problem", which had made matters worse there than at other hospitals.

"We too have had to deal with the new fees structure but have also recently introduced a new computer system, such as has been operating at Tygerberg Hospital for some time.

"Obviously we don't want sick people standing queues for hours; that's a most undesirable situation. But we have had teething problems with the new systems and we intend to introduce improvements.

Order of cards

"One thing we have planned is to have patients take a card on arrival and drop it into a box.

"The order in which the cards accumulate will be the order in which patients are called for attention. This will obviate them having to stand in queues for hours to retain their places.

"We will also make other adjustments as we go along and acclimatize to the new systems," said Dr Bowey.

Dr Jooster said the best way to avoid having to wait in queues was for members of the public to go to their nearest local day hospital or clinic "where they will receive treatment of the same standard as at the teaching hospitals in all but the most complex and difficult cases".

---

431 - RUBBER AND RUBBER PRODUCTS INDUSTRY, CERTAIN AREAS.

Superceding w.d. no's: 239 & 372

AREA A: East London.

AREA B: Bellville, Goodwood,Port Elizabeth, Simon's Town, The Cape, Uitenhage, and Wynberg and the Municipal Area of Strand; Durban,(excluding the area occupied by Dunlop South Africa Ltd), Inanda and Pinetown, and the municipal areas ofHowick and Newcastle, Alberton, Benoni, Boksburg, Brakpan, Delmas, Germiston, Johannesburg, Kempton Park, Klerksdorp, Krugersdorp, Nigel, Oberholzer, Pretoria, Randburg, Randfontein, Roodepoort, Springs, Vanderbijlpark, Vereeniging, Westonaria and Wonderboom.

Police burst in on Sacla talks

CMC Trial 13/5/86

Labour Reporter

PLAINCLOTHES police armed with shotguns burst into the Sacla clinic in Crossroads yesterday while the Crossroads Executive Committee and medical staff were meeting to discuss the closure of the clinic on Monday last week.

Witnesses said three Casspirs and two police vans arrived at the clinic just before midday and three policemen entered the building.

According to the staff, one of the policemen said: "I believe you've got a meeting going on in here," and began searching the room.

"When we asked him for a search warrant, he said he didn't need one," a doctor said.

The police left soon after without giving reasons for their visit.

The staff and the executive committee, which closed the clinic and confiscated the keys because it claimed the building was being used for "political purposes", reached some agreement yesterday on the continued running of the medical service.

Members of the executive committee said they had assured the staff that they were free to belong to any political organization they chose as long as they did not use the clinic to recruit members.

They also agreed to discuss all problems with the clinic committee, instead of arbitrarily closing the clinic.

The clinic has undertaken in turn to use its press only for clinic and church printing.

● Police yesterday confirmed that police had entered the clinic after reports that an armed man was seen in the area.

	(b)(i)	(ii)
Heystek, J A		Plot 62A, Pongola
E E Lubbe Edms Bpk		Subdivision 1 of Kleinspan No 14182, Ubombo
Du Plooy, L J		Plot N14, Magudu

Schools: medium of instruction

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

(1) How many (a) primary and (b) secondary schools falling under his Department use (i) Afrikaans and (ii) English as their medium of instruction;

(2) how many such (a) primary and (b) secondary schools offer (i) Afrikaans and (ii) English as a (aa) first and (bb) second language;

(3) in respect of what date are these statistics furnished?

The MINISTER OF EDUCATION AND CULTURE:

(1)

	(a)		(b)	
	(i)	(ii)	(i)	(ii)
Natal	25	117	16	61
Transvaal	429	190	141	76
Orange Free State	90	5	74	5
Cape	52	72	30	44
Education and Culture	(numbers included under (b)(i) and (ii))		1	4

(2)

	(a)(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Natal	25	117	117	25
Transvaal	429	190	190	429
Orange Free State	90	5	5	90
Cape	The information is not readily available.			
Education and Culture	Falls away.			

	(b)(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Natal	16	61	61	16
Transvaal	141	76	76	141
Orange Free State	74	5	6	74
Cape	The information is not readily available.			
Education and Culture	1	4	4	1

(3) Natal ..... 30 April 1986
Transvaal ..... 5 March 1985
Orange Free State .. 4 March 1986
Cape ..... 31 March 1986.
(Above-mentioned statistics do not include parallel medium schools).

WEDNESDAY, 14 MAY 1986

HANSARD 14/5/86

† Indicates translated version.

For written reply:

General Affairs:

Dolivieri pineapple factory: resettlement

780. Mr E K MOORCROFT asked the Minister of Education and Development Aid:

(1) Whether any persons have been resettled in the vicinity of the Dolivieri pineapple factory near Kidd's Beach; if so, (a) when and (b) how many;

(2) whether it is the intention to resettle more persons in this vicinity; if so, (a) when, (b) how many and (c) from which areas will these persons be resettled there;

(3) whether any provision has been or is being made for the provision of job opportunities for these persons; if not, why not; if so, what provision?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) No, but people were at their request assisted by the Department of Development Aid to settle temporarily in the vicinity of the Glen Fields pineapple factory on South African Development Trust land.

(a) From 30 January 1986 to 3 February 1986, from 21 to 26 March 1986 and on 21 and 22 April 1986.

(b) 1 300 families from Ciskei, who were expelled by the Ciskei Government, were assisted to settle temporary on the Trust farm Need's Camp during the period 30 January 1986 to 3 February 1986, while 119 families from Kwelera and Mooiplaas were assisted to settle temporary on the Trust farm Good Hope during the period 21 to 26 March 1986. Another 26 families were likewise assisted on 21 and 22 April 1986 to settle on Good Hope.

(2) Only people who fled from Kwelera and Mooiplaas as result of intimidation, and who were expelled from Ciskei, were assisted to settle temporarily on the farms Good Hope and Need's Camp.

(3) Yes. By developing the farms and especially by extending pineapple farming, further employment opportunities are being created. Some of the breadwinners are still employed elsewhere or at their original places of employment.

Q QSL 1737

Venda: incorporation of Vleyfontein

HANSARD 14/5/86

903. Mrs H SUZMAN asked the Minister of Education and Development Aid:

Whether Vleyfontein Township is to be incorporated into Venda; if so, (a) when, (b) why and (c) how many persons resident in Vleyfontein will be affected by this move?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Yes.

(a) The farm Vleyfontein on which the township Ha-Tsikota is situated has been transferred to Venda with affect from 1 April 1986.

(b) For the rounding off of the consolidation of Venda.

(c) 558 families are resident in the town. They will not be moved.

Q QSL 1738

Kwelera: health and welfare services

HANSARD 14/5/86

908. Mr E K MOORCROFT asked the Minister of Education and Development Aid:

(1) Whether his Department is responsible for the provision of health and welfare services to the residents of the Kwelera area near East London; if not, who is responsible for these services;

(2) whether there are any permanent clinics in this area; if not, why not; if so, how many;

(3) whether any health services are provided in this area; if so, (a) what is the nature of the services and (b) who is responsible for paying the employees engaged in these services?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) Yes, in regard to health services. No, in regard to welfare services. Those services are rendered by the Department of Constitutional Development and Planning.

(2) Yes, one.

(3) Yes.

(a) An extensive health service as from 28 April 1986.

(b) The Department of Development Aid.

Development corporations

944. Mr A SAVAGE asked the Minister of Education and Development Aid:

As at the latest specified date for which figures are available, what was the total (a) number of (i) manufacturing concerns and (ii) persons employed and (b) amount invested by development corporations in each of the eight specified development regions where decentralisation concessions or incentives are applicable?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Information is furnished in respect of development corporations in the self-governing national states and the South African Development Trust Corporation Limited (STC). Information on the basis of development regions is not readily available.

Development Corporations	Date	(a)(i)	(ii)	(b)
KaNgwane	31-03-86	57	1 790	R 8 920 276
KwaNdebele	18-04-86	68	2 560	R 22 455 000
KwaZulu	25-04-86	175	28 150	R239 277 000
Lebowa	31-12-85	152	8 613	R 54 900 000
Shangaan-Tsonga	31-03-86	55	4 250	R 27 280 000
Qwaqwa	25-04-86	130	10 300	R 41 000 000
STC	31-03-86	23	4 983	R 35 254 900

Development Bank of Southern Africa

945. Mr A SAVAGE asked the Minister of Finance:

As at the latest specified date for which figures are available, what was the total amount invested by the Development Bank of Southern Africa in each of the eight specified development regions where decentralisation concessions or incentives are applicable?

The MINISTER OF FINANCE:

The amounts hereunder show only the total amounts approved as loans by the Development Bank. The actual investment value cannot be furnished since the Bank's development projects are financed over a longer period and actually paid out intermittently.

The loan amounts granted to each of the eight specified development regions during the Bank's existence up until December 1985, are as follows:

Region A: None.
Region B: R19,6 million (excluding loans of R216,8 million taken over from Foreign Affairs) TOTAL R236,4 million.
Region C: R60,2 million.
Region D: R243,2 million (excluding loans of R325,2 million taken over from Foreign Affairs) TOTAL R568,4 million.
Region E: R238,6 million.
Region F: R10,1 million.
Region G: R133,8 million (excluding loans of R95,7 million taken over from Foreign Affairs) TOTAL R229,4 million.
Region H: R67,1 million.
Region J: R52,3 million.

Notes: Last year Region B was divided into two new regions, namely a new Region B and a new Region J. A substantial portion of the above mentioned R216,8 million involving the old Region B was spent in the area now known as Region J.

Indemnity for building societies

955. Mr P G SOAL asked the Minister of Finance:

Whether, with reference to his reply to Question No 945 on 19 June 1985, the wording of the indemnity for building societies to make funds available to promote home-ownership in the national states has been (a) finalised and (b) signed by all the parties concerned; if not, why not; if so, (i) what is the wording of the agreement and (ii) what amount has been made available to each national state by each building society?

The MINISTER OF FINANCE:

(a) Yes.

(b) The Minister of Education and Development Aid will furnish such an indemnity on request; the indemnity is signed by the Minister alone.

(i) A copy of the English text of the indemnity as approved by the Law Advisers, is attached hereto.

(ii) Building Societies have asked for security for the following amounts:

United Building Society—R10 million.
Natal Building Society—R30 million.
Trust Building Society (must still decide).
Saambou National Building Society—R2 million.
Provincial Building Society—R10 million.
South African Permanent Building Society—R10 million.

Seeing that building societies themselves decide where they will grant loans, the amount available to each national state can be furnished only by the Societies.

GUARANTEE AND INDEMNITY

WHEREAS

A. The South African Development trust is developing towns in National States referred to in the National States Constitution Act 1971 (Act No 21 of 1971); and

B. Provision has been made in the relative laws pertaining to the establishment and development of the said towns for the acquisition of urban immovable property by freehold transfer or by means of ownership units, whether by registration of Deeds of Grand and/or 99-year Leases; and

C. The ———— Building Society ("the Society") has indicated its willingness to provide loans to acceptable homeowners secured by mortgage bonds over freehold property Deeds of Grant and/or 99-year Leases in respect of urban immovable property in the said towns in the National States and subject to the terms and conditions applicable to the granting of such loans by the Society; and

D. The Society requires that it should be indemnified in respect of loans granted by it for the purpose of acquiring or improving urban immovable property in the said towns in the National States against any loss that it may suffer as a result or occurrence of political risks.

E. The Minister of Education and Development Aid of the Government is satisfied that it will be in the public interest as contemplated by section 35 of the Exchequer and Audit Act, 1975 (Act No 66 of 1975) to furnish the Society with the undermentioned indemnity, subject to the terms and conditions set out below.

Apartheid is 'still alive and well' in Transvaal hospital services

By Sue Legman, Pretoria Bureau

Apartheid was still alive and well in the Transvaal's Hospital Service — as evidenced by the authorities' recent refusal to admit a coloured patient, Miss Fadila Lagadien, to the whites-only spinal unit at Pretoria's H F Verwoerd Hospital.

PFP leader in the provincial council Mr Douglas Gibson opened the province's last Budget debate yesterday with an attack on the provincial authorities who, he said, were still "in love with the idea of apartheid".

Provincial hospitals, pleasure resorts and even the provincial dining room were still segregated, he pointed out.

Mr Gibson cited the case of Miss Lagadien, a young quadriplegic who was not allowed into the spinal unit at the H F Verwoerd Hospital because of her race.

"Many of us read with shame the Press reports. The Director of Hospital Services had stated that the spinal unit did not admit blacks.

"There would seem to be no provision for coloured and Indian patients in spinal units."

Another example of hospital apartheid was that the all-white Johannesburg Hospital remained largely empty while Baragwanath Hospital overflowed.

MEC for hospital services Mr Daan Kirstein said Miss Lagadien had not effectively been denied access to the unit.

"Although some specific accommodation is set aside at H F Verwoerd Hospital for spinally injured patients, the treatment of such patients is not limited to people in that accommodation."

White, coloured and Indian spinal patients, he said, were treated as patients of the unit regardless of where they were accommodated.

Nevertheless, Miss Lagadien was the only coloured to be admitted for spinal treatment between April 1985 and March 1986. No Indian patients and blacks were referred to Kalafong Hospital.

Freeze on 135 jobs in Tv hospitals

Pretoria Bureau

Some 135 of the Transvaal's 4 499 approved medical posts have been frozen as part of a hospital service cost-cutting drive.

This emerged from answers provided by MEC for hospitals, Mr Daan Kirstein, in response to questions from PFP health spokesman, Mrs Irene Menell.

Mr Kirstein told the provincial council yesterday that 164 out of 3 177 paramedical posts had also been frozen and 2 991 out of 27 235 nursing positions were left unfilled.

A total of 829 other positions had been frozen, he said.

Mr Kirstein also revealed many Johannesburg Hospital posts were empty — either because they were frozen or could not be filled.

A total of 115 medical posts — 17 percent of those available there — were unfilled, while 155 (32 percent) paramedical and 250 (13 percent) nursing posts were vacant.

In addition, 69 (10 percent) administrative posts were now empty.

CUT OUT THIS MONEY-SAVING COUPON AND KEEP IT HANDY

CALL US!

WE'LL DO FAST, EFFICIENT REPAIRS TO YOUR ....

LAWNMOWER, MICROWAVE OVEN, VIDEO RECORDER, AUTOMATIC WASHING MACHINE, TELEVISION, DISHWASHER, LINE TRIMMER, WASHING MACHINE,

Bará strike: nurses slam SA nursing association

STAR 16/5/86

By Joe Openshaw
Medical Reporter

A meeting of 500 Baragwanath nurses last night unanimously expressed no confidence in the South African Nursing Association (SANA) for evading the issues involved in the hospital strike crisis last November.

Disciplinary action is being taken by the South African Nursing Council against nine alleged strikers.

The nurses resolved not to ask or accept any assistance from SANA at the disciplinary hearing which will be held between May 27 and 29.

The nine are charged with patient neglect by going on strike on November 14, during the course of which 800 nurses were dismissed from service.

The charges were brought against the nurses because of a complaint by the Transvaal Hospital Services Department.

The dismissed nurses were reinstated on November 26 as a result of a successful application to the Rand Supreme Court.

PROSECUTION WITNESS

Last night's meeting also supported the reluctance of Sister Tladi of Ward 31, selected as a prosecution witness, to give evidence at the hearing against her colleagues.

An emergency meeting of Sister Tladi's fellow sisters has been called for Monday to discuss her plight. Most sisters have already donated R10 each towards any legal representation Sister Tladi may need.

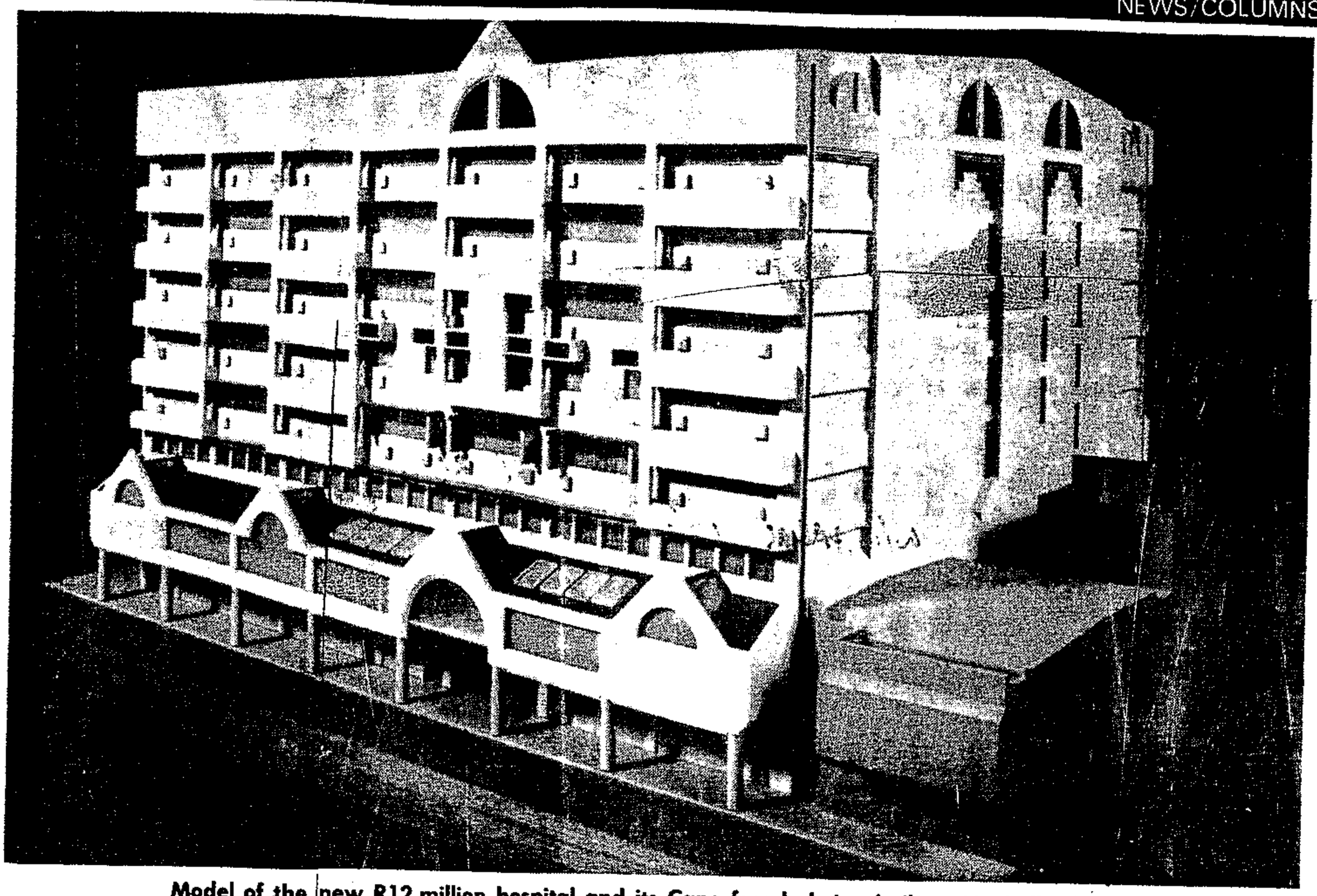
At the meeting it was also agreed that all nurses would attend the hearing. Those on duty would ask for time off to attend.

The Health Workers' Association yesterday distributed a pamphlet in which the superintendent of Baragwanath Hospital is requested to intervene in the matter and prevent the problem from developing.

The nine nurses will be represented by counsel at the hearing.

SANA has indicated that it cannot take action on behalf of the nurses and will act in an advisory capacity only.

W/E ARGUS 17/5/86 (98)



Model of the new R12 million hospital and its Cape facade being built at Mitchells Plain.

R12 million hospital for Mitchells Plain

By TOM HOOD
Property Editor

BUILDING of a private hospital at Rocklands, Mitchells Plain, is going full ahead after the award of a R12,2 million contract for the superstructure.

Lowest tenderer was Ovcon (Cape), and tendering was so tight that Ovcon scraped home by a mere 0,43 percent below the next tender.

In spite of the building industry slump, the group has been awarded a negotiated R41 million of new work in the past three months, including another major contract for R12 million of civil engineering at Premier's new R50 million mill near Vereeniging.

The hospital is being built for Medi-Clinic Corporation, a Rembrandt subsidiary which also owns hospitals at Sandton, Morningside in Johannesburg and at Leeuwendal and Medipark in Cape Town.

The Mitchells Plain hospital is due to be ready by July next year and as work has already started the total contract time will be 70 months.

The facade, designed by Interplan, incorporates gables and other Cape features in a modern and unusual way.

The ground floor will have eight shops in addition to the hospital entrance.

Second floor will be a maternity section, with five birthing units in one area to let mothers have their babies at their sides continually from the moment they are born.

Five theatres as well as recovery rooms and day wards will be housed on the third floor.

On other floors, the fifth will be for general wards and the sixth will be kept open for later hospital extensions.

Services to be installed on most floors were as good as any available in South Africa today and would require expert co-ordination, said Mr Roy Peckett, managing director of Ovcon (Cape) Building.

The structure would have to be completed within seven months to allow the services installation teams enough lead time.

Health facilities in Plain 'lacking'

Provincial Reporter Argus 20/5/86

HEALTH facilities in Mitchell's Plain were "grossly lacking", the opposition spokesman on hospitals, Dr John Sonnenberg, told the Provincial Council.

During yesterday's debate on the budget, Dr Sonnenberg appealed for hospital facilities to be shared by the public and private sectors.

LAND PURCHASED

The construction of a private hospital in Mitchell's Plain was going ahead and a consortium of private doctors had bought land for a multi-purpose clinic with short-stay facilities, while the day hospital for the area had not yet been completed.

The day hospital was not a substitute for a regional hospital which was what Mitchell's Plain really needed, he said.

"We must accept the unlikelihood of a hospital being built at Mitchell's Plain for many years.

"It should also be remembered that the private hospitals will cater for mainly medical-aid patients and that only 40 percent of coloured people belong to medical aid."

Dr Sonnenberg urged the administration to negotiate with the developers to lease beds and reserve them for patients who were their responsibility.

Private hospitals did not provide full-time medical staff but doctors could be seconded from the administration.

Dr Nursingh is new chief at big hospital

Mercury Reporter

IF YOU can run a household, you can run a hospital.

That's what Clairwood Hospital's new medical superintendent told Natal's Director of Hospital Services, Dr Neville Howes, at her interview for the post.

And she got the job.

'It was about time, too,' laughed Dr Anuradha Nursingh.

She was deputy superintendent of the hospital from 1981 and then six months ago, on the retirement of Dr Romuld Tomaszewski, she became acting chief.

On her appointment, she became the first Indian woman to hold the position of medical superintendent in Natal — something she has worked very hard for, and she intends studying further to better herself.

Dr Nursingh was educated in Durban and she travelled to the Grant Medical School in Bombay to study medicine.

She worked in Lesotho for a short while and then at King Edward VIII Hospital, in the eye department, her speciality, and at anaesthetics.

Bug-bear

'Since being at Clairwood, my biggest bug-bear is that the hospital has no designation, especially in the eyes of the public.

'It is not a convalescent home. We have 1 398 beds, making it the second-largest hospital in Durban.

'We do take post-operative patients and post-emergency patients from King Edward, but we have direct admissions of children, infectious diseases, and a very large outpatient unit,' she said.

The hospital is almost always full — partly as a result of the overcrowded conditions at King Edward and the lack of staff at the Prince Mshiyeni Hospital in Umlazi.

'South Africa has one leg in the First World and one leg in the Third World. Even in Third World countries such as India, the health service is better run.

'Here, the hospitals are crowded with people with runny noses and coughs whereas they should be at the clinics.

'We started a primary-health-care course some years ago to train the nurses to go into the outlying areas and treat people there.'

Another problem Dr Nursingh has encountered at the hospital is with transport.

'We have to find transport home for some 400 patients a day. The patients feel it is our responsibility and it costs us a fortune. But you cannot leave a semi-invalid alone at a bus stop.

'Since the recession we have also seen a marked increase in abandoned babies. Mothers bring them here for treatment and never return to collect them.'

Dr Nursingh's immediate attention is focused on recruiting volunteer teachers for children who are in hospital, sometimes for anything up to six months.

Dr Anuradha Nursingh . . . loves the hospital and her job.

M/M 21/5/86 (18)

independence, as well as developments in the private and traditional sectors.

'Coloured only' hospital slated

THREE medical associations and five political organisations this week joined forces in calling for the rejection of a directive by the Transvaal Health Services declaring the Coronation Hospital a "coloureds only" hospital.

The medical bodies are the National Medical and Dental Association, the Health Workers' Association and the Coronation Hospital Crisis Committee.

By MOJALEFA MOSEKI

The political organisations are the Transvaal Indian Congress, the Wits Black Students Society, the Anti-President's Council, the Riverlea Youth Congress and the Lenasia Federation of Residents Associations.

The bodies say the decision was taken to extend apartheid by further dividing the people.

Relieved

They called on the MEC for hospital services, Mr Daan Kirstein, who issued the directive, to open the "under-utilised" whites-only Johannesburg and the J G Strydom hospital to all if the move was intended to ease overcrowding.

"The claim that this is only to relieve overcrowding at Coronation Hospital seems to be incompatible with the fact that the hospitals to which patients are to be sent to are as overcrowded, if not more so than the Coronation Hospital," said the statement.

The directive ordering health workers at Coronation Hospital to refer patients of other races except "coloureds" to their "own regional hospitals" was issued in March.

Mr Kirstein said "coloured" residents of Newclare, Coronationville and neighbouring Western Township had requested the move to be taken because of "overcrowding". But residents denied this.

Sowetan 21/5/86 (98)

With the end in sight for PCs...

Hospitals in dark over State's plans

WITH less than a month and a half to go before provincial councils are phased out, medical experts and authorities are in the dark as to how hospitals will be controlled.

None of those contacted yesterday, including the House of Delegates Minister of Health and Welfare, the administrative secretary to the Minister of Health and a spokesman for the Department of Constitutional Development and Planning (which decreed that provincial councils should be done away with), said they had any idea what the changes in the hospital system would be.

"The fact of the matter is that the government is hell-bent on imposing its designs on this country without proper negotiation or consultation with anyone," said National Medical and Dental Association (NAMDA) spokesman Dr Farook Meer.

"They certainly have not gone to Province to discuss second-tier government or how the hospitals will be controlled."

Opposition MP Marius Barnard said last night he had repeatedly asked the Minister for answers, but had been given none. Barnard will again ask the Minister in Parliament today about the proposed administration of hospitals.

A Constitutional Development and Planning spokesman said yesterday the

DOMINIQUE GILBERT

matter was the subject of a "functional investigation" by a project team under the government Commission of Administration.

"A decision must be made before July 1," he said.

From July 1, hospitals will no longer be controlled by provincial councils.

Director of Hospital Services for the Transvaal Dr Hennie van Wyk said, while he was not aware of any decision on the matter, he could not comment on the implications if no policy had been formulated while the date for the new administration of hospitals drew nearer.

Reiterating his opposition to the fragmentation of hospital services into own and general affairs, House of Delegates Minister of Health and Welfare Ismail Kathrada said yesterday he was still waiting for "final drafts" of policy to be adopted by government.

A spokesman for Health Minister George Morrison's office said questions on the matter had been tabled by Parliament and were still under consideration.

Professor Harry Seftel of the Wits University medical faculty said he had "no idea what the changes will be".

"I am as much in the dark as everyone else.

N/M 22/5/86 (Q&A) (98)

Govt to take in-depth look at health services

Pietermaritzburg Bureau

HEALTH services in South Africa are to be investigated in depth by the Government, the Natal Provincial Council was told here yesterday.

In May last year the council expressed 'deep concern' that State cut-backs had resulted in a curtailment and lowering of standards in all Natal hospitals.

Provincial Secretary Roy Hindle said in a letter tabled in the council that an intensive investigation had been conducted into the needs of the province's Department of Hospital Services and a letter sent to Minister Chris Heunis last September in which a request was made for Natal's subsidy to be amended.

Copies of the letter had also been sent to the Minister of National Health and Population Development and the Minister of Finance, Mr Barend du Plessis.

Mr du Plessis had replied that it was imperative for the Government to continue addressing the problems of public sector expenditure and to maintain financial discipline.

He said the Minister of Health had indicated that an in-depth investigation would be undertaken into health services in the country.

The Administrator, Mr Radclyffe Cadman, and Dr Fred Clarke, MEC in charge of Hospitals, held talks with the Minister of Health in January and emphasised the seriousness of the situation.

Natal Provincial Council

Cutbacks 'have hit' hospitals

Pietermaritzburg Bureau

NATAL Provincial hospitals find themselves in a worse position than ever before as a result of inflation, cutbacks in spending and the rising costs of medical equipment, says the MEC in charge of hospitals, Dr Fred Clarke.

In an interview yesterday, Dr Clarke said unrelenting efforts had been made to obtain additional funds from the Government to improve the situation and urgent appeals would continue to be made.

Dr Clarke is expected to talk at length during the budget debate next week on the state of Natal's hospital services and the outcome of talks with the Government about the need for additional revenue.

'We have been to see all the ministers to try to get more money and the results have been negative,' said Dr Clarke, who added that the money provided for on the Provincial estimates for hospitals for 1986/87 was insufficient.

Inflation, he said, had raised the cost of some equipment by 50 percent or 70 percent above the original tender price.

In his 1985 report tabled in the Provincial Council yesterday, the Director of Hospital Services, Dr Neville Howes, said that during the year 101 posts throughout Natal had been abolished.

Further, the extremely limited allocation of funds for post expansion — R1 000 000 instead of a required R40 million — had resulted in many meetings to assess which posts were needed to prevent crises arising.

Dr Howes said that unless the strict financial discipline imposed on his department over the past few years was corrected soon there would be a marked deterioration in services provided.

A backlog of 'rather alarming proportions' had built up in the creation of posts, replacement and modernisation of medical equipment and expansion of services.

In his report he said operating theatres at several hospitals had been stretched almost to their limits during 1985 and credit had to be given to the nursing staff for the manner in which they had coped with the increased demands on their services.

Turning to individual hospitals, Dr Howes said the out-patient department, casualty and clinics at King Edward VIII hospital were in a state of collapse because of inadequacy of facilities and patient overcrowding.

Dr Clarke said the Province was looking at a plan to build a new casualty department which would relieve the pressure on the hospital to a large extent.

Council backs principle of cross-border raids

Pietermaritzburg Bureau

THE Government's public relations concerning the recent raids on ANC bases in neighbouring states had been appalling, Dr Fred Clarke MEC said in the Provincial Council yesterday.

He was speaking during a debate on a motion by the leader of the National Party Opposition, Mr Thys Wessels, which called on the council to express its approval of the attacks.

Dr Clarke said the country had been left in a void without any indication of the success or failure of the attacks.

He said it was vital that the media and the public be kept fully informed on what pre-emptive and follow-up strikes were for and what the results were, so that people could be satisfied they were a worthwhile exercise.

Dr Clarke strongly endorsed Mr Wessel's motion with certain reservations.

Mr Wessels said there had been a definite escalation in terrorism.

This year had been declared the decisive year for defeating Pretoria, he said.

The only Progressive Federal Party MPC, Mr Rodney Haxton, said the raids had done more harm than good to South Africa.

After the 90-minute debate the council approved an amended motion, put by the Leader of the House, Mr Frank Martin, expressing approval of the principles of cross-border pursuits and pre-emptive strikes against terrorist bases. Only Mr Haxton dissented.

Mothers 2 to a bed while wards stand empty

(98) WE Post 24/5/86

By BARBARA ORPEN

WHITE hospital wards are standing empty in Port Elizabeth while black maternity patients are having to sleep two to a bed.

This week the Opposition spokesman for health in the Provincial Council, Dr John Sonnenberg (PFP Green Point), said health facilities in the city needed to be re-allocated.

He was approached for comment after the superintendent of Livingstone Hospital, Dr R E J Clarke, said he saw no immediate solution to his problem. A young mother described how she felt "devastated" at having to share a bed after queuing for an hour in the corridor just after her baby was born.

Dr Sonnenberg, said the real solution to the "drastic" problem of overcrowding in Livingstone Hospital was the opening of PE's white provincial hospital to all races.

"The great problem is that Livingstone is totally strapped for cash and Dora Nginza (a new hospital at Zwide) is limping along, and nobody knows when money will come in from the health services.

"The health resources in the town should be re-allocated. It is ridiculous that the city's biggest hospital, reserved for whites only, has had to close down wards in the past and Livingstone is bursting at its seams, with not enough beds."

Dr Sonnenberg said he had visited the Livingstone several times and had witnessed for himself the "shocking overburdening" of the hospital — and the problem had not improved in the last five years.

He added that the Groote Schuur Hospital in Cape Town had been opened to all races and "doctors, nurses and patients of all races worked together in the wards — and the sky has not fallen down yet," he said.

"We simply cannot afford the luxury of separate hospitals any longer — let us utilise the resources we have and learn how to share."

A woman, who did not want to be named, told Weekend Post this week how she had been "devastated" to learn she had had to share a bed with another women in the maternity ward.

Describing her experience, the woman said: "I actually had to wait in a queue for an hour in the passage for a bed — shortly after I had given birth to my baby.

"And then I discovered to my horror that I had to share the bed with another woman. This after I had been admitted as a private patient and had paid my fee of R25 a day.

Dr Clarke said the desperate plight of women having to share in beds in the maternity ward is not likely to improve in the near future.

"I wish I had the answer to the problem, but I don't," he told Weekend Post.

The accommodation crisis — caused by a shortage of beds — was a "fairly constant problem," he said.

"The situation will only improve — but I can't say it will be solved — once the Dora Nginza Hospital is functioning properly and the renovations to our wards have been completed."

Dr Clarke said the situation had been aggravated by the fact that the main wards in the hospital were being renovated.

He anticipated renovations would be completed by the end of August, but stressed this would by no means solve the problem.

Asked how often women had to share beds, he said: "It depends entirely on how people are admitted and the availablity of beds. I don't have the figures available. As much as I would like to have the answers, I don't have them."

Meanwhile, Weekend Post established from the superintendent of the Dora Nginza Hospital, Dr P Malherbe, that building operations for the completion of the hospital would start only in 1988.

"The real problem is that we do not have a proper hospital," he said. "We have only Phase 1 completed and have a fully-functioning casualty department.

"But we are using all the available space we have for beds — due to the enormous demand. There are 220 beds, of which 76 are used for maternity patients."

Dr Malherbe said space was reserved for 46 overflow maternity patients from Livingstone Hospital, but as yet, there had not been a need for these patients to share beds.

The general manager of the Poli Clinic Greenacres Hospital, Mr S Blakey-Milner, said a maternity division, with 35 beds, would be completed in the hospital, which is non-racial, by the middle of next year.

'Hospitals face disarray'

BUSDAY: 26/5/86; (98)

DOMINIQUE GILBERT

MEDICAL experts believe the country's hospital services face total disaster if services are to be fragmented further under the new constitutional dispensation.

Meanwhile, several top medical professionals are expected to have left the country by the end of the year.

According to Wits Medical School's Professor Peter Bundred, who is leaving SA because of disenchantment with the future of health care services, low salaries and SA's politics, at least nine other senior medical academics are to quit the country. He declined to name the nine.

A National Manpower commission shows that SA lost 70 doctors and dentists last year.

Two MECs in charge of provincial hospitals, Dr Fred Clarke of Natal and Daan Kirstein of the Transvaal, said fragmentation of services would spell disaster.

"It is nonsense to divide up the Budget to accommodate an enormous bureaucracy to implement hospital services in terms of Own and General Affairs, when that money could be spent on equipment and additional staff," Clarke said.

Kirstein said he believed there would be only "limited fragmentation", but he felt all health services should be administered by one authority.

A spokesman for Health Minister Willie van Niekerk told *Business Day* that government policy on hospital services had not been decided yet.

The Minister's liaison officer Pieter van Eeden said changes in hospital services would be gradual, despite the July 1 deadline when Provincial Council control of hospitals will be phased out.

Ethics versus obligations

Rand Daily Mail 26/5/80

Medical Reporter

MEDICAL ethics cannot be divorced from the obligations of the Criminal Procedures Act, says Dr F P Retief, director-general of the Department of National Health and Population Planning.

Dr Retief was commenting in the South African Medical Journal on the incident in which 300 medical files were removed from the Alexandra clinic during unrest this year.

In a letter to the SAMJ Dr Retief said the medical superintendent of the clinic acted within his rights to refuse co-operation with the police on ethical grounds, but "these actions cannot be divorced from the obligations imposed on the State by the Criminal Procedures Act when a serious crime is suspected."

PRESS 27/5/86

AN 98

West Cape receives 70pc of budget for hospitals

Provincial Reporter

THE Cape hospital department has been accused of "disgraceful empire-building" in the Western Cape at the expense of the Eastern Cape.

During the debate on the hospitals budget vote in the Provincial Council yesterday Mr Eddie Trent (PFP PE Central) said almost 70 percent of the budget was spent on the Western Cape, 25 percent on the Eastern Cape and five percent on the Northern Cape.

Equipment at the Provincial Hospital in Port Elizabeth was antiquated and much of the new equipment had been provided by the hospital board.

Mr A S Venter (NP Newton Park) distanced himself from Mr Trent's comments and said the Eastern Cape had problems — "but we know they will be solved".

The Leader of the Opposition, Mr Herbert Hirsch, made a plea for in-patient drug rehabilitation centres at provincial hospitals.

He said drug-abuse was a rapidly growing problem which could be desribed as a "curse and a plague".

* * * *

DURING the same debate calls were made for an investigation of the water supply to Zolani Centre at Crossroads.

It is claimed that the supply has been reduced and local authorities prohibited from improving it.

Mr Frank van der Velde (PFP, Wynberg), said the water available over the weekend had ranged from a trickle to nothing at all and called on Mr Koos Theron, MEC for hospitals, to investigate.

The centre operated as a field hospital last week and was now a health-care centre and refugee camp for some 2 000 homeless people.

To maintain primary health standards and avoid outbreaks of disease an abundant supply of fresh water was essential.

R100 m medical bill

Pietermaritzburg Bureau

THE Province spent more than R100 million treating hospital patients from neighbouring black states last year.

Mr Cliff Matthee (NRP, Durban Central) said this was a large amount of money when one considered the dire straits in which Natal's hospital services found themselves.

He said the Government should be told loudly and clearly that more funds were needed.

Four years ago, R25 million had been spent on patients from KwaZulu, Transkei and Lesotho. This figure had increased to R103 million in 1985/86.

Mr Mathee reckoned the figure for the coming financial year could be as high as R150 million.

Gunshot, whip and gas victims

Provincial Reporter

MORE than 200 people — 19 of whom died — have been treated for gunshot wounds at 11 provincial hospitals in the Cape since January.

In reply to a question from Mr Herbert Hirsch, Leader of the Opposition in the Provincial Council, the MEC for hospitals, Mr Koos Theron, said 218 patients with birdshot, rubber-bullet, buckshot or R-1 bullet wounds were admitted to Groote Schuur, Tygerberg, Red Cross, Somerset, Paarl East, Eben Dönges, Livingstone, Frere, Kimberley, Oudtshoorn and George hospitals between January and May 15.

The highest number — 120 — were admitted to Livingstone Hospital in Port Elizabeth. Eleven of them died.

Eleven people affected by teargas and 43 with whip injuries were admitted to hospitals.

CHR Times
28/5/82

Strike Nine nurses guilty

PRETORIA. — All nine Baragwanath Hospital nurses charged with disgraceful conduct at a South African Nursing Council (SANC) disciplinary hearing yesterday admitted guilt, were found guilty and given warnings.

Scenes of jubilation erupted in the packed hall where the hearing took place. People sang, danced and hugged each other. The nurses faced suspension and de-registration as nurses.

The council will still decide whether more nurses who allegedly participated in a strike last November should be charged, a SANC disciplinary board spokeswoman said.

The admissions of guilt came as a surprise to the council, which had set aside three days for the hearing.

Threatened

The council and the SA Nursing Association were compelled to release press statements recently after its witnesses were threatened with violence.

At least one had reportedly declined to testify, but no testimony was required after the admissions were made.

The nurses charged yesterday were: Theresa Papo, Hazel Mophosho, Jeanette Mpshe, Angeline Mahlangu, Mary Matlou, Nobuntu Shibambo, Themba Mbobo, Alice Shilote and Marjory Morodi. They were represented by Mr C D A Loxton.

Five police cars were parked in the vicinity of the council's offices during the hearing. — Sapa

Health group rejects 'empty bed' apartheid

STAR 27/5/88

98

By Joe Openshaw,
Medical Reporter

Empty beds at the J G Strijdom and Johannesburg hospitals — where there is only a 50 to 70 percent occupancy — should be used for black and Indian patients from the overcrowded Coronation Hospital, it was urged yesterday.

The Committee for the Rejection of Apartheid in Health, which represents eight organisations, including the Health Workers' Association (HWA) and the National Medical and Dental Association (NAMDA), suggested this in a statement.

USE FACILITIES

"It would appear that to allow black patients to use facilities in white hospitals would be regarded as sacrilege, while there is a policy of using black nurses at white hospitals in order to maintain nursing services," says the statement.

The committee says Mr Daan Kirstein, the MEC for Hospital Services in the Transvaal, disclaimed any political motive for referral of certain patients away from Coronation Hospital and claimed these were to relieve overcrowding.

"The claim that the referrals are only to relieve overcrowding at Coronation Hospital seems incompatible with the fact that the hospitals to which patients are referred are as overcrowded as Coronation," said the statement.

"Also, how does Mr Kirstein explain that the patients who are being referred away are predominantly Indians and blacks, and that coloured patients from central Johannesburg can attend Coronation Hospital while their Indian neighbours have to attend Hillbrow Hospital?

"If there is any meaningful intent to eradicate apartheid in this society — as professed by the Government — why not utilise the facilities at the Johannesburg and J G Strijdom hospitals, which are only 50 to 70 percent occupied respectively."

Mr Kirstein disclaimed any political motive in referring cases away from Coronation Hospital and said it was a teaching hospital and should not be overcrowded.

He said much had been done to relieve the overcrowding — there were 100 beds available at Tembisa, 203 beds would be commissioned at Leratong shortly, a 30-bed coloured ward had been made available at the Boksburg-Benoni Hospital, a 30-bed ward was being built at Coronation and Lenasia Hospital would be completed during the second half of this year.

Mr Kirstein said he could not accept the rationale that if black nurses were used to relieve the shortage of staff at white hospitals, white hospitals be allowed to admit blacks.

(98) STAR 30/5/86

Weak rand forces cut in purchase of hospital equipment

By Sue Leeman,
Pretoria Bureau

The rand's weak performance over the past year had meant the Transvaal's Hospital Service could buy only two-thirds of the new equipment needed for its hospitals.

But the MEC for hospitals, Mr Daan Kirstein, added that careful planning had made it possible to use the available equipment properly and keep the standard of health care high.

"The department (of hospital services) was also able to buy out of the available funds certain sophisticated equipment and spent a total of R1,65 million on Baragwanath Hospital, R710 000 on Coronation Hospital, R630 000 on the Hillbrow Hospital, R2 million on the Johannesburg Hospital and R380 000 on the J G Strijdom Hospital."

Mr Kirstein added that he did not believe the recent savings drive by hospital services had affected patient care.

Mr Kirstein said hospital services now ran 69 hospitals.

The staff included 2 660 full-time doctors, 1 500 part-time doctors, 1 750 paramedical personnel, 28 300 nurses, 700 technicians and 4 980 administrative personnel.

More than 900 000 people were admitted to provincial hospitals every year while more than five million were treated at out-patients or casualty departments.

Nurses carried out more than 400 000 home visits to provide after-care for discharged patients.

Shock report slams ambulance services

(98) STAR 2/6/82

By Zenaide Vendeiro

An explosive report which slammed ambulance services in South Africa — suppressed by the Government to avoid "overreaction" — has been obtained by *The Star*.

Ambulance services in the country are atrociously poor, according to the 1981 report commissioned by the National Road Safety Council.

The report, which took almost five years to complete, largely confirms the findings of the AA's own investigation.

Compiled by the CSIR's National Institute for Transport and Road Research, the report attributes the ambulance malaise largely to politically motivated decisions, the "tyranny" of bureaucrats and a massive resistance to change.

It called for outside pressure to force the implementation of improvements.

The Minister of Transport Affairs, Mr Hendrik Schoeman, told Parliament last week it had been decided to keep the document secret to "corroborate information and avoid general overreaction".

The research cost the equivalent of six fully equipped Metropolitan-type ambulances or the salaries of 12 ambulancemen for one year.

It involved the study of the ambulance services of 115 cities and towns, and the first aid, resuscitation and extrication of injured or deceased patients in about 850 accidents.

SHORTCOMINGS

Researcher Mr W M van Kralingen, said provincial administrations were often aware of shortcomings but administrations' size and inertia prevented speedy change.

Much of the criticism should have been directed at controlling city councillors.

"Ambulance services have a strong political connotation and funds for this relatively expensive aspect of local government are easily redirected to fulfil more politically pleasing projects," said the report.

"As was so often found, medium-sized town and even city municipalities with atrocious ambulance services had the most modern, fully carpeted chrome and glass municipal offices, mayoral chambers, and civic centres and libraries adorned with modern art pieces each often costing as much as a fully equipped new ambulance."

Poor to bad, says CSIR

Ambulance and rescue services are, with a few notable exceptions, poor to bad, according to a report commissioned by the National Road Safety Council.

- **Many large areas, including busy or major travel routes, could be considered to be without any effective ambulance service.**
- **Some city and most rural services were racially segregated. Services for blacks were generally inferior.**
- **Local authorities, with some exceptions, had proved incapable of providing effective services.**
- **Little had been done by Government authorities to improve and co-ordinate services.**

The report said drastic and costly action was needed to improve services.

The efficacy of future services would be directly proportional to Government cash aid.

Oldfield pleads to save hospital

Pietermaritzburg Bureau

THE chairman of the Provincial Council, Mr Geoff Oldfield, has made an impassioned plea for urgent action to alleviate the serious overcrowding at King Edward VIII hospital.

Speaking during the second reading of the budget, Mr Oldfield said an average of 35 000 people were treated in the outpatients department every month.

He said it was imperative that more money was found with the help of the central Government to improve the situation at the hospital before there was a complete breakdown in services, particularly in the outpatients section.

Mr Oldfield said other sections of the hospital were also under extreme pressure and some were even in a state of disrepair.

He did not think morale among the staff had ever been lower.

'They are completely disillusioned,' Mr Oldfield told the council.

He quoted from a newsletter which said strong concrete reinforcement would soon be required to keep together the walls of the main urology ward, which was 'bursting at the seams' as a result of overcrowding.

'There is an urgent need for immediate steps to be taken to hold out some hope for the hard-pressed staff who are working under tremendous strain,' he said.

Dr Fred Clarke, MEC for Hospitals, said the economic situation had caused problems in hospitals around the country and he and the Executive Committee were well aware of the serious conditions at King Edward.

City hospital to try private nurse system for a year

By Joe Openshaw, Medical Reporter

Johannesburg Hospital — where there is a critical nursing shortage — will experiment with private nurses running wards for a year, Dr Reg Broekmann, the superintendent of the hospital, said yesterday.

The hospital was last month forced to ask a private agency to supply 60 nurses for a surgery and a paediatric casualty ward and they are expected to begin duties in August.

"One consideration is whether the Province's new deal for nurses — improved salary scales and conditions of service at present being investigated by a commission — will solve the nursing shortage and stop the flow of nurses to the private sector.

BLACK NURSES

"The new deal could become effective on October 1 this year or April 1, 1987," said Dr Broekmann.

Nurses have been leaving public hospitals in the Transvaal for private ones because of the lure of better pay and working conditions.

In April, Dr Broekmann announced the number of beds in the hospital were to be reduced because of the nursing shortage and 25 percent fewer private patients admitted by stricter adherence to the means test.

At the moment 90 black nurses are employed at the hospital and Dr Broekmann says more might be employed, depending on who applied for vacant posts at the hospital.

NRSC man says study on ambulances was kept quiet

Pretoria Correspondent

References to racially segregated ambulance services and inferior services for blacks were the reasons a 1981 report on ambulance services in South Africa was not generally released.

This was revealed in Pretoria by Mr Roche Cronje, assistant director of information of the National Road Safety Council (NRSC), who confirmed that "overreaction" had been feared.

The report — compiled for the NRSC by the CSIR's National Institute for Transport and Road Research — was released only to the Department of Health and provincial administrations, he said.

Mr Cronje added: "Conditions are not quite the same. We live five years later and things have changed in many places in the country."

The report, particulars of which were published in *The Star* on Tuesday, slammed ambulance services as atrociously poor.

Radio communications (a single channel simplex system), general vehicle equipment and response time were aspects of Pretoria's service which drew criticism.

IMPROVEMENTS

But this week a spokesman for Pretoria's ambulance service said many improvements had taken place.

A double channel radio communication system was used now and response time and equipment were good.

The ambulance service is still racially segregated, however.

The study said there was a marked unequal distribution of response and travel times between the white and black services, because of the positioning of Pretoria's segregated hospitals.

A black accident victim from Mamelodi in the east had to be transported past numerous clinics, nursing homes and, the white casualty-receiving, H F Verwoerd Hospital to Kalafong Hospital in the west.

Lack of funds is ambulance aid problem

STAR 98

Own Correspondent

CAPE TOWN — Every effort is being made to correct deficiencies in South Africa's ambulance and emergency services, the Department of National Health said yesterday.

It said in a statement that it was aware of the deficiencies — reported recently by the Automobile Association.

Lack of funds prevent implementation of many of the recommendations made by the AA, according to a report by the parliamentary sub-committee on ambulance services released by the department.

The AA found ambulance services in pre-hospital care of road accident victims particularly deficient in rural areas.

The sub-committee said it rejected the AA's recommendation that the SADF supply skilled manpower for ambulance services.

PRIVATE CONTRACTORS

"The SADF does not have enough servicemen to do the primary task, and therefore cannot undertake to assist."

The report said many of the criticisms about poor standards applied to private contractors, and smaller towns where there was a "non-dedicated service operated by personnel performing more than one task".

The committee said private contractors, mainly in rural areas, ran only transport services. It was not cost-effective to run ambulance services in small towns.

STAFF SHORTAGES

The committee agreed with the AA recommendation that interdependent regional services be improved, and said the proposed Regional Services Councils would resolve some of the difficulties. But one problem in regional interdependence arose because roads criss-crossed homelands, where there were no rescue services.

In general, lack of money had adversly affected the acquisition of equipment and creation of posts, the committee said.

It said that establishing crews in metropolitan centres to act as relief teams in rural areas was not possible financially and because of staff shortages.

It added that emergency services were nonracial and that discrimination found was because certain people were not implementing Government policy.

● See Page 17.

SDR 11/6 (98)

Wits may act on hospital racism

The University of the Witwatersrand will consider a call for teaching to be stopped at white hospitals in the Transvaal until they are opened to all races.

Professor Maurice MacGregor, dean of the medical faculty, said this yesterday. He was addressing students at the Wits Medical School who met to discuss measures to end racial discrimination in Transvaal hospitals.

Speakers condemned the barring of black undergraduate students from the gynaecology and obstetrics departments at white teaching hospitals.

They also condemned the ban on post-graduate black students from all sections of white hospitals and discrimination against black patients.

Professor McGregor said the faculty would decide within the next 12 months on the call to stop teaching in white hospitals.

Students will meet next month to decide on further action.

ATIONAL
FER!
000 2- and 3-piece
ITS at
PRICE

ENDS 5 JULY

NORMAL PRICE	R299,95	NOW ONLY	149.95
NORMAL PRICE	R230,00	NOW ONLY	115.00
NORMAL PRICE	R299,95	NOW ONLY	149.95
NORMAL PRICE	R450,00	NOW ONLY	225.00
NORMAL PRICE	R199,95	NOW ONLY	99.95
NORMAL PRICE	R350,00	NOW ONLY	175.00
NORMAL PRICE	R295,00	NOW ONLY	147.50

D
y opened
welcomed

At these prices, we are compelled to make a nominal charge for alterations.

SADF mans clinic

Staff Reporter

A SOUTH African Defence Force doctor and four support staff have taken over the SACLA Empilisweni Clinic in Crossroads, the Bureau for Information confirmed yesterday.

The bureau said: "A SADF doctor and four support staff have taken over the Sacla clinic to provide medical services to those in need of such services following the withdrawal of Sacla medical staff".

A spokesman for the staff said the clinic was taken over and run by members of the Old Crossroads executive committee and staffed by SADF doctors.

The spokesman said that the staff were "unhappy with this development because in terms of our constitution it is an illegal occupation".

"Also, in May the clinic was closed by the executive committee. An agreement was subsequently drawn up by the clinic and the executive committee and signed by both parties, which is not being honoured.

"In the past the clinic has always remained open in times of crisis but this crisis has split the community resulting in many staff members living on one side of the conflict having to work on the other," he said.

Report: DV health good despite clinic service disruption

Dispatch Reporter

EAST LONDON — Duncan Village unrest had disrupted clinic services to the area severely, the acting head of the city's health department, Mr J. Claase, said in his annual report to the city council.

But the health of the township's 123 422 people continued to be satisfactory, the report said.

Mr Claase said the municipal clinic in Duncan Village had been destroyed last August but this had been offset by the use of the Location Health Centre on the periphery of the township.

"It is functioning at full capacity with two part-time medical officers, a full-time pharmacist and seven nurses."

There was a satisfactory state of immunisation in all population groups and the incidence of notifiable diseases was low.

"Tuberculosis and sexually transmitted diseases are cause for concern, especially among blacks, but the socio-economic factors which are largely to blame is to a great extent beyond the control of this department.

"A population development programme aimed at alleviating these conditions is to be implemented soon by the Department of National Health and Population Development."

Mr Claase said the uncontrolled hawking of foodstuff in the central business district caused concern. It was tolerated by the city council much to the displeasure of his department.

"But it was felt that in view of the weakening of the economy and the drought conditions, officials should refrain from taking strong action against unlicensed hawkers."

The staff situation and its effect on environmental health services caused concern during the year.

Retirements and resignations by health inspectors to take up better paid positions elsewhere reduced the health inspectorate to a point where it was difficult to maintain routine inspections at a satisfactory level.

Recruitment efforts were not successful until the director of personnel and management services, Mr Leon Deetlefs, visited training institutions. This resulted in the year ending with only two vacancies.

Mr Claase said it was difficult to measure the achievements of the department particularly because there had been no comprehensive annual report since 1971.

"However, the department's successes are to be found in the satisfactory state of the public's health. It is true to say that unless a health crisis occurs, the state of public health goes unnoticed. By and large it is taken for granted."

UCT: more black students

CAPE TOWN — The proportions of black, postgraduate and female students at the University of Cape Town have all increased in 1986.

Black student enrolment has increased by 1,4 per cent over last year to 16,4 per cent — confirming the trend of an increase of about one per cent a year since 1976. This is revealed in the results of the annual campus census released by the university. — Sapa

The Natal Mercury, Tuesday, June 24, 1986

Addington was fully geared for bomb disaster

(98)

Mercury Reporter

MORE than 100 doctors made themselves available at Addington Hospital the night the car bomb exploded outside one of Durban's most popular nightspots two weeks ago, killing three and leaving 69 others injured.

Although the process of dealing with the dead, injured and relatives was 'a little less organised' than the new Medical Superintendent, Dr Patrick Lowe, would have liked, he is confident the only reason for this was the lack of warning.

If staff at the hospital had been alerted, Dr Lowe's new and updated 'disaster plan', which can swing into action in minutes with military precision, would have been put into operation.

It is a plan that can remain operational for weeks, and which can deal with several 'disasters' at the same time: every eventuality has been foreseen and provision made.

But a practice run of the plan just two days before the blast resulted in staff coping with several badly injured patients suddenly streaming in.

The thinking behind Dr Lowe's disaster plan is of 'cold, quiet and efficient' action and decision-making. It has to be like the army, he says, with people giving and taking orders.

Said Dr Lowe: 'If everyone knows where they should be, what they must do, and who the person in charge is, things will go smoothly.'

To this end a fully equipped ward with facilities for 25 seriously injured people is closed off and maintained all year round specifically to deal with casualties from a disaster.

Once the hospital has been notified that a disaster has occurred all doors entering the hospital, bar one, are sealed.

Serious

The surgeon who heads the trauma unit is on standby to assess each casualty and then directs them, according to the injuries sustained, to specific areas for treatment.

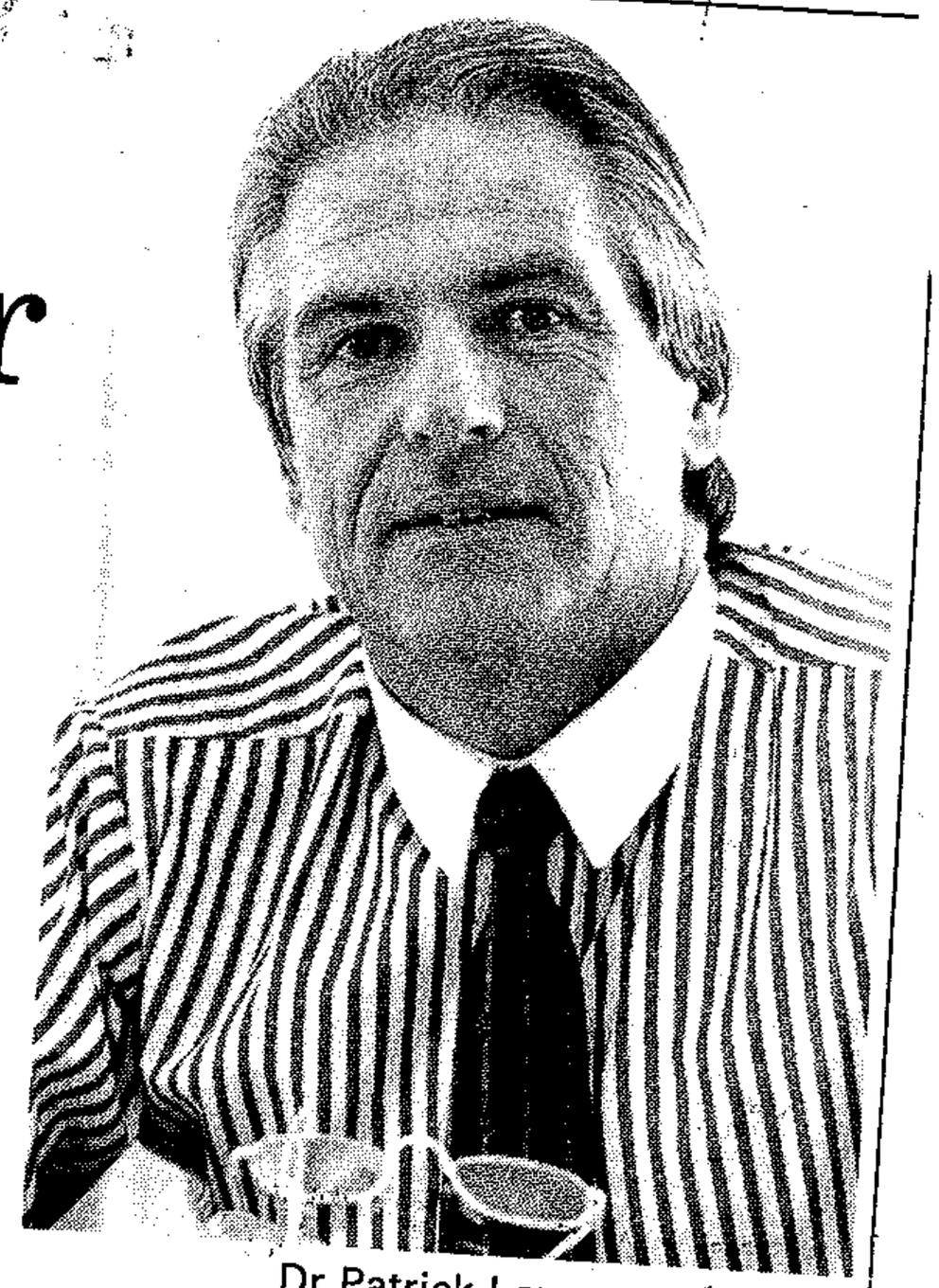
Specialists from all fields — who have been called in, gowned and scrubbed up — are waiting in surgery, available to deal with the problems falling within their specialised fields in the more serious cases. Intensive care, already on standby, also prepares equipment and medication for the expected extra cases.

Meanwhile relatives, who are redirected into a 'waiting room' once they enter the hospital, will be given reports on the condition of their loved ones on the hour, every hour.

It is, says Dr Lowe, a plan essentially geared at saving lives quickly, efficiently and humanely.

Recently appointed to the post of Senior Medical Superintendent at Addington, Dr Lowe is a fellow of the Royal College of Surgeons in Ireland, an associate founder of the College of Medicine of South Africa, and a member of its faculty of Community Health, and is also a pharmacist.

He has also held a number of top posts in hospitals throughout the country.



Dr Patrick Lowe

†The MINISTER OF LAW AND ORDER:

(1) (a) and (b) Yes.

(i) 85.

(ii) Due to the State of Emergency which has been declared countrywide as from 12 June 1986.

(iii) In terms of the Emergency Regulations.

(iv) In East London prison and in various police cells.

(2) No.

(3) No.

Duncan Village

*12. Mr E K MOORCROFT asked the Minister of Law and Order:

(1) Whether any members of the police searched the house of a certain person, whose name and address have been furnished to the South African Police for the purpose of the Minister's reply, in Duncan Village Extension on or about 12 June 1986; if so, (a) at what time, (b) why, (c) how many policemen were involved and (d) what is the name of this person;

(2) whether any items were removed from this person's house; if so, (a) what items and (b) why;

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

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 15h45.

(b) To seize inciting documents in terms of the Emergency Regulations which countrywide came into effect as from 12 June 1986.

(c) 6.

(d) Julius Fuzile.

(2) Yes.

(a) Documents.

(b) To serve as evidence in an intended court case.

(3) No.

*13. Mr R M BURROWS—National Education [Reply standing over.]

Day clinics

*14. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether his Department operates any day clinics for Blacks; if so, (a) how many, (b) where are they situated and (c) when were they established; if not, why not;

(2) whether his Department provides any funds to any day clinics for Blacks; if so, (a) to what clinics and (b) what total amount was made available to these clinics in the latest specified financial year for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) and (b)

Region	No of areas	Section 30 Services: No of areas with service	No of areas without service	No of visiting points and teams	SA Development Trust Services: Mobile services centres	SA Development Trust Services: Community health
Southern Transvaal ..	26	25	1	22 teams 1 000 vis.p.	—	5
Northern Transvaal ..	17	17	0	17 teams 680 vis.p.	1	—
Orange Free State	49	29	20	29 teams 1 160 vis.p.	—	3
Natal	39	34	5	34 teams 1 360 vis.p.	7	4
Eastern Cape	—	—	—	—	5	8
Total	131	105	26	102 teams 4 200 vis.p.	13	27

(c) (i) Section 30 Services:
In terms of the Health Act, Act 63 of 1977, section 30.

Services established when funds become available, according to priority, established need, availability of personnel and other resources (e.g. Mobile Clinics)

(ii) SA Development Trust
On request of the Department of Development Aid.

(2) Yes.

Health Region	No of Black clinics in local authorities	Subsidies provided according to section 26 Act 63 of 1985/86	No of Welfare Organisation clinics	Contribution provided according to sect 49(b) Act 63 of 1977
				1985/86
Northern Transvaal	12	375 105	6	84 091
Southern Transvaal	118	22 268 596	4	364 520
Orange Free State	95	4 041 969	0	

Health Region	No of Black clinics in local authorities	Subsidies provided according to section 26 Act 63 of 1985/86	No of Welfare Organisation clinics	Contribution provided according to sect 49(b) Act 63 of 1977
			1985/86	
Natal	38	4 151 937	14	240 404
Northern Cape	44	3 630 345	0	—
Eastern Cape	133	9 698 646	2	16 246
Western Cape	47	13 493 419	0	—
Total	487	R57 660 017 *	26	R705 263

* Subsidy refers to the total local authority subsidy for Health Services, (excluding environmental services) to *all* population groups.

It has been established that ±80% of all the services are for the Black Population Group. (80% of subsidy = R46 128 013 + R705 263 = R46 833 276)

(a) Local Authority Clinics established by Welfare Organisations.

(b) Financial Year 1985/86 R46 833 276.

Crossroads

*15. Mr K M ANDREW asked the Minister of Constitutional Development and Planning:

(1) Whether any sections of the Crossroads area are to be upgraded; if not, why not; if so, (a) when, (b) what specified projects will be included in this upgrading, (c) when will work on these projects (i) begin and (ii) be completed and (d) what total amount has been allocated for this upgrading;

(2) (a) how many persons will it be possible to accommodate in the Crossroads area, including the land extending up to Mahobe Drive, and (b) what persons or categories of persons will be permitted to settle in this area, after upgrading has taken place;

(3) whether (a) negotiations have taken place and (b) agreement has been reached with any persons or organisations in respect of the (i) nature of the upgrading and (ii) persons or categories of persons who are to be permitted to settle there after upgrading; if so, with what (aa) persons and (bb) organisations; if not, why not?

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes—the vacated portion of Crossroads will be upgraded as the first phase of upgrading the whole area in a planned ongoing sequence.

(a) During the next 4 to 6 months.

(b) Installation of services such as streets, stormwater drainage, sewerage, water reticulation, community services and high-mast lighting.

(c) (i) Site preparation is almost complete and the installation of services will proceed forthwith. The installation of the major stormwater drainage is progressing.

(ii) In approximately 4 to 6 months.

(d) R2 million has been allocated and further allocations will follow as design estimates are formulated.

(2) (a) These particulars are not known at this stage. It depends upon the final details of upgrading.

(b) Any of the Crossroads residents on the normal priority basis.

(3) (a) Yes.

(b) (i) Negotiations are proceeding.

(ii) Any of the Crossroads residents on the normal priority basis.

(aa) and (bb)

Cape Town Community Council
Crossroads Committee
Resident Women
Urban Foundation
Welfare Organisations
Church Organisations

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's reply, may I ask him what he means by "normale voorkeur" which I take to mean "normal preference"? Who is going to be deemed to have normal preference?

†The DEPUTY MINISTER: Mr Chairman, it means that those people who have lived there may apply again for a dwelling. It will be treated in the normal way in which houses are allocated.

Mr K M ANDREW: Mr Chairman, further arising out of the hon the Deputy Minister's reply, may I ask him if the State is assisting in the provision of food, blankets or anything of that sort in the interim while some of these people are being accommodated in tents at Khayelitsha?

†The DEPUTY MINISTER: Mr Chairman, several services are rendered by other charity organisations to provide in the needs of the people there.

Mr K M ANDREW: Mr Chairman, further arising out of the reply of the hon the Deputy Minister, may I ask him, in view of the large numbers of people involved, whether the State itself does not consider supplying some of the food and blankets which are required, instead of leaving it just to welfare organisations?

†The DEPUTY MINISTER: Mr Chairman, we will do our part if necessary. It has already been said here in the House today in reply to a previous question that food was provided. We will not look on while people freeze to death and starve. On the other hand, if there are welfare organisations to render services we will not stand in their way, because South Africa is after all not a welfare state. [Interjections.]

KTC

*16. Mr K M ANDREW asked the Minister of Constitutional Development and Planning:

(1) Whether any sections of the KTC area are to be upgraded; if not, why not; if so, (a) when, (b) what specified projects will be included in this upgrading, (c) when will work on these projects (i) begin and (ii) be completed and (d) what total amount has been allocated for this upgrading;

(2) (a) how many persons will it be possible to accommodate in the KTC area, and (b) what persons or categories of persons will be permitted to

Some forms unfair to hospital patients

98

25/6/87

Medical Reporter

Patients at some private hospitals are being asked to sign admission forms grossly unfair to them because they absolve staff and servants from any claims of negligence.

The Medical Association of South Africa (Masa) warns patients to read admission forms to private hospitals carefully before signing them because some provisions also absolve the hospital for any injury or loss or damage of any nature to the patients arising from treatment received.

DEFECT

In addition, the conditions purport to rule out claims over any defect in the premises or instruments, whether due to negligence of its servants or professional staff or not.

"The parliamentary committee of Masa expresses its concern over these conditions which they feel would be very difficult to enforce legally," says a statement by Masa.

"Not all patients are aware that completion of such forms will not necessarily indemnify a hospital or its staff in cases of legal dispute as a result of intentional misconduct or grossly negligent conduct."

29, 1986

TIMES

Insurance

cvS 1213

Pickpay picks up a chain

By Kerry Clarke

PICK 'n Pay has bought out the founder of the Cape-based Boardmans chain of homeware stores, making it a wholly owned subsidiary.

Pick 'n Pay financial director Chris Hurst says: "The company was undercapitalised, and was relying on bank finance. We were prepared to put more capital into the business as long as we got the lot."

Tom Boardman, who sold a 50% stake in his chain to Pick 'n Pay in 1984, says it remains to be seen whether he will continue as managing director of Boardmans. He is sharing this position with Pick 'n Pay executive Billy Rendall.

Buying power

Mr Boardman and two partners started the chain in 1978 by buying the two Cape Town Sam Newman hardware stores from HLH for R1,25-million. They converted them into colourful houseware shops aimed at the young, middle-income market, with a 60% imported product range, including cutlery and bed linen.

With the R500 000 injection of capital from Pick 'n Pay in 1984, the chain expanded and opened shops at Stellenbosch, Verwoerdburg, Tyger Valley and Bedfordview's Eastgate.

Mr Boardman says he sold out to Pick 'n Pay because the chain needs extra buying power.

Five-star hospitals for JSE

Rembrandt values clinics at R170m

By David Carte

AS reported in Business Times in April, Rembrandt will list its private hospital group, Medi-Clinic Corporation.

In doing so, it values the company at R170 million.

Medi-Clinic owns the Sandton, Morningside, Leeuwendal and Medipark clinics, and has three hospitals under construction.

When the three — Panorama, Mitchells Plain and Constantiaberg clinics — are completed, the group will have 1 379 beds. The listing values them at an average of R123 000 each.

Recession-proof

Of course, there is more than beds. The five-star hospitals have sophisticated operating theatres and intensive-care units.

Medi-Clinic managing director Edwin de la Harpe Hertzog says private hospitals have a great future as the Government hands over the medical care of everyone but the indigent to the private sector. Medi-Clinic is well poised to manage Government hospitals which may be privatised.

Dr Hertzog says population growth, the rising average age of the population and increasing standards of health care for all will underwrite Medi-Clinic's future.

The listing document says the health business "is not materially affected by recessionary conditions or unstable labour relations and is a hedge against inflation".

Subscribers are offered compulsorily convertible debentures yielding 11% at R1. These will be converted into ordinary shares when the ordinary dividend reaches 11c.

In a true 50-50 partnership deal, Rembrandt will have 85-million of the 170-million shares and debentures in issue. Financial institutions, staff and friends of Medi-Clinic are getting the lion's share of the rest.

The public will receive only 10,5-million, or 6,2%, of 170-million shares.

Because of Medi-Clinic's big construction programme and consequent funding costs, the retrospective profit record is unimpressive. But the company projects a bright future.

The pre-tax profit record from 1984-1986 reads: R2,5-million, R2,8-million, R2,3-million. There was an alarming R10,4-million loss after tax last year, but that reflected the cost of new clinic openings and the heavily borrowed situation of the company before the listing. It owed Rembrandt R40,7-million. Remgro will convert its loan into shares.

After conversion of the debentures, the company will have no debt. It owns properties worth R87,2-million and will have R57-million cash in the balance sheet, at least until it pays for its construction programme.

The company projects earnings of R7,7-million in 1987 doubling to R15,1-million in 1988 and rising to R31,1-million by 1991. On a fully converted basis, that is growth from 4,5c a share to 18,3c in five years — an average of more than 30% compound.

For these calculations, Medi-Clinic assumes an inflation rate of 15% and a bed occupancy rate of 70%. Profits are highly geared to inflation and occupancy.

Well heeled

If bed occupancy rises to 80%, projected profits could rise by 20% to 35% and if inflation runs at 20%, they could increase by 20% to 30%. If occupancies and inflation are lower, profits could be up to 20% lower than projected.

But if these projections are right and dividend cover is to be two as published, the ordinary shares will not pay dividends until 1992.

Shareholders will have to accept a return of 11% for six years — well below the 18% plus obtainable on Escom stock now. It is also well below the 15% inflation rate which Medi-Clinic uses in its projections.

In short, the shares are far from a give-away and it is not surprising they have been aimed at institutions, doctors and the well heeled. They are intended for the patient Rembrandt-type investor more than the fly-by-night stag.

Health control set to change

Own Correspondent

JOHANNESBURG. — The government is set to back down on its plan to racially fragment the control of hospitals.

The plan, which flows out of the implementation of the tricameral constitution, came under fire from medical experts and opposition spokesmen because it would have resulted in the costly quadruplication of health service bureacracies and facilities.

Medical experts also slated the plan because they believe health services cannot be run along racial lines.

Two highly-placed sources yesterday said that after months of heated argument it is almost certain that control of hospitals will be now be vested in the new multi-racial appointed provincial executives.

A confidential document outlining the new plan has been circulated to cabinet ministers, MECs and senior health officials.

The plan has been agreed on by health ministers from the three houses of Parliament but is still awaiting cabinet approval.

The deputy director-general (administration) of the Department of National Health and Population Planning, Mr S J N Marais, said an announcement on the issue would be made in August during the second session of Parliament.

"The whole thing has not been clinched because there are certain matters which need to be clarified."

However, according to informed sources, a health policy council will be established.

The council will consist of the Minister of National Health and Population Planning, Dr Willie van Niekerk, and the three own affairs health ministers Dr George de Villiers Morrison, Mr Chris April and Mr Ismael Kathrada.

Certain functions such as epidemic control and district surgeon duties, which are at present controlled by the state Health Department, will be handed over to the provinces and own affairs departments on an agency basis.

Provincial administrations will retain control of hospitals.

A strong recommendation from the House of Delegates and House of Representatives for all hospitals to be integrated has been passed on to the cabinet for a decision.

Clinics

The own affairs health departments will be responsible for minor health services such as clinics and primary health care including school education.

To satisfy the coloured and Indian houses of Parliament the two communities will be given more representatives on the boards of hospitals at which coloured and Indian patients are treated.

Before making a decision the government considered four options on the future of hospitals. They were that:

- Any hospital that had a more than 95 percent occupancy by any one race would be hived off to the own affairs department for that race.
- Any hospital that had a more than 65 percent occupancy by any one race be controlled by the own affairs department for that race group.
- All hospitals go to own affairs departments.

'Authority'

- Hospitals remain under the control of provinces, but the authority of hospital boards be increased.

Progressive Federal Party health spokesman Dr Marius Barnard said the PFP would welcome any move that would not result in hospitals being racially fragmented.

He appealed to the government to remove now all vestiges of segregation in health services.

Govt backing down on hospital policy

8/7/86 BUSDAY 98

MIKE ROBERTSON

GOVERNMENT is set to back down on its plan to racially fragment control of hospitals.

The plan, which flows out of the implementation of the tricameral constitution, came under fire from medical experts and opposition spokesman because it would have resulted in the costly quadruplication of health service bureacracies and facilities.

Medical experts slated the plan because they believe health services cannot be run along racially fragmented lines.

Business Day has learned from two highly placed, independent sources that after months of heated argument it almost certain that control of hospitals will be now be vested in multiracial, appointed provincial executives.

A confidential document outlining the new plan has been circulated to cabinet ministers, MECs and senior health officials.

The plan has been agreed on by health ministers from the three houses of Parliament, but is still awaiting cabinet approval.

The deputy director-general (administration) of the Department of National Health and Population Planning, S J N Marais, says a public announcement on the future of hospitals will be made towards the beginning of the next session of Parliament in August.

"The whole thing has not been clinched because there are certain matters which need to be clarified."

However, according to informed sources, a national council will be established to lay down guidelines on health matters.

The council will consist of the Minister of National Health and Population Planning Willie van Niekerk and the three own-affairs health ministers George de Villiers Morrison, Chris April and Ismael Kathrada .

Epidemic control and district surgeon duties, currently controlled by the state health department, will be handed over to provincial administrations and own-affairs departments on an agency basis.

Provincial administrations will retain

● To Page 2

Hospital policy being revised

BUSDAY 8/7/86 98

● From Page 1

control of hospitals.

But a strong recommendation from the House of Delegates and House of Representatives for all hospitals to be integrated has been passed onto cabinet for a decision.

In order to satisfy the coloured and Indian houses of Parliament, the two communities will be given an increased representation on the boards of hospitals at which coloured and Indian patients are treated.

PFP health spokesman Marius Barnard said his party would welcome any move that would not result in hospitals being racially fragmented.

"The racial fragmentation of hospitals is in the first place unacceptable. It would also have resulted in a quadrupli-cation of manpower and facilities which would have been exorbitantly expensive."

Bus Day
10/7/86
98

CPA hospital network

WHAT is claimed to be the largest auto-dial network in SA has been installed by the Cape Provincial Administration to link its hospitals with its computer centre. The data communications equipment has been supplied by Grinaker Data Systems (GDS), in conjunction with Mohawk Data Sciences.

Data is collected and transmitted from 11 of the bigger CPA hospitals, including Groote Schuur and Tygerberg, using Series 21 minicomputers. Captured data — including information on stock control and staff payroll — is sent to CPA's computer centre in Cape Town for processing and retransmitted to each hospital.

"Auto-dial networks are usually asynchronous," comments GDS MD Don Smyth. "However, Mohawk has developed software enabling our modems to operate in a synchronous environment, speeding up response times considerably. In addition, the network is automatic and can operate unattended, whereas in the past it would have needed an operator at each end."

Masa warning on private hospitals

CAPE TOWN — The medical profession has warned patients about private hospitals that try to indemnify themselves against legal action in cases of injury or loss through negligence.

The Medical Association of South Africa (Masa) said people should take care when completing admission forms that contained provisions "grossly unfair to patients".

"Although these provisions would be difficult to enforce legally, the conditions set out to protect the hospital and its professional staff and servants from claims of negligence by patients," Masa said.

"They state that the hospital is not liable for injury, loss or damage of any nature to a patient arising from treatment received (or for) any defect in the premises or instruments." — Sapa

(18) DD 17/7/84

No decision on health, 'groups'

Staff Reporter

NO final decisions have yet been taken by the President's Council constitutional committee on whether health services are to be own or general affairs, or whether the Group Areas Act is to be replaced with a "local option".

This was said yesterday by the committee's chairman, Professor Dries Oosthuizen, after weekend press reports that his committee would in all probability recommend making health a general affair—a complete turn-around from the government's express wish to make health services under the new constitution an "own affair" issue.

Professor Oosthuizen could neither deny nor confirm a report that the committee may recommend to the government that strict residential segregation as laid down in the Group Areas Act be replaced with a "local option".

He said his committee, which was looking at the whole issue of racial segregation of residential areas and amenities, was "still making decisions on some of the really major issues".

"Much of what we decide will depend on the interpretation of what the terms 'own affairs' and 'general affairs' mean. This whole issue is still far from clear.

"I'm personally hoping for the committee's report to be finished during October but even that's speculation ..."

The four acts the committee is studying for possible revision or scrapping are the Slums Act, the Community Development Act, the Group Areas Act and the Separate Amenities Act.

Hospital plan sparks protests

98

Merc. 18/07/86

Pietermaritzburg Bureau

THE Pietermaritzburg Town Planning Committee has approved an application for a multi-million-rand private hospital in the capital amid protests about its siting.

The proposed three-storey, 200-bed hospital, if approved by the full city council, would be situated on Payn Street on the banks of the Umsindusi River. It was likely to cost about R25 million.

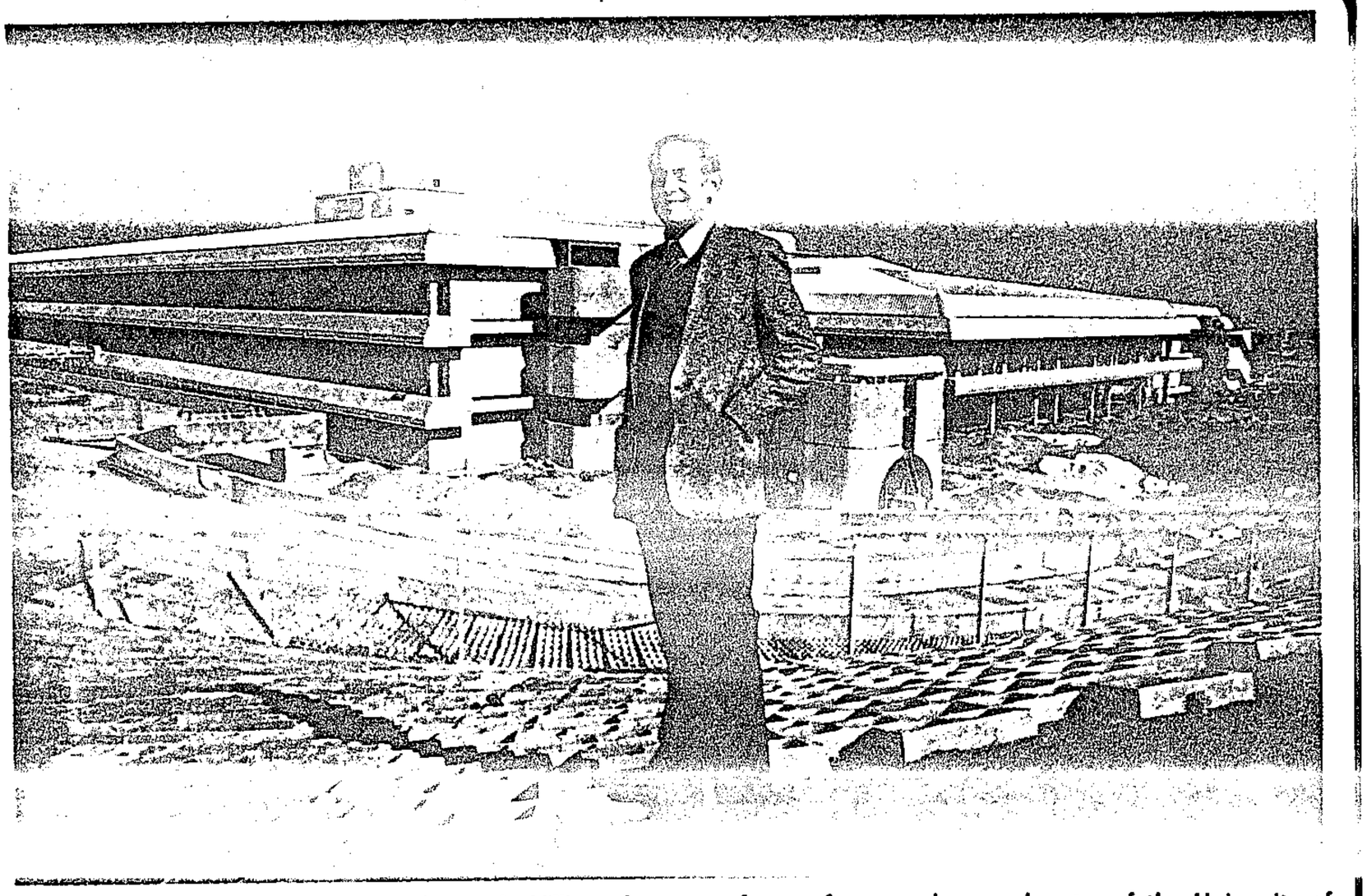
The committee has also recommended the demolition of a 132-year-old mill to make way for the proposed development. A city council spokesman said the building would be offered to the Natal Parks Board for erection at the Midmar Historical Village.

The Pietermaritzburg Society has objected to the hospital application on the grounds that an historic building on the site would be destroyed and that it was not known whether the hospital would be in harmony with the character of the existing neighbourhood.

A city resident, Mrs J C Martin, whose property adjoins the proposed site, said a private hospital would permanently impair the peaceful, secluded nature of the Payn Street enclave of residential properties.

The application is to go before the council on July 31.

Argus 31/7/86 (98)



Medi-Clinic Corporation chairman Prof J N de Villiers, former professor of gynaecology and rector of the University of Stellenbosch.

patient-centred facility, affording the very best medical are possible."

All facilities under one roof

Rapid advances in medical knowledge and technology have placed special demands upon health care centres. From the outset, Panorama Medi-Clinic was designed to incorporate the most up-to-date features of health centres around the world under one roof.

This called for custom-designed ventilation, electrification, plumbing and highly sophisticated construction techniques in the wards (comprising 320 beds in all) and eight operating theatres and maintains a sterile atmosphere behind a series of stainless steel access doors. Particular care was taken in the furnishing of the wards, with special emphasis on maternity/neonatal and paediatrics. Fire proofing and security systems are other areas where quality care has been taken. And, of paramount importance, the completely independent electrical back-up system.

Panorama Medi-Clinic goes vastly beyond operating theatres and wards, offering patients the advantages of a fully equipped intensive care unit; computerised pathology laboratories; a day-clinic with its own reception area and procedure rooms; radiology, physiotherapy and occupational therapy departments; an angiography theatre and an orthopaedic engineering section.

In addition, the complex accommodates 78 medical specialists and some general practitioners, combining advanced technology and human skills in a single, all-embracing unit designed to promote swift healing.

The quality of caring

The Medi-Clinic Corporation's credo is "Quality Care for All," a concept that places the patient at the centre of a series of concentric rings of caring. Not only is the concern about the well-being of all patients, but also that of dedicated staff members and medical personnel.

This attitude is evident in the design of Panorama Medi-Clinic, where an unusual amount of consideration has been given to the staff and doctors' needs for privacy and comfort. Care has been taken to provide individual changing rooms for personnel about to enter operating theatres; well-appointed sitting rooms offer essential relaxation; a fully-staffed créche has been created to ensure the peace of mind of nursing and administrative staff and the happiness of their children.

This belief in patient-centred caring has excited intense interest in medical circles, attracting enquiries and job applications from far and wide and enabling Medi-Clinic Corporation to be very discerning in their appointment of staff.

Chief Matron, Miss A Lambrechts, who has 25 years of nursing experience behind her, says, "Our staff is already at full strength. They were appointed over the last few months while the complex was still being completed to create a sense of unity and team spirit. Their pleasant working environment greatly enhances their caring attitude to the comfort and well-being of patients".

At Panorama Medi-Clinic the quality of caring is everywhere in evidence.

Edendale shows it's not 'dying'

NATAL-MERC. 98

78/86

Pietermaritzburg Bureau

A VAST number of improvements have taken place and more are under way at Edendale Hospital, in spite of recent Press reports that the hospital — where almost 250 000 patients received treatment last year — was 'dying'.

Yesterday reporters toured the hospital to see the upgrading process which is taking place, before listening to a statement on the health services at Edendale by Dr Frank Mdlalose, KwaZulu Minister of Health, under whose control the huge hospital falls.

Improvements include a new labour ward; a new intensive care unit for premature babies; five new operating theatres complete with pre-operational rooms and post-op recovery rooms; a new orthopaedic section; and a physiotherapy section.

More than R10 million has already been spent on upgrading the hospital's facilities, a process carried out on the principle of 'upgrading the services and not increasing the ward space', according to Dr Mdlalose.

These new facilities are presently in use while old operating theatres and labour wards are being upgraded and modernised.

Dr Peter Evans, Chief Medical Superintendent at Edendale, told the Mercury that a 'whole new laboratory system' for the KwaZulu Laboratory Services, which are located at Edendale and serve the whole of KwaZulu, was being built at the hospital.

He added that homes for medical officers which were being built at the Edendale Village would be ready by September 1987, and that improved facilities for nurses and a nursing college were planned to be built in the next few years.

At the Press conference, Dr Mdlalose criticised recent reports that Edendale was 'dying', saying that 'it is difficult to understand the purpose of such journalism' and that it was a 'disgrace that the professional standing of medical and nursing personnel is brought into question'.

162 doctors

He said that an average of 50 major operations were performed at the hospital daily, with 1 600 inpatients and 800 outpatients receiving treatment.

Dr Mdlalose added that the Department of Obstetrics and Gynaecology, which was subject to recent criticism over a lack of staff, now had only one post vacant.

Apart from four posts, the medical staff complement at Edendale was full at 162 doctors, which represented a ratio of one doctor per 10 beds. The Province's overall ratio is one doctor per 10,6 beds.

Dr Mdlalsoe went on to say that the number of medical personnel would be increased to 245, an increase of 65%, while nursing staff would be increased from 1 302 to 2 008.

He said a further 18 intern posts had been approved, bringing the total number of interns to 54, in spite of Press reports that the hospital could not even offer intern training in some departments.

He said his department had spent R1 600 000 on new equipment in the past two years, and that R1 000 000 had been allocated for this year.

The hospital administration was also responsible for the development of clinics throughout the Midlands, with 17 clinics presently in operation around Edendale, which he described as 'the hub around which the health services for the Midlands area of Natal/KwaZulu revolves'.

Dr Mdlalose said that in the 12 months to March this year, 196 645 outpatients and 47 729 inpatients had been treated at Edendale, with 11 481 major and 17 773 minor operations performed.

In this period, 10 000 babies were delivered.

Jo'burg Hospital may get wonder scanner

(98) STAR 8/8/86

By Jaap Boekkooi

The Transvaal's first public-hospital magnetic resonance unit, the magic machine of modern diagnostic medicine, is likely to be installed at Johannesburg Hospital next year.

It will allow radiologists to examine even sub-millimetre parts of the human body in three-dimensional scans for hidden cancers, spine disorders, and heart disease.

A similar R6-million machine at Tygerberg Hospital in the Cape is helping hundreds of patients in the early stages of their ailments.

The unit performs tasks now only be achieved by often dangerous invasive surgery.

The unit takes pictures of the heart that show blood vessels no more than 2 mm wide. These have made possible procedures to measure minute blood flows accurately. Discrepancies measured by the unit can help reveal leaking valves or holes between the heart chambers.

Previously less accurate methods such as nuclear medicine, cardiac catheter and Doppler ultrasound were used to study blood flows.

South African hospital authorities have been reluctant to buy the units, which produce a magnetic field 10 000 times stronger than the earth's, because of their high cost and also the cost of the specially shielded buildings in which they must be housed.

There is, however, hope that from the latest fundamental discoveries a new generation of cheaper and simpler magnetic resonance machines will be developed.

Cape Times 11/8/86 98

New national policy on health

Own Correspondent

JOHANNESBURG. — The government plans to unveil a major new national health-care policy this week when it moves away from the present racially fragmented system.

In terms of the new policy, which has cabinet approval, control of hospital and medical services will be vested in the newly-appointed multiracial provincial executives.

Heading this structure will be a national health policy council, chaired by the Minister of National Health and Population Planning, Dr Willie van Niekerk.

Other members will include the three Own Affairs Health Ministers, Dr George de V Morrison, Mr Chris April and Dr Ismael Kathrada.

Officials stress that the new arrangement does not signal the immediate end to hospital apartheid, but merely the desegregation of administrative controls and some services.

The new policy envisages a greater role for the private sector in the provision of health care services.

In practical terms, there is little doubt that it must eventually mean the dismantling of racial barriers at grassroots level, in hospitals and in the provision of ambulance services, for example.

The turnabout by the government is seen as a direct response to the mountain of criticism levelled at a system labelled as patently wasteful and at odds with the best interests of the country's needs.

EAST RAND ENQUIRIES TEL 4

l Avril Kinsey are among those who will play in Des and ice" show at the Wits Great Hall tomorrow night and Saturday r a year at Promat Colleges. ● Picture by Rebecca Hearfield

New health service deal anticipated

Medical Reporter

Minister of Health Dr W A van Niekerk is tonight expected to announce that control of hospitals and medical services is to pass to multiracial provincial executives.

Dr van der Merwe will announce a new dispensation for health services at a Press conference in Sandton.

Observers believe the new deal will move away from the current racially fragmented system.

It is understood the Cabinet has already approved that health care should form part of the responsibilities of newly appointed provincial executives.

Commentators on health matters believe, however, that the new dispensation will not mean an immediate end to apartheid in hospitals but desegregation of administrative controls and some services.

The dispensation may allow a greater role by the private sector.

But PFP spokesmen on health matters are worried that further fragmentation may prevent health care rationalisation.

R18-million Mitchell's Plain super-hospital

Staff Reporter

A PRIVATE hospital expected to cost about R18-million is being built in Mitchell's Plain by the Medi-Clinic Corporation, a Rembrandt subsidiary.

The eight-storey building is expected to be completed by the end of next July.

On the ground floor there will be space for eight mall shops.

The hospital foyer is designed for a fast check-in rate and data will be recorded on computer.

The maternity section, on the second floor, will have five "birthing units" where mothers will be able to have their children on an outpatient basis — with the baby at the mother's side from the time it is born until they are discharged.

The third floor will have five operating theatres, recovery rooms and day wards. Equipment worth R2-million will be installed in the theatres, allowing surgeons to perform almost any operation.

The children's wards will be on the fourth floor, with the emphasis on giving them a "home" atmosphere.

Each ward will contain four beds and have its own bathroom and toilet.

General wards

The fifth floor will have general wards varying from single to four beds. Kitchens and a staff cafeteria will be on the first floor.

The sixth floor will be kept open for expansion or doctors' rooms.

Each bed will have a nurse-call system, radio and direct-dial telephone. All wards will have television sets.

Mr James du Toit Marais, Medi-Clinic's technical director, said his firm's philosophy was to try to make its hospitals as comfortable, homely and non-institutional as possible.

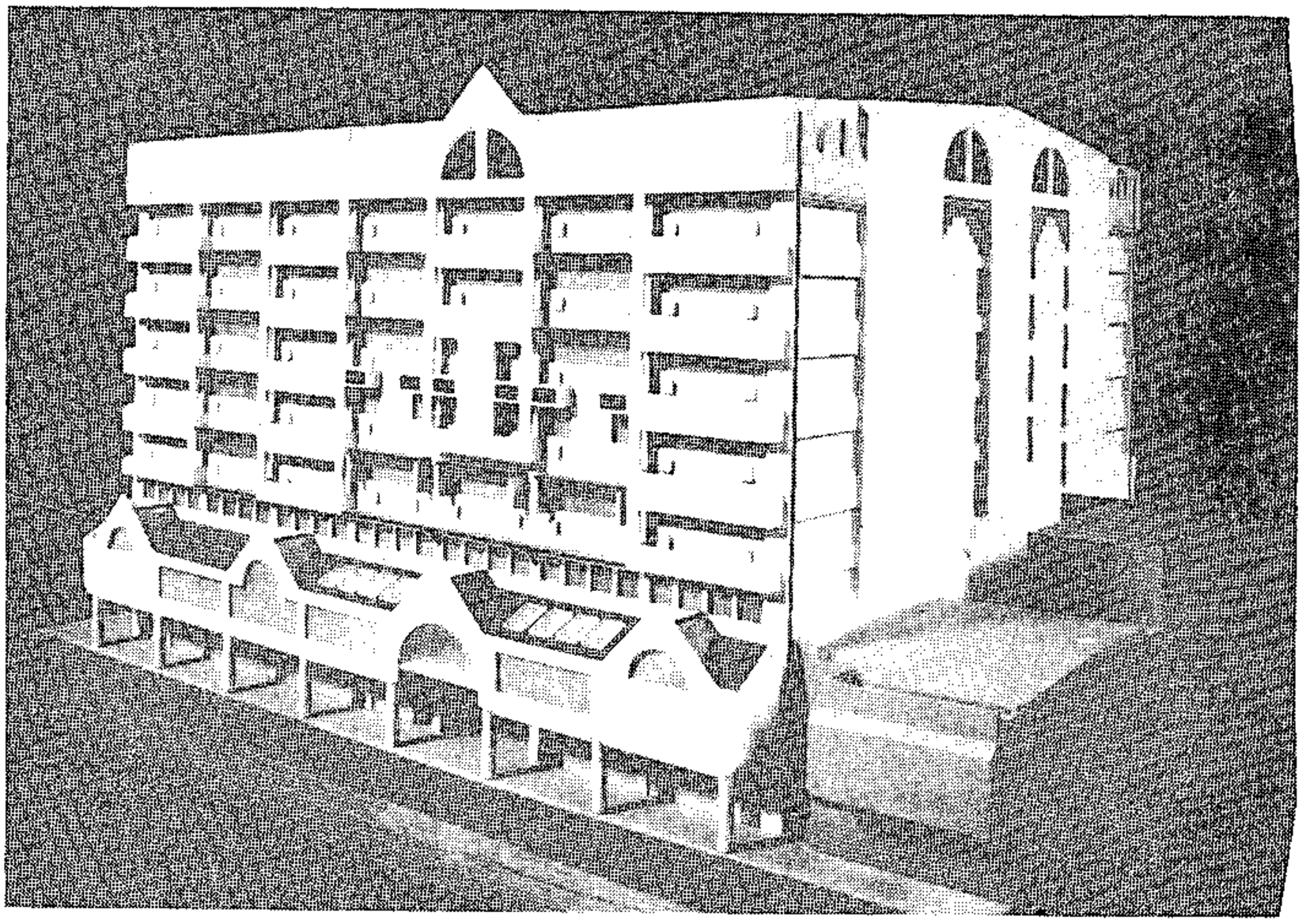
The Mitchell's Plain hospital facade will blend with nearby buildings.

Colourful

The interior will be decorated by Marietjie Lochner, a Stellenbosch designer who specialises in colourful rooms.

Medi-Clinic, founded two years ago, owns hospitals in Sandton and Morningside in Johannesburg and owns Leeuwendal and the Medipark hospital in Cape Town.

By next August the 320-bed hospital at Panorama, near Cape Town, will be completed and the company plans to develop more clinics.



A model of the private hospital for Mitchell's Plain.

Siren blows for ambulance service

HAMISH McINDOE

CONTROL of ambulance services is to be taken from local authorities and anchored to central government, according to a well-placed source.

It is understood Department of National Health and Population Minister Dr Willie van Niekerk has, in a directive to provincial administrations, ordered the separation of fire and ambulance services by the end of October.

No details of the scheme have emerged, but sources believe the provinces will act as agents for central government until the Regional Services Councils are implemented.

Even then, the department would maintain overall control of ambulance services to uphold minimum standards.

Automobile Association (AA) research unit manager Eugene Roelofse told *Business Day* yesterday that action was at last being taken to improve the state of ambulance services.

"They are in a shambles in vast parts of SA.

"People are dying because of the poor quality of crewman training, supervision and equipment," he said.

The department was unable to comment on speculation on the directive.

Roelofse said: "There is every indication that the directive will be stoutly resisted by fire chiefs, who feel their own rank and standing will be jeopardised if ambulance services are taken away."

The issue is likely to be hotly debated at the United Municipal Executive of SA (Umesa) AGM in Johannesburg today.

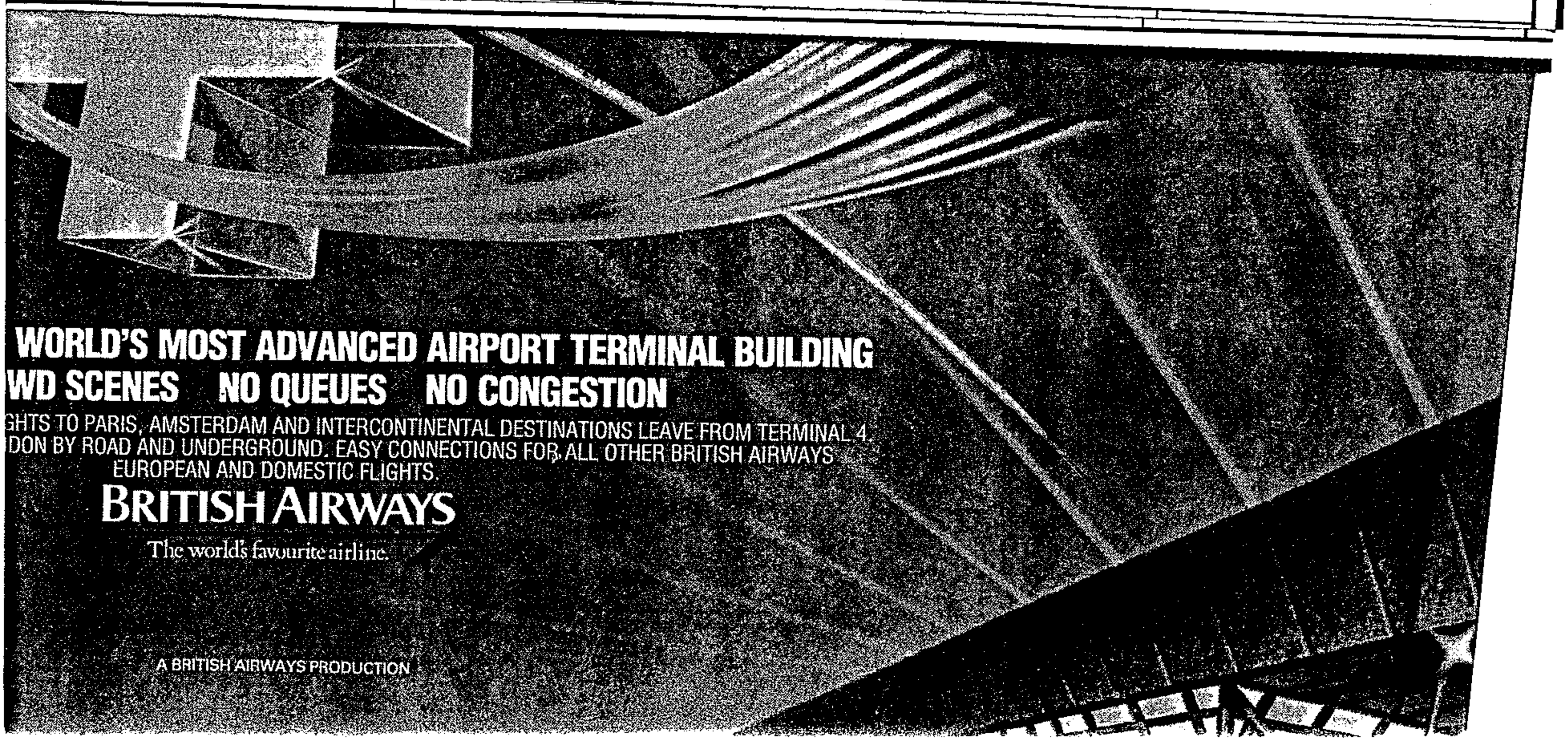
Umesa secretary James Sadie would not comment on the likely outcome of the meeting, but admitted deep division exisited in the executive's ranks.

A leading fire services source feared that splitting emergency services could lead to communications problems and a duplication of personel in some areas.

Pressure has been growing on government to reform the service after the AA and the CSIR slated the provinces' ambulance management.

The AA said last year that ambulance staff were unskilled and accused local authorities of lack of commitment to improving services.

The CSIR 1981 report was immediately suppressed because of the strength of its criticism. Only in 1985 did details of the report leak out.



W/GARGUS 16/8/86

Sanctions 'may hit S African health services'

By VIVIEN HORLER, Weekend Argus Reporter

ECONOMIC sanctions may hurt South Africa's health services financially, but the quality of care will not suffer.

"The last thing I want to do is scare people, and have them think if sanctions are introduced our medical services will go bang," said Dr Nicolaas Louw, director of Hospital Services in the Cape.

"I don't believe this will happen. Medical care is essential. This country won't allow its medical services to bleed to death."

In his office high above Wale Street, Dr Louw epitomises quiet confidence.

"If sanctions are applied, naturally it'll be more difficult to get some of the sophisticated equipment", he said

Wrong idea

"We may not be so elaborate in our approach in future. There is a wrong idea that you need highly sophisticated equipment to secure a good health service."

As far as drugs are concerned, Dr Louw said South Africa had the ability to manufacture most of its needs, although ingredients could be a problem.

"But I don't believe the import of medicines will ever be restricted — whatever the politics, medical care and medicines are international."

But sanctions could be disastrous for research.

"We would miss the foreign capital investment in research programmes. This runs into millions of rands a year, and if it was withdrawn we would have to rely on government funding alone.

Sanctions could have a disastrous effect on health care if they severely damaged the economy.

Unemployment, increasing malnutrition and the loss of the State's ability to extend public health services could have even more far-reaching effects on the country's health than a breakdown in health services.

This is the opinion of Dr Marais Viljoen, secretary-general of the Medical Association of South Africa, and it is endorsed by Dr Louw.

Danger

"There is always the danger of typhoid, cholera and TB — diseases aggravated by unfavourable socio-economic circumstances. A damaged economy would place a much higher burden on primary and preventive health care.

"And, as far as the curative services are concerned, there would be a greater burden on the public sector," said Dr Louw.

"Last year, for example, the Cape Provincial Administration's 152 hospitals treated 8,5-million indigent patients. This workload will increase dramatically if the unemployment figure rises".

State to sell its hospitals

THE Government is to privatise some medical services.

By Ruth Golembo

Empty hospital beds will be made available to the private sector and provincial hospitals used by private patients will be sold.

Minister of Health and Welfare George de V Morrison says: "This is not a welfare State. There is no reason for the private sector not to take over the running of certain hospitals and medical services.

"The State will provide medical services only for indigent patients. All other services will be sold to the private sector."

Government plans include making empty hospitals available to welfare organisations to accommodate the frail and aged.

Crosshead

Dr Morrison said in an interview after the announcement of the new national health plan that privatisation would be implemented soon.

The Browne Commission's report on health services will be tabled in the forthcoming session of Parliament. A White Paper containg the Government's comments on the recommendations will also be published.

The commission investigated the high cost of medicine and other aspects of health services in the private sector in particular.

Dr Morrison says that if a medical-aid patient has exhausted his cover, he may apply for reclassification as a free patient.

The State will also consider hiring beds and facilities for its patients from private enterprise because it would be cheaper than owning hospitals.

Private hospitals will train nurses and other staff.

He says the State will continue its training programmes, but poaching of it staff by private hospitals cannot be afforded.

Big business

Private hospitals have become big business. At least R150-million in private funds was invested in hospitals in the past year.

There are hundreds of empty beds in the Transvaal Provincial Administration's Johannesburg Hospital — but private institutions have sprung up. They are alo mushrooming elsewhere.

A plush R22-million clinic in Kempton Park was opened this week by the Hydromed Group, which also owns the

□ To Page 2

□ From Page 1

Flora Clinic in Florida and the Reef's Mayo clinics.

Two hospitals costing about R58-million are due to open in Secunda and Bloemfontein soon.

Hydromed managing director Peter Arendsen says a well-run institution can be described as a highly profitable "medical hotel".

"The blossoming of private hospitals reflects a demand for luxury and individual attention by patients."

Earnings

Marius Barnard, PFP spokesman on health, says private hospitals have sprung up because the provinces failed to provide the services patients want.

Rembrandt's Medi-Clinic Corporation, which is valued at about R170-million, has three hospitals under construction. The company, newly listed on the Johannesburg Stock Exchange, projects earnings of R7,7-million in 1987, doubling to R15,1-million in 1988 and rising to R31,1-million by 1991.

Barney Hurwitz, chairman of Clinic Holdings which has 17 hospitals and day clinics and a property portfolio estimated at R250-million, is cautious about saying private hospitals are good business.

Mr Hurwitz says: "There are far better businesses to invest in. Private hospitals are bound by medical-aid tariffs. We are capital and labour intensive and have to contend with continually rising costs.

"Unlike hotels, we have little say over what we can charge

"Private hospitals are springing up because people who know little about business are jumping on the bandwagon to make a fast buck."

Revamp

His group is engaged on a R10-million revamp of the Garden City Clinic in Johannesbug and has invested about R35-million on the Greenacres Polyclinic in Port Elizabeth.

Their Hillbrow Rand Clinic's revamp cost about R10-million. An intensive care and neo-natal clinic costing R6-million have been built at Parktown's Park Lane Clinic.

The Afrox group became involved in private clinics when it bought out Morris Finger's quoted Amalgamated Medical Services (Ammed) in May 1983. Ammed was delisted, but the name was retained.

Ammed owns the Brenthurst Clinic, the Florence, the Lady Dudley and the Princess in Johannesburg; Pretoria's Eugene Marais; the Entabeni in Durban; and the Bay Clinic at Richards Bay.

Ammed managing director Royden Vice, who is also the chairman of the Representative Association of Private Hospitals, says money is being invested in private hospitals because of rising demand.

Nurses

"This has happened for a combination of reasons, including the Government's move away from helping medical-aid patients and a general shortage of nurses.

"The listing of private hospital groups has given many more people a stake in the industry."

Province will still run some hospitals

PORT ELIZABETH—The provincial authorities would continue to administer those hospitals which fell under Own Affairs Administration of the House of Assembly, the Minister of Health Services and Welfare, Dr G de V Morrison, said last night.

Addressing a meeting here, he said the private sector would have to share the Government's responsibility in building new hospitals.

Private hospital entrepreneurs would also have to take a larger share in training nurses and other paramedical professions.

'The Government will naturally continue with its training programmes but the wasteful exploitation of the Government institutions by the private sector can no longer be tolerated.'

Altogether, the provincial administrations will continue to run 44 hospitals — three of them in Natal — but the second and third tiers of government will not formulate policy. — (Sapa)

98 DD 20/8/82

Striking nurses guilty, cautioned

PRETORIA. — All 660 nurses charged with disgraceful and improper conduct following a mass strike at the Baragwanath Hospital last year were found guilty, cautioned and discharged by a disciplinary committee of the SA Nursing Council yesterday.

Relieved nurses burst into song and hugged each other, but the committee warned that the caution should not be taken lightly as it would be entered into their professional records.

The committee, chaired by Mrs Iris Roscher, said it had taken into consideration the "stressful" situation at the hospital at the time. Nurses were unhappy about working conditions.

Yet no matter how great the stress, the nurses should at all times conduct themselves in a professional manner, it added.

All the nurses pleaded guilty. — Sapa

98

Private hospitals strapped for cash

By Ruth Golembo

THE end to bargain-price hospital care is close.

Owners of private hospitals say they are not highly profitable. They have appealed to the Government for concessions to help them to make ends meet.

Negotiations are also under way with medical-aid organisations for an increase in fees.

Ray Oliver, managing director of the Flora Clinic in Roodepoort, says private hospitals are capital and labour intensive and struggle to keep their heads above water.

Concessions

Mr Oliver says tax concessions, the dropping of import surcharges on equipment and investment allowances available to other industries should be extended to private hospitals.

That is the only way to prevent the rising cost of medical care from being passed on to patients.

The call for concessions follows Government moves to privatise hospital services.

Some private hospitals fear they will not be able to afford sophisticated equipment because of the high cost of imports.

Mr Oliver says: "We buy all the sophisticated equipment abroad. Without the best equipment no hospital can function properly.

"Add to that the high overheads of running a hospital with specialised staff on duty 24 hours a day all week and profit margins drop considerably.

"We are bound by medical-aid rates. There is no way we can increase tariffs to chase up profits."

Accountant

A private suite costing R150 a day and including three high-quality meals and 24-hour medical care is priced at £800 to £1 000 in London.

He foresees foreign patients coming to SA for their operations.

Mr Oliver, is an accountant and the only non-medical shareholder in Flora Clinic Holdings. The hospital is not part of the Hydromed group, which has a director on Flora's board.

Others who have sunk money into the hospital are private practitioners.

A Flora director, a doctor who may not be named for professional reasons, says medical practioners invested money in the hospital so that they could have a say in its running.

"Doctors are not buying into hospitals to make profits. In over nine years we have received only one dividend. Until a few years ago, we did not even receive directors' fees.

"Every cent of profit is being ploughed back into the hospital to buy equipment and update facilities.

"Doctors in South Africa are not as profit conscious as their American counterparts. We are conservative as far as prices go.

"Patients are receiving hospital care at cheap rates."

Day clinics run on low overheads because they offer no meals and limited care and are taking patients away from hospitals.

Investigation

The deputy chairman of the National Federation of Private Hospitals, Hennie Blom, says private hospitals are not making as much profit as people are led to believe.

"Private hospitals are not at liberty to increase prices as they please. They are bound by medical-aid rates.

"All price increases for private hospitals are being delayed until next year."

Jan Fernhout, the chairman of the Representative Association of Medical Aid Schemes which is responsible for setting tariffs, says a sub-committee is studying hospital costs. Its findings will be discussed in the next few weeks.

He says it seems as if hospital tariffs will have to be increased. Medical-aid rates would rise considerably as a result.

	Lead	Sulphur dioxide	Particulates
(xi) Goodwood	0,3	8	14
(xii) Parow	0,3	7	11,5
(xiii) Pinelands	0,2	8,3	10
(xiv) Edgemead	0,2	16,3	9,5

Acceptable levels for these pollutants are:

(a) Lead: 2,5 micrograms per cubic metre (monthly average).

(b) Sulphur dioxide: 80 micrograms per cubic metre (annual average).

(c) Particulates: 100 micrograms per cubic metre (annual average).

The pollution levels are well below the accepted levels. In no instance was the acceptable level exceeded.

5/9/86 Q cur 2559
HANSARD

Provincial/private hospitals

1195. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(a) How many (i) provincial and (ii) private hospitals in each province will fall under (aa) the Administration: House of Assembly, (bb) the Administration: House of Representatives, (cc) the Administration: House of Delegates, (dd) his Department and (ee) other specified State departments in terms of the new dispensation for health services in South Africa and (b) with effect from what date or dates will these hospitals officially fall under the above-mentioned authorities?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

A particular hospital may be classified and allocated as an own affair of a specific population group, if an occupancy rate of 95% or more for that particular population group is applicable.

On the basis of this norm the classification and allocation of hospitals are presently being evaluated and the information as requested cannot be supplied at this stage.

5/9/86 Q cur
HANSARD 2560

Medical technologists

1200. Mr P C CRONJÉ asked the Minister of National Health and Population Development:

(1) Whether his Department is responsible for the training of medical technologists; if not, who is responsible for their training; if so, (a)(i) how many students were studying medical technology in 1986 and (ii) where were they studying in each case and (b) how many completed their academic training in 1986;

(2) whether any medical technology students have been placed at Government institutions to complete their practical training in 1986;

(3) how many posts for qualified medical technologists (a) existed and (b) were vacant at institutions under his Department's control as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) In collaboration with the Department of National Education, the Department of National Health and Population Development is responsible for the training of medical technologists within the public service.

(a) (i) 88 pupil medical technologists are presently in training.

(ii) Pupil medical technologists received training at the following technikons:

Pretoria, Cape Town, Witwatersrand, Natal, M L Sultan and Mabopane East.

(b) By the end of 1986, 52 pupil medical technologists will have completed their academic training.

(2) Yes.

(3) (a) There are currently 436 posts for qualified medical technologists.

(b) There are 8 vacant posts for medical technologists against which students are employed.

Q cur 2561
HANSARD 5/9/86

KwaNdebele: schools/pupils

1201. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) Whether he will furnish information on schools in KwaNdebele; if not, why not; if so, how many (a) schools were taken in KwaNdebele, and (b) pupils were (i) registered at and (ii) attending these schools, as at the latest specified date for which information is available;

(2) whether any incidents of unrest occurred at these schools recently; if so, (a) when, (b) what was the nature of the incidents, (c) what has been the effect of this unrest on regular schooling and (d) what action has been taken as a result?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) No. KwaNdebele has an autonomous education department and schools in KwaNdebele are the responsibility of the Government of that Self-governing State. Certain information on the provision of education in KwaNdebele is published in the annual reports of the Department of Education and Training with the permission of that education department. The most recent published information is available in the 1985 annual report of the Department of Education and Training.

(a) Falls away.

(b) (i) and (ii) Fall away.

(2) For the same reason as stated above, this information cannot be provided.

(a), (b), (c) and (d) Fall away.

Drivers' licences separate from identity books/reference books

1202. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question 309 on 10 March 1986, the provincial administrations have as yet reported to the Cabinet on measures to give effect to the decision that drivers' licences be separate from identity documents and reference books; if not, when is it anticipated that the provincial administrations will report to the Cabinet; if so,

(2) whether the provincial administrations have made any recommendations in this regard; if so, (a) what is the nature of these recommendations and (b) when will they be implemented?

The MINISTER OF TRANSPORT AFFAIRS:

(1) No. Indications are that a report will be submitted to the Cabinet towards the middle of November 1986.

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

5/9/86

KwaNdebele: Commissioner-General

HANSARD Q cur 2562

1203. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether any steps were taken in re-

spect of the Commissioner-General of KwaNdebele recently; if so, (a) what steps, (b) when, (c) on whose instructions and (d) why;

(2) whether he or his Department has received any representations requesting that such steps be taken; if so, (a) when, (b) from whom and (c) what was the response thereto;

(3) Whether any action is to be taken in connection with these representations; if not, why not; if so, (a) what action and (b) when?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) Yes.

(a) Temporary withdrawal of the Commissioner-General from KwaNdebele.

(b) 17 July 1986.

(c) By agreement between myself and the Commissioner-General.

(d) Breakdown in relationship between Commissioner-General and Government of KwaNdebele.

(2) Yes.

(a) 17 July 1986.

(b) Chief Minister of KwaNdebele.

(c) Temporary withdrawal of the Commissioner-General by agreement between myself and the Commissioner-General.

(3) Yes.

(a) Is being considered.

(b) Unknown at this stage.

Northdale/Grey's Hospitals, Pietermaritzburg

1205. Mr G B D McINTOSH asked the Minister of National Health and Population Development:

Whether he will furnish statistics on the number of patients admitted to (a) Northdale and (b) Grey's Hospitals in Pietermaritzburg; if not, why not; if so, how many (i) Coloured, (ii) White, (iii) Black and (iv) Indian patients were admitted to each of these hospitals in each of the latest specified 12 months for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The number of patients admitted to Northdale and Grey's Hospitals during August 1985-July 1986, is as follows:

	Coloured	White	Black	Asian
Northdale	3 620	1	132	14 756
Grey's	15	20 402	22	25

Internal Security Act: detentions

1207. Mrs H SUZMAN asked the Minister of Law and Order:

What total number of persons had been detained under section (a) 28, (b) 29, (c) 31 and (d) 50 of the Internal Security Act, No 74 of 1982, since 1 January 1986 as at the latest specified date for which information is available?

The MINISTER OF LAW AND ORDER:

(a) None.

(b) 299.

(c) 71.

(d) I do not deem it in the interest of the public to furnish information of this nature.

Detainees hospitalised

1208. Mrs H SUZMAN asked the Minister of Law and Order:

(1) Whether any persons detained by the South African Police since 12 June 1986 have been hospitalised; if so, (a) how many, (b) in terms of what statutory provision was each being detained, (c) to what hospitals were they admitted, (d) for what reasons were they hospitalised in each case and (e) in respect of what date is this information furnished;

(2) whether he will furnish the names of the persons concerned; if not, why not; if so, what are their names?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 464.

(b) The particulars are not readily available except to say that the persons were detained on a variety of crimes and offences.

(c) At 66 different hospitals and clinics in the Republic.

(d) The particulars are not readily available except to say that the persons were admitted in hospitals for various illnesses.

(e) For the period 1986-06-12 until 1986-08-28.

(2) No, since the information is not readily available.

Detainees: hunger strikes

1210. Mrs H SUZMAN asked the Minister of Law and Order:

Whether any detainees have gone on hunger strikes since 12 June 1986; if so, (a) how many as at the latest specified date for which information is available, (b) in what police station cells, (c) in terms of what statutory provisions were the hunger strikers being held and (d) what action was taken as a result?

The MINISTER OF LAW AND ORDER:

I do not deem it in the interest of the public to furnish information of this nature.

Johannesburg Station: parking facilities

1213. Mr W V RAW asked the Minister of Transport Affairs:

(1) Whether parking facilities at Johannesburg Station have been or are to be let to private undertakings; if so, (a) why, (b) when, (c) (i) what platforms and (ii) how many parking spaces are involved, (d) what parking charges are being or will be made to users, (e) what rents will be or are to be paid by the concession holders and (f) what are the names of the private undertakings concerned;

(2) whether the new arrangement has affected or will affect the availability of taxis for railway passengers; if so, in what way;

(3) whether tenders will or are to be called for in this regard; if so, what are the relevant particulars; if not, (a) why not and (b) what procedure was or will be followed?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) The cost of policing and maintenance of the parking meters exceeded the total income derived from this source.

(b) From 1 June 1986.

(c) (i) Main line platforms Nos 11 to 16.

(ii) 375 for motor vehicles and 11 for motor-cycles.

	Lead	Sulphur dioxide	Particulates
(xi) Goodwood	0,3	8	14
(xii) Parow	0,3	7	11,5
(xiii) Pinelands	0,2	8,3	10
(xiv) Edgemead	0,2	16,3	9,5

Acceptable levels for these pollutants are:

(a) Lead: 2,5 micrograms per cubic metre (monthly average).

(b) Sulphur dioxide: 80 micrograms per cubic metre (annual average).

(c) Particulates: 100 micrograms per cubic metre (annual average).

The pollution levels are well below the accepted levels. In no instance was the acceptable level exceeded.

5/9/86 Qcn 2559
HANSARD

Provincial/private hospitals

1195. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(a) How many (i) provincial and (ii) private hospitals in each province will fall under (aa) the Administration: House of Assembly, (bb) the Administration: House of Representatives, (cc) the Administration: House of Delegates, (dd) his Department and (ee) other specified State departments in terms of the new dispensation for health services in South Africa and (b) with effect from what date or dates will these hospitals officially fall under the above-mentioned authorities?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

A particular hospital may be classified and allocated as an own affair of a specific population group, if an occupancy rate of 95% or more for that particular population group is applicable.

On the basis of this norm the classification and allocation of hospitals are presently being evaluated and the information as requested cannot be supplied at this stage.

5/9/86 Qcn
HANSARD 2560

Medical technologists

1200. Mr P C CRONJÉ asked the Minister of National Health and Population Development:

(1) Whether his Department is responsible for the training of medical technologists; if not, who is responsible for their training; if so, (a)(i) how many students were studying medical technology in 1986 and (ii) where were they studying in each case and (b) how many completed their academic training in 1986;

(2) whether any medical technology students have been placed at Government institutions to complete their practical training in 1986;

(3) how many posts for qualified medical technologists (a) existed and (b) were vacant at institutions under his Department's control as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) In collaboration with the Department of National Education, the Department of National Health and Population Development is responsible for the training of medical technologists within the public service.

(a) (i) 88 pupil medical technologists are presently in training.

(ii) Pupil medical technologists received training at the following technikons:

Pretoria, Cape Town, Witwatersrand, Natal, M L Sultan and Mabopane East.

(b) By the end of 1986, 52 pupil medical technologists will have completed their academic training.

(2) Yes.

(3) (a) There are currently 436 posts for qualified medical technologists.

(b) There are 8 vacant posts for medical technologists against which students are employed.

Qcn 2561
HANSARD 5/9/86

KwaNdebele: schools/pupils

1201. Mr P G SOAL asked the Minister of Education and Development Aid:

(1) Whether he will furnish information on schools in KwaNdebele; if not, why not; if so, how many (a) schools were taken in KwaNdebele, and (b) pupils were (i) registered at and (ii) attending these schools, as at the latest specified date for which information is available;

(2) whether any incidents of unrest occurred at these schools recently; if so, (a) when, (b) what was the nature of the incidents, (c) what has been the effect of this unrest on regular schooling and (d) what action has been taken as a result?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) No. KwaNdebele has an autonomous education department and schools in KwaNdebele are the responsibility of the Government of that Self-governing State. Certain information on the provision of education in KwaNdebele is published in the annual reports of the Department of Education and Training with the permission of that education department. The most recent published information is available in the 1985 annual report of the Department of Education and Training.

(a) Falls away.

(b) (i) and (ii) Fall away.

(2) For the same reason as stated above, this information cannot be provided.

(a), (b), (c) and (d) Fall away.

Drivers' licences separate from identity books/reference books

1202. Mr P G SOAL asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question 309 on 10 March 1986, the provincial administrations have as yet reported to the Cabinet on measures to give effect to the decision that drivers' licences be separate from identity documents and reference books; if not, when is it anticipated that the provincial administrations will report to the Cabinet; if so,

(2) whether the provincial administrations have made any recommendations in this regard; if so, (a) what is the nature of these recommendations and (b) when will they be implemented?

The MINISTER OF TRANSPORT AFFAIRS:

(1) No. Indications are that a report will be submitted to the Cabinet towards the middle of November 1986.

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

5/9/86
HANSARD Qcn 2562

KwaNdebele: Commissioner-General

1203. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether any steps were taken in re-

KwaZulu and Natal ask for R4,3 m

NJM 11/9/86

98

African Affairs Correspondent

MEMBERS of the new Natal Provincial Executive Committee and the KwaZulu Cabinet have asked the Government for R4 300 000 for 332 extra beds at Umlazi's Prince Mshiyeni Hospital to relieve congestion at Durban's King Edward VIII Hospital.

This was revealed in Durban yesterday by Mr Tino Volker, the senior MEC in Natal, when he addressed a Press conference after the first meeting of the KwaZulu/Natal Strategic Policy Group since the previous Provincial system of government was abolished.

He chaired the conference with Dr Oscar Dhlomo, KwaZulu's Minister of Education and Culture.

Mr Volker said he had discussed the issue with Dr Willie van Niekerk, Minister of National Health and Population Development, who had been 'very sympathetic'.

He said Dr van Niekerk had asked Mr Barend du Plessis, Minister of Finance, about the availability of funds. It was possible that a further 1 000 beds might be made available at the Prince Mshiyeni Hospital by the end of next year.

Mr Volker said this development illustrated the co-operation which existed between the Natal and KwaZulu administrations in health matters, roads and certain local authority concerns.

He said yesterday's discussions had taken place in a spirit of goodwill and co-operation.

Mr Volker said the Strategic Policy Group would probably cease to exist in its present form once the KwaZulu/Natal Joint Executive Authority, promulgated last week, became fully established.

He said it would be necessary to appoint a chief executive officer to head the executive authority.

Dr Oscar Dhlomo, KwaZulu's chief negotiator at the talks, said his Department of Education and Culture was to be re-structured as from next year as a result of links established with the Natal Education Department before education was removed from the control of the Province.

He said it was no longer the function of the SPG to discuss the KwaZulu/Natal Indaba. That function had been handed over to the chairman of the Indaba, Prof Desmond Clarence, and its secretariat.

Dr Dhlomo said the KwaZulu delegates had formally welcomed the new members of Exco to the policy group's meeting and he looked forward to the same degree of co-operation as existed in the talks with the previcus Executive Committee.

Over 460 detainees taken to hospital since June

OVER 460 detainees have been admitted to hospital between June 12, when the state of emergency was declared, and August 28.

A Law and Order Ministry spokesman emphasised that the figure did not only relate to people detained under the emergency regulations.

In a written reply to a question by Progressive Federal Party law and order spokesman Helen Suzman, Minister Louis le Grange said the 464 detainees had been admitted to 66 different hospitals and clinics countrywide.

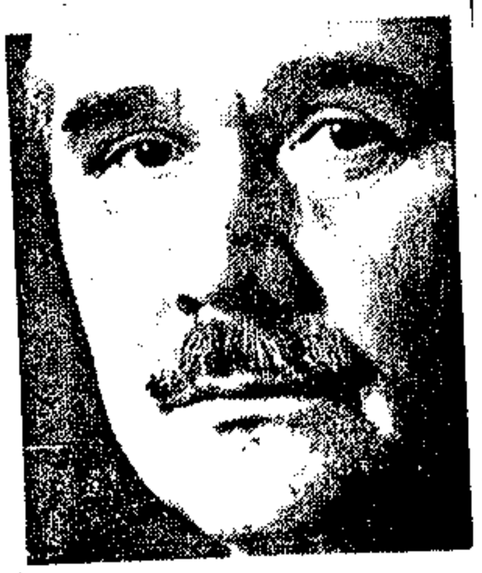
Le Grange said it was not possible to say in terms of what law each person had been detained, or why they were admitted to hospitals, except that it was for "various illnesses".

Le Grange said their names could not be given as the "information is not readily available".

In reply to a question from the MP for Constantia, Roger Hulley, Le Grange said 1 113 people had been killed in unrest-related incidents between July 1985 and July 1986.

He said 456 were killed during the last six months of last year, while 657 died during the first seven months of 1986. The highest death toll was last May, when 137 people died.

● Le Grange said he "did not deem it in the public interest" to say how many people had been detained under sections 46 and 50 of the Internal Security Act since last January 1.



LE GRANGE
'Various illnesses'

Replying to a question by Suzman, he said it was not in the public interest to say how many had been detained under the present emergency.

He said that since January 1, 299 people had been detained under Section 29 of the Internal Security Act and 71 under Section 31, but gave no date at which this was correct. – Sapa

One hospital bed costs taxpayer R23 000

98 STAR 16/9/86

Pretoria Bureau

Taxpayers subsidise provincial hospital beds at a cost of R23 000 a bed each year — an unsatisfactory situation, the Minister of Health Services and Welfare Administration, Dr George Morrison, said last night.

Dr Morrison was addressing a Press conference at the conclusion of a privatisation symposium in Pretoria, attended by representatives of the department and of various private hospitals and private hospital associations.

Dr Morrison said there were more than 500 provincial hospitals in South Africa and thousands of beds in these institutions.

"Our provincial hospitals have never operated cost-effectively in the proper sense of the word. A provincial hospital bed costs R25 000 per year to maintain. Only R2 000 of this can be attributed to hospital income. The other R23 000 is subsidised by the taxpayer," Dr Morrison said.

He said that if privatisation could assist in keeping the costs of hospital and health services — services offered by both the Government and private sector — within limits and make at least primary services available to all, much could be achieved.

But the State would not abandon lower income groups should provincial hospitals and health services be privatised, he emphasised.

"The State accepts its full responsibility for the sub-economic groups. We will not force them to adopt private services.

"In the event of privatisation the State will keep some hospitals or come to an agreement with private hospitals whereby lower income groups are offered special rates.

"Should the Government decide to privatise pro vincial hospitals, these will be sold on a tender basis," he added.

Dr Morrison pointed out that at present, only about 25 percent of the population could afford private hospital services.

MEDICAL AID SCHEMES

According to figures released in 1984, the total number of people belonging to medical aid schemes in South Africa was 5,2 million.

Of these, 3,5 million were white (75 percent of the white population; 0,76 million were Coloured (26 percent of the Coloured population); 0,74 million black (4 percent of the black population; and 0,23 million Asians (28 percent of the Asian population.

Dr Morrison said no decision had been reached on how to keep hospital costs down. "We are aware of the problems private hospitals experience in keeping costs down but at present have no definite solution.

"Private hospitals must render a service which is cost-effective or they will be out of business," he said.

There are 75 registered private hospitals in South Africa with a total of 7 959 beds. The Transvaal has 46 private hospitals, the Cape has 22 and there are seven in Natal. The Orange Free State has none.

There are 61 unattached operating theatre units in the country. These are individual "day hospitals" where patients generally go in for minor surgery in the morning, and leave that same evening. They have only a few beds.

"There is a total of 429 beds in these units and 94 theatres," Dr Morrison said.

He stressed that private hospitals were not restricted to the country's cities but many were situated in bigger towns such as George in the Cape and Nelspruit in the Eastern Transvaal.

Dr Morrison said the privatisation of present facilities could only be accomplished if the private sector was willing to provide the full spectrum of health services and maintain the standard of care at an affordable cost.

The privatisation of provinicial hospitals was discussed in some detail at the symposium but no major decisions were announced.

A spokesman for a representative association of private hospitals said the discussions with the department had been "frank and open and very beneficial to both parties".

Doctors are angry over new TPA hospital rule

16/9/86 STAR 98

West Rand Bureau

Several West Rand medical practitioners are up in arms because doctors wanting to treat their patients at Transvaal provincial hospitals must sign a set of rules before they can be admitted.

Dissatisfaction with the system was highlighted last weekend when a 17-month-old boy who suffered from convulsions brought on by a high temperature was refused admittance to a hospital in Roodepoort because his doctor had not signed the necessary rules.

Killian Fourie had been taken to his doctor on Saturday morning with a high temperature. His grandmother, Mrs Gerda Fourie, said he was given medication and she was told to keep him wrapped in wet towels to bring down his fever.

"Later he started convulsing and I rushed him to Discoverers Memorial Hospital. I asked the staff there to help me and the sister told me to take him back to my doctor. I went home and telephoned my doctor. He told me to go right back to the hospital and said he would help me.

"I went back. When my doctor arrived he tried to have Killian admitted, but he was refused admission. In the end he arranged for an ambulance to take us to Johannesburg Hospital."

Killian was allowed to go home on Saturday evening after spending the afternoon there.

Not turned away

Dr Laubser, superintendent at Discoverers Memorial Hospital, told *The Star* that no patient who desperately needed attention was turned away.

"In Killian's case, the sister on duty took his temperature and telephoned his doctor advising him that his patient had been brought to the hospital."

Dr Laubser added that doctors who did not sign the set of rules had been told that any patients who came to the hospital would have to be referred to another doctor or a specialist, or transferred to another hospital.

Dr Douglas Gurnell, chairman of the National General Practitioners' Group, said: "Certain functions that are those of the Medical Council are now being undertaken by the various superintendents of the hospitals. Since when is a superintendent, who possibly has never run a practice of his own or who possibly has not nearly the experience that a particular doctor might have, qualified to decide whether a GP is 'fit to practice in a hospital'? That is for the Medical Council to decide."

(98) DD 4/4/86

Cash boost for Cecilia Makiwane cancer unit

Dispatch Reporter

EAST LONDON — A pharmaceutical company has donated R5 000 to the Cecilia Makiwane Hospital's Oesophagus Cancer Research Fund.

The public relations spokesman for the company, Lennon Limited, said it was hoped "the donation would contribute towards the stemming of the alarming death rate" due to cancer in Southern Africa.

The head of the department of surgery at the hospital, Dr Colin Lazarus, said the company's donation would help the research team improve the quality of life after the disease had been diagnosed in a patient.

He said a survey would be undertaken by hospital staff in conjunction with the Medical Research Council.

"It will be done in five steps which will involve identifying the village, regular visits by a field worker, the examination of cells for cancer or abnormalities by the Medical Research Council and the invitation of affected patients to hospital for examination and treatment"

N/M 24/7/86

98

Fares for patients scrapped

Mercury Reporter

THE system which provided bus fares for certain patients visiting clinics at Durban's Addington Hospital was scrapped because it was 'irregular and unauthorised', a hospital spokesman said yesterday.

Administrators have also responded to criticism about a lack of communication within the hospital, saying concerned staff are free to approach them to discuss their problems.

The transport allowance system was scrapped shortly after Dr Patrick Lowe took over as medical superintendent in June.

Yesterday a spokesman said the hospital was governed by provincial regulations and from time to time 'irregularities creep in'.

'I agree that patients need to get to and from the hospital, but transport is not our concern. Our concern is to treat the patients when they get here and we need all the money we can get. The transport fund was not authorised and Dr Lowe put a stop to it,' said the spokesman.

Asked to comment on complaints that a number of the staff were concerned about a lack of communication within the hospital, the spokesman said he was surprised the staff concerned had not approached the hospital superintendents.

'There is always room for improving communication, but staff are welcome to discuss the problem with us.'

All inquiries directed to Dr Lowe by the Mercury were referred to a hospital spokesman.

The spokesman denied speculation that the hospital was considering closing the ante-natal and post-natal clinics.

'We could not run without

WEEKLY MAIL 26/9/86

98

MASA will raise prison tapes claims with state

WEEKLY MAIL REPORTER

THE Medical Association of South Africa (Masa) will raise with the Department of National Health and Development the Weekly Mail's disclosure that confidential meetings between doctors and detainees might be secretly recorded by the SA Prison Service.

The association, which recently established independent panels of doctors to treat and examine detainees, is one of several professional bodies to react strongly to the Mail's disclosure last week that detainees' conversations with judges, priests, and doctors might be monitored.

The Mail's lawyers said this was the only inference which could be drawn from the SA Prison Services' refusal to deny that the meetings were being recorded. The Weekly Mail had received independent verification, which was confirmed by the Prisons Service, that meetings between detainees and their relatives were tape-recorded by prison authorities and sent to the SA Security Police.

Masa's secretary general, Dr Maries Viljoen, released the following in response to the Mail's article: "It is alleged that the SA Prison Service has conceded that it is possible confidential interviews between detainees and their medical attendants (district surgeons or panel doctors) could be monitored and recorded.

"Masa has not received any statement from the prisons authorities to this effect nor has this very serious allegation been corroborated in any way.

"In view of the fact that it would constitute a very serious breach of doctor-patient confidentiality and would be in conflict with accepted ethical norms (including the Hippocratic oath and the Declaration of Geneva), the association finds it difficult to believe that the prison services would resort to such methods.

"Masa will however take the matter up with the Department of National Health and Population Development, who have the ultimate responsibility for health care of detainees. If there should prove to be any substance to the allegation, Masa will register the most strenous protest. Such a situation would be completely unacceptable to the association and cannot be tolerated by any doctor."

The National Medical and Dental Association (Namda) — set up in opposition to Masa's conservative stand and, in particular, its failure to deal strictly with district surgeons whose negligence was later found to have played a part in Black Consciousness leader Steve Biko's death in detention — noted the Mail's disclosure with concern.

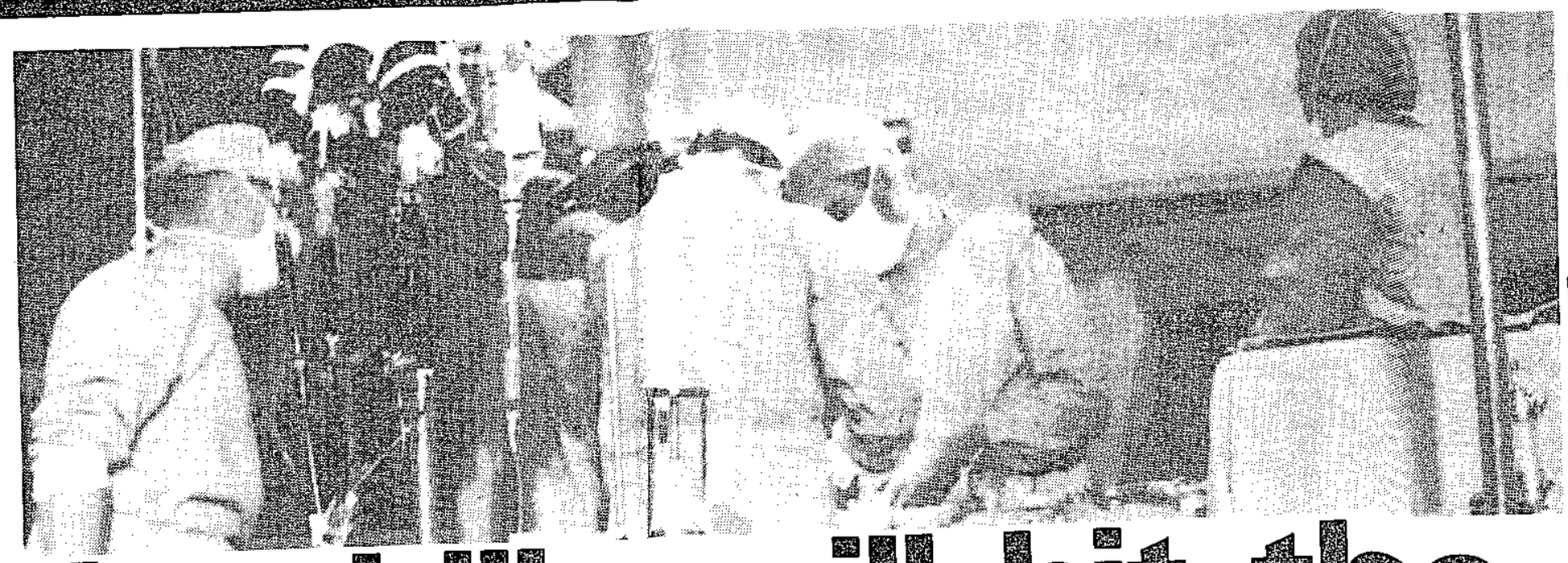
"Certainly with regard to doctors this appears to be a breach of the confidentiality requirement of governments throughout the world and to which South Africa is a signatory. We consider this a contravention of doctor-patient confidentiality.

"Detainees are always in prison against their wishes," the Namda spokesman added. "This results in much anguish and mental trauma to these individuals. Both international and local work on people coming out of detention shows clearly the mental scars this had left and the State's further intrusion into the privacy and confidentiality of detainees will no doubt cause greater mental hardships."

Professor John Dugard, speaking on behalf of Lawyers for Human Rights, said: "The whole purpose of judicial visits is to enable the detainees to communicate freely with the judge. If the judge's visits are taped this will obviously affect the confidence of the detainee. In other words this practice would undermine the very purpose of the visits.

Cost of staying alive set to spiral with higher medical fees

Hospital expenses range from basic of 50c a day in a general ward to R113 for private room with a bath



Soaring bills will hit the mid-income group

By YVONNE STEYNBERG

THE man in the street faces massive hikes in personal payments for medical treatment next year.

Medical fees are set to increase dramatically.

The result will be that after medical aid has paid its portion of the costs, the average patient will be left with a considerably high payment to cover his share of the bill.

"People should be warned they are going to be faced with escalating medical bills because costs are soaring and the cost of drugs is increasing again," Dr Angus Hofmeyr, Eastern Cape branch chairman of the Medical Association of South Africa (Masa), told Weekend Post.

It is estimated that medical aid subscriptions will go up by a minimum of 10% to 12% to cover basic costs in 1987, but even without this patients will already be paying more.

This follows a year in which some medical aid contributions have risen by as much as 25%. Many subscribers are already battling to pay to pay additional charges because of the spiralling cost of living.

Dr Hofmeyr said the Representative Association of Medical Schemes (Rams), which had obtained statutory rights in the Medical Schemes Act and was the mouthpiece for all medical aid schemes, did not want to increase fees.

Rams' schedule of benefits was gazetted and became legally binding.

One doctor said he knew of a case where a family man received a R4 488 bill. His medical scheme paid R1 250 and he had to pay the remaining R3 238.

Dr ANGUS HOFMEYR ... There are going to be escalating medical bills.

Bills totalling thousands of rands are possible for private hospitalisation.

A low-income patient pays from 50c a day for a bed in a provincial hospital, but when a patient's tax bill exceeds R645 a year — the lower middle income group — he pays full fees.

This is at present R63 a day in a general ward, plus medicine, theatre fees, X-rays and doctors.

Doctors maintain they are being unfairly blamed for rising costs.

"Considering that there are three main categories of medical expenses — hospitalisation, drugs and doctors — the doctor accounts for less than one-third of the bill," Dr Hofmeyr said.

All energies seemed to be directed at discrediting the medical profession. He felt the other costs involved in illness should be investigated by medical schemes in an effort to cut costs.

Dr PIERRE DU TOIT ... "tests and expensive drugs are major factors".

Many people being admitted to hospitals had no idea of the eventual costs possible.

But Dr Pierre du Toit, chairman of the Provincial Hospital Medical Committee, said: "At least in provincial hospitals a patient knows that less expensive though equally effective drugs will be used, and expensive investigations, scans, X-rays and tests will be kept to a necessary minimum."

Patients should not be kept in hospital unnecessarily, he said.

Medical costs could soar when doctors prescribed expensive drugs, investigations and X-rays or kept patients in hospitals too long.

A study of the Government's "New Dispensation Health Plan for South Africa", which gives six levels of service, is said by some medical men to give a false impression that all people and all races would benefit from the plan, as stated in the glossy booklet.

● A study of the dispensation indicates that the middle income groups will be hit hardest by the increases

---

WHAT expenses could you face in hospital?

Claims by doctors that middle-income earners will fare worst under the Government's "New Dispensation for Health Services" plan, led the Weekend Post to investigate costs at various hospitals.

Here they are:

PROVINCIAL HOSPITAL:

● A poor patient or pensioner can get a bed in a general ward from 50c a day.

● If such a patient cannot pay for drugs, X-rays and theatre, the charges are mostly waived.

● Anyone paying income tax of more than R645 a year is admitted at the normal rate, presently R63 a day for a bed in a general ward, plus medicine, theatre and relevant fees.

● Theatre fees can range from about R80 to a maximum of R168.

● A private room (no bathroom) costs R88 a day.

● The intensive care fee is R144 a day.

(Doctors said many people were unaware intensive care units carried an additional fee.)

ST JOSEPH'S HOSPITAL, Park Drive:

● A bed in a general ward costs R73,50 a day.

● A private room with a shower and toilet being shared between two adjoining rooms costs R81,50.

● A suite with full separate bathroom and French doors leading to a private balcony costs R89,50 a day. Telephones are provided at an extra charge.

St Joseph's has no intensive care section.

Medicine and theatre fees must be added to these charges.

POLI CLINIC, GREENACRES MEDICAL CENTRE:

Dr Jaap Huisamen, executive chairman of Poli Clinic, said costs fell within the spectrum of medical aids and workmen's compensation payments as gazetted.

Costs differed between patients on a medical aid scheme or without one.

● A bed in a general ward — R73,50 for medical aid patients and R81,70 for patients with no medical aid.

● Semi-private wards (two beds and bathroom) — R87,60 for patients with medical aid and R97,30 for patients with no medical aid.

● Private ward (one bed and bath) — R107,70 for patients with medical aid and R113,00 for patients with none.

● An intensive care unit costs R168 a day (medical aid) and R187,50 (no medical aid).

● To these charges must be added theatre costs, medicine, X-rays and doctors' fees.

● Theatre fees are: 1 to 15 minutes — R103,50; 16 to 30 minutes — R121,50; 31 to 45 minutes — R140,50; 46 to 60 minutes — R160,50; after the first hour, R39 for each 15 minutes.

● The initial fee for admission to casualty is R20, plus medicine and treatment.

CAPE TIMES 7/10/86

The Western Cape Hostel Dwellers' Association will now operate a mobile clinic for thousands of people living in 1 200 hostels in Nyanga, Langa and Guguletu. At the weekend the marketing manager of South African Breweries, Mr Raymond Howard (left), handed over the keys of the clinic to an executive member of the association, Mrs Nokwakha Toti (centre). Dr Mamphela Ramphele (right), adviser to the WCHDA, said the mobile clinic would screen patients for diseases and refer them to appropriate TB clinics and hospitals.

Inadequate health care on Flats

Mitchell's Plain needs 'large modern hospital'

Staff Reporter

THE Mitchell's Plain Co-ordinating Committee (MPCC) is to put pressure on the Government for a modern hospital to serve the township's residents and the people of nearby Khayelitsha.

A private hospital, part of the Mitchell's Plain town centre complex, is nearing completion.

The MPCC said this hospital would not be able to serve the majority of the town's residents or people living in Khayelitsha because they were not members of medical aid schemes.

Private medical aid was beyond the reach of most Mitchell's Plain residents. Those who joined these schemes could suffer a drop in their standard of living.

Mitchell's Plain, according to the MPCC, is home to 500 000 people, while about 400 000 people live in Khayelitsha, the township on Mitchell's Plain's "doorstep".

Quoting the World Health Organisation, the MPCC said the United Nations body stated that there should be a hospital for a population of 60 000 and over.

Yet, said the MPCC, Mitchells Plain, in its 10th year of existence, has one day hospital and 40 general practitioners as its only source of health care.

The township needed a general hospital the size of Groote Schuur, said the MPCC.

According to the MPCC the residents of the latter two suburbs could afford to be members of medical schemes and to attend private hospitals, but they lived within easy travelling distance of Groote Schuur and Tygerberg Hospitals.

In comparision people from Mitchell's Plain and Khayelitsha, who rely on public transport and have little or no medical aid cover, were forced to travel at their own expense to Groote Schuur and Tygerberg and the Red Cross Childrens' Hospital.

They often spent long hours at hospitals, waited patiently for the already overpressed ambulance service to reach them in emergencies, and simply died if ambulances did not reach them on time.

Basic right

The Government, which forcibly removed people, were responsible for this disparity.

"A basic right like a hospital has not been planned for. Health care, like housing, is the responsibily of the Government," the MPCC said in a Press statement.

The Government should realise that it has an obligation towards the people of Mitchell's Plain. Passing on the responsibility to private enterprise was unfair.

● Commenting, Mr Robert Engela, senior assistant director hospital services, said the new day hospital in Mitchell's Plain has six beds for overnight patients.

"The concept of day hospitals is changing. These hospitals, should the need arise, will accommodate patients for the night. We are examining the possibility of building a hospital on the Cape Flats," he said.

Mitchell's Plain and Khayelithsa represent two of the poorest and most densely populated areas in the Peninsula. The two townships enjoyed an appalling standard of health care in comparision with more affluent and under-populated suburbs, the MPCC said.

Rural health services not hit by unrest

EAST LONDON — Unrest had not affected health services in the rural areas and patients continued to attend clinics, the outgoing Divisional Council chairman, Mr Bruce Bursey, said in his annual report.

Dealing with comprehensive nursing services, he said the flare up of measles incidences had brought an increased demand for immunisations, with a notable influx from areas outside South Africa.

Children were also being brought to clinics from these areas.

Measles notifications numbered 27, compared to 19 last year. He said since July 1986, over 2 000 children had been immunised, many for the second and third time — on demand from mothers both from inside and outside South Africa.

Adequate vaccine supplies were available and the campaign was continuing.

He said it had been hoped that information would have been available about the eventual control of the amalgamated ambulance services, as the uncertainty was not only hampering planning, but was also affecting the staff.

Mr Bursey also revealed that building plans were down 16,73 per cent on last year, but said this compared favourably with the 30 per cent decline in the country-wide statistics.

The number of businesses had increased and 666 licences had now been issued.

98 DD 9/10/86

Hospitals may quit medical aid system

Mercury Correspondent

JOHANNESBURG—Private hospitals are threatening to quit the medical aid system because of the low benefit increases granted by medical aid societies.

If they do, patients will have to dig into their own pockets to pay towards the cost of their hospital treatment.

Officials of the Representative Association of Private Hospitals will meet on Thursday to discuss whether to stay within the system. According to chairman Dick Williamson, there is 'a strong chance' they will opt out.

The hospitals are angered by the latest table of benefit scales approved by RAMS, the Representative Association of Medical Schemes. These scales are the maximum amount medical aid societies will pay for members' treatment.

Disparity

Hospitals say the new scale, which applies from January 1 next year, offers an average 7% increase. The hospitals had asked for 20%.

'That's an enormous disparity,' said Mr Williamson.

He said annual increases approved by RAMS had been consistently below inflation.

'It would be very bad for the health industry if we pulled out of the medical aid system,' Mr Williamson added. 'It would have a serious effect on people and there would be an uproar.'

RAMS chairman Jan Fernhout said last night that in setting its latest benefit scale, RAMS had anticipated hospital defection. 'We foresaw some hospitals might want to withdraw — but not all of them.'

He admitted the latest increase could be less than the hospitals' needs but said it was the most medical aid societies themselves could afford.

Private hospitals may quit

By DAVID FURLONGER

JOHANNESBURG. — Private hospitals are threatening to quit the medical aid system over the low level of benefit increases granted by medical aid societies.

If they do, patients will have to dig into their own pockets to pay towards the cost of their hospital treatment.

Officials of the Representative Association of Private Hospitals (RAPH) will meet on Thursday to discuss whether to stay within the system. According to chairman Dick Williamson, there is "a strong chance" they will opt out.

The hospitals are angered by the latest table of benefit scales approved by RAMS, the Representative Association of Medical Schemes. These scales are the maximum amount medical aid societies will pay for members' treatment.

Hospitals say the new scale, which applies from January 1 next year, offers an average 7% increase. The hospitals had asked for 20%.

"That's an enormous disparity," said Williamson.

He said annual increases approved by RAMS had been consistently below inflation. Average benefit scales rose 12% on January 1 this year, 10% last year and 6,25% in 1984. Over the same period, overall hospital costs had risen faster than inflation.

The private hospitals sector is dominated by three investors — Afrox, Clinic Holdings and the Rembrandt Group. However, there are many smaller investors also involved.

"Return on private hospitals capital is declining. Margins are down substantially," Williamson said.

He blamed rising costs on improved nursing salaries, particularly among blacks, and the cost of imported equipment. He added that private hospitals would probably have to match recent pay rises among provincial nursing staff of between 20% and 40%.

"It would be very bad for the health industry if we pulled out of the medical aid system," he said. "It would have a serious effect on people and there would be an uproar."

If private hospitals decide to opt out and charge their own rates for treatment, patients themselves could be faced with major medical bills.

Cape Times, Wednesday, C

Cape Times 15/7/86

'Yes' to medical aid

Own Correspondent

JOHANNESBURG. — Clinic Holdings — with Rembrandt and Afrox one of the country's biggest private hospital investors — insisted yesterday it would remain within the medical aid system.

Responding to news reports that hospital owners would meet tomorrow to discuss contracting out of the system, Clinic Holdings director Ian Bloch said: "We will continue to deal with medical aid schemes as we have done in the past. We have absolutely no intention of contracting out. It would be unfair on our patients."

He admitted however that recent hospital benefit rate increases approved by the Representative Association of Medical Schemes were harming his group's profitability and had caused Clinic Holdings to shelve some of its plans for building new hospitals.

Hospitals may charge more

The Argus Correspondent AR645 15/10/86 98

JOHANNESBURG. — Private hospitals may decide this week to charge medical aid patients more than maximum rates set down by medical societies.

This means private hospitals will opt out of the medical aid system whereby they receive direct payment from societies.

Patients will be expected to foot private hospital bills and claim the money back from their medical aid. This also means patients will have to dig into their own pockets for the difference beween maximum scales set down by societies and the hospital charges.

The Representative Association of Private Hospitals (Raph) is to to discuss whether it will charge more than the seven percent increase in scales set down by the Representative Association of Medical Schemes applicable from January 1 next year.

Hospitals have asked for a 20 percent increase in rates and Mr Dick Williamson, chairman of Raph, said there was a strong chance private hospitals will decide not to charge medical aid rates.

Hospitals lose tariff battle

PRIVATE hospitals have lost their battle for 20% tariff increases.

They have decided to accept the 12% increase in ward tariffs offered by the Representative Association of Medical Aid Societies. This averages out at a 7% increase.

The private hospitals were considering opting out, just as doctors dissatisfied with medical aid rates have done in droves.

"Had we contracted out," said Mr Dick Williamson, head of the Private Hospitals Association, "we should have

Business Times Reporter

faced quite a debt-collection problem. We would have had to bill individuals, no longer the societies. Hospital bills, unlike doctors' bills, run to thousands.

"You can imagine an individual getting a cheque for R2 000 from his medical aid society being mighty tempted to splash out on a car."

Mr Williamson and Medi-Clinic Holdings' MD, Dr Edwin De la Harpe Hertzog, said the medical-aid societies have won this round — but the private hospitals will appeal to the Minister of Health for a remedy to their problem.

They say present tariffs make investment in private hospitals uneconomic. If more private hospitals are not built, the State faces higher health bills.

Dr Hertzog said that, unless tariffs were realistic, medical standards would be threatened. His company's hospitals, constructed at an average cost of R110 000 a bed, were five-star establishments.

Private hospital fees to be raised

Mercury Reporter

PRIVATE hospital fees throughout South Africa are expected to go up by 12% from January next year — an increase of up to R22 a day in some instances.

Most private hospitals in Durban confirmed yesterday that they currently charged according to the scales agreed to by the Representative Association of Medical Aid Schemes (RAMS), and that fees would increase by 12% once official agreement had been reached.

Earlier reports had indicated that several private hospitals had threatened to contract out of their agreements with the medical aid societies after losing the battle for a 20% increase.

Instead, RAMS agreed to a 12% increase in ward benefits.

But Mr Lionel Goldman, administrator of St Augustine's Hospital, said there was never any question of any of the Natal hospitals — Parklands, Kingsway and St Augustine's — which fall under Mediclinic Holdings, 'contracting out'.

'There was never any question of our pulling out of the agreement. As it is we have had no official notification of the 12% increase, and will only implement it when we do,' he said.

The current benefits allowed for general wards are R73 50 a day in a surgical ward; R78 a day in a medical, thoracic or neurological ward; R113 a day in a post operative care ward, and R168 50 a day in an intensive care or coronary care ward.

Go up

A spokesman for Entabeni Hospital confirmed that charges at the hospital were also in accordance with the set benefits and that they would go up once the increase had been officially accepted by the Private Hospitals' Association.

Asked to comment on the increases, Dr Roy Davey, chairman of the General Practitioners' Society, said: 'RAMS granted their increases, yet turned down the doctors request for an increase. Surely some questions should be asked?'

Workers at Groote Schuur Hospital at a placard demonstration yesterday demanding more pay and shorter hours.

Cape Times 30/10/86

Groote Schuur workers protest

Staff Reporter

ABOUT 200 Groote Schuur Hospital labourers and domestic workers yesterday held a lunch-time placard protest and marched to demand higher wages and shorter working hours.

The workers marched from the main building to a parking area where they diplayed placards to motorists entering the hospital.

The workers then marched to the Nico Malan Recreation Hall where they met the hospital chief medical superintendent, Dr J Kane-Berman.

Dr Kane-Berman would not allow the press to attend the 20-minute meeting with the workers.

Dr Kane-Berman said the hospital was deeply aware of the problems experienced by these workers.

"They are public servants and their wages are centrally determined by the Commission for Administration. We have tried to have the salary structure changed."

...un City for a lower

...staged at

ACT

Plain cot

SPOR

Medicine thefts pose health risk

Cape Times 4/11/86

By ANTHONY JOHNSON
Political Correspondent

AN industry-sponsored investigation has uncovered a huge, highly-organized pharmaceutical theft racket that may pose a massive public health risk.

An ongoing Pharmaceutical Manufacturers' Association (PMA) probe has shown that huge quantities of scheduled medicines are being stolen from within the provincial tender system.

The investigation, conducted by the industry's private detectives, revealed that these products were being re-circulated into the retail pharmaceutical market.

The massive scale of the theft also led investigators to conclude that a "highly-organized network" was involved and that that the scam has been in operation "for a number of years".

The vice-president of the PMA, Mr Donald Bodley, confirmed last night that his association had requested an urgent meeting with the Minister of National and Population Development, Dr Willie van Niekerk.

Mr Bodley also disclosed that the PMA, the narcotics branch of the SAP and the Medicines Control Council were all tackling facets of the problem.

Industry and government sources yesterday said the racket posed a potentially seri-

To Page 2

From Page 1

Huge medicine scam

Cape Times 4/11/86

ous public health threat because:

● Stolen medicines may be repackaged incorrectly, resulting in containers having misleading information about either dose strengths or even actual medicine types.

● Contraband products may be kept under adverse storage conditions, which could have adverse affects on the quality and stability of products.

● Scheduled substances were frequently being traded without any of the standard controls.

A top government source yesterday disclosed that neither the government nor the pharmaceuticals industry knew at this stage "who is responsible for all the stealing, but we do know that it runs into millions of rands".

The Director of Pharmaceutical Planning in the Department of Health, Mr P F Retief, estimated that provinces and the State tendered for about between R150 and R180 million worth of pharmaceuticals each year.

One government source said the Department of Health had also launched its own probe. This had resulted in its investigators being threatened.

(98) WE Post 8/11/86

Livingstone Hospital is getting massive facelift

Weekend Post Reporter

LIVINGSTONE HOSPITAL has embarked on a large-scale building programme.

Details of the programme were disclosed this week by the medical superintendent, Dr L D Spivek, who added that the hospital's staff were overworked.

The upgrading programme, costing "large sums of money", was progressing well and would continue for many years, he said.

Refurbishing of the 536-bed nurses' home started this week and was expected to be completed in eight months' time.

There were no plans to enlarge the home. It would, however, be painted and the electricity, water and plumbing would be improved.

During the past 10 months the wards have been enlarged, painted and refurbished as part of the main building's facelift.

A new intensive care unit has been built and work on renovating the six operating theatres was expected to be completed in May next year.

"The hospital is under-staffed," said Dr Spivek.

"The staff are certainly overworked and we do have overcrowding because people sometimes go to the casualty department for treatment instead of the out-patients department."

All medical superintendents, he said, wanted the best facilities and treatment for their hospitals.

Dr Spivek said more patients used the hospital facilities regularly because there were simply more people in Port Elizabeth.

Durban City Councillor Margaret Ambler chats to a young patient at the King Edward VIII Hospital during a walkabout by a city council delegation in the wards yesterday. Looking on are Mr A G Khan, chairman of the hospital's advisory board, Dr Justin Morfopoulos, the medical superintendent, and Cllr Stanley Lange, Mayor of Durban.

King Edward VIII 'needs R90 million'

N|M (98) 13/11/86

Mercury Reporter

WORKING conditions for medical and para-medical staff at Durban's King Edward VIII Hospital, which sees more than 1 000 000 out-patients a year, were totally unsatisfactory, a top level Durban City Council delegation was told yesterday.

The plight of the hospital, which celebrates its golden jubilee next month, was highlighted by its medical superintendent, Dr Justin Morfopoulos, and Mr A G Khan, chairman of the hospital's advisory board, during a brief visit by the delegation headed by the Mayor, Mr Stanley Lange.

The visitors, who also included the deputy Mayor, Mr Henry Klotz, and Manco members Mr Louis de Beer, Mr Jan Venter and Mrs Margaret Ambler, were urged to bring pressure on the Government to improve conditions at the heavily-overcrowded hospital.

Dr Morfopoulos said they had been battling for more than 25 years to get the Government to have the hospital rebuilt.

The cost of running the hospital was astronomical: 'It costs about R150 million, leaving insufficient funds to make improvements.'

He said Johannesburg, Cape Town and Bloemfontein had modern academic hospitals, yet the 2 000-bed King Edward VIII, which catered for millions of patients besides serving as a teaching hospital, had not been given the same treatment.

Impassioned

He said it would cost about R90 million to improve conditions, including bringing patients' accommodation up to acceptable standards.

'However, I must stress that the services and some of the equipment we have are among the best,' he told the visitors during a tour of the wards.

Earlier, Mr Khan made an impassioned plea to the council for a R1 000 000 donation in appreciation of the hospital's services to the citizens of Durban.

But some councillors expressed doubts that this would be accepted by the council.

Dr Morfopoulos said: 'I will be quite modest by saying that we will accept any amount which the council may choose to donate towards the hospital's running costs.'

Asked by Mrs Ambler if the hospital needed any equipment instead of cash, he replied: 'We need a respirator for the intensive care unit which costs about R40 000.'

(98) Sowetan 14/11/86

DEPARTMENT OF EDUCATION TO SPEND R275-m ON HOSPITAL

By ALINAH DUBE

THE Department of Education and Training is spending about R275m on an ultra-modern six storey hospital outside Garankuwa.

According to Dr A R van Niekerk, Garankuwa Hospital's superintendent, the new hospital will have 3 000 beds. It will be administered as part of the existing hospital. It will also be used for the training of medical and paramedical students.

"The hospital will be equipped with modern facilities and will provide best training and treatment for the sick. The project is also aimed at creating about 4 000 new posts," said Dr van Niekerk.

He added that construction work has started on an "energy block." The whole work is expected to be completed early in 1993, he said.

Mr Job Schoeman, a spokesman for the DET, said the project included oral and dental training facilities and was part of his department's budget. The DET, he added, budgeted for the running and capital costs but paid the money to the Department of Health and Population Development.

"Our department did not participate in projects providing facilities for medical students before the Medical University of South Africa (Medusa was established. Although the universities are autonomous, we started providing money for the training of Medunsa students eight years ago and also act as a channel to provide facilities," said Mr Schoeman.

Mr David Motlatla, chairman of the Pretoria Bursary Fund, said despite the fact that the new facilities will be of value to the community, the DET should have worked towards solving its internal problems with the money.

He added that the upgrading of teachers and teaching was of importance and also a direct responsibility of the department.

6 more people detained in KwaNdebele — lawyer

ANOTHER six people, including KwaNdebele's deputy sheriff and only messenger of the court, had been detained in the homeland under the emergency regulations, the detainees' attorney, Mr Mano Matlala, said yesterday.

Mr Matlala said from his office in Pretoria that the six new detentions were carried out in the capital Siyabuswa and in Dennilton, part of the Moutse area, this week by KwaNdebele police.

One of the detainees, Mr Fanie Molapo, is a deputy sheriff, a police reservist and the only messenger of the court in KwaNdebele, he said.

He gave the names of the other detainees as: Mr Joe Morgan, public relations officer for Witbank Black Aces Football Club; Mr Joe Aphane, a leading businessman in Siyabuswa; Mr Abram Skosana, Mr Jabu Mahlangu and Mr Harold Skosana.

The Commissioner of Police for KwaNdebele, Brigadier H C Larren, confirmed that a number of detentions under the emergency regulations had been made and said the families of all detainees had been informed.

On Wednesday it was reported that two members of the KwaNdebele royal family and leading opponents of independence for the homeland, Prince James Mahlangu and Prince Andries Mahlangu, were picked up by KwaNdebele police at the Ndzunza Tribal Authority offices in Weltevreden on Sunday.

Emergency

Prince Cornelius Mahlangu, the eldest member of the family, said yesterday that police had informed him the two princes were being held under Section 3,1 of the emergency regulations.

A number of tribal minutes and records dating back to 1980 were also taken away, he said.

Independence for KwaNdebele was rejected by the homeland assembly in August this year after a concerted campaign by the royal family and large sections of the population.

The Moutse area was recently incorporated into KwaNdebele in the face of strong opposition from many residents. — Sapa.

Rev Jesse Jackson

Jesse leads boycott of cosmetic film

SOWETAN Foreign Service

WASHINGTON — A black American boycott of a cosmetics house has been broadened by campaign leaders into a "no buy" action until the firm severs its ties with South Africa.

Behind the growing consumer boycott is prominent US anti-apartheid activist and presidential hopeful, the Reverend Jesse Jackson, and other black leaders. The target of their action is Revlon Group Inc.

Mr Jackson's black organisation and other groups called for a boycott of the cosmetic house's products on October 18 after comments by a Revlon executive, Mr Irving Bottner, outraged the black business community.

Mr Bottner, who has since apologised, told *Newsweek* magazine that black-owned hair-care companies would dwindle because of weak consumer support and would lose their markets to white-owned enterprises.

Mr Jackson and aides flew to Revlon's headquarters in New York yesterday for talks with company representatives. But Mr Jackson said the boycott would not be lifted until Revlon cut ties with South Africa:

"We will not let them work out a deal on this plantation (the US) while there is killing on that plantation (South Africa", he said.

Revlon is, however, hoping for a "mutually satisfactory conclusion" to the dispute. Mr Jackson's group, People United to Save Humanity (Push), has been rallying black consumers and black business people against Revlon, staging ceremonial "burials" of Revlon products and asking beauticians and manufacturers of cosmetics to expand the boycott to 50 cities.

Minister 'alarmed by widespread pilfering of drugs'

SAP probe R20-m hospital racket

98 SMD 18/11/87

By Michael Chester

Full-scale police investigations have been ordered into disclosures that racketeers have created a multimillion-rand scam out of pilfering in provincial hospitals.

The Pharmaceutical Manufacturers Association (PMA), which confirmed the probe, estimates that prescription medicines worth more than R20 m a year have been looted from supplies distributed within the network of hospitals run by the Transvaal Provincial Administration.

Minister of National Health Dr Willie van Niekerk has expressed alarm over the gigantic scale of pilfering, believed to be have been groomed into a sophisticated operation and run by gangland syndicates, according to Mr Peter Fry, a PMA executive member.

He said Dr van Niekerk had ordered a full-scale investigation after behind-the-scenes talks with the police, investigators from the Department of Health, the PMA, Transvaal Provincial Administration and the Medicines Control Council.

The racketeers have concentrated on the 20 most popular brands of medical tablets intended for use as pain-killers or in the treatment of ailments from arthritis to heart disease.

There are suspicions that the syndicates have not only saturated the private market with their laundered supplies but also started clandestine exports to buyers in black Africa.

According to sources in the PMA, the racket swings into operation as soon as bulk supplies arrive at the Transvaal provincial hospitals' central warehouse at Auckland Park, Johannesburg.

Outside clinics

The pilfering starts when containers are distributed to hospitals and the tablets emptied into huge hoppers, from which individual dosages are drawn for patients in various wards or sent to outside clinics.

"Hospital employees hired by the racketeers have found it a simple process to steal sackloads of tablets from the hoppers with little chance of detection," said Mr Fry, executive chairman of the Boots pharmaceutical company.

"Other hospital employees are hired to steal the original labelled containers after they have been emptied.

"Once the loot has been delivered to the racketeers, the containers are refilled with the stolen tablets, resealed — and sold at cut prices on the private market.

"The profits, even at cut prices, have been staggering. The tablets can be sold to pharmacists and dentists at an average of at least six times higher than the prices paid by State hospitals in the tendering system.

"But the racketeers have made a few slips and left a trail of vital clues behind."

(98) NM 18/11/86

MPs told of Durban hospital's financial plight

Pietermaritzburg Bureau

THE plight of the overcrowded King Edward VIII Hospital in Durban was discussed at a meeting between Natal Members of Parliament and the Natal Executive Committee in here yesterday.

Mr Peter Miller, MEC, said after the meeting, called to discuss the general workings of the NPA with members of all three Houses of Parliament, that Exco was very conscious of the problems being experienced at King Edward, but the Province was hamstrung by budget restrictions and shortage of money.

'We were at pains to draw the attention of the MPs to the need for their assistance in gaining access to the necessary funds for the hospital.'

Mr Miller said the visiting parliamentarians were told that lack of money was the 'greatest single hinderance' to progress in the areas of roads and hospitals.

He said a lively question and answer session on the workings of the Province ended the meeting, which was chaired by the Administrator, Mr Radclyffe Cadman, and attended by heads of Provincial departments.

Mr Miller said the main aim of the meeting had been to try to cultivate a close working relationship with elected representatives in Natal and the new Executive Committee.

Police to probe multi-million hospital pilfering claim

The Argus Correspondent

JOHANNESBURG. — Police investigations have been ordered of disclosures that racketeers have created a multimillion-rand business out of pilfering in State hospitals.

The Pharmaceutical Manufacturers' Association (PMA), which confirmed the probe, estimates that prescription medicines worth more than R20-million a year have been looted from supplies distributed within the network of hospitals run by the Transvaal Provincial Administration.

The Minister of National Health, Dr Willie van Niekerk, has expressed alarm at the gigantic scale of pilfering, believed to be have been groomed into a sophisticated operation and run by gangland syndicates, according to Mr Peter Fry, an executive member of the PMA.

Pain-killers

He said Dr van Niekerk had ordered a full-scale investigation following behind-the-scenes talks with the police, investigators from the Department of Health, the PMA, the Transvaal Provincial Administration and the Medicines Control Council.

The racketeers have concentrated on the 20 most popular brands of medical tablets intended for use as pain-killers or in the treatment of ailments from arthritis to heart diseases.

According to sources in the PMA, the racket swings into operation as soon as bulk supplies arrive at the Transvaal provincial hospitals' central warehouse at Auckland Park in Johannesburg.

The pilfering starts when containers are distributed to hospitals and the tablets emptied into huge hoppers, from which individual doses are drawn for patients in various wards or sent to outside clinics.

Refilled

"Hospital employees hired by the racketeers have found it a simple process to steal sackloads of tablets from the hoppers with little chance of detection," said Mr Fry, executive chairman of the Boots pharmaceutical company.

"Other hospital employees are hired to steal the original labelled containers after they have been emptied.

"Once the loot has been delivered to the racketeers, the containers are refilled with the stolen tablets, resealed and sold at cut prices on the private market.

"The profits, even at cut prices, have been staggering.

"But the racketeers have made a few slips and left a trail of vital clues behind. A full dossier has gone to the CID at John Vorster Square and arrests are inevitable."

SOWETAN 19/11/86

Cops watch work stoppage

MORE than 300 striking workers at the J G Strijdom Hospital in Johannesburg were yesterday ordered by a Rand Supreme Court judge to vacate the hospital premises with immediate effect.

The order was made by Mr Justice W R Vermooten after the hospital superintendent, Dr Antoinette van der Merwe, had made an application concerning the work-stoppage which started on November 17.

The judge also ordered that:

- The striking workers should not intimidate or interfere with other workers;
- Should not enter or remain on the hospital premises without written permission from the superintendent; and
- That the official in command of the Mobile Unit of the South African Police in Johannesburg be allowed to remove them from the premises.

In terms of the order, the workers are to show cause by December 2 why these measures should not be taken against them.

CAPE TIMES

vember 20 1986 7

100 more join hospital stoppage

JOHANNESBURG. — One hundred more workers at the J G Strijdom Hospital downed tools yesterday in solidarity with their arrested colleagues who appeared in a special court in the cells below the Magistrate's Court here.

The 356 workers were arrested on Tuesday for breaching a court order evicting them from the hospital.

The 356 are provisionally charged with trespassing and contempt of court.

The case was postponed until Wednesday. The 40 men and 316 women were released on warning.

A spokesman for the Black Municipal and Allied Workers' Union said yesterday: "The more than 100 workers are demanding that charges of contempt of court and tresspassing against their colleagues be withdrawn and that their grievances be met."

The medical superintendent, Dr Antoinette van der Merwe, said the hospital was operating normally yesterday. She said some of the workers who had not been fired, reported for work.

Hospital quiet after 324 removed

JOHANNESBURG. — The situation at Johannesburg's J G Strydom Hospital, where a number of striking workers were arrested yesterday for defying a court order not to enter the premises, was quiet today, the hospital's medical superintendent said.

Dr Antoinette van der Merwe said today the hospital was operating normally and some of the workers — who had not been fired — reported for work today.

Yesterday, police arrested a number of workers who were allegedly on the hospital premises following the granting of a court order evicting 324 workers from the hospital and not allowing them on its premises without permission.

A spokesman for the Bureau for Information in Pretoria today confirmed that people had been arrested but could not give a figure.

Members of the the South African Black Municipal Workers' Union stopped work on Monday after raising their grievances with hospital authorities more than once in less than a month, the secretary, Mr Philip Dlamini, said.

The workers' grievances included alleged racial discrimination, unequal remuneration and the failure of authorities to issue pay slips. — Sapa.

Police arrest more than 300 strikers

Cape Times 19/11/86

Own Correspondent 98 11/86

JOHANNESBURG. — Police arrested more than 300 striking black workers last night at Johannesburg's J G Strijdom Hospital.

The police acted after a ruling earlier in the evening by a Rand Supreme Court that 324 striking employees be evicted from the hospital premises.

Policemen began herding the workers, mostly black women dressed in hospital uniforms, into police vans at 8.30pm.

Sources at the hospital said a few of the workers had to be forcibly carried away but the arrests were made without incident.

A spokesman for the Bureau of Information said the police were forced to take action after the workers had breached the court order.

Tensions ran high at the black recreational compound earlier in the evening as police blocked off the area and denied press access to the hospital.

A Business Day reporter who tried to view the situation from a nearby hospital hostel was arrested and detained for an hour.

Hospital officials refused comment last night but said a statement would be released today by the director of Hospital Services, Dr Hendrik van Wyk.

An ex parte application by the Transvaal Administrator before the Rand Supreme Court last night succeeded in evicting 324 striking employees of Johannesburg's J G Strijdom from the premises.

Work stops

JOHANNESBURG. — The black staff of J G Strijdom Hospital here stopped work yesterday, the South African Black Municipal Workers' Union (Sabmawu) said.

Sabmawu's secretary, Mr Philip Dlamini, said the employees stopped work after expressing their grievances to hospital authorities "more than once in less than a month". — Sapa

King of hospitals is begging for funds

By Mariah Vengtas

DURBAN'S King Edward VIII Hospital, one of the largest in the world, marks its golden jubilee next week — hopelessly overcrowded and desperately in need of funds.

The ageing 2 000-bed hospital, which is bursting at the seams with outpatients, is hoping for a Government injection of massive funds for rebuilding.

'We are keeping our fingers crossed that the Minister of Health, Dr Willie van Niekerk, who is guest of honour at our jubilee celebrations on December 3, will bring us a message of hope,' Mr A G Khan, chairman of the hospital's advisory board, said yesterday.

During a quick tour with the medical superintendent, Dr Justin Morfopoulos, I saw thousands of people sitting listlessly on benches waiting for attention.

Dr Morfopoulos pointed out that the staff did not leave the hospital until every person had had attention.

A minimum of 2 500 patients are screened daily. Of these, 280 are admitted.

The statistics in the labour ward are equally stunning. About 20 000 new babies are born each year — roughly a baby every half-hour.

King Edward, together with Clairwood Hospital, has the biggest labour ward in the world, with 56 beds. A five-bed labour ward is regarded as standard.

'This is the best hospital I have seen in the world. Doctors are available 24 hours a day. However, in spite of its modern equipment, there is still a large degree of deficiency in relation to the number of patients,' Dr Morfopoulos said.

Although the hospital has 2 000 beds (it was designed for 700) about 150 people have to make do with mattresses on the floor daily. Often they share wards with patients recovering from completely different ailments.

'That should not be allowed, but there is nothing else we can do. We desperately need more space,' said Dr Morfopoulos.

With a nursing staff of 1 964 and 503 doctors, the hospital carries out between 250 and 280 operations daily. About 40 are major ones.

Ready for emergency

In the casualty reception area, which looks like a battlefield at weekends, is a notice board listing more than 30 referral hospitals. Ambulances arrive, leave their patients and return later to collect them.

An average of 200 ambulance trips from all parts of South Africa as well as Transkei are recorded daily.

In spite of the massive demands on its services and of serving as a teaching hospital, King Edward is ready, at a moment's notice, to cope with any emergency.

A special, fully equipped ward is kept for victims of disasters such as bomb blasts or transport accidents.

Although conditions for doctors and nurses have repeatedly been described as appalling, the staff's dedication keeps the giant hospital ticking.

Dr Marius Barnard, the PFP shadow minister of health, is reported to have remarked on a recent tour of the hospital that it was clean and well run but desperately overcrowded.

'With the lack of equipment, overcrowding and sometimes very bad results, it must be terribly demoralising for the staff and the students,' he said.

500 still on strike at hospital

By JOSHUA RABOROKO

ABOUT 500 workers at the J G Strijdom Hospital yesterday entered the seventh day of a strike. Their demands include pay increases and better working conditions.

The workers, all members of the SA Black Municipal and Allied Workers Union (Sabmawu), sang and chanted outside the hospital premises.

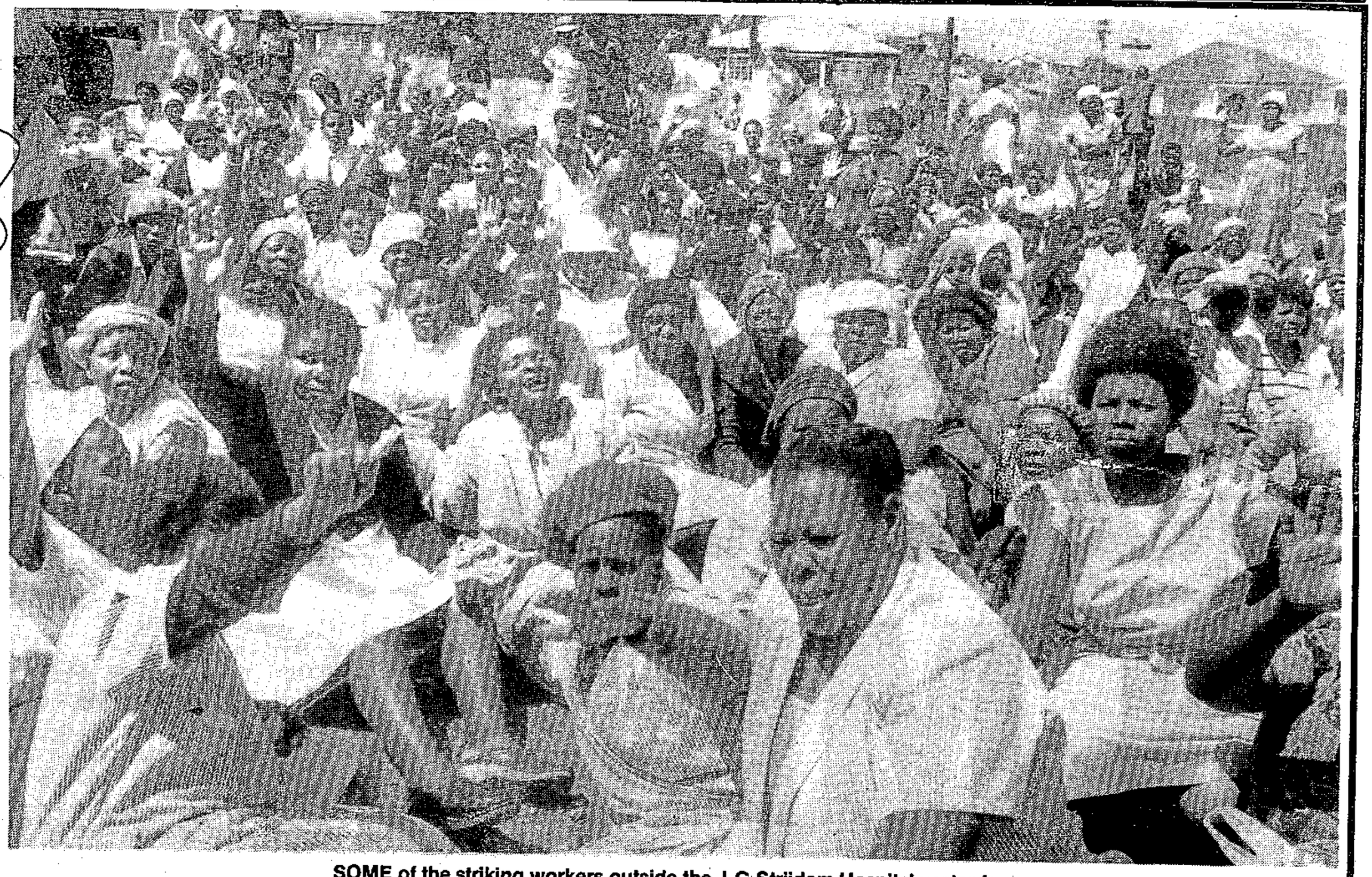
In terms of a Supreme Court order, they cannot enter or remain in the hospital without written permission from the authorities.

The workers' strike has left the hospital in a crisis.

Between their normal duties doctors and other staff members have to load vegetables into the refrigerators, wash dishes, clean floors and do other jobs.

The strikers have vowed not to return to work until their demands are met.

However, hospital authorities maintain the workers have fired themselves, by downing tools.



SOME of the striking workers outside the J G Strijdom Hospital yesterday.

Strike by 500 hospital workers continues

JOHANNESBURG. — The strike by about 500 workers at J G Strijdom Hospital continued yesterday, a hospital source said.

The hospital itself will not comment on the strike and referred Sapa to a Pretoria government health spokesman whose office said he would be out the entire day.

The workers, members of the South African Black Municipal and Allied Workers' Union, are demanding pay increases and better working conditions.

On Monday, workers gathered outside J G Strijdom to chant and sing songs. A Supreme Court order prohibits the strikers from entering or remaining in the hospital without written official permission. — Sapa

All-inclusive hospital tariff recommended

26/11/86 Eve Post

PRETORIA — "Exceptionally large" amounts of medicines and other supplies are used in treating private hospital patients, according to the Browne Commission findings.

It recommends that private hospitals should set a comprehensive "all-inclusive" tariff instead of itemising, and that all medicines and supplies other than prescription medicines should be included in an all-inclusive daily tariff.

In its White Paper response, the Government says the private hospital industry "should fix and publish its own tariffs". It takes up the commission's recommendations on the setting up of an all-inclusive tariff.

● In the White Paper, the Government supports the reintroduction of subsidised hospitals as a method of community involvement in the health care system and encouraging local authorities to be actively involved.

● It also says patient transport services should be mainly privatised but emergency public ambulance services should be available to all races.

The commission found that "adequate provision had been made for the effective co-ordination of ambulance services by the public sector, but recommends that the establishment of private ambulance services should be encouraged".

The White Paper emphasised that primary medical emergency care, medical rescue operations, strategic ambulance services and the transport of needy patients were a primary responsibility of the State. — Sapa

Pay dispute not solved

THE strike by about 500 workers at Johannesburg's J G Strijdom Hospital continued yesterday, a hospital source said.

The hospital itself will not comment on the strike and referred inquiries to a Pretoria government health spokesman whose office said he would be out the entire day.

The workers, all members of the South African Black Municipal and Allied Workers' Union, are demanding pay increases and better working conditions.

On Monday workers gathered outside J G Strijdom to chant and sing songs. A Supreme Court order prohibits the strikers from entering or remaining in the hospital without written official permission.

Tasks usually carried out by the workers — kitchen duties, dish washing and unloading food supplies and the like — are being carried out by other staff members. — Sapa.

26/11/86 (98) (98) (98) (98)

'Confrontation' at Reef hospital

JOHANNESBURG — Several workers recently dismissed from the J G Strijdom Hospital were injured outside the hospital yesterday after police allegedly baton-charged and sjambokked them.

This is the claim of a spokesman for the South African Black Municipal and Allied Workers Union (Sabmawu), who said at least four of the workers were arrested.

However a spokesman for the Bureau for Information said he knew nothing of the incident and that according to his records, nothing had happened outside the hospital.

The hospital itself will not comment on the strike and referred Sapa to a government health spokesman whose office said he would be out for the day.

The Sabmawu spokesman claimed trouble broke out about 12 noon as some 500 ex-employees staged a sit-in outside the hospital.

He added that some workers were reported missing after the "confrontation".

"We are very worried about their whereabouts as the situation was so chaotic there," he said.

The alleged charge was the second reported incident in less than two weeks.

A similar incident occurred shortly after the workers went on strike demanding better working conditions and the scrapping of racial discrimination at the hospital. — Sapa

out paying a R136 bill.

meant by the reference in the

Mr F Raymond prosecuted

All medical staff 'under pressure', say top profs

Cape Times 28/11/80

By CHRIS ERASMUS

IT IS wrong to think that only interns are under enormous work pressure in South Africa's hospitals, according to the deans of two of the leading medical schools.

They said senior medical staff, up to and including professors, had also felt the severe effects of the freeze on new appointments compounded by burgeoning workloads.

Professor George Dall, Dean of the Medical Faculty at the University of Cape Town Medical School and a member of the executive of the SA Medical and Dental Council (SAMDC), and Professor H P Wassermann, Dean of the Medical Faculty of the University of Stellenbosch Medical School, were discussing the report on intern training by Medical Research Council, published this week, in which interns were described as overworked and undersupervised.

"It is essentially fair," said Prof Dall. "But I think it's wrong to particularly single out interns as suffering from an excess workload. Everybody working in our hospitals is suffering because, in the present economic environment, we have not been able to appoint more staff to deal with the ever-increasing workload.

"However, it is true that the situation as it affects interns has concerned the council for some time — in fact a sub-committee was appointed to look into intern training at least six months ago when it became known to us what the MRC report would be saying.

"To improve the supervision of interns during their training it has been decided to advertise for an intern supervisor or supervisors for all hospitals in the country where interns are under training. These appointments should be made very soon."

Prof Wassermann said the report was essentially accurate in pinpointing intern training problems and said that its contents were "not surprising".

"Teaching hospitals have for some years been worried about the loading of staff with increasing workloads to the detriment of research and teaching activities."

Professor Dall said that the council "is looking very carefully at the whole question of proper training for interns and trainee doctors".

R20m drug racket: call for quick police action

SA ASSOCIATION of Retail Pharmacists (Saarp) president Bernard Lapidus has called for urgent police action over the R20m pilfering racket at provincial hospitals.

He strongly condemned the state tender system of drug-buying, blaming it for providing pharmacists with an incentive to buy drugs under the counter from racketeers.

He said pharmacists had to pay up to 400% more for drugs than the State did.

"If this huge differential did not exist, there would not be such a great incentive for pharmacists to buy from racketeers," he said.

Industry Reporter

Calling for the rapid resolution of the pilfering problem, Lapidus said: "If the PMA (Pharmaceutical Manufacturers' Association) investigators have names, they must hand them to the police. The SAP must prosecute quickly.

"If we have black sheep, we want them out of the way. The sooner the guilty are prosecuted, the better. It's the only way to stop the racket."

But he said the State tender system had to be scrapped as "it lends itself to abuse".

British envoy opens Alex waiting room

By Adele Baleta

The British Ambassador to South Africa, Sir Patrick Moberley, yesterday officially opened the new waiting room at the Alexandra Township Clinic, in Alexandra, north-east of Johannesburg.

The British Embassy donated R32 000 for the construction of the clinic.

Sir Patrick stressed the need to donate money to community-based projects.

"The British aid programme for black South Africans, which stands at more than R48 million, will be more than doubled for the next five years," he said.

Sir Patrick said the programme included education and training, which had three important purposes:

- To demonstrate practical concern for the needs of the community.
- To help improve conditions and prospects for the people in the black community.
- To help narrow the gulf in opportunities between blacks and whites in this country.

"We are hoping to enrol at least 80 first-year medical students from the black community at universities and colleges in Britain every year," he said.

98

Concern over new hospital tariff scheme

DIANNA GAMES

GOVERNMENT'S decision that private hospitals should introduce comprehensive, all-inclusive tariffs based on a treatment/procedure/time basis has not been welcomed by the Representative Association of Private Hospitals (RAPH).

RAPH chairman Dick Williamson said the recommendation made by the Browne Commission of Inquiry into Health Services was of concern, especially if the intention was to include all theatre items.

He said the prosthesis in a hip replacement might cost anything up to R5 000, and asked how this could be recovered in an average daily tariff.

The industry was also subject to frequent and fairly sizeable cost escalations on imported drugs and supplies and a fixed average tariff would not allow it to pass these increases on to the patient, he said.

Medi-Clinic Corporation MD Dr E Hertzog said his group had no serious objections to such a system, provided it was worked out on a realistic cost basis in conjunction with the private hospital industry.

But unless forced to, the group would not implement the system as the cost and time involved in doing so would not justify the benefits derived.

He said the proposed tariff system was not likely to make the cost of private medical treatment more competitive and cheaper, as doctors were not employed by private hospitals.

Dean's ire raised by hospital issue

98 19/2/81 NM

African Affairs Correspondent

THE dean of the medical school at the University of Natal in Durban, Prof Soromini Kallichurum, says the school intends to take up the plight of King Edward VIII Hospital with the Government.

She was referring to an announcement last week by Dr Willie van Niekerk, Minister of National Health and Population Development, that the overcrowded hospital was to have a new out-patient facility and that more progress would be made next year towards the building of a teaching hospital.

At the time he said this was a priority.

Said Prof Kallichurum: 'King Edward VIII Hospital needs to be redeveloped totally and I am disappointed that no mention of the total redevelopment was made by the minister.'

Aggravated

King Edward was the only major hospital in the Durban area which black people could come to and the position was being aggravated by unemployment.

She said that it was a 'bit of a joke' for it to be used as a teaching hospital.

Prof Kallichurum said the proposed teaching hospital in Cato Manor would probably only be built in 25 years and this would be of no benefit to the present generation.

She said doctors responsible for the care of the sick at King Edward VIII Hospital did not think the institution was 'good enough' for their patients. It did not provide them with the 'dignity' they deserved.

Prof Kallichurum said the hospital was 'very neglected' while a hospital such as the Johannesburg General was half-empty.

She said South Africa had lagged behind in the field of preventive medicine.

Prof Kallichurum said the statement about a new out-patient facility was a 'little crumb' which had been 'thrown' to the medical fraternity.

'It's not good enough', she concluded.

King Edward VIII project to cost R5 m

(98) 11/3/86

African Affairs Correspondent

WORK on a new out-patient facility for Durban's King Edward VIII Hospital is expected to start on July 1 next year, the Director of Hospital Services in Natal, Dr Neville Howes, said yesterday.

Dr Howes also revealed that the project would cost R5 000 000.

Last week the Minister of National Health and Population Development, Dr Willie van Niekerk, said that Prince Mshiyeni Hospital at Umlazi was to be upgraded at a cost of more than R4 000 000 and this would help to relieve the pressure on King Edward VIII Hospital.

Dr van Niekerk made no mention, however, of the possibility of a total re-development of the hospital and this week the Dean of the Medical School at the University of Natal, Prof Soromini Kallichurum, said she was disappointed that no reference was made to this aspect.

Dr Howes said yesterday that his department was still awaiting direction from the central Government on this issue.

The medical superintendent of the hospital, Dr Justin Morfopolous, told a delegation from the Durban City Council last month, during a visit to mark the golden jubilee of the institution, that it would cost about R90 million to improve conditions at King Edward VIII Hospital.

He said Johannesburg, Cape Town and Bloemfontein had modern academic hospitals, yet the 2 000-bed King Edward VIII, which catered for millions of patients besides serving as a teaching hospital, had not been given the same treatment.

Dr Morfopolous said the authorities at the hospital had been battling for more than 25 years to get the Government to have the hospital rebuilt.

A Friday night hel

THE PAIN! In spite of the sister's gentle touch, this man grimaces in pain. Part of his ear was cut away in a knife fight.

STAB CASUALTY: This man was stabbed in the lung during a knife fight. Later, in hospital, he passed out and tumbled out of his wheelchair.

Weekend chaos at Paarl's hospitals

Weekend Argus Reporter

FRIDAY nights are dreaded by the staff of Paarl Hospital and its satellite, the T C Newman Hospital in Paarl East.

Every weekend is a "minor disaster", according to Dr Willie van Zyl, medical superintendent of the hospital, the Western Cape's third-busiest.

Contributing to overcrowding is the rapid population growth, violence aggravated by unemployment and alcohol abuse and a shortage of full-time specialists.

Dr van Zyl said staff at the T C Newman Hospital were threatened regularly and attacked at weekends in spite of the presence of security staff.

Doctors and nurses have been threatened with knives and scissors by patients — and even patients are attacked when gang fights spill over into the hospital itself.

Houseman Mr Christie Avenant said he had been attacked with scissors, Dr Edwin Jordaan said he had been threatened with knives "once or twice" and even Mr Sidney Reid, the admissions officer, has had his share of abuse and threats from patients and their friends.

Guards, dogs for safety

Matron Nuraan Ebrahim's standing orders are not to argue. "You can't have a conversation with a drunk. The best is to ignore them. We do have security guards and dogs for safety."

In 1984/85 the hospital saw the same number of casualties, 28 000, as Groote Schuur. Of each weekend's 300 patients, 50 percent were victims of road accidents and assaults.

The Paarl East hospital's 88 beds were full and overflowing at weekends with trolleys added in the lobbies. The 20 overnight beds were used by up to 40 patients a day and often occupied by long-term patients.

In 12 hours of a night shift, a houseman and three or four sisters often deal with 70 or more patients. Their major materials are sutures.

"What really gets to me is some patients demand so much of us. They want our time and efforts. They want us to be pleasant and helpful but they are thoroughly unpleasant in return," says Matron Ebrahim.

Like Dr van Zyl she sees grassroot causes.

"There is no stimulation in the people's lives. Many of our patients get off the bus from the Transkei and Ciskei and appear next morning with acute and terminal illnesses. They've come all that way for help. They often wait all day to see Sister Joubert, the paediatric nursing associate."

Hospital needs expansion

Paarl Hospital was always full with a waiting list and patients were discharged as soon as possible, not being kept for observation. Only Tygerberg and Groote Schuur handled a greater number of patients each year, according to provincial statistics.

Dr van Zyl said the hospital needed to be expanded and its medical staff enlarged. Of the 11 doctors' posts at the Paarl, Paarl East and Wellington hospitals, of which Dr van Zyl is medical superintendent, two are vacant.

"Applicants are either young, newly qualified doctors filling the gap between graduation and setting up practice, or close to retirement," he said.

Farmers resent their workers being sent home after a minimum recovery time. They expect them to be returned only when they are fully fit for work. This also meant a heavier outpatient load.

Dr van Zyl attributes the problems to the poor quality of life of the people the hospital serves — poor housing, low incomes, the fighting and drinking that result from these conditions.

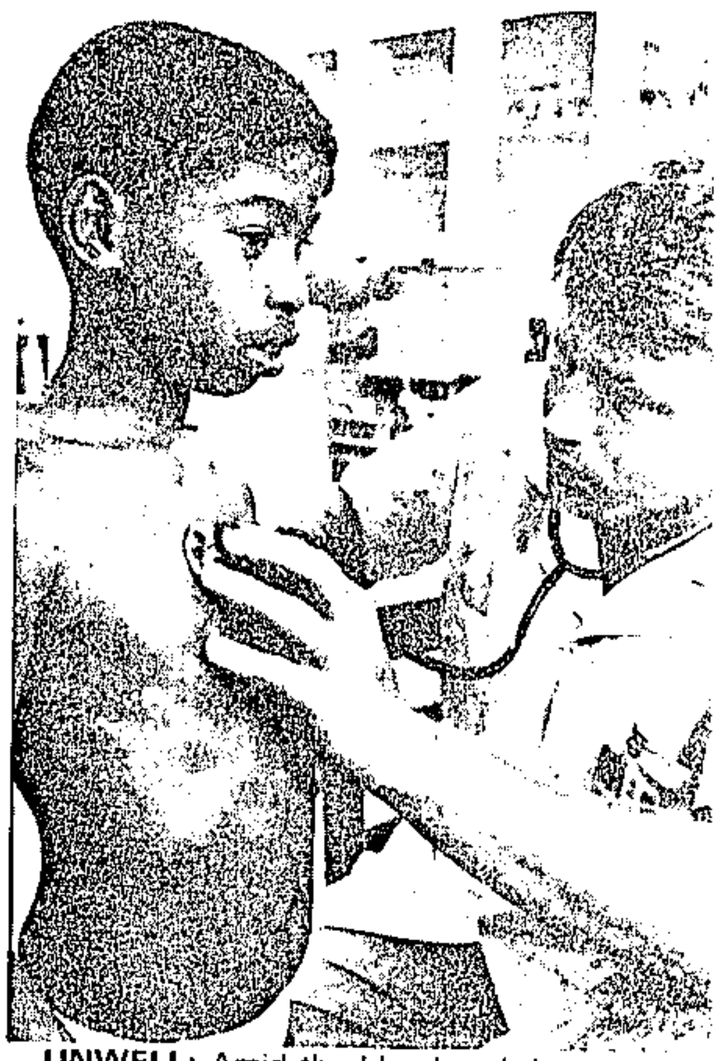
Dr van Zyl's hospitals — two at Paarl and one at Wellington — serve an area from Klipheuvel and Pniel, near Stellenbosch, to Franschhoek, Tulbagh, Malmesbury and Ceres — including Mbkenweni's population of 20 000. A new hospital at Porterville is expected to relieve Paarl to some extent.

Part-time surgeons, physicians

Because Paarl is not a teaching hospital, young doctors cannot work there for higher qualifications. Stellenbosch sends some students and registrars to the gynaecology department where they work under the full-time supervision of Dr Paul de Villiers. But other departments have only part-time surgeons and physicians.

To get and keep medical staff, the hospital would have to be able to offer posts as registrars and housemen. There would be scope for community medicine training but for the lack of full-time specialists as supervisors.

EMERGENCY! A wide-eyed boy is rushed the hospital by his grandfather, thought tc suffering from meningitis. He did not flinch w given a lumbar puncture.



UNWELL: Amid the blood and the mayhem, little boy presented himself and announced h not feel well.

Doctors slam 'no payment, no treatment' stand

8/2/86 STAR 98

By Joe Openshaw,
Medical Reporter

The Medical Association of South Africa (Masa) has received many complaints from doctors about private hospitals refusing to accept motor accident cases if the patient is not prepared to settle the bill in cash, or his medical aid guarantees to cover costs.

Senior assistant secretary of Masa Dr Elset Prinsloo told *The Star* doctors believe motor accident cases should be treated as emergencies and given priority over financial considerations.

"The real problem is the Medical Schemes Regulation which states medical schemes will only accept responsibility for costs in motor accident cases after a claim has been repudiated by the third party insurer," Masa's legal adviser, Mr A Volschenk, said.

Masa recently received submissions from doctors, the registrar of medical schemes of the Department of Health and Welfare and the Representative Association of Private Hospitals which indicate the need for clarity on the position of medical aid societies and the Motor Vehicle Assurance Fund.

A suggestion by Masa that there be a qualification to the regulations concerning admissions of car accident patients to private hospitals, gazetted in December 1984 ("that medical schemes could recover costs from another source and the patient should be allowed to obtain direct benefits from his medical scheme") was not accepted.

"Apparently medical schemes refuse to honour any third party claim unless the members' claim is turned down, because they maintain members do not pursue third party claims once the costs have been paid by the medical scheme," the registrar of medical schemes told Dr Prinsloo.

Hospitals maintain not all medical aid schemes cover members involved in motor vehicle accidents and hospitals suffer financial loss because they have to wait years for payment, or are often not paid at all.

Medical costs often run into thousands of rands and many patients are unaware that their medical aid will not cover them if there is a possibility of a third party claim.

Tvl hospital staff fight racialism

98 14/2/86 E. Rand.

JOHANNESBURG — Hospital workers have been urged to report to the SA Medical and Dental Council (SAMDC) and the SA Nursing Council doctors and other medical personnel who refuse to treat patients because of their race.

The call was made last night by a member of the Health Workers Association (HWA) at a public meeting in Lenasia convened to discuss a Transvaal Provincial Administration (TPA) directive which effectively bars non-coloured patients from Coronation Hospital in the Johannesburg coloured suburb of Coronationville.

About 200 people, mainly doctors and other medical personnel representing several health, welfare, political and community organisations, attended the meeting.

The HWA spokesman said the TPA directive meant health workers were now expected to use "race rather than disease" as the criterion for treatment.

"We call on health workers to report those who refuse to treat patients because of their colour to the SAMDC and the Nursing Council for unethical behaviour," he said.

The TPA recently issued a directive in terms of which patients have to be referred to hospitals in their own area.

There is no provincial hospital in the Indian suburb of Lenasia and patients there have for years used Coronation Hospital.

In terms of the TPA directive, African and Indian patients must now be referred to Hillbrow Hospital.

This week the MEC in charge of hospital services, Mr Daan Kirstein, reportedly said that coloured people had complained about overcrowding at Coronation.

At last night's meeting, a hospital staff member said patients would have to be referred from Coronation, which had a 115% occupancy rate, to Hillbrow, which had 120% occupancy.

A member of the Coronation Hospital Board read out a statement deploring the TPA directive.

The meeting adopted a resolution calling for the immediate withdrawal of the directive, urging "the immediate alleviation of overcrowding by the full integration of all hospitals, including the Johannesburg and J G Strijdom Hospitals". — Sapa

CAPE PROVINCE													
WHITE	0	1	0	0	0	0	0	1	0	0	0	0	0
COLOURED	0	0	0	0	0	3	0	2	0	1	1	0	0
ASIAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACKS	0	0	0	1	2	4	0	3	0	1	1	0	0

(1) (b) DEATHS FROM POLIOMYELITIS

	1984 Dec	1985 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TRANSVAAL													
WHITE	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK	0	0	0	0	0	0	0	1	0	0	0	0	0
O.F.S.													
WHITE	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK	0	0	0	0	0	0	0	0	0	0	0	0	0
NATAL													
WHITE	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPE PROVINCE													
WHITE	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED	0	0	0	0	0	0	0	1	0	0	0	0	0
ASIAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK	0	0	0	0	0	0	0	0	0	0	0	0	0

(2) POLIOMYELITIS IMMUNISATIONS

Figures for 1985 are not yet available. Figures for 1984 are given below.

	Number given their third vaccination	Number given additional fourth vaccination
TRANSVAAL		
WHITE	40 411	34 797
COLOURED	7 130	6 525
ASIAN	3 461	3 090
BLACK	106 043	77 155
O.F.S.		
WHITE	4 971	4 272
COLOURED	1 219	879
ASIAN	3	3
BLACK	24 299	19 962
NATAL		
WHITE	6 212	4 872
COLOURED	2 646	2 506
ASIAN	16 278	14 898
BLACK	40 405	21 559
CAPE		
WHITE	15 243	13 810
COLOURED	64 677	51 013
ASIAN	402	319
BLACK	35 825	22 488

HoA

GCol 425

Training of nurses

241. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, Whites, Coloureds, Indians and Blacks, respectively, in 1984;

(2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as at 31 December 1984.

(1) (a) (i)	Whites	5 558	(ii)	4 292
	Coloured	3 541		1 051
	Indians	924		298
	Blacks	40 615		4 791
(b)	Whites	2 415		
	Coloureds, Indians, Blacks *	1 416		

*Information can unfortunately not be supplied in respect of each respective racial group.

(2)	Whites	1 898	‡
	Coloureds	588	‡
	Indians	219	‡
	Blacks	3 161	‡

‡Information obtained from the South African Nursing Council.

GCol 425

HANSARD 10/3/86

Hospital beds

242. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at the latest specified date for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Beds available:

(i)	Whites	6 469
(ii)	Non White	8 681

(b) Needed:

(i)	Whites	5 602
(ii)	Non White	8 803

The above figure does not include Private Hospitals subsidised by the Department of National Health and Population Development.

AIDS

243. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of acquired immune

HoA

which I do not have particulars available here that I, because I am willing to help hon members in this, would appreciate it if they would place any further question on the Question Paper.

Central Energy Fund

*22. Mr B B GOODALL asked the Minister of Mineral and Energy Affairs:

What total amount was collected on behalf of the Central Energy Fund in the latest specified financial year for which information is available?

†The MINISTER OF MINERAL AND ENERGY AFFAIRS:

R1 503,1 million in respect of the financial year 1 April 1985 to 28 February 1986.

National Road Fund

*23. Mr B B GOODALL asked the Minister of Transport Affairs:

What (a) total amount was collected for the National Road Fund in the latest specified year, and (b) was the balance in this fund as at the latest specified date, for which information is available?

The MINISTER OF TRANSPORT AFFAIRS:

(a) and (b) The hon member is respectfully referred to Statement 2 on pages 100 to 101 of the Annual Report of the Department of Transport and of the National Transport Commission for the 1984/85 financial year which was tabled in Parliament on 31 January 1986 and wherein the required information has been published in detail.

I respectfully request the hon member to do his homework.

Locust infestation: insecticide

*24. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

Whether his Department is using any insecticide to combat the locust infestation in the Karoo region; if so, (a) what insecticide and (b) (i) what total quantity had been used as at the latest specified date for which information is available and (ii) over what period was it used?

†The DEPUTY MINISTER OF AGRICULTURAL ECONOMICS:

Yes, locusts are insects and are being combated with insecticide. [Interjections.]

(a) Diazonon, Finitrothion, Lindane and BHC.

(b) (i) Diazonon: 166 225 litres
Finitrothion: 66 000 litres
Lindane: 479 875 kg.
BHC: 2 383 475 kg.

(ii) From October 1985 until 28 February 1986.

Mr E K MOORCROFT: Mr Speaker, arising out of the reply given by the hon the Deputy Minister, is he aware of allegations that the measures being taken are inadequate to control the plague, and will he make a statement in this regard?

The DEPUTY MINISTER: Mr Speaker, I can assure the hon member that adequate control measures are being taken. We are doing everything possible to combat the plague. It is, however, not possible under any circumstances to have absolute control.

†Mr H D K VAN DER MERWE: Mr Speaker, arising out of the hon the Deputy-Minister's reply, can he inform the House how successful the application of the particular insecticides was in combating the locust infestation?

†The DEPUTY-MINISTER: Mr Speaker, with the exception of Lindane, which seemed to be unsuccessful in one of the developing stages of the wingless locusts, all the other agents were successful.

Mrs H SUZMAN: Mr Speaker, further arising out the hon the Deputy Minister's reply, could he tell the House whether any precautions are taken in order to prevent the

users of the insecticides from suffering any side-effects from those somewhat dangerous chemicals?

The DEPUTY MINISTER: Mr Speaker, yes, we are taling every possible precaution. We have had special clearance from the Registrar of Fertilisers, Farm Feeds and Agricultural Remedies for the use of certain of those insecticides.

Alexandra: medical records removed

*25. Mr P R C ROGERS asked the Minister of Law and Order:

(1) Whether members of the South African Police removed any medical records of patients from a clinic in Alexandra recently; if so, (a) on what date, (b) how many, (c) on whose authority and (d) why;

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

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 24 February 1986.

(b) 309 patient cards and one register, which was handed back to the clinic.

(c) By virtue of a search warrant, issued by the Chief Magistrate of Johannesburg.

(d) The South AFrican Police had information at their disposal which indicated that persons who were injured during the recent unrest in Alexandra, received treatment at the clinic. The management of the Alexandra clinic refused to supply information to the investigating officers or to render cooperation with regard to the investigation.

(2) No.

Regional services councils

*26. Mr E K MOORCROFT asked the Minister of Constitutional Development and Planning:

Whether any provision has been made for the representation on the proposed regional services councils of the Black South Africans living on farms in rural areas; if not, why not; if so, what are the particulars of the provision so made?

†The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) Yes.

(b) By means of a "representative body" as defined in section 1 of the Regional Services Council Act, 1985 (Act 109 of 1985), any rural community can be represented on a regional services council.

Mitchell's Plain: population statistics

*27. Mr P H P GASTROW asked the Minister for Administration and Economic Advisory Services:

Whether population statistics on Mitchell's Plain are kept by the Central Statistical Services; if not, why not; if so, what was the (a) adult and (b) child population of Mitchell's Plain as at the latest specified date for which information is available?

The MINISTER FOR ADMINISTRATION AND ECONOMIC ADVISORY SERVICES:

Yes.

(a) 32 273—19 years and older.

(b) 32 032—0 to 18 years.

Population census 6 May 1980.

*28. Mr P H P GASTROW—Manpower—[Reply standing over.]

Medical experts warn on splintered health services

Own Correspondent

DURBAN — Changes in the control of the health administration will cause the collapse of medical services, experts, including some in Government institutions, have warned.

Describing the proposed splintered health service plan as a recipe for disaster, they predicted a "bureaucratic nightmare", leading to a Third World-type service with lowered standards, inefficiency, massive exenditure on new administrations and serious ethical problems.

UNIFIED SERVICE

A spokesman of the Constitutional Development Ministry said legislation on the scheme was imminent and media briefings outlining the changes could be held this week.

The plan to divide health services between "own affairs" and "general affairs" exasperated the experts who called for a unified service.

Dr Hannah-Reeve Sanders, chief medical superintendent at Groote Schuur Hospital and chairman of the joint staff of the hospital and the University of Cape Town, said in a statement this week the joint staff believed such a system would be wasteful of resources urgently needed for clinical purposes and would worsen rather than improve the already unbalanced health care.

The head of the white "own affairs" Department of Health Services and Welfare, Dr Coen Slabber, has called for one administration for all "curative, preventative and rehabilitative services".

The dean of the Wits University's medical school, Professor Maurice McGregor, said: "Health services are very far from perfect. This can only make it worse."

A petition to the Minister of Health from 640 members of the faculty of medicine at the university said: "To divide the administration of health services further along racial lines must increase inefficiency at a time of fiscal need. It is an unwanted extension of apartheid legislation at a time when South Africa is taking the opposite direction."

Professor George Dall, dean of the medical faculty at the University of Cape Town, said: "The only people who support it are politicians."

Professor Michael Simpson, assistant dean of the University of Natal's medical faculty, said every one of the faculty's four teaching hospitals could end up under a different authority.

"The cost will be absurd. We could end up with more directors than people being directed."

Professor Frans Geldenhuys, dean of the University of Pretoria's medical faculty, said: "The less fragmentation the better".

Dr Rene le Roex, chairman of the federal council of the Medical Association of South Africa (Masa), said Masa was concerned more money might be spent on administration than on health services.

HEALTH AND DISEASE - HOSPITAL & CLINICS

1987

JANUARY —— SEP. → Dec.

Hospital to cater for 750 patients a day

Pietermaritzburg Bureau

DETAILS of the new out-patient facility to be built at Durban's King Edward VIII Hospital have been released.

Mr Val Volker, MEC, said the facility would cater for about 750 out-patients a day for normal medical assistance, as well as ear, nose and throat surgery.

The Department of Building Services was preparing plans for the proposed R5 000 000 development, which is expected to begin in May or June and take about 18 months to complete.

The project would be in addition to the phased redevelopment of King Edward VIII Hospital and was to relieve the pressure on the existing service.

The new facility, on a site bounded by Francois and Umbilo roads, would also provide an X-ray service, minor operating theatres and a dispensary.

On average King Edward handles some 2 000 out-patients a day, 56% of whom are permanent residents of KwaZulu.

Mr Volker said plans for the major redevelopment of the entire hospital were being negotiated with the Ministry of National Health.

'Because of the extreme pressure at the hospital it is considered necessary that as a first step an additional out-patient facility be provided as a matter of urgency.'

Mr Volker said a site had been acquired for an academic hospital on the outskirts of Durban and talks would soon be held with the Minister of Health. The hospital would also serve as a referal hospital for King Edward VIII in-patients.

Ciskei to bar T'kei patients

Dispatch Reporter

EAST LONDON — No more patients from Transkei would be admitted or referred to Ciskei hospitals for any treatment in future, Ciskei's directorate of communications announced yesterday.

The directorate said in a statement that, over the years, Ciskei had helped the Transkei Government run its administration in several ways.

It added that Ciskeian statesmanship had been undermined by the Transkei Government and that the sovereignty of the Ciskei Government had been threatened.

The directorate said that because Cecilia Makiwane Hospital in Mdantsane had modern equipment and excellent health care facilities and services it had been used by Transkei over the years, which had referred patients to the hospital.

In 1986 58 cancer patients from Transkei had spent 1 969 days at Cecilia Makiwane Hospital, at an average of 34 days per patient, and between December 1986 and January 1987 seven patients had been admitted.

The directorate said patients who had already been admitted would, on humanitarian grounds, be given the opportunity to recover fully. After being discharged they would be able to have routine check-ups in Ciskei, if necessary.

Asked to comment on how Transkei accident victims would be treated in Ciskei, the deputy director-general of Foreign Affairs and Information in Ciskei, Mr Headman Somtunzi, said cases of emergency were "technical" and would be "handled accordingly".

He added that only 49 Transkei families had been repatriated from Ciskei so far and said a number of Ciskeians living in Transkei had already responded to their government's call on them to return within a month.

Mr Somtunzi reiterated his earlier statement that Ciskeians who returned would get jobs and houses "with ease".

T'kei: patients not directly referred

DD 5/2/87 98 1983

Dispatch Reporter

UMTATA — Transkei had never directly referred any patients to Ciskei hospitals, the medical superintendent at the Umtata General Hospital, Dr A. N. Fordyce, said here yesterday.

Dr Fordyce was reacting to a statement from the Ciskei Government that no more patients from Transkei would be referred to Ciskei hospitals.

The statement, from Ciskei's directorate of communications, said that the Cecilia Makiwane Hosptal in Mdantsane had modern equipment and excellent health care facilities which had been used by Transkei over years.

It also claimed that 58 cancer patients from Transkei had spent 1 969 days at an average of 34 days per patient at Cecilia Makiwane Hospital, while seven patients had been admitted between December and January.

Dr Fordyce said according to his understanding the statement from Ciskei was "exaggerated" from Transkei's health point of view.

He said all hospitals in Transkei referred their patients to the Umtata General Hospital, which had better sophisticated health care facilities than them.

He said if a patient needed more sophisticated health care, he or she would be referred to either Frere Hospital in East London or the Wentworth Hospital in Durban. Cancer patients were referred to Frere in East London, and not to Cecilia Makiwane Hospital in Mdantsane.

On the claim that Ciskei patients from Transkei were encouraged to go to Ciskei for medication, the doctor said he could not see that as being true.

"As doctors, we do not differentiate patients on grounds of nationality or race when attending to them, nor can we advise patients to go to another country or nation for treatment. We treat all patients as patients," he said.

The former Medical Superintendent, Dr M. Xaba-Mokoena, who is now Dean of Medicine at the University of Transkei, said it was "inhuman" to allow political differences to flow over to helpless people, the sick.

She admitted that the Cecilia Makiwane Hospital was "far better equipped" in health care facilities than the Umtata General Hospital, which desperately needed upgrading to a national hospital.

Dr Xaba-Mokoena said it was high time the national health planners of South Africa understood the need to upgrade the hospital so that Transkei could also claim self-sufficiency in medical health care services.

She said that the upgrading of the Umtata General Hospital in seven phases had been approved as part of the pre-independence package and its first phase was completed in 1980. No further construction work had taken place since then.

Dr Xaba-Mokoena said patients who needed more sophisticated medical care services were sent to Frere Hospital in East London where they were transferred for some reason to Cecilia Makiwane Hospital "which indicates that they are indirectly referred to Cecilia Makiwane".

She said the Umtata hospital had medical specialists of a high calibre, but lacked the necessary facilities to enable them to cope with national health standards.

Soviets jail crash drivers

MOSCOW — A Soviet court has jailed a railway engine-driver and his assistant who were asleep when their train collided head-on with another in the Ukraine, killing 41 people and injuring 30.

Driver A. Galushchenko whose train passed through a red signal was sentenced to 15 years and his assistant A. Shishka to 12 years. — Sapa-RNS

Still hope for medical faculty – in five years

Eve Post 6/2/82 98

By KIN BENTLEY

A DECISION by the Government not to consider a medical faculty at the University of Port Elizabeth for the next five years was not the death knell to the idea, the chairman of the Medical Association of South Africa in PE, Dr Angus Hofmeyr, said today.

However, he questioned why the Government allowed a medical faculty to be established at the University of Transkei (Unitra), while PE was ignored.

Attempts to get details from Unitra about its faculty proved unsuccesful today. The faculty had been operating there since September, 1985.

Dr Hofmeyr said the Unitra school was the only one between Cape Town and Durban.

He asked where the money was coming from to finance the Transkei school.

"If this is South African taxpayers' money, why has it not come to PE?"

PATRICK CULL reported from Cape Town earlier that, according to the White Paper on Health Services tabled in Parliament yesterday, no new medical faculties would be considered in the next five years.

The White Paper, the Government's response to the Browne Commission's Report, states that extensions to existing faculties or new faculties will be reconsidered after five years.

The University of Port Elizabeth has been pressing for a medical faculty for a considerable time.

Dr Hofmeyr said today the Browne Commission's findings were just a substantiation of earlier findings by the De Villiers Commission, which concluded that no new medical school could be built in SA before 1990.

But, added Dr Hofmeyr, in terms of this and other studies, "PE and UPE had presented the strongest argument for a school, should it be deemed necessary in years to come".

Dr Hofmeyr said: "We need a medical school. The issue can't be sidestepped. The present facilities in other schools have been enlarged to a maximum."

Any further expansion of facilities or student numbers at the six existing schools would be counter-productive.

"A ratio of students and pupils must be maintained," he said, adding that when schools became too big they became impersonal. Medicine is a very personal thing. It involves human contact and interaction between the tutor and the student."

says mum

I had to deliver my own baby

11/2/87 (98)

By Janet Moore

A WOMAN said yesterday that she had to deliver her own baby at Port Shepstone Hospital at the weekend because nurses were attending a prayer meeting.

Although she insisted that she was on the verge of giving birth, Mrs Kuppumah Ghingai, 33, said she was was repeatedly told by nurses to 'lie on your side and carry on with your breathing exercises'.

Mrs Ghingai alleged that nurses in the labour ward did not check on her progress.

Shortly afterwards they all left to attend a nearby prayer service, she said.

Mrs Ghingai said she had been ignored by the staff although she had said she was ready to give birth about 7 10 a m on Sunday.

'I told them I was ready. I knew I was because I've had two children before, but they just ignored me. Minutes later I felt an urge to push but there were no nurses around and the door was shut.

'I screamed and screamed for help but no one came, they couldn't hear me above their singing.

'The two patients next to me just had to lie there and watch because they were attached to drips and couldn't even go for help,' she said.

In between calling for help, she pushed, and suddenly the baby's head appeared.

'I didn't know what to do next, but was frantically worried because the baby didn't cry. I hitched myself up to have a better look and pushed him out completely.

'When I plucked up courage to wipe his mouth he cried — I was so relieved to hear him.'

Having nothing available to wrap the baby in, she held him cuddled into her delivery gown and again called for help.

Nearly 15 minutes later a cleaner walked into the ward and was sent for help.

Shortly afterwards a nurse arrived to sever the umbilical cord and remove the placenta.

Yesterday, Dr Michael Rattray, medical superintendant at Port Shepstone Hospital, which is non-racial, said he was 'disgusted and disappointed' with his staff.

'I have already launched a full investigation into what happened. All I can say is that I am most upset at the treatment Mrs Ghingai received and that strong action will be taken by myself against the responsible staff,' he said.

Mrs Kuppumah Ghingai cuddles her newborn baby boy, whom she had to deliver herself.

Picture by ANTHONY McMILLAN

Natal MECs see hospitals

98 NM 13/2/87

Pietermaritzburg Bureau

PLANS are under way for the long-term redevelopment of Durban's King Edward VIII Hospital, the relief of its acute overcrowding problem and the creation of a new specialist teaching hospital at Cato Manor.

The plans were announced yesterday by Mr Val Volker and Mr S Naidoo, MECs for Hospital Services, as Natal's Executive Committee began a tour of inspection of the province's hospitals in order to determine priorities for future planning of its hospital and ambulance services.

The plan to alleviate overcrowding at King Edward included the future accommodation of up to 1 600 outpatients at Umlazi's Prince Mshiyeni Hospital, which presently has a capacity of 400 patients.

Mr Volker said the first step towards the alleviation of King Edward's problem would be the addition of facilities for accommodation of 300 more patients at Prince Mshiyeni.

This would be done through the joint executive authority in terms of an agreement with the KwaZulu Government, which administers the hospital, and would allow work to get underway on a plan to provide King Edward with facilities to treat 750 more outpatients.

He said work on King Edward's new outpatient facility was scheduled to begin in about six months time, and would be completed in about 18 months.

Hospital siting deplored

Pretoria Correspondent

The decision to build a R300 million academic hospital in Pretoria has been condemned as another indication that the authorities did not have the welfare of blacks at heart.

Mr Bennett Ndlazi, the mayor of Mamelodi, said he was disappointed that after more than a decade of pleading with the authorities, it h been decided instead to build another hospital in the city.

The hospital will have 1 200 beds, some of which will be reserved for "coloureds".

It will be used as a training hospital for the students at the University of Pretoria.

Mr Ndlazi said there was nothing to prevent students from training in Mamelodi.

"It is ridiculous that the hospital should be built in Pretoria, which is overloaded with such facilities, while Mamelodi is begging to have only one fully-fledged hospital."

17/2/87

R300m hospital 'a waste'

SPENDING R300m on a new teaching hospital adjoining H F Verwoerd Hospital in Pretoria was a scandalous waste of public money, Transvaal PFP leader Douglas Gibson said yesterday.

Gibson said, in reply to MEC in charge of hospitals Danie Kirstein saying that half the 1 200 beds would be for blacks, that: "When there is a crying need for new hospitals in Soweto and Mamelodi, something we have talked about in the provincial council for decades, it is disgraceful public funds should be lavished

b Day

GERALD REILLY 18/2/81

on more accomodation for whites."

The province already had an oversupply of beds for whites. The H F Verwoerd had 1 100 beds of which a third were unoccupied because of staff shortages. The Johannesburg Hospital had been half-empty for more than a decade.

Gibson said a well-equipped training hospital "could just as well have been sited to serve the needs of a deprived community".

Private hospital fees are under fire

98

19/2/87 Eve Post

By JULIETTE SAUNDERS

PATIENTS who cannot afford fees at private hospitals can insist on being treated elsewhere — and, if specialists are reluctant to do so, they should find another doctor.

This advice was given yesterday by the legal adviser for the Medical Association of South Africa, Mr Braam Volschenk.

Commenting on complaints of exorbitant fees from two Port Elizabeth women treated recently at the Greenacres Poli Clinic, he said: "Any patient has the legal right to choose where they are to be treated."

The women claimed they were not given a choice by specialists who admitted them to the Poli Clinic — but both specialists denied any of their patients were booked into the clinic without prior consultation.

The women said they were not given an accurate estimated cost of their treatment and were "horrified" when the bills arrived.

One of them, who was hospitalised for only 48 hours, received a bill for R600.

"Why can't they explain the position first?

Complaints about service at the clinic were also made by this patient.

"They don't care about you," she said.

The husband of another patient said his wife was hospitalised for eight days for a bladder operation.

Her medicine bill alone was R1 300.

Mr Volschenk said this seemed extraordinarily high and advised the patient to query the bill or lodge a complaint with his association.

The patient's husband said the bill totalled more than R2 000, which included charges for a private ward — when his wife had been in a general ward.

"This bill has depleted my medical aid allocation for medication this year.

"We have two children, so how are we supposed to cover further medical costs until December?"

A spokesman for Poli Clinic said all tariffs were laid down in the Government Gazette.

While the cost of a bed at the Poli Clinic was R10 a day more than at the Provincial Hospital, all other fees were in line with the tariffs.

Mr Volschenk said doctors were obliged to explain the treatment a patient would receive and the costs of that treatment — and it was up to the patient to decide where he would be treated.

Patients should lodge legitimate complaints with the association for proper investigation, Mr Volschenk said.

Natal hospital gets go-ahead

CAPE TOWN—The Government has given the go-ahead for a new teaching hospital in Durban which would mean a significant improvement in health services, Mr Radclyffe Cadman, the Natal Administrator, announced yesterday.

The Cabinet approved the multi-million-rand scheme after discussions between the Provincial Executive and the departments of Health and Population Planning, Finance, and Constitutional Development and Planning.

The original cost estimate for the project, which would relieve pressure on King Edward VIII, was about R100 million, said Mr Cadman, but he believed that at today's costs the figure would be much higher.

ORMANDE POLLOK
Political Correspondent

The project was approved in principle some time ago but finances have only been granted now.

'I am delighted that we can finally go ahead,' said Mr Cadman.

'Land has already been acquired by the Province in Cato Manor near to the university whose Medical School will derive considerable advantage from this important development.

Improved

'This together with the planned new outpatients' facility at King Edward VIII and the expected early completion of Prince Mshyeni Hospital at Umlazi means we can look forward to a greatly improved quality of hospital service in the greater Durban area in the foreseeable future.'

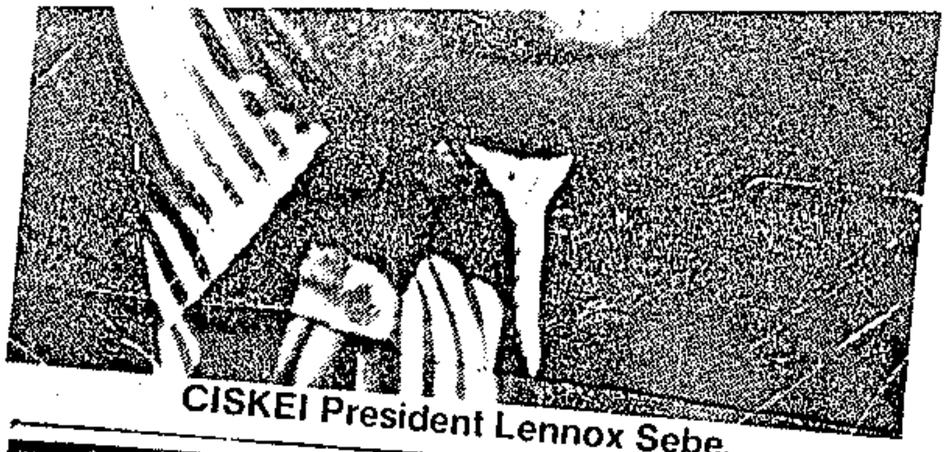
Mr Cadman said it would be up to the Government [illegible] to decide whether doctors of all races would be able to study at the new academic hospital.

The Rector of the University of Natal, Prof Peter Booysen, last night welcomed the announcement.

'It is a very important facility in the provision of health services in the greater metropolitan area and the training of doctors,' he said, adding that the university would decide in the near future on the racial composition of its students at the new hospital.

At present the university's Medical School was acting on restrictions imposed by the Government not to take in white students, he said.

Prof Bob Mickel, Dean of the Medical School, could not be reached for comment last night, but Prof Sorimini Kallichuran, the school's former dean, said: 'It's very good news. For the first time the Medical School will have a proper teaching hospital.'



CISKEI President Lennox Sebe.

Crisis at hospital

Sowetan 20/2/87

By JOSHUA RABOROKO

THE Sebokeng Hospital is on the brink of a crisis following the resignation of several doctors who are leaving for various reasons including going to the army, too much work and to become private practitioners.

The situation has become so serious that unless more doctors take up posts, certain wards will stop operating, according to sources yesterday.

The superintendent of the hospital, Dr Jurie van der Vyver, said that a large number of doctors have left their posts to go to the army while others have gone into private practice.

He said the hospital has 45 posts for medical officers, nine of which have been frozen. At the moment

To Page 4

dead man and the injured man had been clearly identified as Transkei Defence Force riflemen, Colonel Ngaki said.

The captured man was named as a senior Ciskei defence force officer Major N Sandile who was detained recently by Transkei auth-

of the group as a Lieutenant Colonel Jombolo of the Transkei army.

Attack

He said four more members of the raiding party — about 23 altogether — were surrounded in a farm house in the Bisho vicinity while the conference was in progress.

Colonel Ngaki said a helicopter and a fixed wing aircraft were in the vicinity of Bisho during the attack. They were chased off by Ciskei aircraft and disappeared in the direction of Komga.

Asked whether South Africa had played a role, Ciskei government spokesman Mr Headman Sontunzi said a number of questions had to be answered.

To Page 4

SAVE
Large r
Casset
Turntal
FM/MW
Stand i
G.S.T. EXCLUDED
SC
THE LATE
BENONI, 4 Voortrekker St. BLOEMF
GERMISTON, 26 Railway St. JOHA
Garden St. LOUIS TRICHARDT, Cor.
Church St. PIETERSBURG, 628 Mar
Rd. RUSTENBURG, Shop 2, Rustenbu
10 Danie Joubert St. VEREENIGING,

Crisis at hospital

From Page 1

there are 24 medical officers, three of whom are working a month's notice.

There are 14 posts for interns but only five are filled.

He said although he did not have the correct figures on the number of doctors who have left the hospital, the situation was nearing a crisis.

He appealed to doctors, especially blacks to help in the crisis.

The hospital has 960 beds and 26 wards and the present number of doctors cannot cope with the demand. The hospital caters for all seven townships in the Vaal Triangle and neighbouring farms.

A doctor told the *Sowetan* that their working conditions were deplorable and strenuous because at night there were only two doctors working. One doctor attended to the 26 wards while the other treated cases in the casualty department.

Emergency

"If there is an emergency at night, both doctors are forced to leave the patients to work in the theatre. This is very hard on us, especially over weekends," the doctor said.

The doctor added: "Unless the authorities attend to this crisis, many patients could die without receiving treatment. The situation is so critical that something has to be done before the hospital collapses."

Nursing sisters also work under severe strain because they are often forced to do "doctors' work" in an attempt to help in the crisis.

It is estimated that dozens of babies are born at Sebokeng Hospital every day, many being delivered by ceasarean section, which means that doctors have to work long hours.

Dr van der Vyver also explained that the remaining doctors held a meeting yesterday with representatives of the Department of Hospital Services in an attempt to resolve the problem at the hospital.

Cabinet approves new R300-m training hospital

Pretoria Bureau

The Transvaal Provincial Administration and the University of Pretoria have received Cabinet approval to build a R300-million hospital next to the existing H F Verwoerd hospital.

The hospital has attracted controversy since it was mooted three years ago, with Progressive Federal Party MEC's slamming the system of priorities which could approve R300 million for an academic hospital in the face of a desperate need for community hospitals.

The province, in announcing Cabinet approval for the hospital in Pretoria, said this was an "opportunity to meet urgent accommodation requirements".

"Half of the 1 200 beds available will be used for non-whites and existing facilities for these population groups will also be able to be extended in the existing H F Verwoerd," a statement said.

EXTREMELY DIFFICULT

"Since the medical faculty of the University of Pretoria was established 45 years ago it has been housed in the H F Verwoerd hospital (which has) never been entirely suitable for training.

"Under extremely difficult conditions the university has performed a tremendous task and has supplied South Africa with medical practitioners to serve all population groups.

"The university can, however, no longer keep abreast of modern medical techniques and research and the provision of an essentially academic hospital is imperative," the statement said.

The first phase of the hospital could be commenced immediately, the statement said, and construction would proceed as funds were available.

Upgrading planned, but no township hospital

98

By Claire Robertson, Pretoria Bureau

The recent Cabinet decision to go ahead with the construction of a R300-million teaching hospital in Pretoria has highlighted the lack of adequate facilities for the black community there.

Mamelodi, Pretoria's largest black township, has only a "day hospital" or clinic and has a crying need for a hospital, according its mayor, Mr Bennett Ndlazi.

In Pretoria and environs, ill or injured black people go to Garankua or Kalefong hospitals, and while no plans for a hospital in Mamelodi have been published, attention has been given to upgrading the facilities at the two huge black hospitals.

A R200-million new hospital is being built in Garankua, and R13 million additions to the Kalefong Hospital are nearing completion.

Garankua, which serves people from the entire northern Transvaal — and even has patients from as far afield as Botswana — is "always about 20 percent overcrowded", according to the superintendent.

In six years, however, a R200-million new hospital will be complete, with 1 200 beds to supplement the existing 1 600.

Professor Len Karlsson, vice-principal of the black Medical University of South Africa, said the new hospital would put teaching facilities on a par with the University of Pretoria when it was completed.

Kalefong Hospital has more patients than its 1 100 beds, but a new booking system for patients and the R13-million addition will ease this problem, say staff.

The Indian township of Laudium has a clinic and a hospital which is about half-empty at present.

OPEN TO ALL RACES

Residents of the coloured township of Eersterust use either the H F Verwoerd or the local clinic.

Chairman of the Eersterust management committee Mr Willem Aarends said yesterday he did not so much want to see a new hospital in Eersterust as to have all Pretoria's hospitals opened to all races.

Six hundred beds in the new R300-million teaching hospital — to be built next to the 70 percent full H F Verwoerd Hospital — will replace the 600 "white" beds in the H F Verwoerd.

A further 600 beds in the new hospital will be for other race groups, as will the 1 200 "old" beds in the H F Verwoerd.

Pretoria's 370 000 whites will thus be served by the new hospital, the whites-only hospital in Pretoria West — rarely full, let alone overcrowded — and eight private nursing homes and hospitals in the city.

The private hospitals, nursing homes and clinics are also open to black people who can afford them.

Provincial government officials have admitted there is no need for new beds for whites but, they say, the University of Pretoria needs a smarter, newer academic hospital.

The new hospital will be used to train white doctors.

The university has turned out an average of 100 doctors a year since the medical school there opened 45 years ago.

The money for the new teaching hospital does not, however, come from Pretoria. It is to be paid for from the provincial budget — the same budget that for three decades has shelved plans to provide Soweto with the New Canada Hospital to supplement overcrowded Baragwanath.

Work on prestige R28 million project forges ahead

New Mitchells Plain Private Hospital opens July 1

98

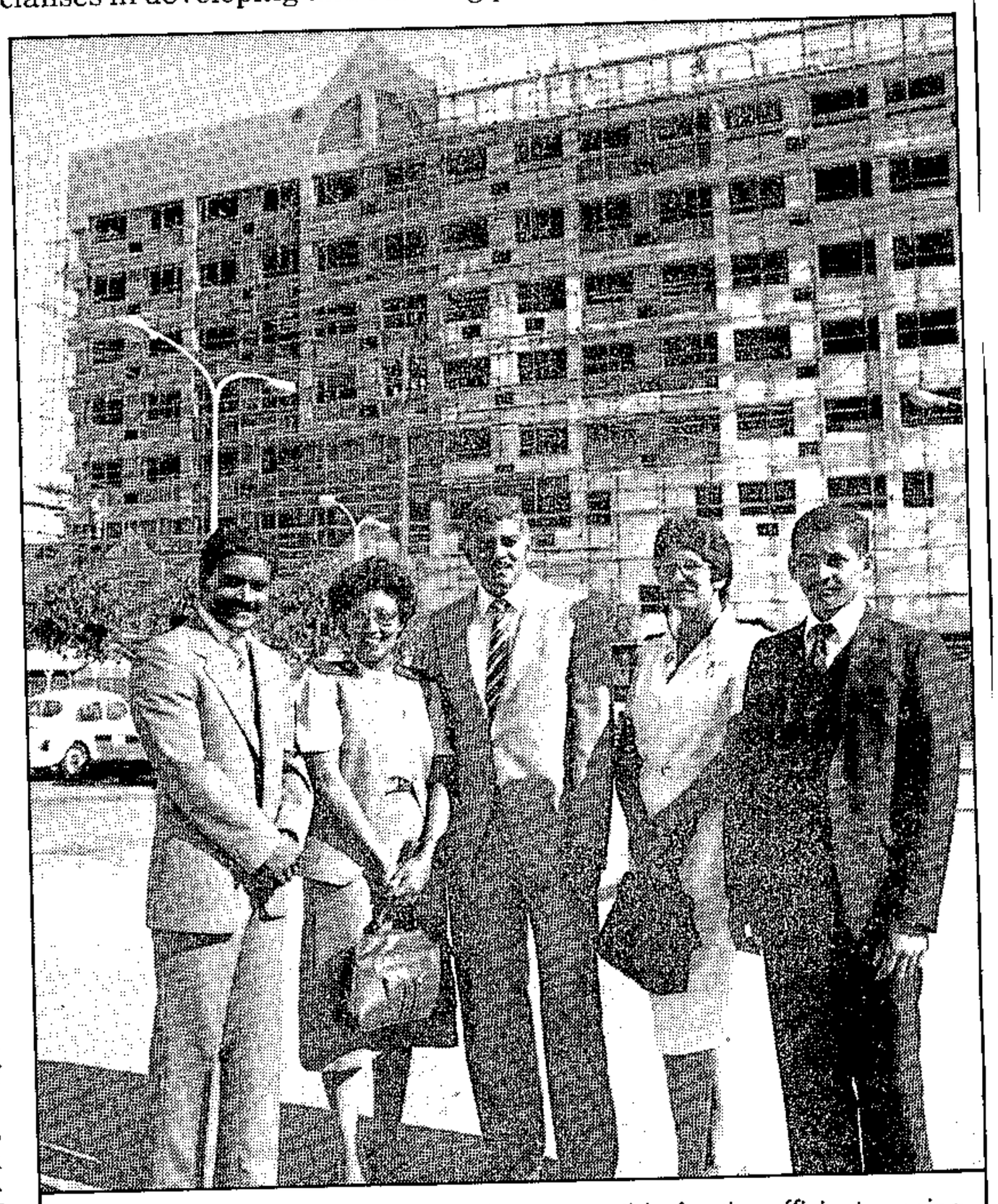
ARGUS 27/2/87

A new era in health care will begin when the Mitchells Plain Private Hospital opens its doors on July 1. The ultra-modern 200-bed complex is being developed for Medi-Clinic Corporation Limited at a total cost of R28 million. It is the sixth complex of this fast-growing Corporation, which specialises in developing and running private hospitals.

The site – in the Mitchell's Plain central business district – is a hive of activity as contractors work to complete the project on schedule. The roof-wetting ceremony is expected to be held in mid-March. Right now, various department heads are busy interviewing prospective staff.

QUALITY CARE FOR ALL

Medi-Clinic believes that everybody is entitled to the best possible medical care at a price they can afford. Thus, the hospital will offer individual care of the highest standard combined with outstanding comfort, all at a fair price. In practice, this will mean that tariffs charged for general wards and surgical procedures will be according to the medical aid scale of benefits as published in the Government Gazette. This is in line with the Corporation's credo of "quality care for all".



Some of the key people who will be responsible for the efficient running of the Mitchells Plain Private Hospital. From left to right: Mr. L. Davids (Purchaser), Mrs. F. Cook (Matron), Mr. Basil Leonard (Manager), Mrs. J. de Silva (Theatre Matron), Mr. B. Cederstroom (Asst. Engineer).

ADVANCED FACILITIES

The hospital is being equipped with the most technologically advanced facilities. For example, the maternity ward has its own obstetrics theatre and is being fitted with special "birthing units" for short-stay deliveries.

Other important facilities include: 5 theatres for general surgical procedures, 2 day-patient theatres for minor surgical procedures, a paediatric ward with its own 4-bed high-care unit, a 5-bed intensive-care unit, a 4-bed high-care unit (general ward), a 21-bed day ward, full X-ray facilities, a pathological laboratory, 20 consulting rooms, a restaurant, shopping mall and ample parking.

There can be no question that this new, modern hospital will be a tremendous asset not only to the residents of Mitchell's Plain but to the Peninsula as a whole.

MEC 006 F

Wasteful hospitals

PRETORIA UNIVERSITY will be delighted with Cabinet approval for the building of a R300 million teaching hospital alongside the H F Verwoerd Hospital, but it is not altogether an occasion for rejoicing.

The priorities for hospital accommodation around Pretoria should be in the black townships on three sides of the city, not in the central area where the all-white H F Verwoerd Hospital is not even full. Mamelodi has no hospital at all and is served only by a day clinic. Kalafong Hospital outside Atteridgeville is chronically overcrowded, and the Garankuwa Hospital serving as the teaching hospital for the Medical University of Southern Africa cannot cope with demands in an area of rapid population growth; its facilities are being upgraded, but it will take six more years to relieve overcrowding.

Latest planning for central Pretoria hospital accommodation still seems to be based on segregated facilities, with whites getting the new facilities and other races getting the discards. For as long as group areas policy is enforced, Pretoria central city hospital facilities will remain inconveniently far from coloured, Indian and black townships.

In the light of these circumstances, the new hospital project is just one more example of a phenomenon which pervades the Nationalist Government's thinking: the provision of privileged facilities for whites to the point of wastefulness, while other population groups face a crying need.

Membership
33 000
758
19 700
54 283
21 000
2 235
130 976

Patients' long wait

Sowetan 3/3/87

PATIENTS at the Sebokeng Hospital say they often wait for hours — sometimes days — without treatment, because of a shortage of doctors.

And yesterday three more doctors told the *Sowetan* they had handed in their resignations.

Although there has been no official confirmation of the number of doctors who have left the hospital so far, about 20 have resigned in the past six months.

The hospital's superintendent, Dr Jurie van der Vyver, yesterday said the Department of Hospital Services would release a statement on the matter today.

This follows a decision taken by the hospital's board at a meeting called to resolve the problem.

Patients, who did not want to be named, told the *Sowetan* that they were often forced to wait for several hours without treatment because the few doctors at the hospital were too busy with critical cases.

By JOSHUA RABOROKO

"Since I was admitted to the hospital last Wednesday I was only treated by a doctor on Sunday. Usually nursing sisters give us tablets when we complain of pains," one patient said.

Another patient said it was surprising how a well-equipped hospital such as Sebokeng did not have enough doctors. "I am afraid people will die without treatment. The authorities must do something".

The views of the patients were confirmed by doctors who said the situation had not improved and more doctors might leave.

They said unless their pay and working conditions were improved, more doctors would leave the hospital.

Bottle-store detentions

Political Staff

A TOTAL of 289 emergency detainees had been held and questioned in a bottle store in New Brighton, Port Elizabeth, but none had been held in the cold-store, the Minister of Defence, General Magnus Malan, said yesterday.

He said the bottle store had not been commandeered by the Defence Force.

General Malan, who was replying to a question which was tabled in Parliament by Mr Andrew Savage (PFP, Walmer), said it was "not specified in the emergency regulations" what the maximum period was for which any detainee could be held at the bottle-store premises.

Hospital fees to rise next month

Staff Reporter

HOSPITAL fees will go up on April 1, the Administrator, Mr Gene Louw, announced yesterday.

He said this would happen because the fees were linked to medical-aid benefit scales, which were adjusted at the beginning of the year.

Patients would be divided into three categories:

☐ Nominal tariffs for State patients, who are people not liable to pay income tax. They will pay a minimum of R1 or a maximum of R2 a day.

☐ Comprehensive tariffs for semi-State patients. As in-patients they would have to pay a day tariff ranging from R9,50 to R38 for specialist services, and from R4,75 to R19 for general practitioner services. As out-patients they will have to pay R5 to R20 and R3 to R10 per visit for specialist and general practitioner services respectively.

☐ Separately specified tariffs for private patients.

"The day tariffs for hospitalization for specialist services range from R47,50 to R76,00 and for general practitioner serivices from R23,75 to R38.

"As out-patients, all private cases will pay fixed tariffs of R25 and R12 per visit at institutions rendering specialist and general practitioner services respectively," Mr Louw said.

OK workers stream back

Own Correspondent

DURBAN. — Thousands of OK Bazaars workers throughout the country began streaming back to work yesterday, ending their 10-week strike over a wage dispute.

The dispute, which affected 120 OK outlets involving more than 7 000 workers, was resolved last week following mediation between the company and the Commercial Catering and Allied Workers' Union — with yesterday set for return to work.

OK spokesman Mr Keith Hartshorne said most of the workers were back and all strike-hit stores were operating normally with the exception of Kwa Mashu, which would probably reopen later this week.

857: Iphunga Elimnandi

Missing mi

Maternity boost for Alex clinic

By Janine Simon

The Alexandra Health Centre is to have a new maternity wing — thanks to more than R177 000 raised by the outgoing Mayor of Sandton, Mrs Hazel Egdes-Shochet, who announced the donation at a function last night.

In her inaugural speech last year, Mrs Egdes-Shochet pledged to raise between R80 000 to R100 000 to improve the inadequate maternity facilities at the centre.

The centre has only one maternity room to handle women in all stages of labour. Patients who develop complications must be transferred to Tembisa Hospital.

GOOD WILL

Mrs Egdes-Shochet said last night that the donors had helped to translate her mayoral theme — "Caring through Sharing" — from a slogan to reality.

She added that her office had received messages that its concern and good will had filtered through to Alexandra and was aiding interpersonal and intercultural relationships.

● Mrs Egdes Shochet will officially inaugurate the maternity unit at a function at the centre on Saturday.

PROBE INTO SEBOKENG HOSPITAL CRISIS

THE medical superintendent of the Sebokeng Hospital, Dr Jurie van der Vyver, yesterday said the shortage of doctors at the hospital would be brought to the attention of the Government.

Dr van der Vyver said black private practitioners have agreed to help by treating patients at the hospital on a casual basis.

This was confirmed by a

By JOSHUA RABOROKO

spokesman for Vaal Triangle medical practitioners, Dr Thabo Lenake.

He said: "We are going to operate during certain hours and if we are unhappy with the conditions we will be forced to change our decisions".

Dr Lenake expressed concern at the plight of patients who wait for long hours without treatment at the hospital and said: "We sympathise with our black people who might die without treatment".

Dr van der Vyver said representatives from the Transvaal Provincial Administration have collected evidence from the hospital personnel.

He said the findings of the investigation will be submitted to the government's central committee which will later make recommendations to Parliament.

"We explained every problem, including the shortage of doctors, to the representatives and hope that problems will soon be sorted out," Dr van den Vyver said.

The investigation came after doctors and nursing sisters protested that they work long hours because medical practitioners are leaving the hospital at an alarming rate.

Sowetan (98) 4/3/87

Hospital fees set to rise from April 1

Patients divided into three categories for adjustments

Dispatch Correspondent

CAPE TOWN — Hospital tariffs will be increased from April 1 this year since they are linked to medical aid benefit scales which were adjusted at the beginning of this year, the Administrator of the Cape, Mr Gene Louw, announced yesterday.

He said the new hospital fee structure introduced last year had worked well and had ensured that "both the indigent and affluent patient make a fair contribution to services rendered".

Patients would be divided into three categories for the April 1 adustments. These would be:

● Nominal tariffs for state patients, who are people not liable to pay income tax, that is, indigent people and social pensioners, who will have to pay a minimum of R1 or a maximum of R2 per day for hospitalisation or per out-patient visit, depending on the income of the family unit.

● Comprehensive tariffs for semi-state patients, being people who are liable to pay income tax and are able to make a significant payment for health services but cannot afford the services of the private sector.

As in-patients they would have to pay a day tariff according to a sliding scale ranging from R9,50 to R38 at institutions rendering specialist services, and from R4,75 to R19 at institutions rendering general practitioner services.

As out patients they will have to pay R5 to R20 and R3 to R10 per visit at institutions rendering specialist and general practitioner services respectively.

● Separately specified tariffs for private patients, being people who are liable to pay income tax and as a rule have to make use of health services rendered by the private sector but have to be treated at provincial institutions for various reasons.

"Depending on the ammount of income tax they pay these people will be charged a day tariff according to sliding scales for hospitilisation as well as a single payment during the admission period for the use of theatres, X-ray and laboratory examinations, medication and the cost of protheses.

"The day tariffs for hospitalisation at institutions rendering specialist services range from R47,50 to R76,00 and at institutions rendering general practitioner serivices from R23,75 to R38.

"As out-patients, all private cases will pay fixed tariffs of R25 and R12 per visit at institutions rendering specialist and general practitioner services respectively. The fees for the use of theatres, X-rays, medication etc in the case of out-patients are payable once only per admission or visit."

Mr Louw said the hospital fee structure was based on the amount of tax which the family unit is liable to pay and considerable deductions could therefore be made if justified.

Medical superintendents had been authorised to reduce or waive accounts of patients who were not in a position to pay their hospital accounts. Patients who were not in a position to pay for services should take up the matter in writing with the medical superintendent.

Walton Hospital now has landing pad for helicoptors

By KIN BENTLEY

A LANDING pad for helicopters has been built at the Walton Orthopaedic Hospital in Port Elizabeth.

A Cape Town fisherman, Mr Thomas Logan, whose foot was amputated in an accident off Cape St Francis, was yesterday airlifted by an SAAF helicopter to the Port Elizabeth airbase yesterday, and taken from there to the Greenacres Poli Clinic by ambulance.

But in cases where a patient's life is at stake, a helicopter can now land at Walton to deliver patients to the Provincial Hospital, whose helicopter pad is considered too small.

Dr Leon Cilliers, medical superintentend at the Provincial, said a few months ago a new pad — fully equipped to standards required by the SAAF, including lighting — was completed at Walton, about a kilometre away.

Patients could be transported rapidly by ambulance from there to Provincial or, if necessary, operated on in a theatre at Walton.

Mr Wijtze Westra, manager of the Poli Clinic, said today that, while the hospital did not have a landing pad, the idea had been discussed.

"We are looking at it, but no decision has been taken."

Expansions worth several million rands are to be made to the Poli Clinic soon.

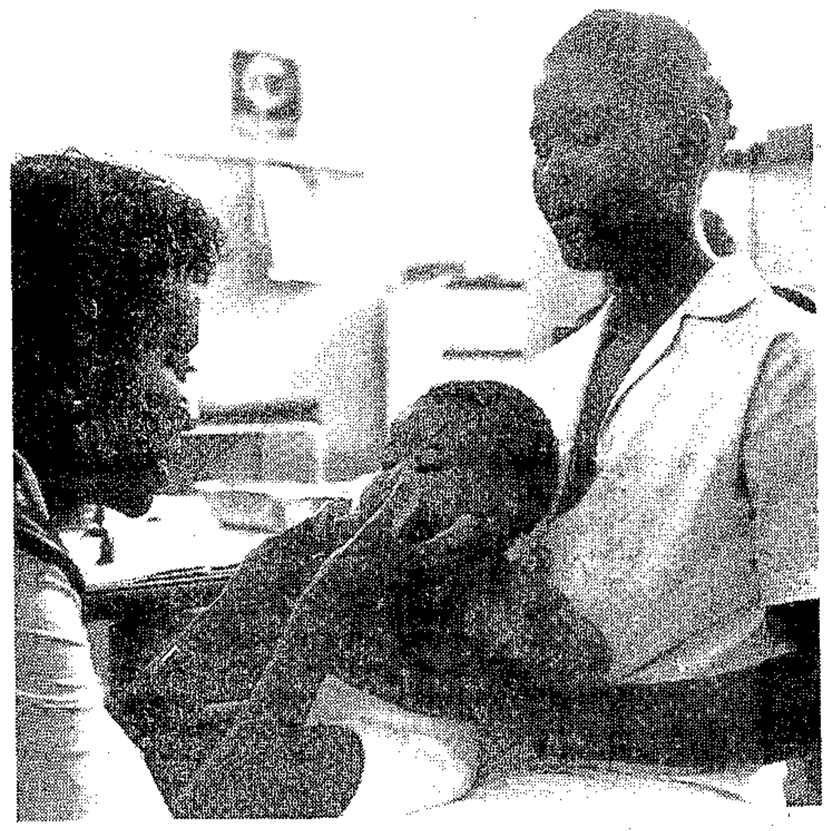
A helicopter pad is included in extensions planned for Dora Nginza Hospital, Zwide, next year.

(98) 9/3/87 Eltost

lexandra looks forward to better maternity unit

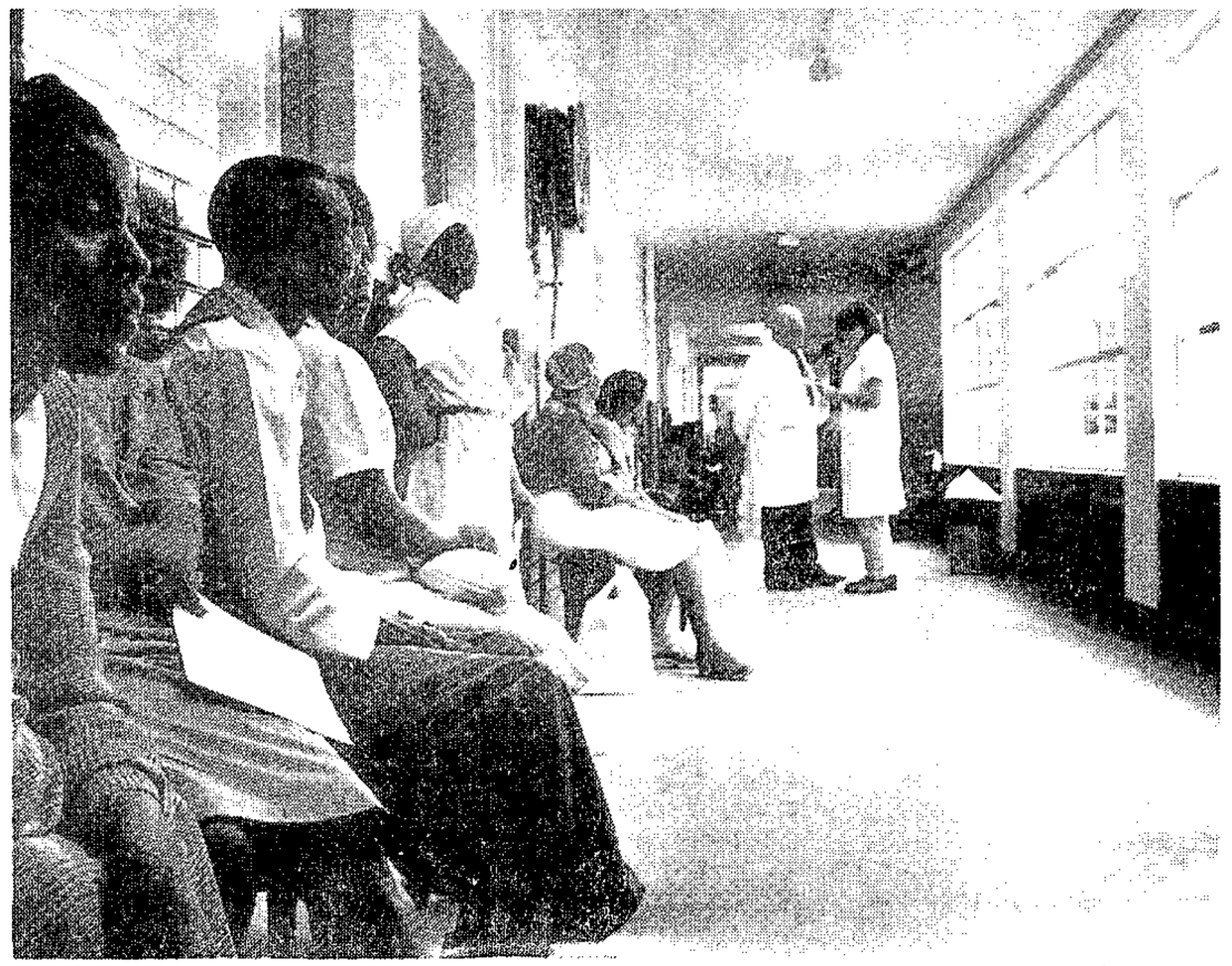
Better chance to preserve family life

Sandton's outgoing mayor, Mrs Hazel Egdes Shochet, has raised more than R177 000 to help pay for a new maternity unit at the Alexandra Health Centre and University Clinic. The unit, which she inaugurated at the weekend, is one of a series of improvements with the potential to make the centre a model of urban primary health care. Janine Simon reports. . .



Primary health care nurse Sister Maria Nukeni checks three-month-old Nthabiseng Morodi, watched by his mother, Mimi.

Sister Agnes Ngwenya at the dispensary-of-many-stripes.



A donation from the British Government allowed the clinic to enclose this corridor to make a more protected waiting room for its patients. ● Pictures by Garth Lumley

Each day an average of seven women in labour are admitted to the Alexandra Health Centre.

Most deliver there — in a single room with four beds, divided at the crucial moment by a curtain — and recover for between four to six hours in a small adjoining passage before taking their infants home.

It is a safer delivery than it would be in a shack but the room is small, with limited privacy and no space for fathers to share in the birth of their children.

And any woman who shows signs of having an extended labour or complicated birth is immediatly moved to Tembisa Hospital — an unnerving, 35-minute drive for a woman in labour.

"There are various factors now promoting the break-up of family life," said centre director Dr Tim Wilson. "Migrant labour is not the most important. Violence, rooted in the squalid township life, unemployment and the political perceptions that might is right are the more important forces.

"Young people are being brutalised. This makes it difficult for them to form relationships of love and trust, posing a serious threat to family life in future."

It is to the prevention of this break-up of family life that Dr Wilson hopes the improved maternity facilities will, "in some small way", contribute.

"Maybe a more private birth and the encouragement of breast-feeding will give parents a greater chance of a good bonding with their kids," Dr Wilson said.

The new unit, which he hopes will be functional before the end of the year, will have five first-stage labour beds, five delivery beds, one for special procedures, and four post-natal beds.

"It will still be a midwife-run unit, but more decently, giving people a sense of being treated as human beings rather than being pushed through a sausage factory."

Centre staff have approached the Carnegie Corporation in New York for help with a programme for ante-natal care, safe childbirth and breast-feeding.

"It is essentially research on how to handle conception to the first week of life in a way that promotes family life.".

After a severe financial crisis the clinic, which relys on donations to cover 60 percent of its costs, has taken on new leadership, new medical staff and a new direction in the past 18 months.

The clinic, which sees 600 patients daily, 220 00 annually, has been run for years by a band of part-time doctors and nurses. They were joined last year by Drs Wilson, Liz Floyd, Wendy Orrand and Farouk Asvat.

The centre has taken on a new look. Its perimeter fence and broken windows have been repaired and black and white exterior has been washed. Some walls have been repainted in bright enamels and others with murals and — with a donation from the British Government — a passage has been enclosed to make a protected waiting area for patients.

The centre has a 24-hour casualty service as well as range of preventive programmes such as the Well Baby clinics.

Perhaps most importantly the bonds between the centre and the 100 000 or so people of Alexandra have strengthened considerably since the beginning of 1986 — factors put down to the appointment of new medical staff and the reaction to the police and army in the township.

Community responsiveness combined with medical direction and independence could be the factors pushing the 54-year-old centre to the forefront of urban primary health care.

Centre director Dr Tim Wilson . . . "Most of the patients come in through this gate."

Pictur

AR6.45 11/3/87

Don't close our hospital schools, pleads Van Eck

Staff Reporter

THE Cape education department has been asked to reconsider it decision to close hospital schools.

Mr Jan van Eck, the Progressive Federal Party spokesman on Cape education, said he had approached the department to have the decision reversed.

Dr F L Knoetze, deputy-director of education in the Cape, said his department had recommended that the schools be closed because it lacked the money to run them. He had not yet received a reply.

Mr Van Eck said Mr Knoetze had assured him that the decision would be reviewed.

"In view of the valuable service being provided by the hospital schools, some of which have been in existance for 50 years, steps have been taken to prevent them being closed," Mr Van Eck said.

He was told that because the Cape Department of Education received subsidies for white pupils only, and as most pupils in the hospital schools were not white, the department could not afford to run them.

ABSURD 'TRICAMERAL LOGIC'

"I was told the department would gladly continue to provide this service, but because of the absurd tricameral logic of own affairs and general affairs, the department does not have the finance needed.

"It would be a disgrace if these schools were to close down because the white education department was not given money to teach pupils of other races in hospital schools," he said.

Earlier this year school principles at Tygerberg, Red Cross, Lady Michaelis, Princess Alice and Groote Schuur received circulars advising them that the schools would be closed next year. This move would put nearly 30 teachers out of work.

The combined committee of the SA Teachers' Association and the Onderwysers Unie appealed to the Minister of National Education to reverse the decision. Hospital administrators also made representations.

Children who are in hospital for long periods are taught either at their beds or in small classrooms, a service which is recognised by doctors as having therapeutic as well as educational benefits.

BARA IS FACING A 'CRISIS'

Sowetan 13/3/87

By LEN MASEKO

A CRISIS is looming at Soweto's Baragwanath Hospital as "overworked" newly qualified doctors work a marathon 19 hours daily, the *Sowetan* learnt this week.

A Health Workers Association (HWA) spokesman told the *Sowetan* that this problem did not affect "interns" only but nurses and other workers in other departments of the hospital. He said a newly qualified doctor started his day at 8 am, and worked until 1 pm the following day — meaning being on call for a "strenuous" 19 hours.

Longer hours for these doctors meant that they were on duty "double or more" than the normal 40-hour week, he said.

"The interns are tremendously overworked, and things are as bad in other categories", the spokesman said. "If we don't address this problem in time, things are going to worsen".

The HWA, in a bid to avert a crisis at Africa's largest hospital, has called an urgent meeting with a view to addressing these grievances. At the meeting a dossier of grievances is to be compiled and handed to the hospital authorities.

But a Baragwanath spokesman said the hospital's superintendent, Dr Chris van der Heever, "neither confirms nor denies" these claims. Dr van der Heever had no knowledge of any complaints Bara doctors might have, the spokesman added.

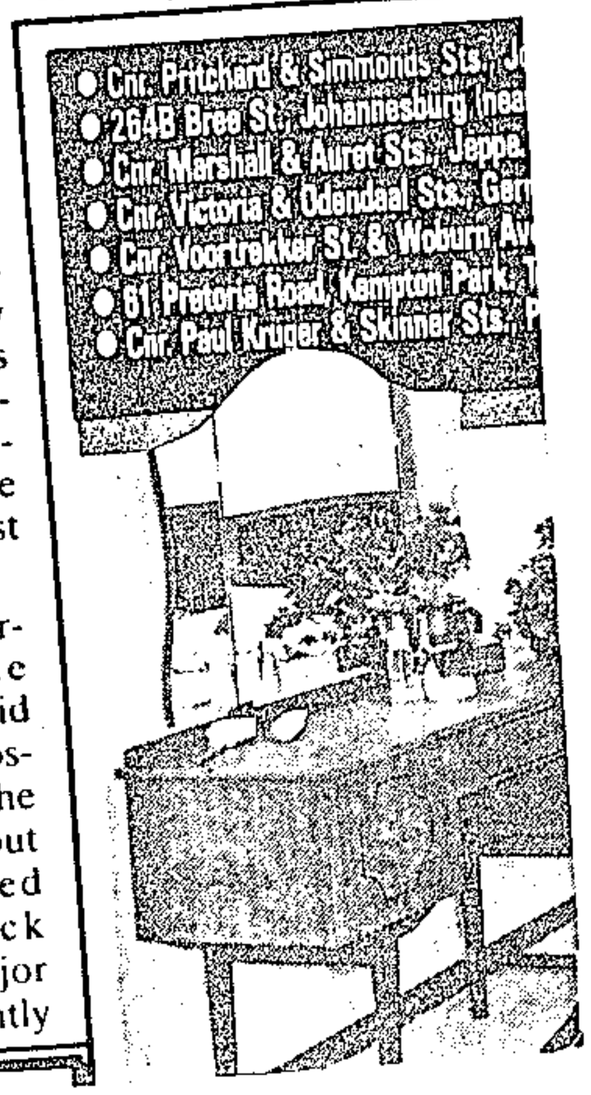
Resign

The Government is probing similar complaints at the Vaal Triangle's Sebokeng Hospital, where "overworked" doctors and other staff have threatened to resign unless their demands for better pay and working conditions receive immediate attention. At least 15 doctors have resigned at the hospital over the past few weeks.

Referring to the Baragwanath issue, the HWA spokesman said the problem at the hospital was not only the shortage of doctors but "the current lopsided approach" to black health services. A major overhaul was urgently needed in the present health system, he said.

"We want to address this problem at a broader level, hence we have invited doctors from other hospitals to attend this meeting", the spokesman added. He said 90 percent of doctors in this country were white, and the remainder black.

"These figures should be viewed against the fact that nearly 90 percent of South Africa's population is black, the HWA spokesman said.



No-name apartheid for sick

BY SAHM VENTER

THE NEW multi-million rand Groote Schuur Hospital will have a new-brand apartheid.

The director of hospital services, Dr Niklaas Louw, confirmed this week that the new hospital would be racially segregated.

But it will be a new-style apartheid. There will be no racist signs reserving entry to the different sections of the R200-million, 1734-bed hospital.

All sections except ones which rely on expensive equipment which can't be duplicated, will be segregated.

"The new hospital is going to be the same as the old which is racially segregated. It is the same policy," he said.

Some of the wards at the old hospital were racially mixed because they were moving and the "patients had to be put together," Dr Louw said.

Instead of apartheid signs, there will be one "reception area" On admission, each patient will be allocated a number. The staff will then know into which ward the patient must be admitted.

"For example, ward B6 does not say non-whites or whites, but in that ward the patient will be among his own group and class," Dr Louw said.

Dr Louw said there was "no way" that anyone in need of treatment would not get it. But there should be an element of "choice".

If a white person wanted to be in a ward with black people, that could be done. But if a black person wanted to be in a ward with white people, "consensus" would have to be reached, he said.

A problem was the "huge string of visitors with perhaps not the same class".

A National Medical and Dental Association (NAMDA) spokesperson called on the authorities not to implement apartheid.

"The opening of the new hospital presents a unique opportunity for a new start to an apartheid-free hospital."

(98) SOUTH 19/3-25/3/87

South NEWS

APARTHEID WATCH

Bar on black medics

A CONTROVERSIAL ruling that bars black medical students from examining white women patients in gynaecology wards has caused an uproar in the medical profession.

The Provincial authorities ruled that students could work in all wards at a white hospital - except sensitive examinations of women.

Black students involved have unaminously rejected the stipulation which they described as "insulting and degrading". They say they will refuse to be taught at whites-only hospitals until all hospitals are fully integrated.

The Wits Medical Faculty applied to the Transvaal Provincial Administration, for permission for all its students, black and white, to have access to patients in all of its teaching hospitals.

White and black medical students have complete access to black patients at Baragwanath and Hillbrow Hospitals.

Permission was granted for black students to work at the Johannesburg Hospital, but barring them from the gynaecology and obstetrics wards.

Lionel Green-Thompson of the Black Students Committee said:

"Black students feel that this new rule is both insulting and humiliating. It has been a source of great anger to us. As medical students our tuition includes complete body examination.

"Until our patients can be examined at so-called white hospitals and until there is integration across the board, we refuse to be taught at white hospitals," he said.

Professor Phillip Tobias of the Medical School said: "Black students wouldn't accept this offer.

The Faculty Board symphathised and agreed with the students. We want to see all sections of our teaching hospitals open to all our students. Likewise, we believe in and want to see the appointment of hospital staff irrespective of race. Our teaching hospitals should be open to all patients".

The director of hospital services, Dr Hennie van Wyk said: "The decision was taken by the executive committee of the Transvaal in 1985. The decision to implement it was left to the university authorities"

Professor Jacques Kriel, of the Medical School, said: "It insults not only black medical students but black professionals as well. The ruling was particulary immature since a large number of white patients consulted black doctors.

"I can see the Province's concern to protect white patients still living in the last century. "But I firmly believe that white patients are way past worrying about things like that. If a patient did not want to be examined by a medical student, be he or she black or white, they had the right to refuse.

"This racial ruling is insulting and unnecessary and I agree with the black students decision to reject it. I can also see why black students won't work in hospitals unless their families and friends can be treated there as well," Kriel said.

He quoted private hospitals where the wards were racially mixed and said he had not heard of any problems or complaints from white paients. "The sensitivites of patients are over-estimated," he said.

TORE

KLIPFONTEIN ROAD, ATHOLL

Meeting on hospital apartheid

THE decision to apply "no-name apartheid" at the new Groote Schuur Hospital has outraged University of Cape Town medical students.

The Director of Hospital Services, Dr Niklaas Louw, told SOUTH last week the hospital would be racially segregated, but there would be no racist signs .

The UCT students described the news as "a slap in the face"

A spokesperson for UCT's Medical Students Council (MSC) said a meeting would be held on Tuesday between medical student representatives, the vice-chancellor of UCT, Dr Stuart Saunders, and the dean of the medical faculty, Professor George Dall.

98

SOUTH 26/3-1/4/86

29/3/87

More doctors to go

By STAN MHLONGO

EIGHT more doctors are expected to resign from Sebokeng Hospital at the end of the month – leaving the number remaining at the 900-bed hospital at about 11.

A reliable hospital source said there were 45 medical posts available at the hospital.

Twenty of these have been created in the past six months, following a spate of resignations by doctors allegedly leaving the hospital because of low salaries, overwork, and the lure of private practice.

In February, 24 of the 45 posts were filled, but this has not alleviated the crisis.

A spokesman for Vaal Triangle Medical Practictioners, Thabo Lenake, said this week that doctors belonging to his organisation were giving assistance at Sebokeng Hospital.

"The help is basically voluntarily and we have no figures of black doctors assisting at the hospital," said Lenake.

Sebokeng Hospital superitendant Dr Jurie van der Vyver's recent promise to bring the shortage of doctors at his hospital to the attention of the Government has failed to appease patients, who claim that they often have to spend "over 10 hours waiting to be treated by doctors".

Emily Khoza, of Evaton, said: "Hospital officials should immediately attend to the crisis. Sebokeng Hospital is the only one in the Vaal Triangle and to think that it has to cope with residents from Sebokeng, Evaton, Zamdela, Boipatong, Bophelong, Sharpeville and Refengkgotso with no doctors is a crying shame."

According to Van der Vyver, representatives from the Transvaal Provincial Administration have been collecting evidence from hospital personnel and aim to launch an investigation into the crisis facing the hospital.

No more disease reports

6/4/87 EP

Post Reporter

NO more cases of meningitis have been reported to the Port Elizabeth Provincial Hospital, a hospital spokesman confirmed today.

This follows the death of a 20-month-old baby who died within a few hours of contracting a virulent strain of the germ, Meningococcus, at the weekend.

Mary Grogan of Grahamstown, daughter of Rhodes University Journalism Department lecturer Mr John Grogan and his wife Felicity, died in the PE Provincial Hospital on Saturday.

The pediatrician who treated Mary said when the child complained of feeling ill on Saturday morning, Mrs Grogan took her to a doctor in the afternoon, who diagnosed a sore throat and fever.

After dinner the child developed spots and he was called in.

Mary was resuscitated in the casualty section, but died soon after being put in a bed. The cause of death was probably brain-stem haemorrhage.

He said three cases of *Meningococcaemia* were reported in Port Elizabeth this year — the first for several years. The patients survived.

The symptoms to look out for are a severe headache, a sore throat and fever.

Bomber guilty of killing 3 women

Dispatch Correspondent

PIETERMARITZBURG — The self-confessed Magoo's Bar bomber, Robert McBride, was yesterday convicted of the murder of three women who died in the blast — and his girlfriend, Greta Apelgren, was acquitted on all counts relating to the bombing.

Mr Justice D. L. L. Shearer, sitting in the Supreme Court here, convicted McBride, 23, and Apelgren, 30, of freeing an alleged African National Congress terrorist, Mr Gordon Webster, from police guard in Edendale Hospital.

He also found the couple smuggled Mr Webster out of the country to Botswana.

Mr Justice Shearer and two assessors earlier found McBride guilty on a total of 19 counts including murder, attempted murder, assault and various contraventions of the Terrorism Act before a packed court.

Referring to the Magoos Bar bombing, Mr Justice Shearer said the car bomb — which had contained 50 kg of explosives, including 10 SZ6 demolition charges and an SPM limpet mine, as well as additional shrapnel, consisting of bullets and iron fragments — had been designed to kill as many people as possible.

Mr Justice Shearer found that McBride's original intended target had been the Hyperama in West Street, but that he had been persuaded to place the car bomb on the Marine Parade at the suggestion of a state witness and accomplice, Mr "C".

Mr Justice Shearer said McBride's evidence was that he had constructed the car bomb in reaction to the declaration of the state of emergency on June 12, in which people countrywide were detained, including family members of his girlfriend and co-accused, Greta Apelgren.

Apelgren was acquitted on all charges connected with the Parade Hotel bombing after Mr Justice Shearer found there was a reasonable doubt that she had formed a common purpose with McBride in connection with this incident.

She was convicted on a total of five counts involving assault with intent to do grievous bodily harm and contraventions of the Terrorism Act, including the freeing of an alleged ANC terrorist, Gordon Webster, from Edendale Hospital's intensive care unit last May.

Mr Justice Shearer found that it was a reasonable possibility that McBride had not told Apelgren about the car bomb at the Parade Hotel. His evidence was that he had led her to believe he was leaving the vehicle in town for friends.

Mr Justice Shearer said this was not implausible, taking the ANC's code of secrecy into regard.

He said according to evidence, Apelgren's reaction when she found out about the bomb was consistent with shock and perhaps horror. He found she could not have been expected to drive straight to the police with the perpetrators.

Mr Justice Shearer found that both Apelgren and McBride had formed a common purpose and were guilty of assisting Mr Webster to escape from police guard at Edendale Hospital, of harbouring him, and later transporting him to Botswana.

They were found not guilty on a charge of murder and four of attempted murder in connection with the armed rescue, but were convicted of the assault with intent to do grievous bodily harm of two policemen, Edward Ngcobo and Johannes Visagie, who were shot and wounded.

Mr Justice Shearer said in both instances McBride had the means and opportunity of inflicting more than a single wound.

In respect of the other charges, there was no evidence before the court other than that of McBride and Mr Webster, which was taken on commission in London.

The court was forced to conclude that there was sufficient doubt that those shots might have been fired by Mr Webster on the way out of the hospital.

Mr Justice Shearer found that it had been proved that McBride provided hand-grenades used, and was responsible for, an attack on the home of Mr Yuill Klein and his wife Brenda.

He also found that McBride had placed an explosive device in the Pine Parkade last May. He said, however, that according to evidence the bomb had not exploded by 10 am the following day and he accepted that the bomb must have been intended to disrupt traffic and cause confusion.

McBride had testified that the device was not armed with a detonator.

Other counts in connection with which McBride was convicted included; furthering the objects of the ANC; an attempt to blow up the Mayville electricity substation in January last year; an explosion at an electricity substation at the corner of Chamberlain Road on March 21; an explosion at the Copper Shop in Brickhill Road on June 21 last year; an explosion of a vegetable oil tank at Industrial Oil Processor's in Lawley Street, Jacobs, on June 22 last year; an explosion which damaged oil pipe lines at Travancore Drive, Wentworth, on June 22 last year; an explosion which damaged waterpipes near the R 628 freeway in Westville on June 30 and the establishment of arms caches at Wentworth and Shongweni.

In addition to the charges connected with the Edendale Hospital incident, Apelgren was also convicted of contravening the Terrorism Act by having reconnoitred for suitable targets while travelling between Germiston in the Transvaal and Ladysmith, prior to the couple's arrest.

The hearing continues today.

Confusion on the hill

By SAHM VENTER

IS Groote Schuur Hospital racially segregated or not?

The Director of Hospital Services, Dr Niklaas Louw, says that it is and that the new hospital will be run on the same lines.

But according to Professor Dennis Davis of the University of Cape Town's law faculty, hospital superintendents are legally entitled to decide.

Professor Davis said hospital segregation fell under the Reservation of Separate Amentities Act.

"Thus it would appear that the decision about hospital apartheid rests squarely with the superintendent of the hospital concerned," he said.

However, a clause may have been included in superintendents' employment contracts preventing them from taking such decisions.

Groote Schuur's superintendent, Dr J Kane-Berman, and Dr H Reeve-Saunders, superintendent last year, both declined to comment.

Some doctors want to show what a model of non-racialism their section is. They change their minds after consulting officials and say they would rather talk "after the election".

Hospital officials seem worried that what changes they have made in recent years — and they are believed to be significant — will be swept away if they go too public on the issue. Some seem sincerely anxious that the "blind eye" of the authorities will be miraculously cured.

The situation becomes even more confusing when, dressed in a white coat, you decide to find out for yourself.

Two massive doors mark the separate entrances to the trauma unit. Go through one and you are told it has been "segregated since 1948". Through the other door, a explains matter-of-factly that "whites" only are allowed through.

What happens behind the doors is anybody's guess.

(98) SOUTH 9-15/4/87

New Groote Schuur to be segregated

ARGUS 14/4/87 98

He quoted from a letter to the Minister of Constitutional Development and Planning, Mr Chris Heunis from Mr Gene Louw, Administrator of the Cape, dated September 28 1984, explaining that wards and intensive care units would be separate, that radio-therapy patients would be treated in separate rooms but that isolation units and X-ray facilities would not be segregated.

"There will be one entrance to the new hospital and separate counters at which patients will get their ward numbers which will be white or non-white," said Dr Louw.

"This was confirmed at the last Provincial Council meeting on May 28 1986. The policy of the Government is separate facilities for different races and the faculty of medicine has always been well-informed about the planning of Groote Schuur."

Petition

He pointed out that the Mowbray Maternity Home was segregated, different races being on different floors, without complaint.

According to the planners, the new Groote Schuur building was designed "without segregation in mind".

Delegates to the National Medical and Dental Association (Namda) congress in Cape Town last week were invited to sign a petition against segregation at the new hospital.

In a statement the Medical Students' Council said they reiterated their "opposition to racial segregation in all hospitals since segregation is detrimental to health care".

Staff Reporters

THE new R200-million Groote Schuur Hospital which opens in 1989 will be racially segregated "in accordance with Government policy".

This was confirmed yesterday by the Cape Director of Hospital Services Dr Niklaas Louw who said it was the policy of the Government and the province that there should be separate wards for different races.

The plan to separate facilities has upset doctors and medical students, particularly as the old hospital was "quietly and unobtrusively" desegregated over the years. Staff facilities and many treatment areas and wards were "open".

Asked to comment, the dean of the medical faculty at the University of Cape Town, Professor George Dall, said he would only "reconfirm our opposition to apartheid in medical services".

Radio-therapy

Dr Louw said Groote Schuur had always been segregated in accordance with Government policy.

At the new hospital 75 percent of ward space would be allocated to non-whites instead of the 50 percent originally allocated and an effective 70 percent as at present, he said.

"It is the policy of the Government and the province that there should be separate wards."

UCT medical faculty to fight hospital apartheid

Staff Reporter ARGUS 15/4/88 P 44

THE medical faculty of the University of Cape Town will continue to fight for medical care free from discrimination, a faculty spokesman said today.

He was responding to a report in The Argus yesterday that the new Groote Schuur Hospital, which opens in 1989, will have racially segregated facilities in accordance with Government policy.

"The faculty has consistently opposed apartheid in all aspects of medical care," he said.

"It has progressively eliminated discrimination at student, staff and patient level.

"The faculty does not intend retrogressive moves and will continue to do all in its power to provide medical care free from all discrimination for all its patients."

(98)

People crying out for more day hospitals

By SAHM VENTER

"AS jy n baba kry, is dit net soos n conveyor belt", is a popular complaint from day hospital patients in the Western Cape.

This is according to Ms Theresa Solomons of the Mitchell's Plain Co-ordinating Committee (MPCC) which embarked on a campaign for a hospital for the 250 000 people of Mitchells Plain and those in the surrounding areas of Guguletu, Crossroads, Nyanga and Khayelitsha.

"Our understanding of a national health service is definitely not the same understanding as the State," she told the annual conference of the National Medical and Dental Association (Namda) earlier this month.

The most popular cry at the day hospitals is "die dag hospitaal is te klein", she said.

Mitchells Plain has one half-day hospital which sees 40 people a day and two full-day hospitals which sees 65 people a day.

Only 40% of the Mitchells Plain population will be able to afford to attend the two planned private medical centres. The other 60%, she says is subjected to an "inadequate, understaffed, ill-equipped" day hospital.

"All the big hospitals are in white areas and millions are being spent on adding on to Groote Schuur. R3,4-billion is being spent on defence. Yet no money to spend on fully-staffed, fully-equipped day hospitals," Solomons said.

She said a national health service also meant teaching communities how to prevent some illnesses or accident-related illnesses.

"While the State will say that it does provide health services, the people will say yes,but again you are not providing enough and therefore the services you provide are never acceptable to suffering communities who cannot always afford to pay."

Solomons called on the State to pay for the treatment and cure of common illnesses in suffering communities which the people believed to be caused by the State: Malnutrition, which is caused by poverty; cold and bronchitis because of bad housing conditions, and TB due to poverty, unemployment and overcrowding.

"It is far too expensive to get ill today," she said.

Minister: Group Areas to stay

CAPE TOWN — The National Party was committed to the Group Areas Act and would not scrap it after May 6, the Minister of National Health and Population Planning, Dr Willie van Niekerk, said at a National Party meeting in the Strand.

Addressing about 200 people, he said the State President had in fact said that the Group Areas Act was not a sacred cow, but he had said that the NP was committed to the principle of the Act, to protect property values.

The Act would remain on the statute books to protect the biggest single investment made by people, Dr Van Niekerk said.

It had been seen overseas that where there was an influx of lower income groups into areas there had been a subsequent drop in property values.

He said the various population groups in fact benefited from the Group Areas Act because without it there would not be housing projects like Mitchell's Plain and Atlantis.

After Dr Van Niekerk's speech he was questioned on the possible effects of strict laws on black people such as making them more likely to find communism attractive.

Dr Van Niekerk answered: "More black people have been killed by black people than by police. Do you think a black man will kill another just because he does not like him, or has he been told by the ANC communists that the only way to gain political power is through terror methods and brutal killings?"

He said people should not be misled by right-wing propaganda claiming that the white person's interests were not being looked after by the National Party.

"I sit in the white Minister's Council, where Mr Piet Clase (Minister of Education and Culture) only looks after white education and culture, he said. —DDC

(Report by A. Koopman, 122 St George's St, Cape Town.)

Sme 15/4/87

Apartheid enforced at new Groote Schuur

(98)

Own Correspondent

CAPE TOWN — The new R200 million Groote Schuur Hospital which opens in 1989 will be racially segregated "in accordance with Government policy".

This was confirmed yesterday by the Cape Director of Hospital Services, Dr Niklaas Louw, who said it was the policy of the Government and the Province that there should be separate wards for different races.

The plan to separate facilities has upset doctors and medical students and delegates to the National Medical and Dental Association congress in Cape Town last week were invited to sign a petition against segregation at the new hospital.

Medical students have registered their dissatisfaction, particularly as the old hospital was "quietly and unobtrusively" desegregated.

A statement by the Medical Students' Council said it would reiterate its "opposition to racial segregation in all hospitals since segregation is detrimental to health care".

ALLOCATIONS

At the new hospital 75 percent of ward space would be allocated to races other than white instead of the 50 percent originally allocated and an effective 70 percent as at present, Dr Louw said.

He quoted from a letter to Mr Chris Heunis from Mr Gene Louw, Administrator of the Cape, dated September 28 1984, explaining that wards and intensive care units would be separate, that radio-therapy patients would be treated in separate rooms, but that isolation units and X-ray facilities would not be.

"There will be one entrance to the new hospital and separate counters at which patients will get ward numbers which will be white or non-white," Dr Louw said.

He pointed out that the Mowbray Maternity Home was segregated, different races being on different floors, without complaint.

The new building was designed "without segregation in mind," according to the planners.

Asked to comment, the dean of the medical faculty at the University of Cape Town, Professor George Dall, said he would only "reconfirm our opposition to apartheid in medical services".

New hospital to be racially segregated

(98) ES 15/4/87

CAPE TOWN — The new R200-million Groote Schuur Hospital, which would open in 1989, would be racially segregated "in accordance with Government policy", the Cape Director of Hospital Services, Dr Niklaas Louw, has said.

It was the policy of the Government and the province that there should be separate wards for different races, he said.

The plan to separate facilities has upset doctors and medical students, particularly as the old hospital was "quietly and unobtrusively" desegregated over the years. Staff facilities, and many treatment areas and wards were "open".

Asked to comment, the Dean of the University of Cape Town Medical Faculty, Prof George Dall, said he would only "reconfirm our opposition to apartheid in medical services".

Dr Louw said Groote Schuur had always been segregated.

At the new hospital 75% of ward space would be allocated to blacks instead of the 50% originally allocated and an effective 70% as at present.

He said wards and intensive care units in the new hospital would be separate, that radio-therapy patients would be treated in separate rooms but that isolation units and X-ray facilities would not be segregated.

"There will be one entrance to the new hospital and separate counters (for whites and blacks) at which patients will get their ward numbers," said Dr Louw.

He pointed out that the Mowbray Maternity Home was segregated,

According to the planners, the new Groote Schuur building was designed "without segregation in mind".

Delegates to the National Medical and Dental Association (Namda) congress in Cape Town last week were invited to sign a petition against segregation at the new hospital.

In a statement the Medical Students' Council said they reiterated their "opposition to racial segregation in all hospitals since segregation is detrimental to health care". — Sapa

Patients will not be disadvantaged'

By CHRIS ERASMUS

NO patient in the new multi-million-rand Groote Schuur Hospital will be disadvantaged on racial grounds, the Deputy-Dean of the UCT's Medical Faculty, Prof J P van Niekerk, has promised.

And the Cape Director of Hospital Services, Dr Niklaas Louw, has also promised to "maintain our commitment to treat all patients that come to the new Groote Schuur — we will not turn down any patient at all if that patient needs hospitalization".

Both men were reacting to the latest developments in the controversy over a ruling that the new Groote Schuur is to be run along old-style racial segregation lines.

"In the old hospital there was always segregation between white and non-white patients and this will not change — although certain facilities such as operating theatres, intensive-care units and radiology will be shared because of the cost of duplication," said Dr Louw.

"At one time, because of enormous pressures from the many non-white patients being treated in the hospital, vacant beds in white wards were used for non-white patients.

"We have now altered the allocation of beds to 25% for whites and 75% for non-whites, from the old allocation of 50-50, to accommodate these pressures," said Dr Louw.

Where there was a shortage of non-white beds, patients would be allocated white beds.

Prof Van Niekerk said the morale of the hospital's teaching staff, which was fully integrated, had been kept at a high level, "and through optimal use of facilites, an improved service has been rendered to all our patients.

"We will strive to further improve this service in the new hospital — we have no intention of making retrogressive moves in the future and hope that nothing will be done to endanger this hospital's outstanding service to the community and its excellent reputation.

"The Medical Faculty has consistently opposed apartheid in all aspects of medical care and has progressively eliminated discrimination at staff, student and patient levels. I am sure that the Department of Hospital Services, which has to oversee the government's policy in this matter, would not disadvantage any patient on racial grounds," he said.

Dr J D L Kane-Berman, Groote Schuur's medical superintendent, endorsed Dr Louw's and Prof Van Niekerk's commitment to the best possible care for the hospital's patients.

"We will continue to serve the interests of all our patients to the best of our ability in the new hospital as in the old," she said.

The National Medical and Dental Association (Namda) yesterday called on UCT's Medical Faculty not to move into the new hospital or alternatively to defy the implementation of any form of segregation.

Namda also called for the abolition of "discriminatory racist practices" at other teaching hospitals in Cape Town, and for the Medical Association of SA (Masa) to take a definitive stand on the issue of hospital apartheid.

A Masa spokesman said his organization had never supported any discrimination in health services "but unfortunately this is the government's policy and in government hospitals that policy has to be carried out".

69

Confusion over new DV clinic

(98) DD 17/4/87

Dispatch Correspondent

EAST LONDON — A R100 000 satellite clinic is to be built in Duncan Village, but there seems to be some confusion about who the controlling authority is in the area.

Officially, the local authority in Duncan village is the Gompo Town Council but the regional office of the Department of Health and Population Development in Port Elizabeth is negotiating with the city council about the building.

The city council has been informed by the department through the East London Health Services Committee that the R100 000 will be paid to the council but the council agreed at a meeting that a letter should be written to the department seeking clarification on who the controlling authority in the area is.

This was confirmed by the chairman of the action committee, Mr Neville Randall.

The need for a clinic was highlighted after the destruction of the clinic during the the unrest and the outbreak of a measles epidemic.

A plan was sent to the department, which has now approved the building and agreed to hand over the money to the city council.

It was orginally planned that the municipal health department would run the clinic as was the case with the old clinic when Duncan Village was still under the control of the East Cape Administration Board.

But the administration board has since been disbanded and the Gompo Town Council, with Mr Eddie Makeba as mayor, has taken over

Mr Makeba could not be contacted yesterday.

Segregation of hospital stupid says councillor

(98) DD 17/4/87

CAPE TOWN — No self-respecting health professional would agree to work in the new Groote Schuur Hospital while it was segregated, a Cape Town city councillor, Dr John Sonnenberg, said at an election meeting.

Dr Sonnenberg said the decision to segregate the new hospital on racial grounds was "an insulting, stupid decision".

However, he predicted that by the time it was opened in two years' time the hospital would have been desegregated.

Dr Sonnenberg, who was speaking at a PFP campaign meeting in support of the MP for Green Point, Mr Tian van der Merwe, said the present Groote Schuur Hospital was fully integrated.

The government had brought overseas visitors to the present Groote Schuur Hospital to show them an example of change.

While the government had built the new hospital, 250 000 people in Mitchell's Plain, which was the same size as Bloemfontein, did not have a hospital, nor did more than 200 000 people in the adjacent Khayelitsha have a hospital.

"It is absolutely disgraceful to build a new hospital at Groote Schuur and not have any facilities at Mitchell's Plain."

Dr Sonnenberg also strongly criticised the government's decision to impose 12 percent sales tax on prescribed medicines.

(Report by Barry Streek, 122 St Georges Street, Cape Town.)

Separate hospital facilities

THE new R200-million Groote Schuur Hospital in Cape Town, which opens its doors in 1989, will be racially segregated "in accordance with government policy", Cape Director of Hospital Services, Dr Niklaas Louw, said this week.

The plan to separate facilities has upset doctors and medical students, particularly as the old hospital was "quietly and unobtrusively" desegregated over the years. Many facilities and wards are "open".

At the new hospital, 75 percent of ward space would be allocated to blacks, instead of the 50 percent originally allocated and an effective 70 percent as at present.

Man 'shunted around' by hospital dies

By GEORGE MAHABEER

THE family of an Indian businessman claim he was "shunted around" while seriously ill in a hospital before he was told he could not be treated there.

And about an hour after he was turned away the man died.

Mr Pranjivan "Tubbs" Dhanjee, 44, of Isipingo Hills, near Durban, had yellow jaundice. He was taken to Durban's Addington Hospital on the advice of his doctor in Amanzimtoti.

His family say the doctor gave them a letter to take to the hospital, which has white and coloured sections.

Mr Rathilal Dhanjee said his brother was put in a wheelchair and "shunted around" before being told that he had to go to either King Edward VIII (for Africans) or R K Khan Hospital (for Indians).

Addington's deputy superintendent, Dr Raph McArthur, said the family's complaint "seemed to be a very serious matter".

Strict

"But I would like the family to send me a letter giving me details of what took place so that I can investigate the matter," he said.

Dr Louis Feidelberg, senior superintendent at the hospital, said no records on Mr Dhanjee's coming to the hospital could be found.

"The staff here has strict instructions not to send any patient away without a doctor first carrying out an examination," he said.

Mr Dhanjee said he first took his brother to Addington's white section, but staff there told him to go to the coloured section.

"At the coloured section I handed the letter from my brother's doctor to a woman doctor. She read the letter, put it into an official envelope and told me to take my brother to King Edward VIII Hospital.

Mr Dhanjee then took his brother to the R K Khan Hospital, more than 30km from Addington.

"On the way to R K Khan in Chatsworth, my brother became unconscious and my sister, Sharda, had to give him mouth-to-mouth resuscitation.

"At R K Khan he was given oxygen and put on a drip. But he died about 20 minutes later.

"I am convinced that my brother was refused treatment at Addington only because he was not white," Mr Dhanjee said.

A relative and a former mayor of Isipingo, Mr Cecil Reddy, said he was disgusted at the way the Dhanjees had been treated at Addington.

20/4/87

No patient will be disadvantaged on race grounds at new hospital — prof

CAPE TOWN — No patient in the new multi-million rand Groote Schuur Hospital will be disadvantaged on racial grounds, the deputy-dean of the University of Cape Town's medical faculty, Prof J. P. van Niekerk, has promised.

And the Cape Director of Hospital Services, Dr Niklaas Louw, has also promised to "maintain our commitment to treat all patients that come to the new Groote Schuur — we will not turn down any patient at all if that patient needs hospitalisation".

Both men where reacting to the latest developments in the controversy over a ruling that the new Groote Schuur is to be run along old-style racial segregation lines.

"In the old hospital there was always segregation between white and non white patients and this will not change — although certain facilities such as operating theatres, intensive care units and radiology will be shared because of the cost of duplication," said Dr Louw.

"At one time, because of enormous pressures from the many non-white patients being treated in the hospital, vacant beds in white wards were used for non-white patients.

"These patients were then moved to non-white wards when there was space.

"We have now altered the allocation of beds to 25 per cent for whites and 75 for non-whites, from the old allocation of 50-50, to accommodate these pressures."

Prof Van Niekerk said the morale of the hospital's teaching staff, which was fully integrated, had been kept at a high level, "and through optimal use of facilites, an improved service has been rendered to all our patients.

"We will strive to further improve this service in the new hospital — we have no intention of making retrogressive moves in the future and hope that nothing will be done to endanger this hospital's outstanding service to the community and its excellent reputation."

Dr J. D. L. Kane-Berman, Groote Schuur's medical superintendent, endorsed Dr Louw's and Prof Van Niekerk's commitment to the best possible care for the hospital's patients.

"We will continue to serve the interests of all our patients to the best of our ability in the new hospital as in the old," she said.

The National Medical and Dental Association (Namda) called on UCT's medical faculty not to move into the new hospital or alternatively to defy the implementation of any form of segregation.

Namda also called for the abolition of "discriminatory racist practices" at other teaching hospitals in Cape Town.

It also asked the Medical Association of South Africa (Masa) to take astand on the issue of hospital apartheid.

A Masa spokesman said his organization had never supported any discrimination in health services "but unfortunately this is the government's policy and in government hospitals that policy has to be carried out".

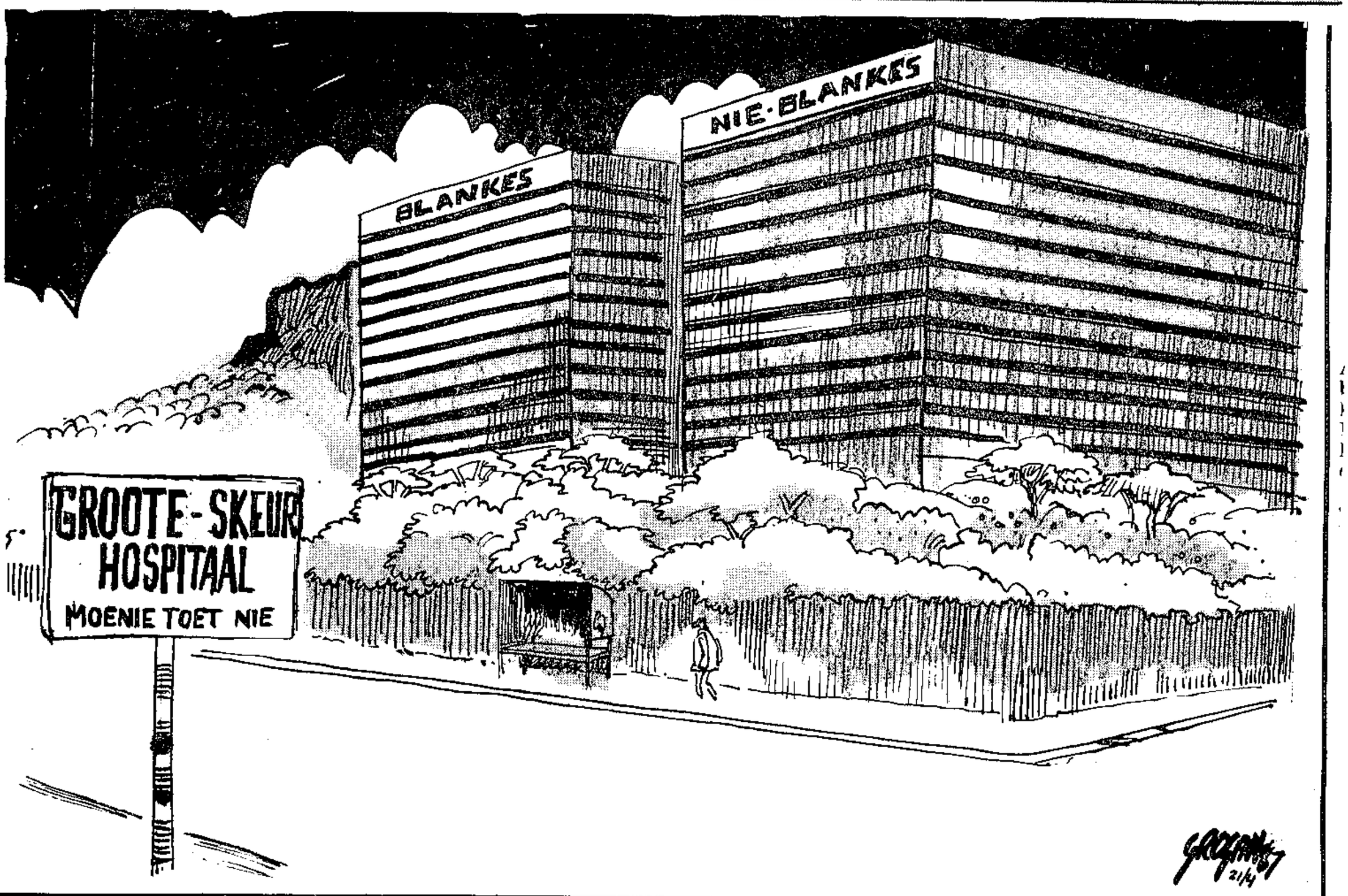
The PFP MP-elect for Groote Schuur, Mr Jan van Gend, said the racial segregation of the new Groote Schuur Hospital was "a return to the ox wagon".

(Report by C. Erasmus, 122 St George's Street, Cape Town)

CAPE TIMES 21/4/87

98

Opinion



'No changes at hospital'

By JOSHUA RABOROKO

THE hopes of medical practitioners at the Sebokeng Hospital, who thought their grievances — including their demand for better salaries — would be resolved by the authorities, have been dashed.

Doctors told the *Sowetan* yesterday that after investigation it appeared that their salaries would not be increased and their working conditions would remain unchanged for some time to come.

Failure to resolve their problems has resulted in at least one or two doctors resigning from the hospital every month since January this year, the doctors said.

The superintendent of the hospital, Dr Jurie van der Vyver, has confirmed that two doctors resigned last month because they wanted to go into private practice.

He conceded that there was a shortage of doctors at the hospital caused by resignations. The hospital was hoping to employ more medical practitioners in future.

Referring to salaries paid to doctors, Dr van der Vyver said proposals have been made to the government for their increases. He hoped adjustments would be made when Parliament met after the general elections.

Crisis

A spokesman for the black doctors who were asked to help in the crisis, said although they treated patients at the Sebokeng Hospital, they could not afford to ignore many patients at their surgeries.

"We have our own duties to perform and will try to help wherever possible. We have no contract with the Sebokeng Hospital. We are merely helping because the patients are our own people," the spokesman said.

Change of plan at police station

IN A last-minute change of plans the Paarl police have agreed not to open a police station in a building that had been set aside for a new day hospital for Mbekweni township.

The community of Mbekweni had finally raised enough funds to open their day hospital when they were told that the hall would be used for a new police station.

But after inquiries by SOUTH, the acting secretary of the Mbekweni Town Council was told that the police had decided they would no longer go ahead with their plans to renovate the empty building adjacent to the existing preventative health care clinic.

The building has been standing empty for a number of years and clinic staff decided to use the empty building for a new day hospital.

The Mbekweni clinic has only one examination room, a single treatment room, and a dispensary that doubles as a storeroom. Patients are consulted in the reception area.

Clinic sister T Kokoali said there was an urgent need for a day hospital.

At present Mbekweni residents have to travel to the Paarl East Hospital, a considerable walk from the township.

The bus ride there costs 86c. "The people don't have the money to go," she said.

PE hospital patient stabs nursing sister

EP, 24/4/87

Crime Reporter

A NURSING sister at the Livingstone Hospital is fighting for her life in the hospital after she was stabbed 11 times with a pocket knife by a patient last night.

At 11pm sister Grace Lipiwana, 53, was helping an asthma sufferer aged 61.

He suddenly had an asthma attack, grabbed her and stabbed her 11 times.

Sister Lipiwana's alleged assailant is being treated in the hospital under police guard. An attempted murder docket has been opened.

● In another incident at the hospital, a 49-year-old patient fell to his death through a fourth-floor window early today.

He was Mr Charles Lekata, of Kareedouw, who was admitted yesterday with a chest complaint.

His body was found outside the hospital shortly after 2 am.

Hospital plan gets the nod

Sunday Times Reporter

THE MEC in charge of Cape Hospital Services, Mr Koos Theron, has approved a multi-million rand hospital in Port Alfred, part of the marginal constituency of Albany.

The Progressive Federal Party MP for Albany, Mr Errol Moorcroft, who has fought for years for a hospital, said yesterday he was "delighted that at last it has become a reality.

The chairman of the local hospital committee, Dr John Dempers, said the plan was for a subsidised hospital with the province bearing 95% of the building costs.

The hospital, which will initially have 70 beds and expand to hold 120, will admit patients of all races.

S 11
26/4/87 (98

Argus 28/4/87 4 98

Hospital death: Nurse tells of staff shortage

Picture: HANNES THIART, The Argus

TOP DRUMMIES: Bright busbys top the cheerful faces of these Settlers High School drum majorettes, winners of the second Prestige Drum Majorette Competition at the Good Hope Centre at the weekend. Celebrating with their trainer, Miss Jennifer Ritchie, are, from top left, Hester Basson, Julie Meredith, Leah Barnard, Lynne Hurley, middle row, Lynette Roberts (the leader), Jean Lomberg, Karen Morrison and, in front, Tricia Esterhuizen and Natalie Innes.

Tygerberg Bureau

A TYGERBERG nurse told an inquest court that the hospital was so understaffed there were only five nurses in a busy 48-patient ward that needed a staff of eight to 10.

Senior nursing sister Mrs Maria Anthony was giving evidence during the inquest on 14-year-old Karin Petersen of Ravensmead.

The Ravensmead teenager, admitted in June 1985 with a torn colon, a broken arm and leg and head injuries after a car accident near Laingsburg, died in the hospital's intensive care unit of multiple organ failure and a septic colon on August 10 1985.

She had been transferred earlier from the hospital's medical ward J-6.

The inquest is being held at the request of Mrs P Petersen, the girl's mother.

"Feared"

She has alleged that her daughter's bedding and bandages were often soiled and wet from an overflowing drainage bag attached to the colon wound and that nursing staff of ward J-6 had not changed the drainage bag often enough, which allegedly caused the septic colon.

The mother said the girl had "feared" the night-duty nursing staff. Karin had complained that the nurses had not responded to her calls for help or when she suffered pain at night.

One nurse had allegedly told the girl "to clean yourself up as you are such a blabber-mouth" after the mother had complained to the senior medical superintendant about Karin's condition.

The mother's allegations yesterday were denied by Mrs Maria Anthony, the senior night-duty nurse on the ward at the time.

"Busy ward"

Mrs Anthony told the court that Karin's condition had been unsatisfactory and had deteriorated steadily. She required two nurses to clean her each time because she was on intravenous feeding and had a leg and an arm in plaster casts.

Mrs Anthony said ward J-6 was a "very busy ward" with only five night nurses available for 48 patients although a normal staff would consist of at least eight to 10 nurses for that many patients.

Mrs Anthony said during cross-examination by Mr Essa Moosa, for the Petersen family, that she had not been aware the girl feared the night-duty staff.

Mrs Anthony said Karin was cleaned often, and denied that the staff had been negligent in caring for or cleaning her.

She said there "had been a problem as the drainage bag of the colon wound kept coming loose".

The amount of drained-off liquid was noted down each time by the nurses on a "liquid balance chart" contained in the patient's records, she said.

However, when asked, Mrs Anthony could not find such a chart among the hospital's documents submitted to the court.

The inquest continues today.

'Irresponsible' city man fled, sentenced

Staff Reporter

AN insolvent who fled the country with his children because he thought he would be "locked up" has been given a suspended sentence for failing to keep proper books for his former Sea Point carpet business.

Harvey Julius, 36, of Cavalcade Road, Green Point, pleaded guilty but a plea of not guilty was entered by the court.

Julius was acquitted of four other charges under the Insolvency Act.

He told Cape Town Regional Court that in December 1984 he realised his business, Harvey Carpets, was in trouble.

"I thought I would be locked up and I feared for the safety of my two children," he said.

Julius returned to South Africa last August. He said he was not aware that he had been sequestrated in February 1985.

Describing Julius as "irresponsible to the extreme" and "deplorable", magistrate Mr A L Laubscher sentenced him to nine months' imprisonment, conditionally suspended for five years.

Mr L S Moffitt prosecuted and Julius conducted his own defence.

Fiery veteran sets cell alight

NAMBOUR (Australia). — An Australian veteran of the Vietnam war, already charged with burning down four churches, a bank and a hairdressing salon in a single night in this Queensland town, was back in court today after a blaze in his prison cell.

Kenneth Gosschalk, 43, was remanded in custody until Tuesday on 10 arson charges and a further two of wilfully damaging his cell. — Sapa-Reuter

Army service hits hospital

The Argus Correspondent

JOHANNESBURG. — Middelburg Hospital is facing a crisis in August when three of its four full-time doctors have been called up for their two-year national service.

Hospital superintendent Dr Piet van Schalkwyk said the staff shortage would mean large numbers of out-patients being turned away.

The hospital treats between 200 and 300 out-patients each day.

Those turned away would be referred to Witbank Hospital which is also under-staffed.

Dr van Schalkwyk said this posed a "serious problem" which had no easy answer.

REMAIN ON STAFF

"Everyone must do their national service and while these doctors are in the army, they continue to remain on our staff and be paid by us.

"We can't put anyone else in their posts."

He said the Transvaal Director of Hospital Services had been informed about the coming crisis.

The director was negotiating with the Defence Force to have at least one of their doctors transferred back to Middelburg.

Dr van Schalkwyk said Middelburg Hospital offered specialist facilities for not only the town, but a large regional area including Carolina, Belfast, Waterval Boven and Groblersdal.

Girl's death: Nurses deny neglect

ARGUS 29/4/87
98

Tygerberg Bureau

A SENIOR paediatric nurse at Tygerberg Hospital has admitted a an inquest that the bed-chart notes of a patient's daily fluid intake and output had been omitted for three consecutive days.

The patient, 14-year-old Karin Petersen of Ravensmead, was transferred to Tygerberg intensive-care ward from its paediatric medical ward J-6 in a dehydrated condition with kidney failure. She died after multiple organ failure and with a septic colon on August 10 1985.

Karin was admitted on June 17 1985 with a torn colon, a broken arm and leg and head injuries after a car accident.

The inquest is being held at the request of the girl's mother, Mrs P Petersen.

She testified that the nursing staff of paediatric ward J-6 had not changed Karin's wound drainage bag often enough.

She alleged that this soiled her daughter's bedclothes and bandages and caused an infection of the colon.

The Petersen family's counsel, Mr Essa Moosa, questioned Mrs Ann Koza, a senior paediatric nurse in ward J-6 at the time, about the daytime nursing care of Karin.

Mrs Koza denied Mr Moosa's allegation that the child was neglected by the nursing staff or that she was often found by her mother in a poor ("aaklige") state and her mother washed her herself.

Mrs Koza said Karin's bed linen, bandages and the stomach bag, which kept coming loose and leaking, were changed often and the bag's contents measured as often as six times daily.

She said Karin always needed two nurses to change and clean her as she was wearing casts and had intravenous feeding tubes.

She could not explain why a problem with a loosening drainage bag had not occurred later in the intensive-care unit.

Mrs Petersen's testimony was also denied by Mrs Maria Anthony, the ward's senior night-duty nurse.

Both Mrs Anthony and Mrs Koza said this week that ward J-6 was busy and, moreover, understaffed. They denied neglect of Karin.

Mrs Koza said the amount of drained-off liquid in the stomach bag was noted each time by the nurses on a "liquid balance chart".

Mrs Koza, asked to identify Karin's chart, admitted that notes of the girl's liquid intake and output had been omitted for three consecutive days before her transfer to intensive care.

She could not explain this omission when questioned by the State prosecutor, Mr Bernie Buys.

(Proceeding)

Vaccine shortage: No immunisations

Cape Times 29/4/87 pg

Staff Reporter

ALL immunisations routinely administered at Cape Divisional Council child health clinics have been indefinitely suspended due to a countrywide shortage of vaccines.

In a report before the Divco monthly meeting, the MoH, Dr L R Tibbit, said those vaccines in short supply included measles, diptheria, whooping cough, tetanus, and poliomyelitis.

'Inquiries'

"The shortage has occurred as a result of the cessation of the manufacture of the vaccines at the government laboratory due to extensive alterations in the present premises and the reorganization of the production and quality assurance sections, in order to comply with the Medicines Control Council," said Dr Tibbit.

"In spite of recent inquiries, I have been unable to ascertain when supplies of vaccine will again be freely available," he said.

Dr Reg Coogan, the City's MoH, said Cape Town's child welfare clinics faced the same shortage, but fortunately the city had some reserve stocks of vaccines.

'Attempts'

"However, we have had one break in service about three weeks ago but have now resumed vaccinations. We will not, however, be able to continue much beyond another three weeks unless more vaccine becomes available," he warned.

"We cannot send overseas for more vaccines since we have to obtain these through the government. I don't know whether the government has made attempts to purchase vaccines overseas, but I am sure they will not leave us without these indefinitely.

"I don't think people should worry about the situation at this stage," he said.

SOUTH's disclosure in March that the new R200-million Groote Schuur Hospital would be racially segregated, caused a stir among medical professionals and members of the public.

The hospital only opens officially in two years' time, but patients are already being moved into what provincial authorities say, is a "separate but equal facility".

The dean of the University of Cape Town's Medical Faculty, Professor George Dall, said: "We certainly have every intention of striving towards a non-apartheid health system".

At the recent conference of the National Medical and Dental Association (Namda), hospital apartheid was strongly criticised. Namda's president, Dr Dilizi Mji, said it was not enough for people to say apartheid medicine is bad. They must begin to address the question of an alternative health system.

South

98

29/4/87 – 5/5/87

East and West don't meet at Tygerberg

By SAHM VENTER

A WOMAN who fractured her leg in a car accident, left hospital soon after she was admitted because she refused to sleep on a trolley.

This is because Mrs M of Beaufort West, was classified a number "four", which in Tygerberg Hospital language means "coloured female".

She was admitted to the "East" or black section of the hospital which, according to a former nursing sister, was "always packed" while beds lay unused in the "West" or white section.

"It happens many times that people have to sleep on trolleys. But there are very poor people who have not slept on a bed before and they would rather sleep on a trolley than out in the cold.

However, this was denied by a spokesperson for the office of the director of hospital services, Dr Niklaas Louw, who said: "The utilisation of beds at Tygerberg Hospital has been optimally planned. It is not correct that there are many open beds."

A ward on the white side had been created to cater for patients of "all races" suffering from Aids and Congo Fever, he said.

"We have gone so far as to move a non-white surgery ward to the white side," Louw said.

He said it was a better arrangement as it suited the professor as he "doesn't have to walk from one side of the building to the other".

If there were too few beds in the East side of the hospital, those patients would be admitted to the West side.

But according to SOUTH's sources, that does not happen.

"One of the biggest problems for doctors is finding a bed for black patients," said Dee Moore, (not her real name) who worked as a nurse at Tygerberg for nine years. Tygerberg's "racism" lead to her resignation.

"If I had stayed, I would have gone insane," she said.

According to other people who work in Tygerberg the medical ward on the East (black) side is "usually overflowing". It was often necessary for patients to "sit up all night in a chair".

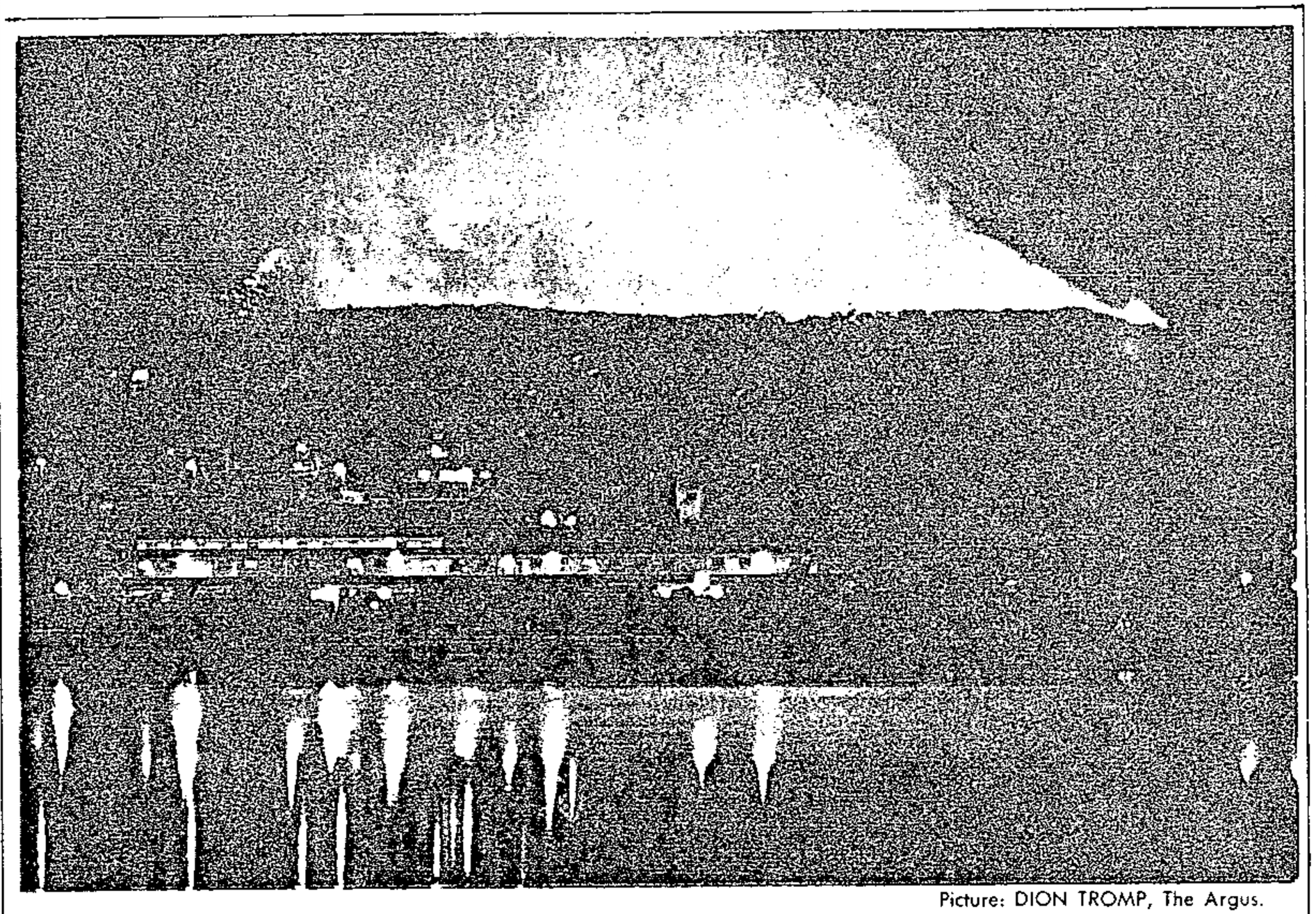
The duplicate ward on the West (white) side was "usually more than 25 percent full".

The hospital service spokesperson added that a new "X-block" for cancer patients with "one door for all races; one reception desk for all races; and the outpatients' waiting rooms are used by all patients. "Only inpatients are lying in different wards," he said.

(98) South 29/4-5/87

ARGUS 30/4/87 (98)

Court raps staff, hospital



Picture: DION TROMP, The Argus.

BURNING BRIGHT: Controlled burning took place on Muizenberg Mountain between Lakeside and Ou Kaapseweg on Tuesday night, causing hundreds of residents to telephone the fire brigade. They were told there was no need to panic.

Tygerberg Bureau

A BELLVILLE magistrate has ordered that the transcript of an inquest on a Ravensmead teenager who died in Tygerberg Hospital be sent to the South African Nursing Council and the director of hospital services.

The magistrate, Mr W J Faught, found yesterday no one could be held criminally responsible for the death of Karin Petersen, but criticised incidents during Karin's treatment at the hospital and also suggested improvements in record-keeping methods.

Karin, admitted to hospital after a road accident on June 17 1985 for treatment of a perforated duodenum, a broken left arm and left leg and head injuries, died in the hospital's intensive-care unit on August 10 1985 with multiple organ failure and a septic colon.

Medical evidence was that the broken limbs were put into casts and she had surgery two days after the accident to repair the perforated duodenum to which a drainage system with a replaceable "stoma bag" was attached. She was treated in the paediatric ward J-6 until her transfer to the intensive-care unit on July 16.

Infection spread

Dr Reinier de Beer of the intensive-care unit testified that Karin was dehydrated and had reduced kidney function when she was transferred from ward J-6.

Although the intensive-care unit had initially managed to rehydrate her and restore kidney function, an underlying chronic stomach infection (sepsis) continued to spread throughout her system.

The magistrate criticised:

- The hospital staff's "late decision" to perform surgery on the perforated duodenum — two days after Karin's admission;
- The supervising doctor, who "should have made certain each day whether a bed was available in the intensive-care unit for Karin"; and,
- A problem in ward J-6 with leaking stomach-drainage ("stoma") bags, but not in the intensive-care unit. However, the court accepted the medical testimony that the leaking bag did not contribute to the infection of the stomach.

Criticised records

"However, it could not be argued away that the child's clinical condition had improved after her transfer from ward J-6 to the intensive-care unit," he said.

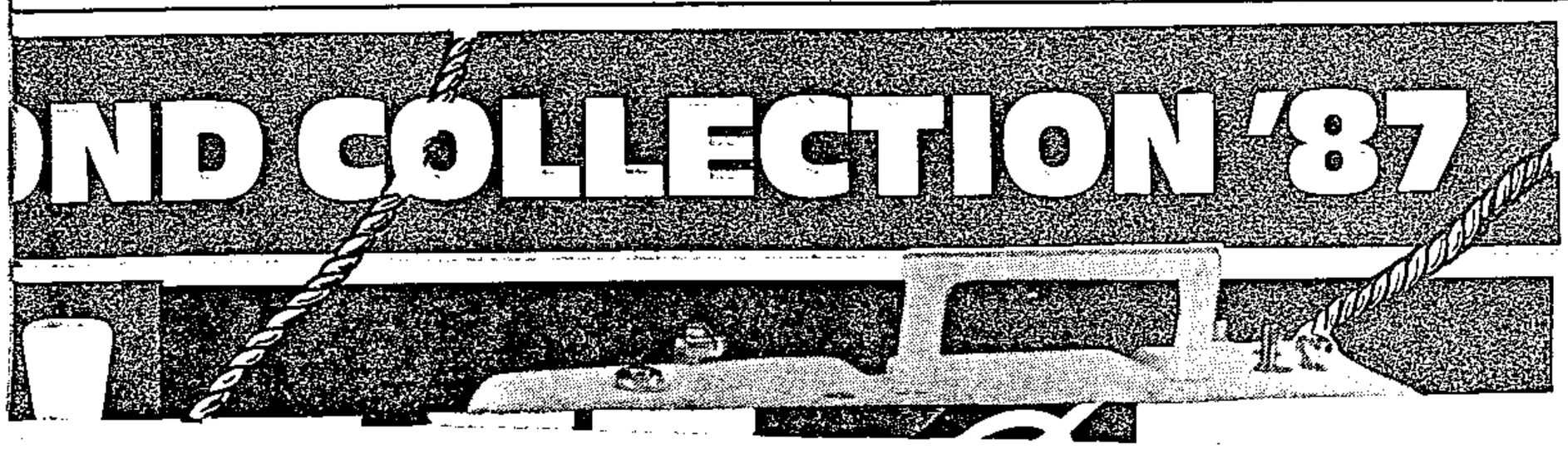
Mr Faught also criticised ward J-6's record-keeping procedures.

The patient's liquid-balance chart apparently had been destroyed and her daily-temperature chart was incomplete, so a record of the liquid intake and output of Karin's last three days in ward J-6 were unavailable to the inquest court, he said.

"Dehydration could have contributed to the patient's reduced resistance (to the infection)," said Mr Faught.

"In the public interest the court also orders transcripts of this inquest be forwarded to the SA Nursing Council and the director of hospital services."

Mr B Buys appeared for the State. Mr Faught was assisted by Professor G J Knobel of the University of Cape Town. Mr Essa Moosa represented the Petersen family, Mrs S J van Heerden represented Tygerberg Hospital nurses and Mr M Ward of the State Attorney's office appeared for the Cape Administration Hospital Services Department.



Adri Geldenhuys, on the left, and Pierre Nel. PICTURES: RICHARD BELL

UCT to oppose hospital apartheid

By PETER DENNEHY

SEGREGATION on the basis of race at the R200-million new Groote Schuur Hospital will be "opposed with determination" by staff and students of UCT's Faculty of Medicine.

This stand was revealed in an open letter from the executive committee of the faculty's teaching staff and students, published in the latest edition of the SA Medical Journal.

This opposition is particularly significant since the medical faculty and the Cape Provincial Administration are jointly responsible for the functions of the teaching hospital, namely patient care, teaching and research.

Groote Schuur Hospital's chief medical superintendent, Dr J Kane-Berman, said last night that the letter "states the ethical principles of the Faculty of Medicine of the University of Cape Town".

UDF wins funds case

Own Correspondent

DURBAN. — An order invalidating a government proclamation which declares the United Democratic Front to be an affected organization and prohibits it from receiving foreign aid, was issued in the Supreme Court here yesterday.

After issuing the order and ruling in favour of the UDF, Mr Justice Didcott said the matter was "clearly destined for the Appellate Division".

The judge ordered that the proclamation, made on October 19 last year, had no force and effect in law.

It was also ordered that the Registrar of Affected Organizations was not entitled to take any steps against the UDF and the Minister of Justice not entitled to exercise any powers vested in him against the organization.

Mr Justice Didcott said this was a most important case, not only to everyone concerned, but to the country as a whole. He said it was a matter which profoundly affected public interest.

In his opinion the hearing was nothing but a "dress-rehearsal" before the appeal.

He said no credible findings had to be made by him, but it was necessary that the hearing be brought to a final conclusion as soon as possible.

Mr Curnick Ndhlovu, executive chairman of the UDF, said in an affidavit earlier this week that it was of crucial importance to the continuing and effective functioning of the UDF that it should be free to receive the financial assistance it needed from abroad.

He said the organization, which had two principal sources of foreign aid, had a budget of R2 million, of which R200 000 had been received during the year.

It was ordered that costs be paid by the government and the respondents be granted leave to appeal in the Appellate Division in Bloemfontein.

E Tvl gets its own hospitals

Own Correspondent

MIDDELBURG — Eastern highveld medical patients no longer have to trek to the Reef for private health care.

At the beginning of May a multimillion-rand private hospital opened in Trichardt, and in August a R10 million 25-ward hospital will be completed in Witbank.

The Hydromed Hospital, situated just 5 km outside burgeoning Secunda, already has 100 patients.

The hospital caters for all types of surgery, has an intensive care unit, four theatres and an in-hospital x-ray unit.

Witbank's new Cosmos Private Hospital is being developed by Pres Med Investments which also has private clinics in Roodepoort and Bloemfontein.

Cosmos Hospital is being built on top of the existing Med Park Centre in Central Witbank.

The hospital will have approximately 100 beds, four operating theatres and specialist consulting rooms.

PERSPEX
CUT TO SIZE
while you wait

Apartheid shuts schools for sick

By SAHM VENTER

TRICAMERAL apartheid is about to strike at sick children.

Children at provincial hospitals will now be deprived of the chance of continuing their schooling while in hospital because most of them are not white, according to teachers at hospital schools.

The (white) House of Assembly's "own affairs" Department of Education and Culture says it does not have enough money for hospital schools in the Cape. It aims to close them down by the end of next year.

But staff of the five hospital schools threatened with closure say that the decision is based on racial considerations and that sick children would suffer.

"It is unrighteous," said an outraged Mr Norman Wolff, principal of Groote Schuur Hospital's school and chairperson of the Hospital Schools Association.

"We were not notified, we were simply sent a letter earlier this year saying they are phasing us out."

Five hospital schools which cater for about 400 pupils, about 10 percent of which are said to be white, face closure. They are at Groote Schuur, Red Cross Memorial, Tygerberg, the Princess Alice Orthopaedic and the Lady Michaelis Orthopaedic Home.

A teacher at the Lady Michaelis said as most of the children there were so-called coloured, the school would likely be taken over by the Department of Education and Culture. Mr Thinus Dempsey, liaison officer of the Department of Education and Culture, confirmed that the department was looking into the possibility.

Professor Peter Hesseling, professor of Paediatrics and Child Health at Tygerberg, said the closure would be a "catastrophe".

He said Tygerberg's chief medical superintendent, Dr J G Strauss, was "trying to get the decision reversed". Strauss, however referred SOUTH to the Director of Hospital Services, Dr Niklaas Louw, who refused to comment.

Twenty-nine teachers will be affected by the closures. Hospitals have been told to submit the names by June 15 of those teachers who will leave by the end of the year.

Dr S W Walters of the Department of Education said: "After thorough investigation, the Cape Education Department decided that under the present economic circumstances and taking into account all other aspects, it was no longer accountable to run its hospitals on the same basis as in the past."

investigating.

Call on doctors to reject apartheid

By SAHM VENTER

DOCTORS and health workers have been challenged to defy apartheid at the new Groote Schuur Hospital.

In a hard-hitting statement, the National Medical and Dental Association (Namda) called on doctors to either refuse to move into the new hospital unless it is desegregated or defy the implementation of apartheid there.

Namda has aimed the challenge directly at the staff of the University of Cape Town's medical faculty.

If the faculty was unwilling to make such moves, it should not be surprised if it becomes labelled a government collaborator, Namda said.

But the Dean of UCT's medical faculty, Professor George Dall, said the faculty's position was "made very clear" in a statement published in the recent issue of the South African Medical Journal (SAMJ).

The executive committee of the medical faculty's teaching staff and students said in the SAMJ they would oppose apartheid in the new hospital "with determination". Dall did not elaborate.

Namda appealed to the university as it would be "useless" to approach the authorities who "have for so long lost contact with their own humanity that it has become impossible for them to consider anybody else's".

Inciting doctors not to move into the new hospital would be detrimental to patients, vice-chairperson of the Medical Association of South Africa (Masa) Federal Council, Dr Norman Levy, said.

"I don't think that segregation is going to work, because no doctor supports it," he said.

Doctors should go about their job "quietly" and "the segregation part will look after itself, because patients will be treated", he said.

Namda said the planned segregation of the new R200-million "concrete edicfice" was not only a violation of internationally accepted standards, it is also "an insult to the patients who will attend the hospital".

Myth

The slogan 'Separate but Equal' "is not merely a myth, it is a sickening lie", Namda said.

While Namda has circulated a petition against the segregation of the hospital, the Western Cape region of the "non-political" South African Academy of Family Practice - Primary Care has also started such a petition against the segregation.

The petition which calls for the desegregation of Groote Schuur and other segregated medical institutions,is being circulated to the Academy's 300 members in the Western Cape.

"It is an ethical stand, not a political one," the chairperson of the Western Cape branch, Dr Saville Furman, said.

Last-ditch effort to save cemetery

SOUTH REPORTER

MAJOR Muslim organisations have made a last-ditch effort to save the historic High Level Road Cemetery from being destroyed in a town-planning scheme.

On the last day that objections against the proposed rezoning of the cemetery site could be lodged with the City Council, the Muslim Youth Movement, the Council of Mosques and other organisations notified the City Council that they would be filing objections to the preposed rezoning.

The public relations officer for the council, Mr Ted Doman, confirmed that objections had been lodged to the rezoning.

A spokesman for the MYM, Moulana Ebrahim Moosa, said the move should be resisted because "the bones of our ancestors will be exhumed and the cemetery will make way for an apartheid residential area under the Groups Areas Act".

Moosa said a petition was being circulated to gain support for the objections to the rezoning.

He said the cemetery was part of the heritage of the oppressed. The site was obtained by Muslims after they had fought against the British colonists in the Battle of Blaauwberg in 1805 and used as a *waqf* (charitable endowment) cemetery.

The chairman of the Muslim Judicial Council, Sheikh Nazeem Mohamed, said the MJC had also submitted an objection to the proposed rezoning.

"The community is united in its stand to save the cemetery," Sheikh Nazeem said.

The owner of the cemetery, Mr Michael Raad, of High Strand Investments, could not be contacted for comment. Raad bought the cemetery from the Muslim Cemetery Board in 1973 for R60 000.

In 1986 the MJC lost a Supreme Court application to prevent the exhumation of the bodies.

PRIVATE CARE WHERE THERE ARE NO BASIC FACILITIES

Controversy over hospital

CAPE Times 23/5/87

by REHANA ROSSOUW
Weekend Argus Reporter

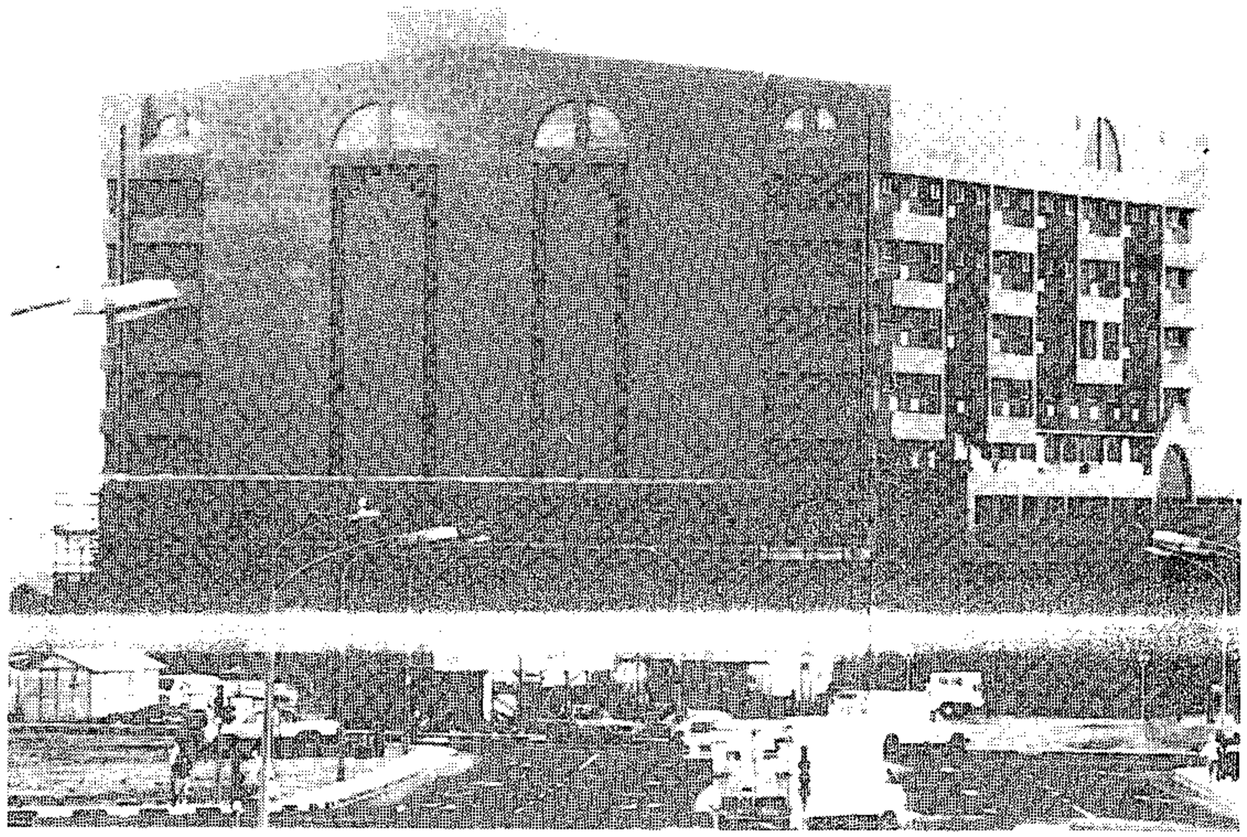
PEOPLE are dying and will continue to do so unless they have a hospital, say Mitchell's Plain doctors, health and community workers.

A strange statement, considering the swank R18-million hospital nearing completion in the centre of the town.

But it is a private hospital.

Due to open on July 1, the hospital, built by the Mediclinic Corporation, rises above the town centre. But it has been slammed as a square peg in a round hole by critics of privatisation of health care.

More than 500 000 people live in the area, which recently celebrated its 10th birthday.



The R18-million private hospital nears completion.

Mitchell's Plain, campaigns demanded a general hospital.

The World Health Organisation suggests that a general hospital be constructed in an area with a population of over 600 000. Khayelitsha, the African township on the doorstep of Mitchell's Plain has more than 400 000 residents, giving added momentum to demands for a general hospital.

Residents complain that ambulances hardly ever arrive within an hour of the first call going out, and there have been many claims of deaths as a result of lack of medical care.

Said a general practitioner with more than four years' service in the area: "Mitchells Plain was intended as a housing development for low-income people. At the moment, over 40 percent of the residents are unemployed and thousands of families are living on the breadline. In accordance with that the state should build a fully-equipped general hospital here."

He said the only sources of health care in the area were 40 general practitioners and a day hospital. Designed to cater for 80 000 people, the latter had only three doctors.

He said patients seeking attention at the day hospital queued from 6am. The last patient accepted into the daily quota was taken at 10am.

Ambulances

"In effect therefore, primary health care in Mitchells Plain is non-existent after 10am," the general practioner said. "Patients who are not acute would have to stay out of work for another day if they are not accepted in the quota.

"It is quite possible that a patient, as a consequence of delayed treatment, could complicate into an acute condition.

"Many of these people cannot afford bus fare, let alone medicine from the chemist. So they lie at home until the only means to a hospital is the broken-down ambulance service, which hardly ever gets there on time.

"Those who die as a result of this unfair delay are reported to have died of natural causes. Can a delay be considered a natural cause? This is a sad indictment on a country that has won accolades in first world countries for its health care."

He said he was not opposed to the construction of the private hospital and would refer patients there if they could afford it, but he felt the hospital would not serve the needs of the majority of residents.

"Tuberculosis, gastroenteritis and malnutrition are rife, and these diseases afflict people of a lower social group who cannot afford private care," he said.

"It is fine to adhere to the ideal of offering the best quality of medicine, but when the service is provided at the expense of denying the great majority basic health care like immunisation, a compromise has to be reached.

And its manager, Mr Basil Leonard, is adamant that some people in Mitchell's Plain can afford to pay the costs.

The fees could not be compared to provincial hospitals, he said, because private hospital facilities were much better.

Hospitals are facing crisis

THERE IS an acute shortage of doctors at Western Transvaal's two major provincial hospitals.

This resulted in chaos last week when two medical practitioners – dealing with out patients at Potchefsroom's Kalie de Haas Hospital – fell ill.

By DAN DHLAMINI

This was confirmed by Tsepong Hospital superintendent Dr B Vos, who told *City Press* that the shortage of medical officers in the Western Transvaal was very serious.

Queues in both black and white sections at Kalie de Haas Hospital were long and patients complained that they waited for hours for doctors who did not turn up.

Some said they had to go home because they could not endure the pain and chilly weather while waiting for doctors to treat them.

Most black patients with transport last week went to Klerksdorp's Tsepong Hospital.

Kalie de Haas Hospital's acting superintendent, Dr Douw Kruger, who has recently resigned from the post of superintendent, was not available for comment.

The hospital's secretary, Daan van der Merwe, declined to say how many doctors were serving Kalie de Haas Hospital when the crisis was caused by the absence of two doctors.

"A rural clinic is far better than this hospital. We queue for hours and end up without being treated," said one furious patient who wished to remain anonymous.

The House of Representatives MP for the Rastavaal constituency, Sam Louw, said he was doing his best to ease the crisis at Kalie de Haas Hospital.

"I have contacted some Indian doctors in Potchefstroom and Klerksdorp and asked them to help at the hospitals in the meantime and they have all given me their assurances that they would be of assistance," he said.

Vos told *City Press* that the shortage of medical officers in the area would be eased if the government stepped in. He said Tsepong catered for more than 700 black patients and thousands of out patients.

He said Tsepong was also facing a crisis but was better off than Kalie de Haas Hospital.

Vos said that in Tsepong there were two specialists, a superintendent, 12 house doctors and 18 medical officers. The actual need to cope with the present situation would be to have 32 medical officers, 16 house doctors, two specialists and a superintendent.

Vos, who is writing a book on black hospitals, said the crisis was initiated by the doctors' dissatisfaction over salaries.

He said the other reason was that some doctors were in the army, although these were reflected in the hospital's books.

At Potchefstroom the situation was very bad because there were three house doctors and one medical officer, and the superintendent had resigned.

Attempts to contact Health Services Minister Dr W van Niekerk failed on Wednesday.

Vos said he was going to Pretoria this week to talk to senior officialsin the Department of Health Services in connection with the deteriorating situation at Western Transvaal hospitals.

Tsepong Hospital is to the Western Trasnsvaal what Baragwanath is to the West Rand. It is the only hospital in the region catering for black patients only.

Hospitals contribute to the spread of measles — report

HOSPITALS contribute substantially to the spread of measles in South Africa, according to the latest edition of the SA Medical Journal.

More than seven years ago, a report in the journal says, an official announcement noted that "everything possible is being done to eliminate measles in the Republic".

The report says: "Measles remains a major cause of morbidity and mortality and increasing numbers of children are requiring hospital admission."

At the Red Cross War Memorial Children's Hospital in Cape Town, 137 children required admission for measles in 1985 compared with 53 the year before.

"In the same period intensive care unit admissions of children with life-threatening measles increased from 22 to 59.

"All ICU measles admissions over a 16-month period were retrospectively surveyed to see whether any cases could have been prevented.

In the 16-month period 77 children required ICU admission for measles.

"Twenty-eight children (36%) children died and nine survivors have been left with chronic respiratory disease. Thus about 48% of the patients died."

"Our results show that up to 25% of all cases of the life-threatening measles in our community acquire the disease in hospital.

"Hospitals are an important vector for the transmission of measles in the community and it is necessary to evolve effective strategies to deal with the problem."

Hospital opened

COFIMVABA — Blacks throughout Africa would have remained dying slaves without the help of church missionaries, the State President, Paramount Chief Tutor Ndamase, said here yesterday.

Opening the R5 million first phase of the Cofimvaba hospital near here, President Ndamase said Transkei had a total of 29 hospitals, 24 of which had been mission hospitals.

He said others, besides Umzimkulu and eZibeleni, had belonged to the Provincial Administration of South Africa.

"I must take it upon myself to thank the churches which made it possible for our sick loved ones to find homes of comfort and security for the restoration of their health," he said.

"In this regard the memory of the Anglican Church, the Dutch Reformed Church, the Roman Catholic Church, the Methodist Church of North America and the Presbyterian Church will ever remain indelible in the minds of the people."

President Ndamase said the need for building a hospital in Cofimvaba had been realised and agreed upon long before 1973, when a sum of money was reported to have been set aside by the Republic of South Africa to subsidise the Dutch Reformed Church (NGK) in building the hospital.

Hospital fees to rise 8 pc

By Melanie Gosling

Private hospital fees will go up by eight percent on July 1.

The increase will be restricted to ward fees, and will not apply to theatres or intensive care units, the chairman of the National Association of Private Hospitals, Mr Dick Williamson, said in Johannesburg yesterday.

The present rate for private hospital ward fees is R82,50. It will increase to R89,10.

Mr Williamson said his association is worried about the private hospital industry because fees have not kept pace with the rate of inflation, nor the increase in the cost of living. It has negotiated an increase with medical aid schemes.

"The man in the street compares our prices with those of provincial hospitals, which are subsidised by the Government. We're not cheap, but when you compare our rates with those of private hospitals overseas, we are certainly not expensive either," Mr Williamson said.

In Australia the daily ward rate is nearly R400. The intensive care unit's daily fee in South Africa is R163. In Britain it is R1 165 and R1 314 in Australia.

Cape provincial budget

Hospitals to get over R1 billion

CAPE TIMES 4/6/87

Political Staff

A R2,398-BILLION budget for the Cape Province for 1987/88 was tabled in Parliament yesterday — 28,29% higher than last year.

The main source of revenue indicated in the estimates is the Treasury, which contributes R2,012 billion budgeted for by the Department of Development and Planning.

Province estimates it will receive R115 million from taxation — R94 million from motor vehicle licences and more than R21 million from betting and totalizator tax.

The two major areas of expenditure are Hospital Services and Public Health, for which R1,143 billion (over R100 million more than last year) is budgeted; and Community Services, for which R424 million, or R291 million more than last year, has been earmarked.

Funds budgeted under "Community Services" are spent largely in black townships or on services for blacks. In this section, expenditure on care for the aged rises over 1 000% from R6,5 million in the past year to R83,1 million this year.

"Assistance in connection with municipal police" accounts for R23,7 million this year, while nothing was spent on it last year.

Under the heading "Regional Offices: Office for Community Services Western Cape", two new amounts are entered, one of R27,6 million for "management administration" and another of R11,2 million for "manpower administration".

Provision of amenities will take up R16 million more this year than in the past year, when just under R12 million was spent on this.

Another R16 million will go towards the subsidization of interest on housing loans which were not subsidized in the past year.

R82 million is earmarked for "bridging finance", up from R74,9 million last year.

Almost R5 million more is to be spent this financial year on assistance to local authorities to enable them to provide essential services.

Other interesting items in the budget include:

☐ Provision of R3 901 000 for a new community health centre to be erected by the Cape Provincial Administration in Crossroads.

Provision has also been made for a new building in phase two of the Khayelitsha Hospital. The first phase of the project cost R592 000 and the new building, which is to be built this financial year, should cost R1 128 000.

However, no provision has been made for a provincial hospital in Mitchells Plain in spite of calls for a hospital in the area.

☐ The provincial subsidy for the Cape Performing Arts Board (Capab) is to increase to a record R8,4 million.

This is an increase of R604 000 on the subsidy granted to Capab during the 1986/87 financial year.

In the Estimates of Revenue and Expenditure for the Cape, tabled in Parliament yesterday, R9 808 000 has been budgeted for the performing arts, an increase of R1 709 000 over the previous financial year.

Provision has also been made for the replacement of the floor covering at the Nico Malan Theatre Centre, at a cost of R194 000, and for the replacement of seating, at a cost of R620 000.

☐ **R200m for Groote Schuur — Page 5**

Hospitals in new public image link-up

Private hospitals have formed a new umbrella body — the National Association of Private Hospitals (NAPH).

Chairman Mr Dick Williamson said that previously there had been three separate bodies — Representative Association of Private Hospitals, South African Association of Private Hospitals and National Federation of Private Hospitals.

"It was decided that if we had only one body we would not have to duplicate our efforts. Questionnaires were sent out to all private hospitals and 84 percent agreed that we should form one body and approved the constitution we had drawn up."

DAY CLINICS

Some objectives of NAPH would be to negotiate tariffs with medical aid societies and improve the public image of private hospitals, he said.

Only 11 hospitals had not joined the new body, because they objected to the inclusion of day clinics in the association.

"It is important to have everybody in the association, and we hope to resolve the conflict soon," said Mr Williamson.

Gary Cooney will fight to keep Hospital

98 SMT 4/6/87

By Shirley Woodgate,
Municipal Reporter

The disastrous results of last month's general election leave only two options for the Progressive Federal Party — to lie down and die or to get up and fight, says Mr Gary Cooney, the party's candidate in the Ward 25 municipal by-election.

"I am going for the second option. I intend throwing everything into the fray to retain the seat for the PFP and restore some sanity to the political situation in South Africa," he said yesterday.

A dedicated PFP man who threw up his career in journalism to work fulltime for the party as youth organiser in Natal, Mr Cooney (28) is one of the breed of young men who still see the PFP as the only hope for peaceful change in South Africa.

RHODESIA SITUATION

"We are living through a Rhodesia situation all over again in South Africa with the whites hanging on as long as possible until it is too late.

"It is vital we negotiate an agreeable settlement now before we are forced to accept second best," he said.

"The election results prove that when people feel threatened, they retreat into the laager.

"But it is not time to retreat. There is an urgent need for brave young leadership, people who can get all moderates together to look to the future.

"The time to start is now and the place is the muncipal by-election in the Hospital ward," Mr Cooney said.

"I will try to visit all the remaining voters in the ward to discuss their problems and tell them I will be available to sort them out."

Mr Cooney has delivered the goods for the PFP since becoming the national youth chairman of the party in 1981, becoming youth organiser in Natal where he masterminded the PFP's only provincial council success in the province.

ELECTION SUCCESSES

The next move was as regional director in the Southern Transvaal, where he promptly organised several election successes, the most spectacular being the recent Pat Rogers win in The Parks, where the National Party lost not only the ward but its control of Johannesburg City Council.

Selborne College-educated and a former vice-captain of Border schools at Nuffield Week, Mr Cooney said: "South Africa is where I was born and this is where I intend to stay.

"My way of contributing to my country is through politics and using the PFP platform of a totally non-racial South Africa. Anyone who does not believe that is refusing to face up to reality."

(98)

Red Cross is building in small towns

By BOB EVELEIGH

THE SA Red Cross Society is alive and well and living in the country areas of the Eastern Cape, if positive reaction to recent visits by public relations officer Annatjie Vercueil is any guide.

Mrs Vercueil visited 10 towns in 10 days in a swing around the Eastern Cape region, holding meetings with committees in each community.

Towns at which she called included Murraysburg, Graaff-Reinet, Middelburg, Colesberg, Steynsburg, Cradock, Bedford, Fort Beaufort, Grahamstown, Steytlerville and Port Alfred.

To complete the first of two such circuits this year, she will travel to Knysna next week.

One of the major areas of community involvement by the Red Cross in Port Elizabeth is the setting up of various types of senior citizen retirement residential facilities, and many of the smaller towns are following suit.

In Murraysburg and Bedford, cottages have been built for purchase by retired people, while in Colesberg and Steynsburg homes for the aged have been established.

Graaff-Reinet can boast both a retirement home and a cottage development.

In Steytlerville ground has been acquired for a home and the outcome of a subsidy application is presently being awaited before construction starts.

Grahamstown's Red Cross committee is planning to buy a site for a retirement home and in Port Alfred there are plans to build flats in a suitable area.

Red Cross PRO ANNATJIE VERCUEIL — 10 towns in 10 days.

Mrs Vercueil's recent run-around was intended to maintain contact with outlying areas and discuss community needs.

Everywhere she went she was welcomed and came away with the knowledge that community involvement was taking place at all levels.

"For example," Mrs Vercueil said, "in Middelburg a thriving soup kitchen forms the basis of an active community centre, catering for the underprivileged, while in Cradock an ever-growing school feeding scheme, similar to that in Port Elizabeth, is being administered by Red Cross."

In addition to these liaison calls, the parent society's senior matron in the Port Elizabeth area, Mrs Queenie Meyer, and senior social worker, Miss Leslie Bebington, will also make twice-yearly visits.

Since returning to Port Elizabeth, Mrs Vercueil has plunged back into co-ordinating the annual Red Cross Debutantes campaign.

This year the project is again under the patronage of the city's Mayoress, Mrs Zilea Simpson, who sits on the organising committee, and 28 young girls — the highest number for some time — are hard at work raising funds.

The one who raises the highest total will be crowned Debutante Queen at the Mayoress's Ball on August 22.

According to Mrs Vercueil, early indications are that, working as a team, the debs could easily establish a new record for gross funds raised by the campaign.

Private hospital fees to rise

The Argus Correspondent

JOHANNESBURG. — Private hospital fees will go up by eight percent on July 1.

The increase will be restricted to ward fees and will not apply to theatres or intensive care units, the chairman of the National Association of Private Hospitals, Mr Dick Williamson, said.

The current rate for private hospital ward fees is R82,50, which will increase to R89,10.

Mr Williamson said his association was worried about the private hospital industry because fees had not kept pace with the rate of inflation.

"The man in the street compares our prices with those of provincial hospitals, which are subsidised by the Government.

"We're not cheap, but when you compare our rates with those of private hospitals overseas, we are certainly not expensive either," Mr Williamson said.

In Australia, the daily ward rate is nearly R400. The daily fee in an intensive care unit in South Africa is R163, in Britain it is R1 165 and in Australia R1 314.

Medics find hostel to be inadequate

By Michael Tissong

A group of doctors, nurses and paramedics conducted a free health clinic for residents of Mzimhlope Hostel in Soweto on Sunday and found the facilities grossly inadequate for the 5 000 to 10 000 residents.

A doctor who led the team said many residents of the hostel had been moved there after floods in Kliptown 10 years ago.

"It was supposed to be a temporary measure, but there seems to be no sign of relief."

The team consisted of voluntary health workers from Soweto, Lenasia and Eldorado Park.

"In many cases families live in a single room which doubles as a kitchen and bedroom. Toilets are communal and most are blocked. There is little or no privacy.

"Ablution blocks are few and far between. There is no drainage and no electricity."

There is a clinic at the hostel which is run by the Ikageng Women's Group, a volunteer organisation.

Hospital fees differ widely

(98)

CP 12/6/87

By BARBARA ORPEN

IN spite of a proposed 8% increase in bed tariffs at private hospitals from July 1, the difference between ward fees at private and provincial hospitals is not as great as one might suppose — but when it comes to specialist services, the gap is significantly wider.

Intensive care costs R188,50 a day at the Policlinic and R168 a day at the Provincial Hospital — a difference of R20,50 — while at St Joseph's, the daily Intensive Care Unit rate is R126,50.

Theatre fees, however, are lowest at the Provincial Hospital, where R92 is charged for the first 30 minutes of an operation.

St Joseph's charges R121,50 for the first 30 minutes and the Policlinic charges R134,25 for a 30-minute minor operation, which includes being admitted to the hospital for half a day.

The Poli Clinic's theatre fees vary according to the nature of the operation, but tariffs are laid down for minor operations at R114 for 15 minutes and R134,25 for 30 minutes. These fees are a "special rate" for a patient who has been admitted for a half-day.

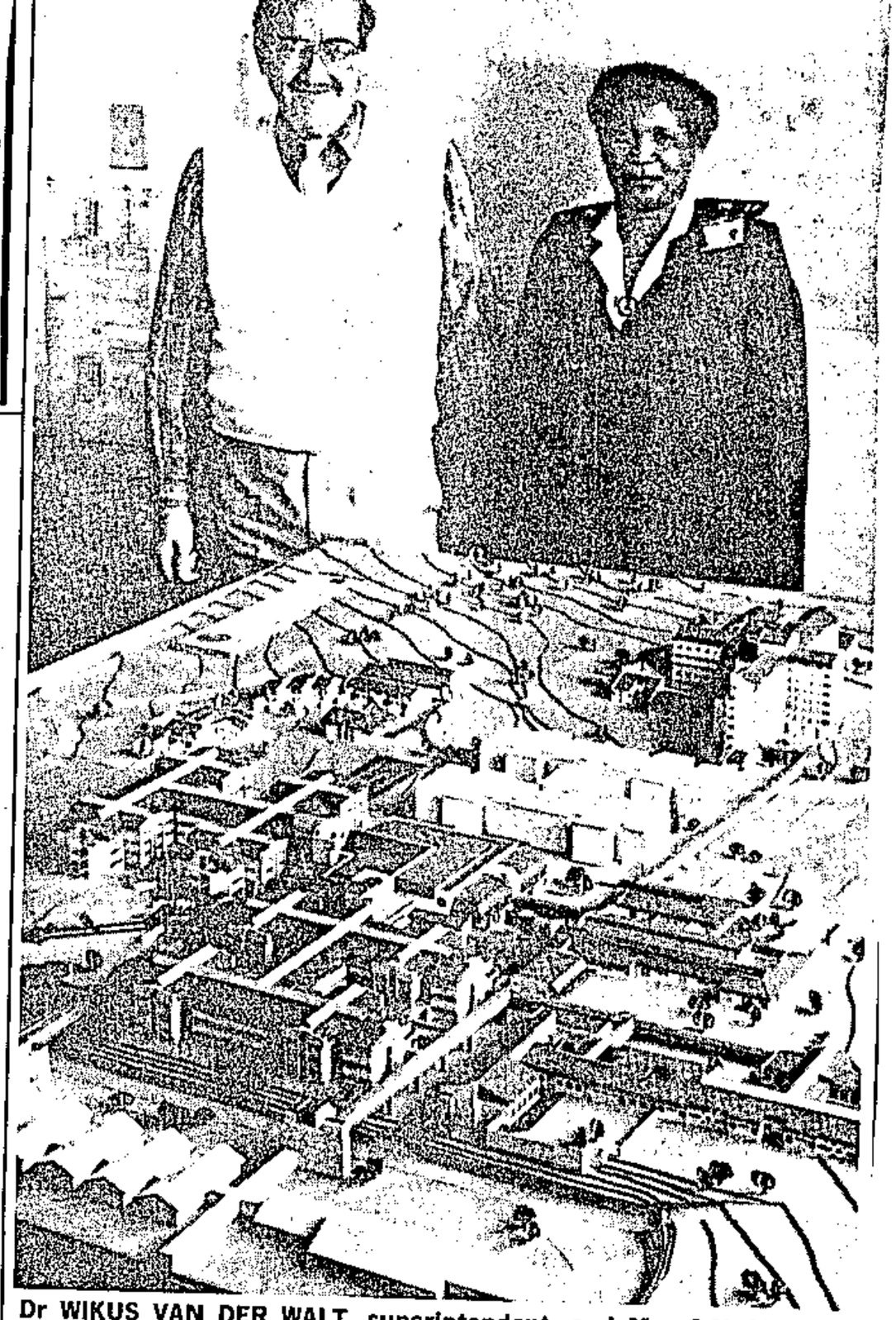
Maximum theatre fees at the Provincial Hospital are R92 for up to 30 minutes, R126 for the next 30 minutes, R216 for between one and two hours and R284 for more than two hours in the theatre.

At St Josephs, the fees go up for every 15 minutes spent in the theatre. The tariffs are R103,50 for up to 15 minutes, R121,50 for 30 minutes, R140,50 for 45 minutes, R160,50 for up to an hour and R39 for each 15-minute period thereafter.

Whereas the Provincial Hospital charges a maximum of R26 for each prescription, private hospitals charge different rates for all additional costs, including medication.

Maximum fees for X-rays at the Provincial Hospital are R48 an admission, and there is a R24 charge for laboratory fees.

With the impending 8% increase in general ward fees for private hospitals — which are to be introduced next month — it will cost R13,10 more for a bed in a general ward in a private hospital than at the Provincial Hospital.



Dr WIKUS VAN DER WALT, superintendent, and Mrs G N ORLEYN, matron of Dora Nginza Hospital, Port Elizabeth, with a model of the hospital.

Dora Nginza extensions next year

W/End Post 13/8/87 (98)

By MIKE MABUSELA

THE long-awaited construction of wards at Dora Nginza Hospital in Zwide, Port Elizabeth, starts next year.

The project will cost R80 million and take four years to complete, according to Mr Daantjie Retief, Cape Provincial Director of Works.

Tenders will be called by June next year and the completed hospital will have 760 beds for in-patients.

At the moment there are 200 beds for in-patients.

Also included in the plans are accommodation for 350 nurses, dispensaries, a burns unit, an X-ray department, new theatres, stores, a kitchen, laboratories and a helicopter landing pad.

The additions will be built in stages.

It was announced in Parliament recently that R70 000 had been budgeted this year for work on the hospital.

The rest of the R80 million would be provided over four years.

The first phase of Dora Nginza Hospital was completed 10 years ago with a fully-functioning casualty department.

Dora Nginza's superintendent, Dr Wikus Malherbe, said:

"The real problem is that we do not have a proper hospital. However, we are using all the available space we have for beds to meet the enormous demand."

About 200 in-patients and 1 000 out-patients are treated at the hospital every day.

"We also provide a 24-hour emergency service to the townships."

The hospital has about 20 full-time doctors and 360 nurses on its staff at present and is visited daily by specialists.

"After the completion of the second phase, we hope to have about 1 500 nurses, 760 beds for patients and more doctors," said Dr Malherbe.

Work on the second phase of the hospital had been delayed because of the long planning period involved and the lack of finance for the project, he explained.

The completion of the hospital is expected to relieve the tremendous pressure on Livingstone Hospital in Korsten.

(c) The cost of the secondment of the officials amounted to R79 432 480 for the period 1 April 1986 to 31 March 1987.

(2) No, a recent survey indicated that 952 of the posts concerned were vacant on 31 March 1987.

(3) Yes, should the need arise and the Department of Development Aid be requested accordingly, more officials will be seconded.

Schedule

Post in occupation classes (various gradings) occupied by allocated officials in the self-governing territories

Number of officials in each of the occupational classes seconded to the self-governing territories as indicated

	KwaZulu	Lebowa	Kwa-Ndebele	Kangwane	Gazankulu	Qwaqwa
Administration Officer	64	4	32	14	2	5
Administration Clerk	20	4	22	25	2	1
Artisan Staff	114	115	40	26	16	15
Pharmacist	22	1	1	3	4	—
Occupational Therapist	5	1	—	—	4	1
Architect	1	—	—	—	—	—
Forester	5	7	—	4	—	—
Forestry Foreman	—	—	—	2	—	—
Quantity Surveyor	1	—	—	—	1	—
Director: Health Services	1	—	—	—	1	—
Efficiency Officer	1	—	—	—	—	—
Physiotherapist	5	1	—	1	4	—
Health Inspector	—	1	—	—	—	—
Housekeeper	1	—	—	—	—	—
Engineer	22	6	1	4	3	—
Clinical Psychologist	—	1	—	—	—	1
CS Educator	225	139	96	112	184	112
Agricultural Officer	8	21	5	4	7	1
Land Surveyer	9	2	—	—	—	—
Mortuary Attendant	1	—	—	—	—	—
Magistrate	34	6	6	3	3	3
Medical Officer	189	38	4	25	36	4
Medical Superintendent	20	10	1	3	4	1
Medical Specialist	59	10	—	6	14	1
Medical Technologist	9	—	—	1	1	—
Medical Intern	39	1	—	3	9	—
Social Worker	—	—	1	1	—	—
Nature Conservator	5	9	2	6	4	1
Industrial Technician	18	8	1	3	—	1
Personnel Officer	—	1	—	—	—	—
Personal Secretary	—	1	6	1	—	1
Police Functional Staff	10	16	44	9	6	6

	KwaZulu	Lebowa	Kwa-Ndebele	Kangwane	Gazankulu	Qwaqwa
Programmer	4	—	1	—	1	1
Project Superintendent	—	—	1	—	—	—
Radiographer	10	1	1	3	1	—
Accountant	15	2	9	2	1	3
Legal Adviser	—	1	—	—	1	—
Secretary (Head of Department)	6	6	6	7	6	5
Security Officer	—	—	1	—	—	—
Liaison Officer	—	—	1	—	—	—
Regional Magistrate	—	—	—	—	1	—
Dentist	10	3	—	2	2	1
Dental Technician	1	—	—	—	—	—
Typist/Data Typist	2	—	4	1	—	1
Professional Officer	29	23	4	11	4	—
Veterinarian	4	5	1	—	1	—
Animal Health Officer	3	1	1	1	1	—
Traffic Inspector	—	2	—	1	2	—
Nursing Staff	12	—	1	3	3	1
Foreman	13	18	—	1	—	—
Laundry Supervisor	1	1	—	—	—	—
Works Inspector		9	3	2	—	3
Total	998	475	297	290	329	169

Own Affairs:

Agricultural colleges

15. Mr R J LORIMER asked the Minister of Agriculture and Water Supply:

How many Black students (a) applied for admission to and (b) were enrolled at each specified agricultural college under the control of his Department in 1986?

The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(a) Elsenburg 2
Glen 8
Potchefstroom 27
Cedara 59
Grootfontein 52

(b) None—Department responsible for the training of only White farmers.

Hospital schools

25. Mr J VAN ECK asked the Minister of Education and Culture:

(1) Whether his Department is responsible for hospital schools; if so, (a) how many hospital schools were operating in the Cape Province as at 31 January 1987, (b) what was the name of each hospital where such schools were operating, (c) when was each school established and (d) what was the staff complement at each school;

(2) whether any of these schools have been notified that they are to be closed; if so, (a) which schools, (b) on what dates (i) were they so notified and (ii) are they to be closed and (c) why are they to be closed;

(3) whether his Department has issued any instructions regarding the position of the staff at these schools; if so, what instructions;

(4) whether his Department has given any consideration to alternative ways of continuing these schools; if not, why not; if so,

(5) whether a decision has been taken on this matter; if not, when will a decision be taken; if so, what was the decision?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes.

(a)	(b)	(c)	(d)
8	Groote Schuur	1 April 1950	3
	Lady Michaelis	1926	4
	Princess Alice	1 July 1933	4
	Red Cross	1 July 1957	5
	Red Cross (Pre-primary)	1 April 1980	1
	St. Joseph's	1943	2
	Tygerberg	1 July 1973	3
	Tygerberg (Pre-primary)	1 April 1981	2

(2) Yes.

(a) All the schools except St. Joseph's. The pupils at St. Joseph's are handicapped pupils who are permanently hospitalised. Consequently the hospital school offers the only educational provision available to these pupils.

(b) (i) 5 January 1987.

(ii) 31 December 1988.

(c) The number of pupils in these schools who are the responsibility of the Department does not justify the existing system of hospital schools.

(3) Yes; that a certain number of posts are to be abolished on 31 December 1987 and the remainder on 31 December 1988.

(4) Yes.

(5) Yes, to close the schools and to provide alternative education to the pupils involved where circumstances justify such action. In the case of prolonged illness special arrangements are made by the school the pupil normally attends.

WEDNESDAY, 17 JUNE 1987

†Indicates translated version:

For written reply:

General Affairs:

Group Areas Act

4. Mr S S VAN DER MERWE asked the Minister of Justice:

(a) How many prosecutions for contraventions of the Group Areas Act, No 36 of 1966, had been instituted since 1 January 1987 as at the latest specified date for which information is available and (b) in how many cases were the accused (i) convicted and (ii) acquitted?

The MINISTER OF JUSTICE:

The information for the period 1 January 1987 until 27 May 1987 is as follows:

(a) 1.

(b) (i) 1.

(ii) 0.

Sentenced persons executed

11. Mrs H SUZMAN asked the Minister of Justice:

Whether certain persons, whose names have been furnished to the Minister's Department for the purpose of his reply, have been executed following their sentencing in August 1985; if not, when are they due to be executed; if so, (a) what were their names and (b) on what date was each of them executed?

The MINISTER OF JUSTICE:

No. The appeal against the death sentences was dismissed by the Appellate Division on 25 March 1987. The matter is now being processed for finalisation.

Internal Security Act

12. Mrs H SUZMAN asked the Minister of Justice:

How many persons were detained in terms of section 28 of the Internal Security Act, No 74 of 1982, during the period 6 February 1987 up to the latest specified date for which information is available?

The MINISTER OF JUSTICE:

None for the period 6 February 1987 up to 22 May 1987.

Group Areas Act

16. Mr S S VAN DER MERWE asked the Minister of Justice:

Whether his Department has issued any instructions to (a) attorneys-general and (b) public prosecutors regarding prosecutions in respect of offences in terms of the Group Areas Act, No 36 of 1966; if so, (i) what instructions and (ii) (aa) when and (bb) to whom were these instructions issued?

The MINISTER OF JUSTICE:

(a) and (b) No.

Illegal immigrants

28. Mr J VAN ECK asked the Minister of Justice:

(1) (a) How many persons were being held on suspicion of being illegal immigrants as at the latest specified date for which figures are available and (b) how long had each been in custody as at that date;

(2) whether these persons have appeared in court; if not, why not; if so, (a) on what dates, (b) in which courts and (c) what were the findings in each case?

The MINISTER OF JUSTICE:

The information is not readily available in the Department.

Langa/Nyanga/Guguletu: housing

29. Mr K M ANDREW asked the Minister of Constitutional Development and Planning:

(a) What total number of persons can be accommodated in the (i) houses and (ii) single quarters presently available in (aa) Langa, (bb) Nyanga and (cc) Guguletu without there being undesirable over-

ARGUS 14/6/87 98

More people use 'no longer elitist' private hospitals

The Argus Correspondent

JOHANNESBURG. — Private hospitals appear to be losing their elitist status as more and more people favour them over provincial services.

And, said Mr Dick Williamson, chairman of the National Association of Private Hospitals, provincial hospitals were increasingly turning away patients contracted to medical aid schemes.

Mr Williamson said provincial hospitals could no longer economically cope with the thousands of patients they treated in the past. They now saw themselves as having two responsibilities only — to provide medical assistance to those who could genuinely not afford private care and to provide a training facility for the medical profession.

According to figures released in September last year by the Minister of Health in Local Government, Dr George Morrison, taxpayers were subsidising provincial hospital beds at a cost of R23 000 a bed each year.

8 000 beds

He said provincial hospitals had never operated cost-effectively and that if privatisation of hospital services could assist in keeping down costs, much could be achieved.

At present there are about 70 private hospitals in South Africa with a total of about 8 000 beds.

Private hospitals may not legally employ doctors without special dispensation and are staffed by private doctors and surgeons.

Fees are regulated by medical aid rates. It is a price-controlled industry and Mr Williamson believes very few hospitals will actually charge more than the standard medical aid rates.

If they do this, medical aid will then pay the patient and leave it to the patient to pay the hospital.

But what is the attraction of private hospitals as opposed to provincial services?

"I would say firstly that at least 80 percent of employees are on some sort of medical aid scheme. They are therefore paying each month for the privilege of using a private hospital," Mr Williamson said.

And, he said, the road a patient took usually led him to a private hospital. Someone who was ill would usually go to his general practitioner (a private doctor) who would then refer him to a specialist (also private) and he would then usually be referred to the hospital the specialist operated at (a private hospital).

"If you go to a provincial hospital, with its hundreds of doctors, you could be referred to any one of the doctors on duty and it is unlikely you would see the same doctor again. People prefer to see one doctor only," Mr Williamson said.

On July 1, private hospital ward fees will go up by eight percent. At present, the rate is R82,50. It will increase to R89,10.

Mr Williamson said that compared to private hospitals abroad, these charges were very low.

Comparison

● For a general surgical ward in South Africa — R82,50 a day while in Australia it would cost R376.

● For a two-bed ward in South Africa, R135 and in Australia R398.

● For an intensive care unit in South Africa, R163 a day and in Australia R1 304.

Figures obtained from a private hospital on the Reef indicate approximately what patients can expect to pay at a private hospital.

● For a tonsillectomy (child, one day stay in hospital) about R400; an adult (staying overnight up to two days) will pay about R800;

● Grommets (child, one day stay), between R350 and R400;

● Hysterectomy (a four-day stay), about R1 000.

These accounts include theatre costs and all medicines and dressings used in the ward.

African involvement in the transport of Israeli weapons to Iran.

(2) No.

(3) No.

Laboria Building: improvements

*41. Mr C D DE JAGER asked the Minister of Public Works:†

Whether he had any improvements effected to his office in the Laboria Building in Pretoria in the latest specified 12-month period for which information is available; if so, (a) why and (b) what is the (i) nature and (ii) cost thereof?

†The MINISTER OF PUBLIC WORKS:

Yes.

(a) The Department of Public Works and Land Affairs has with effect from 1 December 1986 been added to my portfolio. The additional work required that my personnel had to be increased. The Department of Manpower in consultation with the South African Police and the Department of Public Works and Land Affairs also recommended that the security at my office be improved.

(b) (i) The building work involves structural improvements for the provision of a vault, the closing up of a passage and the installing of an emergency door, the installing of bars at the windows and paintwork. The additional accommodation also had to be provided with furniture, carpets and curtains.

(ii) The total cost amounts to R40 000.

Own Affairs:

Hospitals: facilities integrated

*1. Dr M S BARNARD asked the Minister of Health Services:

Whether any facilities in private hospitals are integrated; if not, why not; if so, (a) what specified facilities and (b) in which hospitals are these facilities integrated?

The MINISTER OF HEALTH SERVICES:

Yes. In certain registered private hospitals.

(a) All facilities which are provided for the treatment of the patient concerned as well as supportive and supplementary facilities which are needed during the period of stay—according to the wishes of the patient.

(b) As per attached list.

Hospital	Situated at
Brenthurst Clinic	Parktown, Johannesburg
Chiasma Clinic	East London
City Park Hospital	Cape Town
Claremont Surgical Clinic	Claremont, Cape Town
Durdoc Clinic	Durban
Eagle Clinic	Durban
Empangeni Private Hospital	Empangeni
Entabeni Hospital	Durban
Eugene Marais Hospital	Les Marais, Pretoria
Florence Nightingale Hospital	Hillbrow, Johannesburg
Hydromed Trichardt	Trichardt
Jan. S. Marais Clinic	Bellville
Kathu Clinic	Kathu
Kingsway Hospital	Amanzimtoti
Lady Dudley Nursing Home	Johannesburg
Lamprecht Clinic	George
Libertas Hospital	Goodwood
Little Company of Mary Hospital	Groenkloof, Pretoria
Louis Leipoldt Hospital	Bellville

(98) Hansard 16/6/87

Hospital	Situated at
Marifont Maternity Home	Sunnyside, Pretoria
Marymount Maternity Home	Kensington, Johannesburg
Mater Dei Hospital	Southernwood, East London
Medforum Hospital	Pretoria
Medicity Worcester	Worcester
Morningside Clinic	Morningside, Sandton
Oasim Private Hospital	Port Elizabeth
Panorama Medi-Clinic	Panorama
Poli-clinic Greenacres	Greenacres, Port Elizabeth
Robinson Hospital	Randfontein
Roseacres Clinic	Germiston
Sandton Clinic	Lyme Park, Sandton
St Augustines Hospital	Berea, Durban
St Joseph's Hospital	Port Elizabeth
The Princess Nursing Home	Hillbrow, Johannesburg
Union Hospital	Alberton
Vincent Pallotti Hospital	Pinelands, Cape Town
Westville Hospital	Westville
Wynberg Surgical Clinic	Wynberg, Cape Town

†Dr M S BARNARD: Mr Speaker, arising from the hon the Minister's reply, are the beds integrated as well?

†The MINISTER: Mr Speaker, if the hon member did not listen to what I said, I can read him the reply once more. [Interjections.] All facilities which are provided in the treatment of the patient concerned, as well as supportive and supplementary facilities which are needed during the period of stay are used according to the wishes of the patient.

†Dr W J SNYMAN: Mr Speaker, further arising out of the hon the Minister's reply, I would like to ask him whether the same situation applies to some provincial hospitals?

†The MINISTER: Mr Speaker, the reply is only in intensive care units and intensive care units of operative theatres.

School sport: injuries

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

(1) Whether any records are kept of injuries sustained by pupils while participating in school sport; if not, why not; if so, (a) by whom, (b) as from what date and (c) what is the nature of the records so kept;

(2) whether any information on such injuries is published; if not, why not; if so, (a) what information and (b) in what publications;

(3) whether his Department has taken any steps to reduce the number of injuries so sustained; if so, what steps; if not, why not?

†The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, in cases where the nature of the injuries warrants such a step.

(a) By principals of schools on behalf of the provincial education departments.

(b) Cape: 1981;
Natal: date unknown;
OFS: 1962;
Transvaal: at least since 1960.

(c) Detail such as the name and age of the person injured, the date on which the injury occurred, the nature of the injury and the resultant period of absence.

(2) Not as a rule. The information is of a personal nature and is therefore not published. It can on occasion be made available for research purposes.

(a) Falls away.

(b) Falls away.

16/6/87 Hansard

Nats back call to scrap some apartheid

Cape Times 17/6/87

By BARRY STREEK
Political Staff

HOUSE OF ASSEMBLY. — A parliamentary committee has, with the support of National Party MPs, called for the scrapping of apartheid in provincial libraries and museums in the Cape and accepted that the law on beach apartheid is "not functional".

It has also approved the handling of applications in the province under the Group Areas Act on a "humane basis" and said that the provision of funds for amenities and essential services in black townships in the Cape was "most inadequate".

But the majority of white representatives from the House of Assembly on the standing select committee of provincial affairs for the Cape rejected a call for all teaching hospitals, including Groote Schuur, to be open on an entirely non-discriminatory basis and for all facilities and amenities to open to all staff.

The leader of the Progressive Federal Party in the Cape, Mr Roger Hulley, who is a member of the committee, said yesterday that the PFP and the MPs from the House of Representatives and the House of Delegates reached consensus on this issue but the National Party and the Conservative Party had held out for segregation in the hospitals "albeit on an 'equal treatment' basis".

Mr Hulley also said there was consensus among the PFP, the House of Representatives and the House of Delegates representatives that "all public libraries throughout the Cape Province should be open.

"The NP amendment limited the openness to a few provincial libraries only.

"Their amendment avoids the issue of all the local authority libraries throughout the Cape Province which remain closed.

The committee said it took the view that "in principle provincial libraries and museums throughout the province should be open to all members of the public regardless of race".

The House of Representatives, the House of Delegates and PFP MPs, however, supported a call for all libraries and museums in the Cape to be open to all.

To page 2

From Page 1

Apartheid

The committee also noted with approval that it had received the assurance that all the nature reserves in the Cape were open to all.

While the majority of the House of Assembly MPs accepted that the fact that the use of beaches and other public amenities had been referred to the President's Council was "proof" that the Separate Amenities Act was "not functional", the PFP, the House of Representatives and House of Delegates MPs said no beaches should be reserved on a racial basis and urged, as a matter of urgency, that steps be taken to achieve this objective.

The PFP, House of Representatives and House of Delegates MPs said no racial discrimination should be practised in any of the Cape Provincial Administration services, but the majority of House of Assembly MPs merely reiterated its approval for the government's policy "to remove all racial discrimination and notes with approval the progress made in this regard in the services rendered by the Provincial Administration".

The majority of all MPs on the committee "notes with approval that the administration has approved the majority of the applications handled by it under the Group Areas Act on the basis of humane considerations".

They also said they considered "the funds allocated for the provision of amenities and essential services in black townships is most inadequate and requests that urgent attention be given to this matter by the central government and the private sector".

In his comments, Mr Hulley condemned the "totally unsatisfactory nature of the new method of dealing with provincial budgets".

In the past they had been debated in public in the old provincial councils, but they were now considered behind closed doors for a maximum of seven days after the budget speech.

"This procedure represents a massive step backwards in representative, accountable, democratic government in South Africa," Mr Hulley said.

Apartheid for hospital creche kids

By SAHM VENTER

JUST down the road from race-row Groote Schuur Hospital, the children of staff members attend an apartheid creche.

The creche is strictly divided into a "white" side and a "black side" (excluding Africans).

An "imaginary" line divides the playground and children are instructed not to venture over to the other side. The hall is divided into three with concertina doors.

"Graduation" for pre-school children is held on separate days and the children's nativity plays are held separately.

Children, whose parents may work side by side in the hospital, are not allowed to mix at any level. Only the after school and weekend facilities are not segregated — "for more efficient staff utilisation".

The National Medical and Dental Association (Namda) condemned the segregation of the creche.

"There should be integration at all levels — for patients, all health workers and their children," a spokesperson said.

Groote Schuur's senior medical superintendent, Dr G Lawrence, said the "stumbling block" in the integration of the creche was the provincial authorities. "We are not a free agent."

The "white" side was run by the Cape Education Department which did not permit integration. The "black" side was staffed by the hospital, he said.

The separation of children in the playground was "a spinoff" of the segration of schools.

He could not say why African children were excluded from the creche.

The former Observatory Boys High School, set behind a colourful and well-stocked playground, looks like a very luxurious play school. But the Groote Schuur Hospital run creche is divided in two — each side a mirror image of the other. One side the children are black ("coloured and Indian — no Africans) and on the other, white.

There are no offensive apartheid signs. Here the language of apartheid speak is sophisticated. "Silver Tree" is the sign marking the entrance to the "white" side and "Oak Tree" shows the way to the "black" side.

Explaining the segregation of the playground, a senior staff member said: "But they do run over, you know what children are like".

One "coloured' parent said her child once ran across to the other side of the playground when the other children had gone home. She said: "Can I quickly play on this side before I go home — there are no whiteys there now."

The only "mixed" activities are weekend and after school facilities as well as karate, drama and ballet classes.

The hall is usually divided into three sections — a "black" a "white" and a neutral section (for the "mixed" after school children).

According to one parent, the hall was undivided at the last Christmas party but the white children and their parents sat on one side of the hall while the black children and their parents sat on the other side.

"Father Christmas started by giving presents to the five-year-old on the white side, and then went across to the five-year-old on the black side. He then went back and gave presents to the different age groups on each side."

Baragwanath — where death takes its place in the queue

I HAVE been nursing the anger for some days, unable to write about the shock and disgust I experienced at Baragwanath Hospital after the accident that killed Mr Jonathan Nkomo, our colleague, and almost killed two other members of our staff, Joe Thloloe and Valerie Thepa.

Let me try to describe Baragwanath's casualty ward and X-ray department on that cold and miserable evening.

The main door leading to casualty is a creaking contraption through which the wind whistles mercilessly on to the long line of people on stretchers. The door opens almost every other minute as more broken bodies are brought in.

Three harried doctors are attempting the almost impossible job of saving lives.

There are men and women, old and young, boys and girls, waiting for God knows what. For some of them, life is slowly slipping away through the threadbare blankets covering them.

There are two hard-worked nurses at the door, whose job is to fetch the bleeding, broken humans from outside, make a quick assessment and direct them to what looks like the counter in a police station. Behind this counter are two to three young people, also trying to do the impossible. As soon as they have written down the bare details about one patient, who is perhaps like Mr Nkomo, speaking through a mouthful of blood, they move on to the next.

The queue does not diminish, in fact it gets longer as night wears on. There are patients in obvious despair, others with hope dying in their eyes as they see the long line waste precious time in the race to save lives.

Casualty is lit by a harsh electric bulb, but looks pokey, like a ward in a war camp in its disarray. But you have your three friends, barely living, who have to get attention. You are a big shot, used to kicking others, but not here.

For where do you start when so many others need the same urgent treatment? Where the distraught nurse almost snaps at you for trying to get your friend or relative preferences when the facilities are hardly adequate. The casualty ward at Bara is a shame, a scandal, and but for the fact that it is where I saw a man almost die on a stretcher, I would not write this.

How many other deaths happen this way, I wonder. But there is no time for reflection.

It is a long and sometimes fatal wait for casualties who arrive at Soweto's overburdened Baragwanath Hospital. Aggrey Klaaste, acting editor of the *Sowetan*, recounts the harrowing hours he spent there after three of his colleagues had been injured in a car crash.

Mr Nkomo's moans became desperate. Vusi Manyoni and I are helpless. It is a crude and hopeless situation and anybody who tells me this is the best and biggest hospital in the southern hemisphere would change their minds if they spent one minute there. Vusi, my colleague, stuck by Mr Nkomo, almost cradling him like a baby to his chest. The man's greying fingers clutch at Vusi's hands, try to grasp my lapel as I dash miserably away, like a coward. But I have to check on Joe and Valerie.

She is at the tail-end of the queue, and it seems almost like a waste of time to think she will ever get treated as she is in no visible physical distress. So she sits there, dejected, sits there for two to three hours before the action reaches her. I look around desperately for Joe, almost shout his name. He recognises my voice. There is a large bandage round his head and his face is grotesquely uneven.

"Zola" (he is the only one who dares use my other, unknown name). "Zola, I am desperately cold."

I dash around looking for a blanket. There are no spare blankets, not even for the acting editor of the *Sowetan*.

Such tragic situations throw up their heroes, heroines. One young man in a white coat, not a doctor, dashes off to look for a blanket, but comes back looking ashamed. They say there are no spares. There are no spare blankets in this hospital.

Back at casualty, Mr Nkomo is still sitting somewhat crookedly, but upright, on his stretcher.

Vusi looks totally spent. We must help, he pants. I make for the elderly nurse whose harassed mien tells me I am wasting my time. For another chap, looking more desperately broken or ill, is wheeled in. I dash to another nurse at the door. No, she says, Mr Nkomo has been assessed.

His moans are more frequent. The Nkomo family will have to excuse me for such shocking detail. A Florence Nightingale type comes to our assistance. We push the stretcher past others to the front.

Now Vusi plays the heroic role. Almost in anger, he gets the stretcher pushed towards the doctor. The doctor takes a quick look. X-ray department, he orders. I could have wept, for there is another despairing queue in that department. This man is dying, can't anybody see that!

After a few minutes Vusi decides this madness must end, pushes the stretcher at dangerous speed to those doctors in the casualty ward. This time they sit up. Mr Nkomo's stretcher is pushed into what must be the emergency operating theatre.

Later, his wife arrives. Too late. Her wails join the screams from a man on a stretcher trying to free himself from the desperate hold of his relatives.

This is a shame and a scandal. No blame is attached to the staff. The facilities at Bara are crude, old, dismaying and disgusting. It looks and smells like a butchery at busy periods.

(a) According to the Attorney-General concerned the matter was referred back to the South African Police for further investigation.

(b) As soon as the docket is submitted to the Attorney-General.

Primrose, Germiston

*4. Mr P G SOAL asked the Minister of Law and Order:

(1) Whether two persons, whose names have been furnished to the South African Police for the purpose of the Minister's reply, were arrested by the Police in a park in Primrose, Germiston, on or about 24 May 1987; if so, (a) what were these persons doing at the time they were arrested, (b) for the alleged contravention of what statutory provision were they arrested and (c) why did the Police go to that park on that occasion;

(2) whether these persons requested permission to make a telephone call at the police station; if so,

(3) whether each of these persons was allowed to make a telephone call; if not, why not; if so, when;

(4) whether these persons were charged; if not, what action was taken in respect of them; if so, (a) in terms of what statutory provision and (b) what was the outcome?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) They were relaxing.

(b) Contravention of section 1 (1) (a) of the Trespassing Act, 1959.

(c) Because written representations were received from the public about the abuse of liquor and sexual misdeeds by persons in the park. Experience also proved that such misdeeds were daily events in the park concerned and as a result routine police patrols were instituted which patrols were also executed there on the specific day.

(2) Yes.

(3) Yes, immediately after their arrival at the charge office.

(4) Yes.

(a) For the contravention of section 1 (1) (a) of Act 6 of 1959—Illegal trespassing.

(b) Both persons were found guilty and sentenced to a fine of R100,00 each which they paid and which conviction and sentence was set aside.

Note: After conviction and sentence, the court record was without delay forwarded to the Deputy Judge President of Transvaal in terms of section 304 (4) of the Criminal Procedure Act, 1977 with a recommendation that the conviction and sentence be set aside.

Although the member of the South African Police concerned acted in good faith, the necessary steps were taken to prevent a recurrence of such events.

Munsieville, Krugersdorp

*5. Mr C J DERBY-LEWIS asked the Minister of Defence:

Whether the South African Defence Force is maintaining a military presence at the Black township of Munsieville near Krugersdorp; if so, (a) why, (b) since when and (c) at what total cost in respect of the latest specified period of 12 months for which information is available?

†The DEPUTY MINISTER OF DEFENCE:

(a) The SA Defence Force is performing duty in support of the SA Police.

(b) 28 February 1986.

(c) 1 March 1986 to 28 February 1987—R83 030,00.

American company: house bought

*6. Mr A GERBER asked the Minister of Constitutional Development and Planning:†

(1) Whether an American company has bought a house in a White suburb of Cape Town to serve as a place of residence for Black students; if so, (a) when, (b) where and (c) what is the name of this company;

(2) whether his Department intends taking steps in terms of the Group Areas Act, No 36 of 1966, in respect of the company concerned; if not, why not; if so, (a) what steps and (b) when?

The DEPUTY MINISTER OF DEVELOPMENT PLANNING:

(1) I am not aware of such a transaction.

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

(2) No, I cannot take steps if I am not aware of the particular case.

(a) and (b) Fall away.

Groote Schuur Hospital

*7. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether his Department has received any representations for the removal of all forms of racial segregation in respect of facilities at Groote Schuur Hospital in Cape Town; if so, (a) from whom, (b) when and (c) what was the response thereto;

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

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No. (a), (b) and (c) Fall away.

(2) No.

†Dr W J SNYMAN: Mr Chairman, arising from the hon the Minister's reply, I would like to ask specifically in respect of Groote Schuur Hospital whether the facilities there are integrated only in the case of intensive care and theatre after-care units and not in other places.

†The MINISTER: Mr Chairman, I suggest that the hon member for Pietersburg places the question on the Question Paper, because I have not been in that hospital for a long time. The policy of the State is very simple, and I also refer him to Question 8 which I shall answer shortly.

Hospitals: facilities integrated

*8. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any facilities in hospitals administered by the State are integrated; if not, why not; if so, (a) what specified facilities and (b) in what hospitals are these facilities integrated?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Some facilities in hospitals administered by the State are integrated.

(a) Facilities	(b) Hospitals			
1. Special unit	Transvaal	Orange Free State	Natal	Cape Province
1.1 Coronary care unit	—	All academic hospitals	All hospitals	All regional hospitals
1.2 Cardio-thoracic surgery	Johannesburg hospital	All academic hospitals	Wentworth hospital	All academic hospitals
1.3 Cardiology unit	All academic hospitals	All regional hospitals	Wentworth hospital	All regional hospitals
1.4 Intensive care unit	Johannesburg-Rob-Ferreira hospital	All regional hospitals	All hospitals	All hospitals
1.5 Isolation of formidable infectious conditions	Rietfontein hospital	—	—	—
1.6 Nuclear medicine	All academic hospitals	All academic hospitals	Wentworth hospital	All academic hospitals
1.7 Neurology units	—	—	All hospitals	All hospitals
1.8 Neurosurgical units	—	—	Wentworth hospital	All regional hospitals
1.9 Operating theatres	All regional hospitals	All hospitals	All hospitals	All hospitals
1.10 Oncology units	All academic hospitals	All academic hospitals	All academic hospitals	All academic hospitals

	(a) Facilities	(b) Hospitals			
1.11	Orthopaedic units	All regional hospitals	—	All hospitals	All regional hospitals
1.12	Radiotherapy units	H F Verwoerd—Hillbrow hospital	All academic hospitals	All hospitals	All regional hospitals
1.13	Renal units	Johannesburg hospital	All academic hospitals	All academic hospitals	All academic hospitals
1.14	Scanning units	All academic hospitals	All academic hospitals	All academic hospitals	All academic hospitals
1.15	X-Ray units	All regional hospitals	All hospitals	All hospitals	All hospitals
2.	Clinical supportive services				
2.1	Laboratories	All regional hospitals	All hospitals	All hospitals	All hospitals
2.2	Ambulance services	—	—	All hospitals	—
2.3	Pharmacy	All hospitals	All hospitals	All hospitals	All hospitals
2.4	Mortuaries	All hospitals	All hospitals	All hospitals	All hospitals
2.5	Central sterilisation department	All hospitals	All hospitals	All hospitals	All hospitals
3.	Administrative and supportive services				
3.1	Catering for staff	All academic hospitals	All hospitals	All hospitals	All hospitals
3.2	Stores	All hospitals	All hospitals	All hospitals	All hospitals
3.3	Security services	All hospitals	All hospitals	All hospitals	All hospitals
3.4	Laundry	All hospitals	All hospitals	All hospitals	All hospitals
3.5	Staff and patient administration	All hospitals	All hospitals	All hospitals	All hospitals

†Dr M S BARNARD: Mr Chairman, arising from the hon the Minister's comprehensive reply, can he tell me whether wards in these many hospitals are integrated or not?

†The MINISTER: No, they are not, Mr Chairman.

Dr M S BARNARD: Mr Chairman, further arising out of the hon the Minister's reply, will he tell me whether apartheid in his department is outdated?

The MINISTER: Mr Chairman, the voters of South Africa have quite clearly shown that they favour our policy as far as hospitals are concerned. For that particular reason the party of the hon member for Parktown has become so small.

Dr M S BARNARD: Mr Chairman, further arising out of the hon the Minister's reply, I want to ask him to answer my question. Is there racial discrimination in . . .

The CHAIRMAN OF THE HOUSE: Order! The hon member for Parktown has put his question. The Chair cannot prescribe to the hon the Minister how he should answer the question.

†Dr W J SNYMAN: Mr Chairman, further arising from the hon the Minister's reply, can we take it that hospitalisation is still viewed by the Government as an own affair in terms of the Constitution?

†The MINISTER: Mr Chairman, for the edification of the hon member for Pietersburg I would just like to mention that this matter is explained very well in the Constitution in section 14 and also in Schedule 1. As a matter of fact, it is on page 50 of the Constitution. We can go further and tell him that community clinics and community services—that is the first, second and third levels of the national health facilities plan—fall under own affairs. Hospitals serving the population group concerned, fall under own affairs. Hospitals serving two population groups, fall under general affairs. In conclusion I would like to mention that teaching hospitals fall under general affairs.

Persons taken into custody

*9. Mr P G SOAL asked the Minister of Law and Order:

(1) Whether two persons, whose names have been furnished to the South African Police for the purpose of the Minister's reply, were taken into custody in May 1987; if so, (a) on what date, (b) where, (c) why, (d) by whom in each case and (e) what are the names of these persons; if not;

(2) whether his Department was approached by members or officials of a national state government with a request regarding these persons; if so, (a) by whom, (b) which national state did they represent, (c) what was (i) the nature of the request and (ii) his response thereto and (d) what action was taken as a result?

†The MINISTER OF LAW AND ORDER:

(1) No, not by the South African Police. (a) to (e) Fall away.

(2) No. (a) to (d) Fall away.

*10. Mr D J N MALCOMESS—Agriculture. [Withdrawn.]

Maputo: upgrading of harbour

*11. Mr J M BEYERS asked the Minister of Foreign Affairs:†

(1) Whether the South African Government made available a certain amount to Mozambique recently for the upgrading of Maputo Harbour; if so, (a) why, (b) what amount and (c) when;

(2) whether this amount was a donation; if not, on what conditions was it made available;

(3) whether his Department has investigated the possible consequences of the upgrading of this harbour with regard to international sanctions against South Africa; if not, why not; if so, with what result;

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

The DEPUTY MINISTER OF FOREIGN AFFAIRS:

(1) Yes.

(a) Because it is in South Africa's interest.

(b) R3 million.

(c) 26 March 1987.

(2) No; a loan has been made available with the following conditions:

(i) Moratorium: 1 year.

(ii) Loan period: 5 years.

(iii) Interest rate: 2% pa.

(3) Yes. Details of the factors which are pertinent in this regard, will be given on a confidential basis orally to the hon member.

(4) The Department of Foreign Affairs issued a press statement on the matter on 13 May 1987.

Hillbrow/Jeppe/Mayfair

*12. Mr J M BEYERS asked the Minister of Constitutional Development and Planning:†

(1) Whether the Government is considering withdrawing Hillbrow, Jeppe, Mayfair and other White urban residential areas from the provisions of the Group Areas Act, No 36 of 1966; if not, why not; if so, (a) why, (b) which such areas are being considered for this purpose and (c) what steps are contemplated in respect of White owners in these areas;

(2) whether it is the intention to establish so-called grey areas; if so, (a) when and (b) where?

†The DEPUTY MINISTER OF DEVELOPMENT PLANNING:

(1) No, the areas cannot be withdrawn from the provisions of the Group Areas Act, 1966.

(2) No.

(a) and (b) Fall away.

†Mr J H VAN DER MERWE: Mr Chairman, arising from the hon the Deputy Minister's reply, I should like to ask him if the Government intends in any way at all to apply the provisions of the Group Areas Act in these areas and to remove the thousands of persons of other races or possibly to take action against them, as they are occupying housing there in contravention of the provisions of the Group Areas Act? [Interjections.]

†The DEPUTY MINISTER: Mr Chairman, these areas enjoy our constant attention.

Day hospital treats 80 000

THE day hospital in Mitchells Plain had attended to more than 80 000 patients — about 7 000 a month — since it was opened last year, the Minister of Health Services and Welfare in the House of Representatives, Mr Chris April, disclosed yesterday. Mr April, replying to a question tabled by Mr Peter Harris (LP, Strandfontein), said there were six full-time doctors, one sessional doctor and 34 nurses at the day hospital. Since April 15 this year, no patient had been turned away from the hospital, he said.

Aids bite deadly

AN INMATE who bit two guards after being tested positive for the Aids virus was found guilty of assault with a deadly and dangerous weapon – his mouth and teeth.

Jurors reached the verdict after deliberating for three hours in the case of James Moore, 44. He faces up to 10 years in prison.

Moore was accused of biting guards Timothy Voigt and Ronald McCullough at the Federal Medical Centre in Rochester, in the US, on January 7 as he was being reprimanded for smoking in a no-smoking area.

Moore later told a nurse he hoped the guards would contract Aids, assistant US attorney Jon Hopeman told the jury. – Sapa.

93

Albert

28/6/87

Increases start health costs spiral

Medical aid fees likely to shoot up

29/6/87 Sowe.

Big increases in medical aid subscriptions are expected to follow the massive rises in provincial hospital tariffs and the 20 percent increase in recommended doctors' fees.

Mr Tony Leveson, spokesman for the Representative Association of Medical Schemes, said the percentage increase in subscriptions would vary depending on the scheme.

From July 1 private patient tariffs at provincial hospitals in the Transvaal will increase by up to 100 percent for theatre fees and more than 40 percent for ward fees.

Theatre fees will rise from R50 to R110 for the first half-hour and from R100 to R141,50 for the first hour.

Daily tariffs will rise from R45 to R71 in hospitals with up to 70 beds, and to R82,50 in those with more than 70 beds.

Transvaal Provincial Administrator Mr Willem Cruywagen said in Pretoria the increases were necessary because of increased running costs.

He said the daily tariffs would include the cost of medicines "for the time being".

About 27 percent of hospital patients were "private", he said. Of these, about 85 percent subscribed to medical aid schemes.

He said the new tariffs would place a heavier burden on the medical aid schemes but they were still within their scales of benefits.

The tariffs for part-paying patients had only been increased in a few instances.

Subscriptions

Pensioners and those with incomes equal to pensioners' incomes would pay R2,00 per admission.

On medical aid subscriptions Mr Levenson said these would probably rise in January when the doctors' fees go up.

He said the sweeping increases would hit black people particularly hard as they used the provincial hospitals more than whites.

Last week the Medical Association of South Africa announced a 20 percent increase in its recommended fees for doctors.

The Consumer Council has expressed concern.

Hefty increases in hospital fees

(98) B/Day 29/6/87

GERALD REILLY and DIANNA GAMES

MASSIVE increases in provincial hospital fees from July — bringing them nearly into line with private hospital tariffs — were announced by Transvaal Administrator Willem Cruywagen at the weekend.

Private patients will pay up to 100% more in operating theatre fees and more than 40% more for hospital accommodation.

Medicines given to private patients in provincial hospitals are to be included in the new tariffs, although it is believed the province later intends making the tariffs exclusive of these costs.

The increases become effective on July 1.

Increases for ree State provincial hospitals are in the pipeline, says a spokesman.

The announcment comes only a few days after the Medical Association of SA announced a 20% increase in its recommended guideline fees for doctors.

The combined effect will put heavy pressure on medical aid schemes, raising the likelihood of subscription hikes.

Representative Association of Medical Schemes (Rams) spokesman Tony Leveton said the increases would have a severe impact on the commitments and liabilities of medical schemes.

Possibly more important, he said, was that the higher fees would drive patients away from public to private hospitals.

Cruywagen said reasons for the increases were the substantial rise in hospital running costs and escalating costs of medicines and medical equipment.

Hospital fees up

THE Congress of South African Trade Union (Cosatu), yesterday reacted strongly to the increased hospital costs which come into effect today at Transvaal provincial hospitals.

The increases were announced by Mr Willem Cruywagen, administrator for the Transvaal at the weekend. He said the decision to up hospital fees for private patients was "purely of an economic nature."

The increase means that lower income people the H2 and H3 patients, will be affected by the increases which come at the time when most blacks are already reeling under the escalating cost of living.

The H2 category are all social pensioners and the unemployed. They will now pay a nominal or inclusive fee of R2 per admission and R2 for outpatient visits. These patients were previously treated free of charge.

The H3 category patients will still pay R10 for admission as in the past and R5 for every out patient visit.

Maternity patients coming to Baragwanath Hospital for confinement will pay a nominal or inclusive fee of R40 for confinement. It was previously R25.

Mitchells Plain hospital opens

Cape Times 3/7/87 (98)

By SHAUNA WESTCOTT

THE new Mitchells Plain Private Hospital opened on schedule and without a hitch in Rocklands on Wednesday, admitting four patients and delivering two babies.

Manager Mr Basil Leonard said they had experienced no teething problems and were planning "an emergency-cum-casualty section".

Among the features of the 204-bed hospital are five "birthing units" for delivering mothers able to keep their stay to a minimum.

The hospital, built at a cost of R28-million and a Rembrandt Medi-Clinic Corporation subsidiary, has a fee structure in line with standard medical aid tariffs.

Mr Leonard said it was estimated that at least 30% of Mitchells Plain people were on reputable medical schemes and the hospital provided for that market.

He added that it was obvious, however, that a 204-bed hospital could not possibly fill the medical needs of a population estimated at 300 000.

"We can't even cater for all the people who can afford medical aid," he said.

The only other medical facility in Mitchells Plain is a day hospital which opened last year with six full-time doctors, 34 nurses and one "sessional" doctor.

It has treated 80 000 people since opening, according to figures provided in Parliament.

A Mitchells Plain Co-ordinating Committee spokesman said there was an urgent need for a general hospital which would serve everyone. "The majority of people here are not on medical aid," he said.

Motherwell's new health clinic will serve 49 853 people

In front of the R2-million Motherwell Health Clinic which was opened to the public this week are (from the left) Mrs E M SOBUKWE, assistant matron at Dora Nginza Hospital; Mrs N KOSANA senior sister at the clinic; Dr WIKUS MALHERBE, medical superintendent at Dora Nginza Hospital; Mrs N J PETER, chief matron in charge at the clinic; and Mr A M MANGCINGWANA, senior administration clerk at the clinic.

By MIKE MABUSELA

THE opening of Motherwell Health Clinic this week has brought relief to the 49 853 residents of this area who had no such medical facility before.

The clinic, which operates under the Dora Nginza Hospital, cost R2 million.

The medical superintendent at Dora Nginza Hospital, Dr Wikus Malherbe, said the clinic offered maternity, antenatal, casualty, dental, preventive and curative medicine, X-ray and emergency services.

Complicated cases would be referred to the hospital.

It is staffed by three doctors and 60 qualified nurses and is open 24 hours a day.

The chief matron in charge of the new clinic, Mrs N J Peter, said she was proud of the first baby born there this week.

"If the clinic had not opened Miss Moyeni would have had to be admitted either at Dora Nginza or Livingstone Hospital to get the facilities she now enjoys at a hospital which is much nearer her Motherwell home."

No staff for R16-million 'white elephant'

CISKEI has unveiled a modern, fully equipped 250 bed hospital — but there is no staff to run it.

The new hospital has everything from maternity wards to neurology wards, x-ray departments, intensive care units, four operating theatres and a physiotherapy department, but it is almost entirely unused.

A walk around the hospital on the official opening day last week revealed empty passages, rows of empty beds and unopened boxes of specialised equipment.

The need for the hospital is easy to argue. What seems more doubtful is its appropriateness to Ciskei conditions.

International guidelines call for two to four hospital beds per 1 000 people in an area. According to this measure , the 250 bed Hewu Hospital is ideal for the area, which has a population of about 100 000.

Doctors working in the area agree that Ciskei has an efficient clinic system and needs a general hospital to improve the health care.

However, the reality is that the hospital is over-specialised and understaffed, and likely to remain that way.

The hospital is one of two built by the Israeli Gur Corporation for Ciskei. Built of prefabricated materials, it was finished in record time in 1985.

However, due to legal wrangling between the Ciskei Government and Gur, the hospital subsequently stood empty. Ciskei alleged the hospital had not beer properly built, and is suing the corporation.

Since then Ciskei has made several attempts to salvage the Hewu "white elephant".

Last year, an out-patients department was opened and caters for about 50 patients a day. The other departments remained closed.

Finally, the government announced that the hospital would be fully functioning as from the beginning of this month. All departments were to be opened.

The opening was witnessed by three doctors, a handful of hastily seconded nursing staff and three admitted patients.

Of the three doctors, one is permanently based at the new hospital and the other two are "on loan" from the main Cecilia Makiwane hospital for two weeks.

There are also no trained para-medical staff — which means that the pharmacy is operated by a clerk, the x-ray department by darkroom technicians, and the well-equipped physiotherapy is unused.

The Director-General of Health, Mr L M Mbambani, justified the hospital by saying it was part of the Ciskei's "comprehensive health scheme".

Despite the cost of the hospital — R16 million out of a total health budget of R89 million — he said the hospital was necessary as it was uneconomical to continually refer patients to other Ciskei hospitals.

However, due to the lack of staff, referrals will still be necessary.

The only permanent doctor at the hospital, Dr Hoffie Conradie, agrees with the need for the hospital, but pointed out that some of the departments were not essential.

He said that due to lack of staff only the outpatients, paediatric and medical wards were operating.

During a tour of the hospital he pointed out the still-locked neurology ward. "We'll probably use it for a TB ward, or whatever it's needed for."

As for the physiotherapy department — "a physiotherapist's dream", he said, but there were no physiotherapists to use it.

Dr Conradie said the hospital had a 160 bed nurses home — but no doctors' quarters. This means that the Ciskei government has been putting doctors up in hotels in Queenstown, more than 30 kms away.

Mbambani said: "As a department of health we are not experts in buildings as such."

Besides the lack of doctors' quarters, the heating system seems to be non-existent, and no attention was paid to the windy conditions in the area. This has resulted in the use of swing doors that cannot be latched, only locked.

There have also been allegations that the hospital was built in such a hurry that it resulted in shoddy workmanship. A quick look at the buildings reveal several cracks.

Although the Ciskei government is trying to sue Gur Corporation for breach of contract, the corporation has since left both Ciskei and South Africa.

At the same time Ciskei battles to staff the hospital — the sixth in Ciskei and make it viable.

Meanwhile, expensive equipment sits unused in locked wards and the skeleton staff struggles to provide even a basic hospital service. — *ELNEWS*

South

(98) 9-14/7/87

Pay-out for tonsil op boy

THE CAPE Provincial Administration has given a Heideveld father R70 000 in an out of court settlement for his son who became brain damaged after a tonsil operation.

But Mr Abdul Levack who sued for R200 000 believes the money is not enough to provide the care his son needs.

Levack, an unemployed artisan, had decided to settle on Tuesday because he was "fed up". He received R60 000 after legal fees were deducted.

"If we can't get through to these people, what's the use. I'm a poor man, if I had money I would have spent millions fighting them," he said.

The settlement which the Cape Administration paid without admitting liaibility for Groote Schuur Hospital, came nearly a month before the court case.

Mr Niklaas Louw of the hospital services said the matter was sub judice.

Levack had claimed in papers that his son, Mogamat-Nur, was brain damaged due to the neglect of one or more of the doctors and nurses who supervised the tonsillectomy and the post-operative treatment at Groote Schuur Hospital.

Mogamat-Nur needs constant attention, ideally by a qualified nurse; specialised equipment; regular treatment and physiotherapy.

More black patients — Louw

Dispatch Reporter

QUEENSTOWN — The proportion of black patients at Komani Hospital would increase, the regional director of the Department of Health, Mr C. H. Louw, told a meeting here where the future of the hospital was discussed.

He told a Chamber of Commerce meeting the reason for the increase was the difficulty in finding white nurses for the hospital.

Ideally, patients should be nursed by members of their own population group because of cultural differences.

He said there was no question, as far as he was aware, of the hospital and the ground on which it stood being handed over to Transkei, even though eZibeleni township was just across the road.

Mr Louw said that there had been a drop in demand for "white" beds in the Eastern Cape.

Whereas the ideal ratio was one nurse to each bed, there had recently been 90 white nurses looking after 534 beds.

"If we can't replace white nurses, we can't have additional white patients. One follows the other. Meanwhile, we have succeeded in reducing the demand by diverting people to Fort England in Grahamstown."

Mr Louw added that the hospital employed about 850 people and spent in the order of R7-million a year in salaries. A further 150 beds were planned, and a currently white ward was to be handed over to blacks.

The president of the chamber, Mr Peter McEwen, said that he was not convinced that the problem lay entirely with the inability of Queenstown to attract white nurses.

He declared: "This appears to be a national programme on behalf of the authorities to consolidate the three major care centres in the Eastern Cape — in Queenstown, Grahamstown and Port Elizabeth — into specialised hospitals catering for the various population groups."

(b) subjects

Italian
Spanish
Tswana
Metalwork
Building Construction
Hotelkeeping and Catering
Woodworking
Plumbing and Sheet Metalworking
Electronics
Technika (Mechanical)
Technika (Civil)
Functional Physical Science
Practical Agricultural Science
Agricultural Science
Speech and Drama
Sculpture
History of Ballet, Costume and Theatre
Anatomy and Music
Practical Ballet
National and Greek Dancing
Graphic Art
Painting
Design

(c) textbooks listed under (b) are not available as publishers, as a result of the limited numbers, are not interested in having these books written and published. There are thus no dates which these books could be delivered to schools. For these subjects notes are made available to the pupils,

(d)

	Number of schools
Italian	15
Spanish	2
Tswana	10
Metalwork	77
Building Construction	5
Hotelkeeping and Catering	1
Woodworking	18
Plumbing and Sheet Metalworking	3
Electronics	12
Technika (Mechanical)	24
Technika (Civil)	13
Functional Physical Science	26
Practical Agricultural Science	6
Agricultural Science	9
Speech and Drama	1
Sculpture	2
History of Ballet, Costume and Theatre	1
Anatomy and Music	3
Practical Ballet	3
National and Greek Dancing	2
Graphic Art	3
Painting	2
Design	2

Parallel/dual medium schools

38. Mr J VAN ECK asked the Minister of Education and Culture:

(1) How many predominantly (a) Afrikaans and (b) English (i) parallel and (ii) dual medium schools were there in each province as at the latest specified date for which information is available;

(2) whether any new schools are to be built in the current year; if not, why not; if so, how many in each of the above-mentioned categories in each province?

The MINISTER OF EDUCATION AND CULTURE:

(1) (a)

	(i)	(ii)
Cape	495	0
Natal	38	0
OFS	162	0
Transvaal	408	0

(b)

	(i)	(ii)
Cape	106	0
Natal	51	0
OFS	1	0
Transvaal	34	0

(2) yes, all the schools being built and due for completion during 1987, have been planned as single medium schools.

The information is for the 1987 academic year.

Cape Province: unrest at schools

39. Mr J VAN ECK asked the Minister of Education and Culture:

(1) Whether any measures or regulations have been drafted regarding action to be taken by schools in the Cape Province in the event of unrest in the vicinity of or terror attacks on schools; if not, why not; if so, (a) what are the details of these measures or regulations and (b) by whom were they (i) drafted and (ii) approved;

(2) whether these measures or regulations have been distributed to all schools in the Cape Province; if not, (a) why not, (b) to which schools were they distributed and (c) when were they so distributed; if so, on what date or dates?

The MINISTER OF EDUCATION AND CULTURE:

It is, understandably, the policy of the Department not to divulge details regarding matters of security,

(1) (a) Falls away, (b) (i) and (ii) Fall away;

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

***Per capita* expenditure**

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

What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on White school pupils in (i) each province and (ii) the Republic in the 1985-86 financial year?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 16. The hon member is therefore referred to the answer given on 23 February 1987.

Teachers: national service

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

What total number of White male teachers falling under his Department were doing their national service (a) in 1986 and (b) as at the latest specified date in 1987 for which figures are available?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 15. The hon member is therefore referred to the answer given on 23 February 1987.

National Senior Certificate examination

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

(a) How many Whites entered for the full National Senior Certificate examination in 1986 and (b) how many entrants (i) passed, (ii) failed and (iii) obtained matriculation exemption?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 12. The hon member is therefore referred to the answer given on 23 February 1987.

Matriculation/equivalent examination

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

(1) How many White pupils (a) entered for and (b) passed the matriculation or an equivalent examination in 1986;

(2) how many of these pupils passed in (a) mathematics and (b) physical science in that year?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by mr H E J van Rensburg as question 11. The honourable member is therefore referred to the answer given on 23 February 1987.

Hospitals: facilities

44. Dr M S BARNARD asked the Minister of Health Services:

Whether any facilities in private hospitals are not integrated; if so, (a) why and (b) (i) what specified facilities and (ii) in which hospitals are these facilities not integrated?

ary employees when the detained employees are released by the Police?

The MINISTER OF LAW AND ORDER:

(1) Yes. Three persons.

(2) No, nil.

(a) Falls away.

(b) Falls away.

Primary/secondary schools

181. Mr C J DERBY-LEWIS asked the Minister of Education and Development Aid:

What are the criteria applied by the Department of Education and Training in determining the number of teaching staff allocated to (a) primary and (b) secondary schools for Blacks?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Teaching personnel at schools are allocated according to specific approved post provisioning scales and are calculated on the enrolled number of pupils per school per annum.

The approved post provisioning scales make provision for an average of one teacher for 28 pupils at secondary schools and one teacher for 38 pupils at primary schools.

Hospitals: foreign patients

184. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) How many foreign patients were treated in State-financed hospitals in each province during the latest specified period of 12 months for which figures are available, (b) from which countries did these patients come, (c) what was the total cost to each province of these patients and (d) what amount of the fees payable was recovered from these patients in respect of each province?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Period: 1.9.85 to 31.8.86

(a) 1 716

(b)	USA	Kenya	Spain
	Australia	Lesotho	St Helena
	Belgium	Malawi	Swaziland
	Botswana	Mauritius	Switzerland
	Bulgaria	Mozambique	Taiwan
	China	Netherlands	Tasmania
	Germany	New Zealand	Thailand
	France	Austria	Tristan da Cunha
	Greece	Pakistan	United Kingdom
	Ireland	Philippines	Zambia
	India	Poland	Zaïre
	Iraque	Portugal	Zimbabwe
	Israel	Romania	
	Italy	Russia	
	Japan	Seychelles	
	Canada	Scotland	

(c)	Cape Province	R236 384,82
	Natal	R28 217,00
	OFS	R766 745,60
	Transvaal	R405 507,15
(d)	Cape Province	R133 158,82
	Natal	R22 666,00
	OFS	R394 635,60
	Transvaal	R227 524,78

Marasmus/kwashiorkor

185. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of (a) marasmus and (b) kwashiorkor were reported in each of the latest specified three years for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a)	Marasmus	
	July 1984—June 1985	2 147
	July 1985—June 1986	3 103
	July 1986—June 1987	1 087*
(b)	Kwashiorkor	
	July 1984—June 1985	1 250
	July 1985—June 1986	1 263
	July 1986—June 1987	694*

* Final figures are not yet available.

University of Natal: teaching hospital

187. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether a new teaching hospital is to be built for the medical school of the University of Natal; if not, why not; if so, (a) when will construction (i) commence and (ii) be completed and (b) how many beds will be provided in this hospital;

(2) whether this hospital will be fully integrated; if not, why not?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) (i) and (ii) Not determinable as yet. Hospital in early planning stages.

(b) 1 025 beds.

(2) Bed allocation not as yet determined.

Public service: officials

191. Mr A GERBER asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:†

Whether there has been an increase in the number of officials in the Public Service since the implementation of the new constitutional dispensation; if so, (a) what increase, (b) how many of these officials have been employed since 1983 as a result of the new constitutional dispensation, (c) what is the total cost to the country involved in this increase in public servants and (d) in respect of what date is this information furnished?

The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES:

Yes.

(a) to (c) No separate record has been kept regarding the increase in the number of officials due to the new constitutional dispensation. To try and determine it at this stage, will be difficult and time consuming.

The general picture regarding the percentage increase, per grouping, in the central departments and provincial administrations for the year ending 30 September 1986, was as follows:

Broad occupational composition of the central departments and provincial administrations (September 1986) and percentage increase per grouping (1985-1986)

	Number	%	Increase 1985-1986	% Increase
Labourers	143 729	22,1	−99	−0,07
Educators	166 559	25,6	6 859	4,3
Nursing	60 822	9,4	1 366	2,3
Services	118 646	18,2	7 064	6,3
Other	160 521	24,7	−11 108	−6,5
Total	650 277	100	4 082	0,6

(b) subjects

Italian
Spanish
Tswana
Metalwork
Building Construction
Hotelkeeping and Catering
Woodworking
Plumbing and Sheet Metalworking
Electronics
Technika (Mechanical)
Technika (Civil)
Functional Physical Science
Practical Agricultural Science
Agricultural Science
Speech and Drama
Sculpture
History of Ballet, Costume and Theatre
Anatomy and Music
Practical Ballet
National and Greek Dancing
Graphic Art
Painting
Design

(c) textbooks listed under (b) are not available as publishers, as a result of the limited numbers, are not interested in having these books written and published. There are thus no dates which these books could be delivered to schools. For these subjects notes are made available to the pupils,

(d)

	Number of schools
Italian	15
Spanish	2
Tswana	10
Metalwork	77
Building Construction	5
Hotelkeeping and Catering	1
Woodworking	18
Plumbing and Sheet Metalworking	3
Electronics	12
Technika (Mechanical)	24
Technika (Civil)	13
Functional Physical Science	26
Practical Agricultural Science	6
Agricultural Science	9

HoA

	Number of schools
Speech and Drama	1
Sculpture	2
History of Ballet, Costume and Theatre	1
Anatomy and Music	3
Practical Ballet	3
National and Greek Dancing	2
Graphic Art	3
Painting	2
Design	2

Parallel/dual medium schools

38. Mr J VAN ECK asked the Minister of Education and Culture:

(1) How many predominantly (a) Afrikaans and (b) English (i) parallel and (ii) dual medium schools were there in each province as at the latest specified date for which information is available;

(2) whether any new schools are to be built in the current year; if not, why not; if so, how many in each of the above-mentioned categories in each province?

The MINISTER OF EDUCATION AND CULTURE:

(1) (a)

	(i)	(ii)
Cape	495	0
Natal	38	0
OFS	162	0
Transvaal	408	0

(b)

	(i)	(ii)
Cape	106	0
Natal	51	0
OFS	1	0
Transvaal	34	0

(2) yes, all the schools being built and due for completion during 1987, have been planned as single medium schools.

The information is for the 1987 academic year.

Cape Province: unrest at schools

39. Mr J VAN ECK asked the Minister of Education and Culture:

(1) Whether any measures or regulations have been drafted regarding action to be taken by schools in the Cape Province in the event of unrest in the vicinity of or terror attacks on schools; if not, why not; if so, (a) what are the details of these measures or regulations and (b) by whom were they (i) drafted and (ii) approved;

(2) whether these measures or regulations have been distributed to all schools in the Cape Province; if not, (a) why not, (b) to which schools were they distributed and (c) when were they so distributed; if so, on what date or dates?

The MINISTER OF EDUCATION AND CULTURE:

It is, understandably, the policy of the Department not to divulge details regarding matters of security,

(1) (a) Falls away, (b) (i) and (ii) Fall away;

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

***Per capita* expenditure**

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

What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on White school pupils in (i) each province and (ii) the Republic in the 1985-86 financial year?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 16. The hon member is therefore referred to the answer given on 23 February 1987.

Teachers: national service

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

What total number of White male teachers falling under his Department were doing their national service (a) in 1986 and (b) as at the latest specified date in 1987 for which figures are available?

HoA

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 15. The hon member is therefore referred to the answer given on 23 February 1987.

National Senior Certificate examination

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

(a) How many Whites entered for the full National Senior Certificate examination in 1986 and (b) how many entrants (i) passed, (ii) failed and (iii) obtained matriculation exemption?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by Mr H E J van Rensburg as Question 12. The hon member is therefore referred to the answer given on 23 February 1987.

Matriculation/equivalent examination

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

(1) How many White pupils (a) entered for and (b) passed the matriculation or an equivalent examination in 1986;

(2) how many of these pupils passed in (a) mathematics and (b) physical science in that year?

The MINISTER OF EDUCATION AND CULTURE:

The same question was asked by mr H E J van Rensburg as question 11. The honourable member is therefore referred to the answer given on 23 February 1987.

Hospitals: facilities

44. Dr M S BARNARD asked the Minister of Health Services:

Whether any facilities in private hospitals are not integrated; if so, (a) why and (b) (i) what specified facilities and (ii) in which hospitals are these facilities not integrated?

The MINISTER OF HEALTH SERVICES:

Yes.

(a) The owner himself decides if an open licence will be applicable on the hospital and applies therefor if he so wishes.

(b) (i) The existing facilities which are presented.

(ii) The hospitals as per the attached list are registered as hospitals which are not integrated.

Hospital	Situated at
Anncron Clinic	Klerksdorp
Arcadia Nursing Home	Ardadia, Pretoria
Astrid Clinic	Arcadia, Pretoria
Chamber of Mines, Cottesloe	Cottesloe, Johannesburg
Daleview Nursing Home	Daleview, Brakpan
Elizabeth Private Hospital	Cape Town
Faerie Glen Hospital	Pretoria
Flora Clinic	Roodepoort
Fochville Hospital	Fochville
Forona Nursing Home	Rustenburg
Garden City Clinic	Mayfair West, Johannesburg
Glynnwood Nursing Home	Benoni
Hampton House Nursing Home	Wynberg, Cape Town
Hydromed Clinic	Kemptonpark
Jacaranda Hospital	Muckleneuk, Pretoria
Joubert Park Hospital, MBS	Jourbert Park
Kenridge Hospital	Parktown, Johannesburg
Kensington Clinic	Johannesburg
Kingsbury Maternity Home	Claremont, Cape Town
Kleinfontein Hospital	Benoni
Krugersdorp Private Hospital	Krugersdorp
Leeuwendal Nursing Home	Tamboerskloof, Cape Town
Medical Centre Operating Theatres	Southernwood, East London
Medipark Clinic	Cape Town
Milpark Hospital	Parktown, Johannesburg
Nedpark Clinic	Sunnyside, Pretoria
Parklands Nursing Home	Durban
Parklane Clinic	Parktown, Johannesburg
Rand Clinic	Hillbrow, Johannesburg
Rosebank Clinic	Hillbrow, Johannesburg
Rosebank Clinic	Rosebank, Johannesburg
Southern Nursing Home	Rosettenville, Johannesburg
Springkell Sanatorium, Chamber of Mines	Modderfontein, Johannesburg
Springs Parkland Clinic	Springs
Springsmed	Springs
Sunningdale Hospital, MBS	Wilkoppies, Klerksdorp
Vanderbijlpark Medical Aid Scheme Nursing Unit	Vanderbijlpark
Westway Private Hospital	Port Elizabeth

Students: subsidisation

3. Mr A GERBER asked the Minister of Education and Culture:†

What is the average amount per student by which students at White universities under his control were subsidised during the latest specified period of 12 months for which figures are available?

Hansard 27/7/87

The MINISTER OF EDUCATION AND CULTURE:

The SAPSE-information system of the Department distinguishes between a student in the Human Sciences and a student in the Natural Sciences. The average subsidy per student (excluding the salary increase as from 1 July 1987) in respect of 1987 is as follows:

Residential universities:	
Human Sciences	R4 530
Natural Sciences	R7 168
Non-residential universities:	
Human Sciences	R4 296
Natural Sciences	R6 529

The average subsidy amounts are influenced by the ratio between postgraduate and undergraduate students.

TUESDAY, 28 JULY 1987

†Indicates translated version.

For oral reply:

General Affairs:

State President:

Ministers: powers/functions/duties

*1. Mr F J LE ROUX asked the State President:†

What are the powers, functions and duties of each (a) Cabinet Minister, (b) Deputy Minister, (c) member of the Ministers' Council of the House of Assembly and (d) Ministerial Representative for the Minister's Council of the House of Assembly?

†The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES (for the State President):

(a), (b), (c) and (d). The powers, duties and functions are determined in terms of sections 16, 19, 20, 21, 24, 26 and 28 of the Republic of South Africa Constitution Act, 1983 (Act 110 of 1983) and by convention.

HoA

†Mr F J LE ROUX: Mr Speaker, arising from the hon the Minister's reply I would like to point out with all due respect that he did not reply to the question which I put. I asked what the duties were of each Minister, Deputy Minister, Ministerial Representative and so on. What are the duties of these various people? We know what the Constitution says.

†The MINISTER: Mr Speaker, if the hon member for Brakpan wants a proper reply to his question, he should put his question more clearly. (Interjections.) Naturally I am not prepared for this and the hon member must repeat his question in written form

†Mr F J LE ROUX: I do not know how to put it so that you can understand it.

Ministers:

Question standing over from Tuesday, 23 June 1987:

Regional Services Council: Algoa

*2. Mr D J N MALCOMESS asked the Minister of Finance:

(a) What is the (i) annual salary, including allowances, and (ii) car allowance paid to a member of the Regional Services Council in the Algoa area and (b) in respect of what date is this information furnished?

The DEPUTY MINISTER OF FINANCE (Dr G Marais):

In terms of the Regional Services Councils Act, 1985, the remuneration and allowances of the chairmen and members of the Regional Services Councils are determined by the respective Provincial Administrators.

(a) (i) The level of operational complexity and responsibility of the Regional Services Council will determine the session allowance payable to members. According to recommendations submitted to the Council for the Co-ordination of Local Government Affairs, it can vary between R100 and R220 per session day.

(ii) No fixed car allowance is paid. A transport allowance for of-

28/7/87 Hansard

reckless and/or negligent driving. On 23 July 1987 the member was convicted on a charge of culpable homicide and sentenced to a fine of R400,00 or 12 months imprisonment.

(3) No, but the facts raised during the criminal trial are presently being perused with the intention of taking possible departmental action.

(4) (a) to (c) I refer the hon member to the above paragraph 2 (b) and my reply in paragraph 2 (a) and (c) to written Question No 48 of 18 February 1987.

Note: I want to point out to the hon member that during the incident the member of the South African Police was on his way to attend to an emergency alarm, and that the court accepted this evidence as extenuating circumstances.

Rooi Els/Betty's Bay/Kleinmond area

*6. Mr R R HULLEY asked the Minister of Constitutional Development and Planning:

Whether he or his Department intends to proclaim the Rooi Els/Betty's Bay/Kleinmond area as a nature area; if not, why not; if so, when?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Yes. Negotiations with regard to the establishment, in terms of section 9 of the Environment Conservation Act, Act 100 of 1982, of a management committee for the nature area to be established are under way. As soon as this aspect has been finalised, the formal proclamation of the nature area by the Administrator will follow.

Chronic spinal injuries

*7. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any facilities are available in the Transvaal for the rehabilitation of chronic spinal injuries in Black persons; if not, why not; if so, in what hospitals?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes. Natalspruit and Kalafong.

Underutilised institutions

*8. Mr R M BURROWS asked the Minister of Education and Development Aid:

Whether (a) he and (b) any minister of education of a national state has approached the Minister of Education and Culture in the House of Assembly to admit Black students or pupils to underutilised institutions under the control of the Department of Education and Culture; if not, why not; if so, (i) when, (ii) in respect of what specified institutions and (iii) what was the response?

†The DEPUTY MINISTER OF EDUCATION:

(a) Yes.

(b) No.

(i) 27 November 1986.

(ii) Broad guidelines in respect of the possible utilisation of such educational institutions were discussed.

(iii) The response was positive.

Kwamevane Township

*9. Mr R W HARDINGHAM asked the Minister of Constitutional Development and Planning:

Whether any decisions have been taken in regard to the upgrading of Kwamevane Township, near Howick; if not, why not; if so, (a) what decisions and (b) when?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Yes.

(a) Kwamevane will be retained and upgraded within its present boundaries.

(b) The decision was conveyed to the relevant local authority on 14 July 1987.

Abuse of air-ticket privileges

*10. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question No 21 on 16 June 1987, the inquiry into the alleged abuse of air-ticket privileges at Jan Smuts Airport has now been completed; if not, (a) why not and (b) when is it anticipated that it will be completed; if so, (i) who was in charge of the inquiry and (ii) what were the findings;

(2) whether any action has been taken as a result of the inquiry; if not, why not; if so, (a) what action and (b) with what result;

(3) whether the matter has been referred to the South African Police; if so, (a) on what date and (b) with what result;

(4) whether he has studied the report of this inquiry; if not, why not; if so, when;

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

†The MINISTER OF TRANSPORT AFFAIRS:

(1) No.

(a) Investigation by the SA Police is not yet completed.

(b) Presumably during the second week of August 1987. (i), (ii) and (2) Falls away.

(3) Yes.

(a) 2 March 1987.

(b) Matter is *sub judice*.

(4) Falls away.

(5) No.

Generic medicine: tests checked

*11. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(1) Whether a team of experts appointed by the South African Medicines Control Council is at present checking the accuracy of tests on generic medicine by a certain laboratory, particulars of which have been furnished to the Minister's Department for the purposes of his reply; if so, (a) what is the name of this laboratory and (b) how many medicines are involved in the investigation;

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

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) Gestalt (Pty) Ltd.

(b) 20.

(2) No, as the matter is still under investigation.

Clarendon Gardens Shopping Complex

*12. Mr F J LE ROUX asked the Minister of Constitutional Development and Planning:†

(1) Whether a certain project, particulars of which have been furnished to the Minister's Department for the purposes of his reply, was submitted to the Administrator of the Cape Province for his approval; if so, (a) what (i) was the Administrator's decision and (ii) were the reasons for his decision, (b) where is the project being launched, (c) what is the (i) nature and (ii) name of the project and (d) by whom is it being undertaken;

(2) whether there was any objection to the project; if so, (a) by whom was objection lodged and (b) what was the nature thereof;

(3) whether the city council concerned has approved the project; if so, (a) what city council and (b) when;

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

†The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) A proposal for the development of a shopping complex, to be known as

Governments of the self-governing territories the Department of Development Aid estimated the shortages as follows:

Lebowa	11 073
Qwaqwa	481
KwaZulu	61 468
KaNgwane	12 439
KwaNdebele	1 314
Gazankulu	4 255
South African Development Trust Self Governing Areas	70 314
Total	161 344

(2) The figures in respect of Lebowa, KwaZulu and Gazankulu were available as the functions relating to towns still vested in the Department of Development Aid in 1986. These figures, and figures in respect of South African Development Trust land outside the self-governing territories, are as follows:

(a)

Lebowa	105
KwaZulu	1 235
Gazankulu	524
South African Development Trust Land	633
	2 497

(b)

Lebowa	664
KwaZulu	1 125
Gazankulu	2 499
South African Development Trust Land	10 374
Total	14 662

In respect of Qwaqwa, KaNgwane and KwaNdebele these functions had been transferred and figures are not available.

(3) It is not possible to indicate when the shortage will be eliminated. The self-building scheme are an ongoing process. Progress in providing sufficient housing depends on complex and often unpredictable economic, demographic and other factors.

Own/general affairs: hospitals

222. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether the allocation of hospitals to own and general affairs departments is being considered by his Department; if so, in respect of each province, which hospitals are being considered for allocation to the (a) own affairs health departments and (b) general affairs health departments;

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

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) As per the attached list.

(b) The remainder of public hospitals.

(2) No.

1. *To be allocated to the Administration: House of Assembly*

1.1 *Transvaal*

Paardekraal, Krugersdorp
Randfontein Clinic
Vereeniging Hospital
Far East Rand Hospital
Andrew McColm
Bernice Samuel, Delmas
Bloemhof
Brits
Delareyville
Duiwelskloof
Edenvale

(Q8) 29/7/87 Hansard

John Fotheringham Clinic
Elsie Ballot, Amersfoort
Evander
F. H. Odendaal, Nylstroom
Genl. De la Rey, Lichtenburg
Groblersdal
H. A. Grové, Belfast
Hendrik V. D. Bijl, Vanderbijlpark
Kempton Park
Louis Trichardt
Discoverers Memorial, Roodepoort
Phalaborwa
Pretoria-West
Sannieshof
South Rand, Rosettenville
Sybrand Van Niekerk, Carletonville
Van Velden Memorial, Tzaneen
Ventersdorp
Voortrekker, Potgietersrus
Warmbaths
Waterval-Boven
Willem Cruywagen, Germiston

Subsidised Hospitals

Bond van Afrikaanse Moeders, Pretoria
Coligny Clinic
S.A.W.F., Ellisras
Ottosdal Nursing Home
Pongola

Province Aided

Zuid-Afrikaans, Pretoria
Daspoort Poli Clinic

1.2 *Cape Province*

William Slater
Volks, Cape Town
Riebeeck-West Clinic
Riebeeck Castle Clinic
Port Elizabeth Provincial
Despatch Day Hospital
Walvisbay

Day Hospitals

Deep River
Good Hope, Ysterplaat
Kraaifontein
Parow
Ruyterwacht
Goodwood

Province Aided

Carolina Maternity, De Doorns
Booth Memorial, Cape Town
Harmony Home, Kimberley
Die Wieg Maternity, Moorreesburg
Newhaven Home, East London
Regina Nursing Home, Villiersdorp

National Health and Population Development

Umgeni Care and Rehabilitation Centre, (Middellandse Pietermaritzburg)
Witrand, Potchefstroom

1.3 *Natal*

Grey's Pietermaritzburg
Hillcrest
Greytown

1.4 *Orange Free State*

Voortrekker, Kroonstad
Bethelehem
Sasolburg
Jagersfontein
Zastron

2. *To be allocated to the House of Representatives*

2.1 *Transvaal*

Reigerpark Clinic

2.2 *Cape Province*

Graymead Clinic, Caledon
Mamre Clinic, Swartland, Malmesbury
Darling Clinic, Swartland, Malmesbury
Riebeeck-West Clinic, Swartland, Malmesbury

Riebeeck Castle, Swartland, Malmesbury
Hermon Clinic, Swartland, Malmesbury
Swartland Clinic, Swartland, Malmesbury
Macassar Day Hospital/Hottentots Holland, Somerset-West
Kleinvlei Clinic Hottentots Holland, Somerset-West
Pacaltsdorp CHC, George
Grahamstown CHC, Settlers, Grahamstown
Dysseldorp Clinic, Oudtshoorn
West End Clinic, Livingstone, P.E.
Chatty Poly Clinic, Linvingstone, P.E.
Buffalo Flats/Parkside Clinic (Frere, East London)
Pefferville Clinic (Frere, (East London)
White City Clinic, Saldanha
Diazville Clinic, Saldanha
Paternoster Clinic
St. Helena Clinic
Rosemoor Clinic, George
Rietfontein Clinic, Gordonia, Upington
Askham Clinic, Gordonia, Upington
Narraville Clinic, Walvisbay
Hawston Clinic, Hermanus
Wesfleur, Atlantis
Gonnakraal Clinic, Mosselbay
Mitchell's Plain Community Health Centre

Day Hospitals

Bellville
Bishop Lavis
Dr. Abdurahman, Athlone
Elsiesrivier
Grassy Park
Hanover Park
Heideveld
Kensington
Lentegeur, Mitchell's Plain
Lotusriver
Ocean View
Retreat
Scottsdene, Kraaifontein
Vosburg

2.3 *Natal*

None

2.4 *Orange Free State*

None

3. *To be allocated to the Administration: House of Delegates*

3.1 *Transvaal*

Laudium
Lenasia

Province Aided

Riverlea

3.2 *Natal*

R. K. Khan, Chatsworth
Phoenix CHC
Northdale

Subsidised Hospitals

Dayanand Gardens
St. Aidans, Durban

Cape

None

3.4 *Orange Free State*

None

Suburban railway lines: delays

228. Mr J VAN ECK asked the Minister of Transport affairs:

(a) How many delays of (i) less than 30 minutes, (ii) 30 to 60 minutes, (iii) one to two hours, (iv) two to three hours and (v) more than three hours occurred during the period 1 January to 30 April 1987 on the (aa) Cape Town to Simon's Town, (bb) Cape Flats, (cc) Cape Town to Kapteinsklip, (dd) Cape Town to Bellville and (ee) Cape Town to Bellville via Monte Vista suburban railway lines and (b) how many commuters were affected by these delays in each case?

The MINISTER OF TRANSPORT AFFAIRS:

	(i)	(ii)
(a)		(iii), (iv) and (v)
(aa)	462	25
(bb)	335	3
(cc)	1 444	130
(dd)	1 163	24
(ee)	40	None
(b)	Less than 30 minutes	30 to 60 minutes
(aa)	508 200	27 500
(bb)	361 500	3 300
(cc)	2 926 000	260 00
(dd)	1 780 000	36 000
(ee)	44 000	None

Due to the intensive scheduling of passenger suburban trains, trains which are technically more than 60 minutes late are cancelled as the passengers concerned will have travelled with a subsequent train.

Mpopohomeni Township

239. Mr R W HARDINGHAM asked the Minister of Education and Development Aid:

(1) Whether any facilities in the Mpopohomeni Township, near Lions River, were upgraded in 1986; if so, (a) what facilities and (b) (i) in terms of what projects and (ii) at what cost in terms of each such project;

(2) whether it is the intention to proceed with this programme of upgrading; if not, why not; if so, what estimated amount is to be spent in this regard?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) Yes.

(a) Roads and drainage, water reticulation, sanitation, buildings (general), sports facilities, electricity supply and schools.

(b) (i) Each item under (a) is a separate project.

(ii) Roads and drainage R890 000
Water reticulation R400 000
Sanitation R570 000
Buildings R485 000
Sports facilities R46 000
Electricity supply R27 000
Schools R475 000

(2) The town concerned transferred to KwaZulu on 1 January 1987 and the intention of the kwaZulu Government in this regard is not known.

Transkei Government: loan

240. Mr F J LE ROUX asked the Minister of Foreign Affairs:†

(1) Whether his Department was consulted regarding a loan negotiated by the Transkei Government from a foreign institution for the construction of a certain housing scheme, particulars of which have been furnished to the Minister's Department for the purposes of his reply; if not, why not; if so, (a) (i) where and (ii) by whom were the houses erected, (b) how many houses (i) were erected, (ii) were sold and (iii) are occupied at present, (c) what is the amount of the

Deep incisions in row over costs of private hospitals

Star 29/7/87 (98)

By Toni Younghusband

Private hospital costs have long been the centre of controversy and this week caused an open row between the South African Medical Journal and the Association of Private Hospitals.

In a journal article entitled "Privatisation — desirable development or recipe for rip-off?", Dr N C Lee, editor of the journal, said hospital privatisation was leading to huge rises in medical fee.

In a scathing reply, the vice-chairman of the Association of Private Hospitals, Dr E Hertzog, said private hospital costs in South Africa are "very reasonable". He said he was surprised that Dr Lee was so "uninformed" about hospital expenses.

Here are edited versions of Dr Lee's article and Dr Hertzog's reply.

SPEAK OUT!

THE EDITOR OF THE SA MEDICAL JOURNAL, DR N C LEE, SAYS:

"In South Africa, the present Government is firmly committed to privatisation and there has been a scramble to put up hospitals and clinics. Some of these are excellent, high-class facilities, others less so. However, one feature is common to all of them and that is the high cost to the patient of using them — quite apart from the fees payable to doctors, surgeons and anaesthetists who carry out the services.

"Private medicine is supported only by the users who need to finance not only the cost of providing a service but also a profit for the shareholders of the company.

"Herein lies the danger. Unless some sort of firm regulatory control is exerted, such a system can easily become a licence to print money."

He said any undesirable feature of this type of operation was that frequently only one account went out and this to the medical aid scheme.

"The patient has no chance to check the account for accuracy.

"An example of this was provided by an account sent to a doctor who had had a minor orthopaedic operation on his foot.

"The procedure took 46 minutes and he was in the clinic for a total of 11 hours. No meals were provided. The only reason for his receiving the account at all was there was a shortfall in payment by the medical aid scheme of approximately R20 and he was being asked to investigate.

The daily tariff was R73,50. (Day occupancy for a room in a five-star hotel plus lunch was recently advertised at R44). An item under "General Surgery" came to R160,50, presumably for use of the theatre. Gas came to R20,40. Diathermy cost R5 and the monitor R19,30. Recovery was charged at R8,20, presumably this would have been refundable to the next of kin in the event of non-recovery. Theatre stock charges amounted to R120,64. The total amount for the stay was R443,71, considerably more than both the surgeon and anaesthetist received.

"By comparison the current figures for provincial hospitals, in the Cape at least, are far lower. If the doctor referred to had undergone the same surgery in a provincial hospital it would have cost R121."

He said a closer look needed to be taken at privatisation of hosptials.

THE VICE-CHAIRMAN OF THE ASSOCIATION OF PRIVATE HOSPITALS, DR E HERTZOG, SAYS:

"The NAPH regrets that Dr Lee has chosen private hospitals as his target in his attack on private health services while they are only a part of the whole private health care sector.

"We are really surprised that he is so uninformed about hospital expenses.

"It makes no sense to compare the accounts of a private hospital and a provincial hospital. Provincial hospitals are subsidised by taxpayers and patients pay on a sliding scale according to their income in as far as the income can be proven.

"Costs in South African private hospitals are very reasonable and it is misleading to compare these costs with those of provincial hospitals. No one knows what the actual costs of provincial hospitals are.

"Furthermore it is a well known fact that hospital costs overseas are much higher than South African private hospitals and for that very reason many patients come here for operations.

"Dr Lee asks for firm regulatory control to prevent the private sector from making too much money. The NAPH would like to inform him that at present there is no private hospital whose tariffs are more than the prescribed medical scheme tariffs. The NAPH also has a disciplinary committee and a code of ethics for its members to which the public can appeal.

"It has been estimated that in 1986 patients spent 1,5-million bed nights in private hospitals in South Africa. During this period only 15 complaints were received by the NAPH.

"One of the most important reasons private hospitals don't send accounts to patients is to save on costs as an itemised hospital account can easily run to several computer pages.

"We would like to confirm our belief that the privatisation of health services is the correct route to follow. Apart from the probable advantages of greater cost effectiveness, it also has three important advantages for patients:

- The patient knows exactly what his expenses amount to.
- The patient has a choice among service providers.
- The success of the service provider can easily be measured in terms of the number of patients served. If there are not sufficient the service will fail," Dr Hertzog said.

98 Sowetan 29/7/87

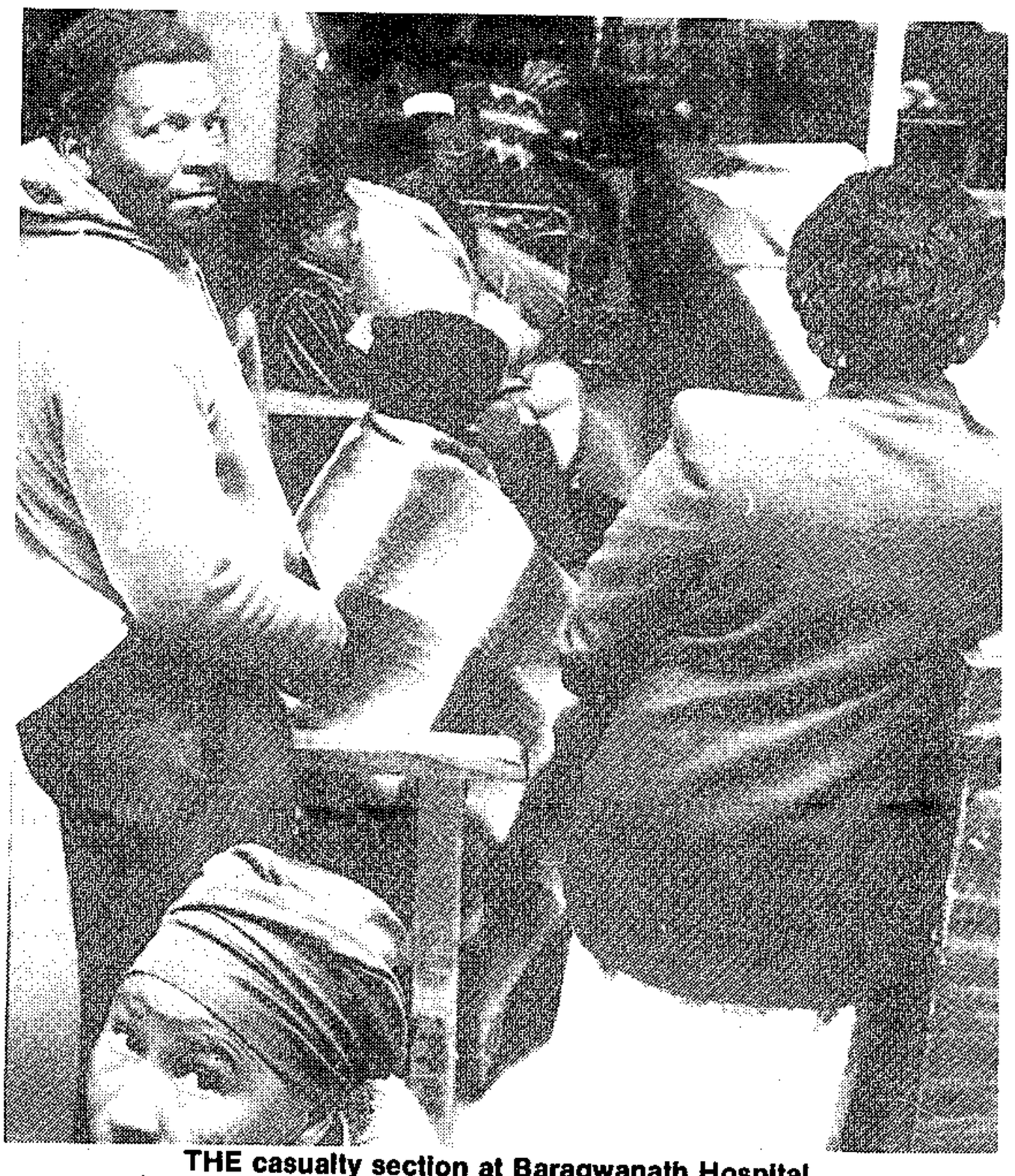
FOCUS

on Baragwanath

In the wake of mounting criticism of Baragwanath Hospital, *Sowetan* writer Nkopane Makobane went out to interview the superintendent, Dr Chris van der Heever . . .

DR CHRIS van der Heever

We are there to serve the public - superintendent



THE casualty section at Baragwanath Hospital.

QUESTION: Over the years there have been numerous complaints of overcrowding at Baragwanath: what is the position now?

ANSWER: We have had the problem of overcrowding for years and it has resulted in the need for the erection of a second hospital for Soweto in 1964. Obviously I am concerned, as the hospital's superintendent, that we still have overcrowding. I am limited in what I can do.

However, we are all the time putting pressures on the authorities to alleviate the situation. Between 1980 and 1981 we had successes when 40 and 70 more beds were added in the surgical and medical wards respectively.

It must be understood that Baragwanath, because it is a big hospital with nearly 3 000 beds, has unique problems. I do not think we should entertain the idea of having a bigger Baragwanath, but rather look at the prospects of an additional hospital in Soweto.

Baragwanath started as a military hospital, and it was only after the war that more facilities were added.

QUESTION: What happened to the second hospital that was supposed to have been built in 1964?

ANSWER: I do not think I am in a position to answer that one. I suggest you direct that question to the provincial director of health services.

QUESTION: What has the hospital done to relieve congestion?

ANSWER: Because of the number of patients, my staff has come up with brilliant innovations. One of them is the drip room concept: it is essentially an outpatient area, although the children sleep over.

The child and its mother are admitted as outpatients. The ages of the children vary from one month to under two years. On admission these children usually suffer from between five to 15 percent dehydration

During the child's stay in hospital, the mother stays in the hospital and assists in tending to the child's needs. In this period the staff educates the mother on nutritional feeding and hygiene. A mother rarely brings her child back a second time with such severe dehydration.

When it was started, the drip room was always full, but the number of patients has been gradually decreased from 4 000 to 2 500 in spite of the growth of Soweto. In 1981 plans were made to reduce this unit by half and this was due mainly to the education of the public in nutritional feeding and the commencement of primary health care nursing at the clinics.

QUESTIONS: Are there any plans to upgrade the hospital?

ANSWER: Years ago it was decided to modernise Baragwanath. A carefully worked-out development schedule was drawn up, and according to the various phases in the programme the hospital is slowly being upgraded, depending on available funds.

It is a pity that we can no longer keep our patient care centres on one level — because of lack of space it is no longer possible.

As the programme progresses the old pavillion and army barracks type wards will be demolished to make space for high-rise ward blocks.

The programme also includes new kitchen and dining facilities, a dispensary complex, a new theatre complex, a new outpatient and casualty complex. The whole project is very large and can be completed only over a long period.

QUESTION: There are allegations by the public that the hospital very often discharges patients before they are fully recovered to avoid overcrowding in the wards?

ANSWER: Yes, it does happen that people are sent home earlier. This happens in cases where perhaps a doctor has 60 patients in a ward and the next day has to admit other patients.

It is possible that in such cases a person may get a relapse and may have to be readmitted. This can happen, it has happened and will happen. Because of pressure, we cannot help it . . .

I would also like to point out that people must allow the medical profession to decide if and when a person is fit to be discharged. It must also be noted that in fact at Baragwanath we allow patients to stay longer than at most hospitals.

The average stay in our hospital's medical wards is nine days. If one compares this with other hospitals, the average stay there is six days.

Again at Baragwanath, the stay in surgical and eye wards is seven days as compared to five or six days in other hospitals.

The reason for keeping people longer is that we cannot send them home where they may not be looked after properly. We treat old people who need medication regularly.

If we send them home early, this may result in them being in and out of the hospital.

Furthermore, we also have cases of mentally confused patients who do not have facilities in Soweto. We take longer before discharging them.

QUESTION: There are reports that there is a shortage of doctors here, especially in the casualty section. It is also said that there is a freeze on new appointments. Could you please throw some light on this?

ANSWER: The problem of the shortage of doctors is countrywide and does

● To Page 7

'We want the public's confidence'

• From Page 6

not affect Baragwanath only. There is a combination of factors in this: It seems young doctors who want to go into private practice, do so in the middle of the year.

Usually in the first half of the year, we have more applications from young doctors. In the second half, these doctors resign to go into private practice.

Again, it has also emerged that many senior men in the profession are leaving the country and thus creating a vacuum. As a result, young doctors leave the hospital to go and fill the gaps in private practices. It must also be remembered that there is a population growth.

A SURGICAL ward at Baragwanath Hospital.

As far as the casualty section at Baragwanath is concerned, we place doctors there according to the need. At peak periods, we place a strong medical personnel. But it does happen that there are unforeseen tragedies such as vehicle accidents.

I must also point out that we have full-time and part-time doctors at Baragwanath. There are times when we have ten doctors in some section of the hospital and the next time we are left with five.

Part-time doctors usually withdraw their services when their own practices flourish.

We at Baragwanath have the money for the posts, but there are no doctors. It's untrue that there is a freeze on new appointments. In the past 10 months the hospital has had 14 new additional posts created at Baragwanath and St John. Some have been filled and others not.

QUESTION: Doctor, there are complaints that the staff in the casualty section lacks the sense of urgency in emergency cases. What criteria are used to determine emergencies?

ANSWER: Among the first things we look at is whether a person is breathing and his heart is still beating. We also check if there is active bleeding and what organs are involved. Another factor is whether the person is unconscious.

At times a person may not bleed, but may have tremendous pain. Unfortunately in such cases, people do not complain or bring the pains to the attention of the staff when they come in. You find that this type of person just sits on the bench and the doctor can easily miss him and only realise his plight later.

In our casualty department we have all sorts of cases. The hospital is looking into ways of separating the emergency cases from the ordinary cases. We have been aware that a bottleneck is developed when we mix emergency cases with the daily sick type of patient.

Although it is difficult to get started, we want to separate these cases and make things better for our patients.

QUESTION: The attitude of some clerks at the hospital has been attacked as bad. Would you like to comment on that?

ANSWER: If the public is not treated well, we would like to know about it. Such problems should be brought to the attention of the superintendent.

At the same time the public must appreciate that clerks work under pressure and difficult circumstances. The clerks are also exposed to a lot of abuse and some people give them a hard time.

The public must co-operate when asked for their particulars. I have personally seen clerks keeping their cool under difficult circumstances. We are there to serve the public and we want it to have confidence in us.

QUESTION: Doctor, we still receive complaints that it is a hassle getting through to the switchboard operators at Baragwanath. What is being done about this?

ANSWER: A modern electronic switchboard was installed two years ago to replace the old one. There has also been a tremendous increase in the number of new lines. We have 130 incoming lines. You find that during the peak periods between 7am and 11am, and at about 7pm, people who phone fall into a queue as the operators attend to those who phoned first.

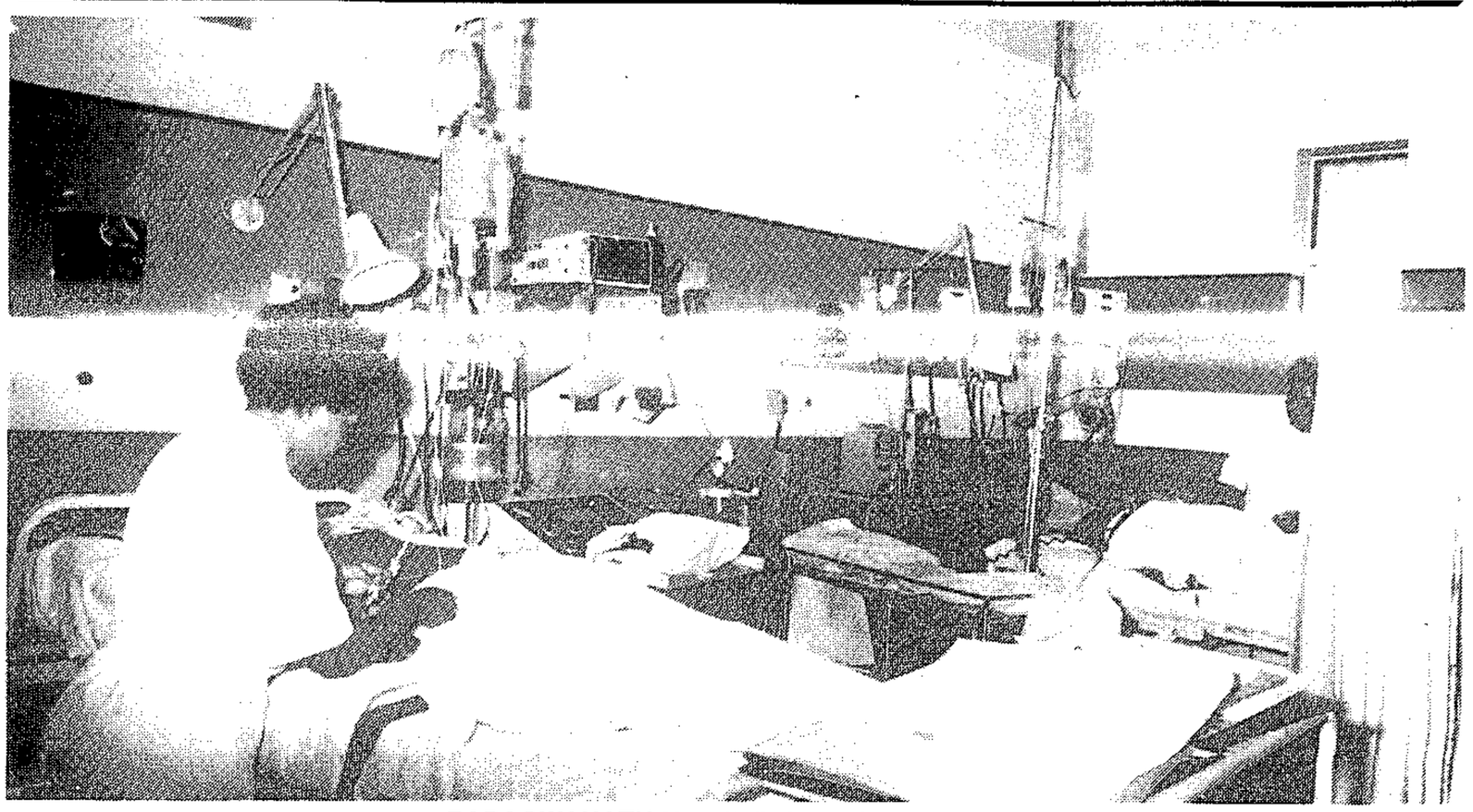
We are awaiting additional posts for telephonists. We want to have more people manning the lines. We want to appoint more operators, especially during the peak periods.

Telephonists also work very hard and receive continuous streams of calls. I must say there has been an improvement in this regard. We train our people and ask them to be friendly. If people still encounter problems, they must let us know.

QUESTION: There are reports that the public is no longer allowed evening visits?

ANSWER: If members of the public have problems with visiting hours they are to contact the hospital or let their grievances be known through the Press so that we can attend to them.

(98) Sowetan 30/7/87



BARAGWANATH Hospital's intensive care unit.

Getting to know Africa's largest hospital

FOCUS on Baragwanath

By NKOPANE MAKOBANE

5. Baragwanath Hospital, the largest hospital in Africa and one of the largest specialist hospitals in the world, is situated to the south-west of Johannesburg on the
6. southern border of Soweto.

The hospital is one of the Transvaal's 60 provincial hospitals financed and run by the Department of Hospital Services.

Baragwanath is not an ethnic name. It was named after John Albert Baragwanath, an immigrant who settled on the Reef in 1886. The land on which the hospital stands, belonged to him. This former trading area was known as Baragwanath.

Military

The hospital was built in 1941 as a military hospital for the British Imperial Forces fighting in the Middle East. It soon became a tuberculosis convalescent hospital for the forces.

At the time the hospital was planned, it was envisaged that a black hospital would soon be required to serve the fast-growing black population of Orlando Township as Soweto was then known.

The military hospital, which was opened in 1942, was taken over by the Department of Hospital Services of the Transvaal Provincial Administration in 1947.

Beds

The hospital then re-opened in May 1948 as a black hospital for the Soweto community.

At that stage there were 480 beds. Today there are 2 780 beds for Soweto's 1,2 million people.

Being a specialist hospital, referrals for specialist treatment are received from all over the country, as well as from many of the surrounding African countries.

Baragwanath is a training hospital for black nurses.

It is also the largest teaching hospital for the Medical School of the University of the Witwatersrand. The hospital and the university jointly offer undergraduate and post-graduate medical training.

The hospital consists of a general hospital with 2026 beds (including the 119 lodger's beds, a maternity hospital with 653 beds and St John Eye Hospital with 111 beds.

The hospital covers a total of 173 acres. It has a staff of about 10 000. For the financial year 1984/5 the hospital and clinic budget was R107 million, and patients paid R2,5 million in fees.

The budget for the present financial year, 1987/88, is R110 million. This amount does not include the 12 Health Community Centres in Soweto. These centres are independent, but work closely with the hospital.

Clinics

The clinics are easily accessible to provide comprehensive out-patient services.

Apart from the existing clinics, two more are being planned in Dobsonville and Meadowlands West. Another one will open soon in Mofolo Village.

Last year alone, these centres treated 696 429 general patients, had 109 52 antenatal clinic visitors, delivered 10 669 babies and did 275 271 community nursing services.

Baragwanath's maternity hospital was commissioned and completed in 1973. About 28 000 babies are born at Baragwanath and the clinics each year. Twenty-five percent of all babies and 33 percent of all black babies born in the Transvaal, are born at the hospital.

Baragwanath has 323 maternity beds and 330 neonatal beds.

St John Eye Hospital is situated on the western border of the main hospital. It provides the necessary service and care for any eye problems.

There are three theatres where specialist operations for eye diseases or problems can be carried out.

About 450 patients visit the out-patient clinic daily.

The most modern equipment is used in this hospital.

Intensive

Baragwanath has only one general intensive care unit (ICU) for both adults and children.

It is a 25-bed unit on two floors. The unit has 18 life-support beds and seven transitional beds for patients who need intensive nursing care, but not life-supporting machines. Every year about 1 400 patients are admitted to this unit.

Bara has 26 operating theatres. Eleven of these are in the main theatre block — two gynaecology theatres, three maternity theatres, three theatres at St John, one casualty theatre for very minor cases and six diagnostic theatres.

Operations

About 70 to 76 operations are performed in the main theatre block every 24 hours. Every year about 30 000 operations are performed.

In the main theatres alone, an average of 200 operations are done in each theatre every month.

Departments and units at Baragwanath Hospital include a metabolic and nutrition research unit, radiography, physiotherapy, occupational therapy, speech and hearing therapy, social work department, renal unit, pharmacy department paediatric casualty.

Other services at the hospital include the South African Institute for Medical Research which carries out investigations at the local laboratories, the dental clinic service run by the State Health Department and the blood bank service provided by the South African Blood Transfusion Service.

SMM 10/8/87

New hospital for Potchefstroom

A 74-bed private hospital is to be built in Potchefstroom at a cost of R5,3 million.

The hospital will have four operating theatres, doctors' consulting rooms, radiology and pathology facilities and a cardiac and surgical intensive care unit.

It should be ready for occupation by June next year.

(98) (32) SMM 10/8/87

Russians set about treating a problem

From Pella Price in Moscow

A teenager with a leg wound dies on the operating table under the scalpel of a drunken surgeon; a child's cold develops into fatal pneumonia because of the negligence of doctors; a woman dies in childbirth because she has not been given a blood transfusion.

These are just some of the stories now being featured in the Soviet Press as part of a drive to improve the country's rusty medical services. And as part of that drive, Mr Mikhail Gorbachev is encouraging more hospitals to turn private and charge patients for treatment.

Some doctors are even being allowed to set up part-time private practices of their own. Soviet doctors earn less than unskilled factory workers, so private practice is highly attrac*ive.

Although the Soviet constitution guarantees every citizen the right to free medical care, the combination of doctors' lax attitudes, overcrowded wards and a shortage of medicines has made patients turn with increasing eagerness to the few private hospitals which already exist.

Most of these hospitals were set up after World War 2 for specialised purposes, but now they are widening the services they offer.

At present, medical institutions which charge fees account for only 0,4 percent of the total health service, but it is now planned to almost double their number by 1990.

Doctors in such hospitals, of which there are 20 in Moscow, tend to be better qualified. Private patients can also choose their own physicians; they pay about R12 to see a highly qualified specialist and a mere R1 for an ordinary doctor.

But as Tanya, an 18-year-old Muscovite student found, private hospitals are sometimes too popular for the patient's own good. She had toothache but found that all the private dental clinics were booked up for a month. By the time she got an appointment, the aching had stopped.

Some Russians have spoken out against paying for health care, insisting that it is wrong in a communist society. "You are not fighting to improve people's medical service," wrote one angry *Investia* reader. "You are fighting for added privileges for people with fat purses."

A Leningrad woman wrote to the *Sovietskaya Kultura* newspaper last month asking if the privatisation of medicine would mean some people lying in corridors while others had private rooms.

UNDERSTAFFED

Other readers pointed out that doctors frequently expected payment on the side for more personal attention — including home visits.

Most Soviet citizens distrust the overcrowded and understaffed state hospitals, where doctors are judged by the number of patients they have rather than how they treat them. Doctors have no incentive to be efficient because those who are good find themselves with more patients, more work and the same pay as bad doctors.

INCORRECT DIAGNOSIS

Stories of inadequate treatment abound. Anatoli Havrilenko, a 38-year-old Ukrainian driver, needed urgent hospital treatment after neglected tooth decay led to a jaw infection. He waited seven days for a hospital bed and then three more days before he was seen by a doctor, when an incorrect diagnosis was made. Another three days, passed before he was found to have meningitis, but the hospital had no drugs with which to treat him. He died the next day.

"If I had to see a doctor I would pay the money for a private one," said Konstantin (27), a Moscow office worker. "But I'd turn to one only if all else failed." — *Sunday Times*, London.

She is doing her best with limited resources

By Jill Gowans

Doing the best with limited resources for the mass of the people is the kind of medicine and health care Dr Anuradha Nursingh is practising.

This Star Woman of the Year nominee is the first woman and the first Indian doctor to be appointed senior medical superintendent of the massive 1 400-bed provincial Clairwood Hospital at Mobeni near Durban. She takes charge of 1 100 members of staff.

"It is no use placing a malnourished child in hospital and giving him the best feeds, filling him with antibiotics and then returning him to the same conditions that caused his problem," she says.

"All our problems are caused by bad social conditions and we as doctors must push to educate rural people on basic hygiene and nutrition, teach them how to grow good second-class proteins and how to help themselves."

Her patients come from the whole of kwaZulu, the Transkei, Lesotho and from as far as Zambia.

Born and educated in Durban, she won a scholarship from the Indian government to study medicine.

PRIMARY CARE

It was there she saw how people were geared towards providing Third-World medicine with the emphasis on primary health care.

After doing her internship in Lesotho, Dr Nursingh worked as a medical officer at King Edward VIII Hospital in Durban and then became deputy medical superintendent at Clairwood before being appointed last year to run the hospital.

She has made dramatic changes. She is in charge of a four-month primary health care course for qualified sisters — the only province-run course in Natal — which teaches them how to examine patients and make simple diagnoses.

She has re-organised the hospital, which covers 17,5 ha, to make it more efficient and improved the outpatients' department, which handles up to 700 a day, so that patients do not have to wait for hours.

After three years of constant badgering and a very low budget, she has improved the food, acquired a full-time social worker and started an ophthalmology department.

ANURADHA NURSINGH: "Our problems are caused by bad social conditions."

She has pushed friends and colleagues to supply clothes to patients who have lost theirs, in accidents for instance. And such is her compassion that patients who have no money to return home after being discharged, are driven by hospital transport if they live within a 100 km radius.

She has introduced family planning talks in the pediatric outpatients department for young mothers and obtained two video machines and several television sets from which staff, including the domestic workers, and patients are taught basic hygiene and health care.

"I'm a total women's libber," she says, grinning. "I can't take men who are inefficient! A male colleague said to me: 'You females see things I would never see.'

"But I think running a hospital is like running a home. I apply the principles I would apply in my home. I know how many swabs down to the last swab we use and we have managed to contain our budget while making major improvements."

Hospital will not be closed

Pretoria Bureau

Provincial Hospital Services has denied that it threatened to close the Kalie de Haas Hospital in Potchefstroom because local doctors did not see their way clear to providing additional services.

This followed a meeting between provincial authorities and local practitioners at which the dire shortage of full-time doctors at the hospital was discussed.

At present, only one of nine full-time posts at the hospital is filled, and practitioners from elsewhere are provide further services.

The executive director of Provincial Hospital Services, Dr Hennie van Wyk, said a member of his staff had addressed a meeting of Potchefstroom practitioners on Wednesday in an effort to get them to provide further services at the hospital.

"The doctors, however, did not see their way clear to providing these services because of their other commitments," said Dr van Wyk.

"At no time was there a threat made to close the hospital. One of my personnel had answered a question that it could be possible that the hospital might be closed, but at no stage was a threat implied," said Dr van Wyk, adding that doctors from elsewhere on the Witwatersrand had now been seconded to the Kalie de Haas Hospital.

OUTRAGE OVER 'KAFFIR' JIBE

A SOWETO man is angry after allegedly being called a "kaffir" by a white security guard at Baragwanath Hospital.

Mr Selby Maseko of Meadowlands said the incident took place last Wednesday evening when he went to fetch a friend at the hospital.

A hospital spokesperson said yesterday they could not comment on the matter until Mr Maseko has lodged a written complaint.

"We urge Mr Maseko to put his complaints in a letter addressed to the superintendent.

Hospital

"He must give us the name of the security guard, the date and time. We need facts in order to start investigations," she said.

Mr Maseko said he had gone to the hospital in the evenings on three occasions before the incident.

Cars

Each time he had seen Indians and coloureds being allowed to park their cars inside the yard

By NKOPANE MAKOBANE

and later taking food to their family members.

"As I drove out at the exit gate, I asked a black security guard if blacks visiting their relatives in the wards at night — apart from those picking up girlfriends or wives — were allowed to park their cars inside.

He said he did not know. At this point, a white guard interrupted us and said only Indians and coloureds are allowed.

"When I asked why, he replied: "Because you are a kaffir". The guard added that this was a directive from the superintendent," Mr Maseko said.

Mr Maseko said he did not understand why blacks had to park outside the hospital when visiting relatives when the hospital is supposed to be for blacks.

"I am very angry that I was addressed as a "kaffir" for the first time in my life. This person may have done it with other people who decided to keep quiet, but I am going to brief my lawyer," he said.

Mr SELBY Maseko . . . called a "kaffir."

Baragwanath: crude facilities

SIR — After reading Aggrey Klaaste's *Perspective* on Bara's tragic casualty ward, it reminded me of my experiences there.

On the evening of April 5, 1987, my husband arrived home bleeding after being stabbed in Jabulani. I immediately drove him to Baragwanath Hospital. We arrived there at 9.45pm. I left him with a friend at the casualty ward while I went outside to park the car.

When I came back he was seated next to the door, one of the clerks taking his details. The clerk then called me to the counter to furnish his particulars.

I asked him what the procedure was, and I was told that we have to follow the queue. I told him that my husband needed immediate attention. The clerk informed me that if my husband was not on a stretcher he would never receive immediate attention.

I decided to look for a stretcher but one of the nurses who was doing assignment told me that my husband didn't need a stretcher and that I was just forcing the staff to attend to my husband fast.

She took the stretcher and gave it to another patient. Through stubbornness I took another stretcher. The nurses told me that I was wasting my time because my husband was not going to be taken to the front as he did not need immediate attention. Don't forget that this man was bleeding profusely.

Immediately thereafter he fell from the stretcher. The nurse came running and said he was doing that purposely. A nursing sister came and also shouted at me saying the public pretended to know more than they did. I told them that as far as nursing was concerned, I was a layman, I did not know when a person was serious and not and because of my ignorance I regarded my husband as an emergency case.

The nursing sister asked me what I expected them to do because all the people in that ward thought the same way as I did. After a long time he was seen by the doctor who referred him to the x-ray department. The porter mistakenly took him to the dressing room where after a long wait we were told he was there by mistake. At the x-ray department there was another queue. For the second time he fell off the stretcher. I deduced that was through loss of blood. A "good" hearted radiographer heeded my plea and tried to dress the wounds to stop the bleeding. He was moaning, and shivering but nobody cared whether he lived or died except me. After the x-ray we were referred back to the casualty ward.

It was only then that after seeing the doctor he was referred to the dressing room. From the dressing room to the theatre. He was attended to after an hour. The wound that was said not to be a serious wound by the nurse was a result of internal bleeding. At 7.30am he was admitted. I couldn't understand why he was admitted because he was not "serious". When I related the story to him, he said that was news to him. This implied that he was unconscious. I went away from that hospital asking myself: how may people die every weekend in this department because of poor facilities? Even the nurses behave that way because of frustration. They are faced with a situation where they are helpless and therefore resort to being aggressive as they have nothing to offer.

I am one of those who nearly lost a loving husband because the facilities at Baragwanath are crude, old, dismaying and disgusting. If I could help it, I would never go there ever. A real scandal for the most famous hospital in the world.

MOKHAYA DUBE
Dobsonville.

folo
der-
34.

Threat to Cape day hospitals

By SAHM VENTER

TRICAMERALISM is about to strike its next victim — the Peninsula's day hospitals.

Confusion and anger surround the decision that day hospitals will fall under the tricameral system of "own affairs" from September 1.

And the National Medical and Dental Association (Namda) has called for a reversal of the decision, which has apparently come as a result of pressure from the House of Representatives.

The move was condemned by Namda as racist and against fundamental medical ethics as well as being "financially inefficient and wasteful".

"It flies in the face of the government-appointed Brown commission of inquiry into health services which opposed existing and future fragmentation of health services."

Day hospital staff in so-called coloured areas were asked to sign a form agreeing to become employees of the House of Representatives.

Opposed

"No one has been consulted," one hospital worker said. "It has been opposed by everybody, but is still going ahead."

Medical doctors employed at day hospitals will meet on September 3 to discuss the issue.

While the decision was unofficially confirmed, the director of Hospital Services, Dr Niklaas Louw, refused to comment.

Day hospitals are administered by the Cape Provincial Administration but from next month will fall under the House of Representatives, House of Assembly and General Affairs ("African and mixed").

Hospital staff are afraid that they will no longer be able to treat patients of all races, nor refer patients to a hospital which provides a service that they don't. They are also concerned that staff appointments will become racist.

Earlier this month the medical and dental branches of Namda Western Cape wrote to Louw asking that he reconsider the move.

Namda also asked for a reassurance that no patient be refused treatment at any day hospital on racial grounds and that staff appointments will not be done on the basis of race. They have not received a reply.

"At a time when the medical profession has been attempting to proclaim to the world that apartheid in health services is being discarded, we find it ironic that a single organisation serving all should be separated into different apartheid racial categories," the letter said.

"We can find no justification for such a step from the point of view of improving or expanding medical care for the people in Cape Town."

Namda said neither patients nor staff would be in favour of the move which would serve "the narrow political interests" of tricameral politicians.

The POST says:

Give nurses square deal

THE Government should take note of the call by Dr Marius Barnard for a total re-evaluation of the training and conditions of service in the nursing profession.

It follows disclosures that the need for nurses in some big, understaffed provincial hospitals has become desperate.

The Johannesburg Hospital, for example, is short of 70 nurses — about 10% of the establishment — but even if all vacant authorised posts were filled, there would still be a shortage, the superintendant says.

"In a general ward of 30 patients we need nine sisters. In most of our wards at present we have two or three."

Student nurses and nursing aids have to fill the gaps and this places a tremendous load on trained staff, he says.

More than 300 beds have been closed.

One of the causes of the nursing shortage is the fact that white nurses leave the service at an average age of 30, after giving an average of eight years' service.

Another is the fact that private hospitals are luring nurses away from State and provincial service with attractive pay and service packages.

Dr Barnard recommends, as one part of the solution to the shortage, particularly of white nurses, the complete integration of medical and nursing services.

He stresses, too, that the State is carrying too heavy a training burden — about 95%. It should be shared by the growing number of private hospitals, he says.

Clearly, action is needed — and quickly. Are nurses getting a fair deal? That must be the starting point of what appears to be a much-needed investigation.

Nursing is a vital service and it must not be allowed to fall into disrepute through a lack of understanding of its needs.

(98) Star 26/8/87

Staff burnout common throughout hospital — doctor

Difficulties encountered by patients with spinal injuries at Baragwanath Hospital were some of the health care problems at the huge facility, said hospital superintendent Dr Chris van den Heever.

He was asked to comment on the issues raised by the spinal health care group which identified as a major problem bed sores developing among SCI patients.

"Bedsores do happen, but it depends how busy the ward is," he said.

On the problem of overworked staff Dr van den Heever said:

"Staff burnout used to be a phenomenom seen only in intensive care areas — now it is common throughout the hospital."

Dr van den Heever said the decision to set up a spinal ward would be a "trade-off" between meeting needs of acute surgical versus long-term SCI patients.

Any offer of external funding received would be seriously considered, Dr van den Heever said.

ANOTHER

Asked for comment on the issues, Dr Hennie van Wyk, executive director of Transvaal Hospital Services, which runs Baragwanath, said:

"The size of Baragwanath has been pegged at what it is now. We have planned to build another hospital in Soweto for some years but have not had the funds to complete the building.

"Funds for this come from the Treasury according to the monetary policy decided on by the Department of Finance."

Dr van Wyk said he could not comment on bedsores. "I can't comment on individual patient's histories until I have the relevant facts. That is an aspect of patient management."

Regarding the possibility of setting up a spinal ward at Baragwanath Hospital Dr van Wyk said: "I cannot anticipate what proposals will be put before the department.

"As arranged in 1979, the acute spinal patient is normally seen by the acute section at Baragwanath and then sent to Natalspruit for rehabilitation. If there is a shortage of beds in the relevant wards their spinal team will treat the patient in another ward."

EVENING PO

Hospital does not accept crash victims

98

EPOST 26/8/87

By LLOYD COUTTS

PRIVATE hospitals in South Africa do not, as a rule, accept victims of motor vehicle accidents unless they were seriously injured, according to the general manager of Policlinic, Mr Wijtze Westra.

Mr Westra was responding to a claim by a Booysen's Park woman that she and her husband were turned away from the hospital on Friday night after the car in which they were travelling overturned in Standford Road after a wheel malfunctioned.

Mrs Marlene Scheepers told the Evening Post that she and her husband had not been seriously injured in the accident, and had been driven to Policlinic by a friend travelling behind them.

Although Livingstone Hospital was closer, they decided on the Policlinic casualty department because they thought they would receive better treatment there, she said.

However, they were told on arrival that the hospital did not treat patients who had been involved in motor vehicle accidents. Still in shock, they were then driven to Livingstone Hospital, where they were treated.

The following day they were examined by a doctor, who ordered that X-rays be taken. "Luckily for us, there was nothing seriously wrong," said Mrs Scheepers.

Mr Westra said the decision not to admit accident victims was based on the fact that third party claims could take up to four years to settle.

If a victim was seriously injured, he or she would be accepted for treatment, stabilised and later transferred to a provincial hospital.

The Government would at some stage have to look seriously at MVA claims, he said. A Cape provincial hospital had recently recorded a loss of about R3 million in one year, because of MVA claims, he said.

Nobody could afford such a loss, he added.

(98) Star 26/8/87

Care group asks for special ward

The spinal health care group at Baragwanath: (from left) Thulane Tshabalala, Kathy Jagoe, Pansy Hlapane and Musi Nkosi.

Bara 'can't give proper care to spinal injured'

Baragwanath's retired chief physician, Professor Leo Schamroth, recently revealed a crisis at the hospital: a dedicated medical staff struggle with a 300 percent overload. Now a spinal health care group describes how this leads to serious problems for patients with spinal injuries.

By Janine Simon

Overworked and often under-trained Baragwanath Hospital staff cannot deliver the specialised care spinal injured (SCI) patients need, says Ms Kathy Jagoe, the disability rights champion who co-heads a spinal health care group working at the hospital.

As a result, SCI patients were developing pressure sores — a preventable but potentially fatal condition — while in hospital, she said.

SCI patients were often in hospital for extended periods, or were discharged with little idea of how to care for their bodies, Miss Jagoe said.

The group knew of at least one case where an SCI Baragwanath patient had died after protracted bedsore problems, she added.

An informal study conducted last year by Baragwanath's principal plastic surgeon, Dr Greta Drummond, found that about 70 percent of SCI patients in Baragwanath Hospital developed bedsores in the wards.

Dr Drummond found that the majority of SCI patients admitted with bedsores developed further lesions while in hospital.

These facts and the health group's observations after more than a year's work in the hospital form the basis for its request that a 25-bed spinal ward be set up in the hospital.

The move comes eight years after Baragwanath lost its Ward 12 spinal unit to Natalspruit Hospital on the Far East Rand.

The idea then was to free Baragwanath beds for acute cases and allow it to run as a curative institution for patients needing an average stay of three days to two weeks.

Transvaal Provinicial Administration policy now rules that SCI patients — who require three to eight months' initial bedrest — should only be stabilised at Baragwanath and then referred to Natalspruit for rehabilitation.

But bedsores are the "sore point" in executing this policy.

The sores can develop in 24 hours and may be the size of a fingernail or grow to a fist-deep hole the size of a plate.

If a SCI patient in Baragwanath developed bedsores, Natalspruit hospital refused to admit the patient, saying that a problem that developed in a general hospital should be treated there, Ms Jagoe said.

This could delay or deny the patient rehabilitation.

"Sowetans refuse to go to Natalspruit — two bus and two train rides away — for treatment," she said.

When The Star visited Baragwanath, there were 21 SCI patients in the sprawling wards of Baragwanath.

Two of the patients said they had been there for about 12 months, and both had had severe bedsore problems.

"Nurses and aides are not properly trained in the care of a spinal patient, and in a busy surgical or medicine ward, he can be overlooked.

"Bad turning, that is if the spine is twisted at all, can do further damage, particularly in the first weeks after the injury," said Ms Jagoe.

Wheelchairs could take six months to obtain or repair, and patients sometimes had to crawl around wards until their chairs arrived.

"If we had a ward, we could get funding for at least five hospital chairs, so that the patients could have transport," Ms Jagoe said.

Director acts on mixed ward

By SAHM VENTER

THE INTERVENTION of a senior provincial employee is believed to have ended an attempt by staff at the new Groote Schuur Hospital to integrate wards.

It is claimed that the Director of Hospital Services, Dr Niklaas Louw, visited the radiotherapy section of the new hospital days after it opened in late June, seemingly to "check up".

He found that wards had been racially integrated. According to a reliable hospital source, Louw was accompanied by an "entourage from head office".

He wanted to know "who gave permission" for the wards to be integrated. He then ordered the segregation of the wards.

There are two wards each divided into two sections by a wall. The one side is occupied by black patients and the other by white patients.

Louw has refused to comment.

"That place is segregated, there's no question about it," another source said.

The new hospital is being opened in stages. So far only the radiotherapy section, consisting of four small wards, and a "records section" are open.

Earlier this year the dean of the University of Cape Town Medical Faculty, Professor George Dall, reiterated a statement made by a committee of the faculty's teaching staff and students which said they would oppose apartheid in the new hospital "with determination".

Dall is on study leave overseas and could not be reached for comment. The acting dean, Professor J P van Niekerk, said he could not comment.

Argus 27/8/87 (98)

DAILY LESSON: Male nurse Mr L M Lefuma with Groote Schuur Hospital School pupils.

Hospital schools face closure: 2 000 children will be affected

By HEYAAM HENDRICKS
Staff Reporter

CAPE Peninsula hospital schools, which provide education for more than 2 000 sick children each year, will be closed unless funds are found to privatise them.

Mr Norman Wolff, chairman of the Hospital Schools Association, said the Department of National Education's decision to phase out hospital schools came as a shock to him and hospital authorities.

Teachers hit

Mr Wolff has appealed to private firms, including oil companies, to assist with funds.

Mr Wolff said Syfrets had agreed to help set up a trust fund, but there was not yet enough money to save the schools.

Earlier this year, principals of schools at Tygerberg, Red Cross, Lady Michaelis, Princess Alice and Groote Schuur hospitals were told the schools would be closed next year. Nearly 30 teachers will be put out of work.

Mr Wolff said half the teachers would be retrenched by the end of this year and the rest next year.

He said hospital teaching was highly specialised. Some of the teachers were fluent in Xhosa as many pupils were from Transkei.

Mr Wolff said that in the Cape Town area more than 2 000 children benefited from hospital education yearly.

Some were in hospital for long periods — up to one or two years — and it was difficult for them to catch up on lessons once they left.

Chances are slim

Mr Wolff said children with crippling diseases and fatal illnesses were also given the chance to learn. Many were in hospital with cancer or heart disease and chances of recovery were slim.

"We do not give up on them. We carry on because we believe there is always hope," said Mr Wolff.

A combined committee of the SA Teachers Association and the Onderwysersunie unsuccesfully appealed to the Minister of National Education to reverse the decision. Hospital authorities also made representations.

Former Progressive Federal Party spokesman on education Mr Jan van Eck appealed to the Department of Education and Culture.

However, he was told that because the Cape Department of Education received subsidies for white pupils only and, as most pupils in the hospital schools were not white, the department could not afford to fund them.

Pictures: HANNES THIART, The Argus

LESSONS WITH LOVE: Mrs Elizabeth Nell teaches children at their beds if they are unable to move.

teacher offers her skills to promote mill

Tygerberg Bureau

A DURBANVILLE history teacher has offered her skills, knowledge and time to promote Onze Molen — the town's restored 17th century wheat-grinding windmill which experts believe is a sister building to Mostert's Mill in Rondebosch.

Durbanville Town Council did not show much initial enthusiasm for the proposal by Mrs S Koch, who lives next door to the restored mill, fearing the concept would "utilise the mill for private gain".

The council this week referred Mrs Koch's idea to its cultural committee for further consideration, but also decided

The goods would be carefully chosen to enhance the mill's character, she wrote.

"I would introduce the mill to visitors and tell them about the history of Pampoenskraal" (the land on which the mill was built in the early 1800s).

"I would like to emphasise that this (the shop) should not commercialise the mill, but would reflect the character and atmosphere of the bygone age that it represents," she said.

● The mill is "centre piece" of Onze Molen, a pretty suburb of white-washed cottages in Vissershok Road. It is believed to have been built between 1801

Campus clampdown: Students warn of 'systematic campaign'

Education Reporter

TWO national student movements allege a "systematic campaign" has been mounted to sway public opinion against liberal universities to create a climate for an intensified Government clampdown.

The National Union of South African Students (Nusas) and the South African National Students Congress (Sansco) were reacting to Government draft plans which, they said, would result in the effective silencing of the two organisations.

In a statement released at a Press conference at the University of Cape Town yesterday, Sansco said attempts were being made to portray liberal universities as "controlled and manipulated by a small radical group whose only intention is to destroy the university".

a high academic standard is maintained at universities such as Wits and UCT."

Nusas said the systematic campaign to undermine liberal universities generally had become evident, particularly in the past month. Included in a list of incidents of "provocation" were letters to parents aimed at provoking anti-Nusas sentiment, the statement said.

Government plans provide

Deformity fears allayed

SARA MARTIN

Natal medical authorities yesterday dismissed speculation of a deformed baby epidemic in Natal.

Child specialists called for an urgent inquiry into a possible epidemic after it was learnt that at least 13 babies — some without arms and legs and others with gross bone deformities — had been born in the past month in Natal.

Reassuring mothers, Dr Bill Winship head of paediatrics at Addington Hospital said:

"After many hours' work, we have determined that there have been between eight and 20 deformed babies born a month for the last 18 months.

"This is in keeping with the accepted overall incidence of congenital defects in the rest of the world."

He said further investigation had shown that most of the past five weeks' deformities were caused by genetic factors.

A prominent scientist in the field of human genetics said yesterday that limb deformity cases were rare — about one in 20 000 births — and therefore had never been investigated in this country.

"They often come in cycles and we never seem to be able to put our finger on the cause," said Dr Jennifer Kromberg, senior medical scientist in the Department of Human Genetics at the University of the Witwatersrand Medical School and SA Institute for Medical Research.

The lack of local information on the subject had been further emphasised by Dr Molly Nelson, senior lecturer in the Department of Human Genetics at the University of Cape Town.

"Until very recently, paediatricians in South Africa had their time taken up by infections," she said.

"It is only now, with the slightly improved situation, that they are beginning to look at other issues like possible causes of deformities," she said.

Lebowa to pay R56 000 for leg

Sowetan
31/8/87
98

By MONK NKOMO

THE Lebowa Government has agreed to pay R56 000 damages to the parents of a three-year-old boy who had his leg amputated after wrong medication was administered during his stay at the Jane Furse Hospital.

Mr Alfred Mampuru, of Atteridgeville, Pretoria, had already issued summons against Lebowa's Minister of Health and Social Welfare claiming R69 000 for the error committed by the nursing staff at the hospital on February 16, 1984.

Mr Mampuru submitted that his son, Jacob, was about three months old when he was admitted at the hospital. According to the summons, a member or members of the medical and nursing staff "wrongfully and negligently" administered an injection in his groin.

The injection resulted in the damage of Jacob's artery on the right side and an interruption of blood flow to the right lower leg.

As a result of the "negligent conduct" on the part of the medical and nursing staff the child's right lower leg developed gangrene and was later amputated, leaving him permanently disabled.

A spokesman for Seriti, Mavundla and partners, a firm of attorneys representing Mr Mampuru in Pretoria, confirmed at the weekend that the Lebowa Government has agreed to pay R56 000 plus legal costs in an out-of-court settlement. "The matter has now been removed from the Supreme Court roll," the spokesman said.

According to the summons, the staff members concerned were acting as employees of the Minister of Health and Social Welfare and within the scope of their employment when the error was committed.

Afrikaans and Zulu. — The Argus Correspondent.

NR&S 3/9/87 (92)

Doctors fear 'own affairs' transfer

DURBAN. — The first of a series of transfers of hospitals and services to Indian "own affairs" departments in Natal takes place on Saturday in the face of opposition by doctors who fear lower standards through "fragmentation". — Sapa.

Claims of negligence at Tygerberg Hospital

THREE further inquests into deaths due to alleged negligence at Tygerberg Hospital are pending while several are known to have been held earlier this year.

A doctor and nurses spoke freely this week of the "bad" conditions on the "non-white" side of the hospital.

A Ravensmead staff nurse told how her own child had died at the hospital in July due to the alleged negligence of medical staff.

She said her seriously ill child had to wait four hours for a doctor.

Third day

When the doctor finally examined her child, she asked him to examine the child's legs as he could not stand on them.

Her request was allegedly ignored and only when she dressed the child, the doctor decided to re-examine him only to find he had a virus.

He was given a lumbar punch and developed tiny blood spots on his body.

He was put on a drip and she claimed she overheard a doctor say to another they had to remove it as they feared he could have received an overdose of the liquid.

The child died on the third day of his admittance and a death certificate was issued stating he died of meningitis infection.

She then requested an inquest into the child's death.

A doctor interviewed at Tygerberg Hospital claimed that the high rate of deaths due to alleged negligence could be attributed to apartheid.

He said the hospital was divided into East and West for blacks and whites respectively.

Expensive equipment was being duplicated because of the division.

There were no mixed wards at the hospital, but some "non-whites" were moved to the West side if there were a crisis, he said.

He said the biggest problem was the shortage of beds in the East wards, whereas there was a surplus in the West wards.

"When patients are admitted, we have to fight to get beds on this side," he said.

Shortage

As a result of the shortage of beds, many people get sent home on the East side.

Patients with tubercolosis, epilepsy and pneumonia suppose to be admitted to single-patient wards but often found themselves sharing rooms with three or more patients.

The doctor said he often had to look or wait for a nurse to assist him with a patient.

"Even if they bring more beds from the West side,it would not solve the problem as there's no space to put those beds" he said.

Another nurse said they were definitely understaffed and could not cope with the continuous flow of out-patients.

"People who are really seriously ill have to wait long for a doctor. Because they are with public transport, they often go home and come in a worst state the following day," she said.

Condition

She said although she had become accustomed to working under pressure, the gravity of the problem only struck her when a six-month-old baby died in his mother's arms while they were waiting for a doctor.

"When we saw the condition of the baby, we had to run around and look for a doctor," she said.

A doctor said the "white" staff were always reluctant to assist on the most busy section of the hospital.

It was possible that people died as a result of the long wait for doctors and alleged negligence.

At a recent inquest into the death of a 12-year-old girl Karen Petersen, who died as a result of alleged negligence at Tygerberg Hospital, a senior nurse told the court that in a ward with 48 patients, there were only five nurses.

The magistrate also criticised the supervising doctor for not making sure that there had been a bed in the intensive care for the deceased.

A spokesperson from the National Medical and Dental Association (Namda), said the organisation deplored all terms of discrimination and that it was tragic that hospitals were still segregated.

Racial grounds

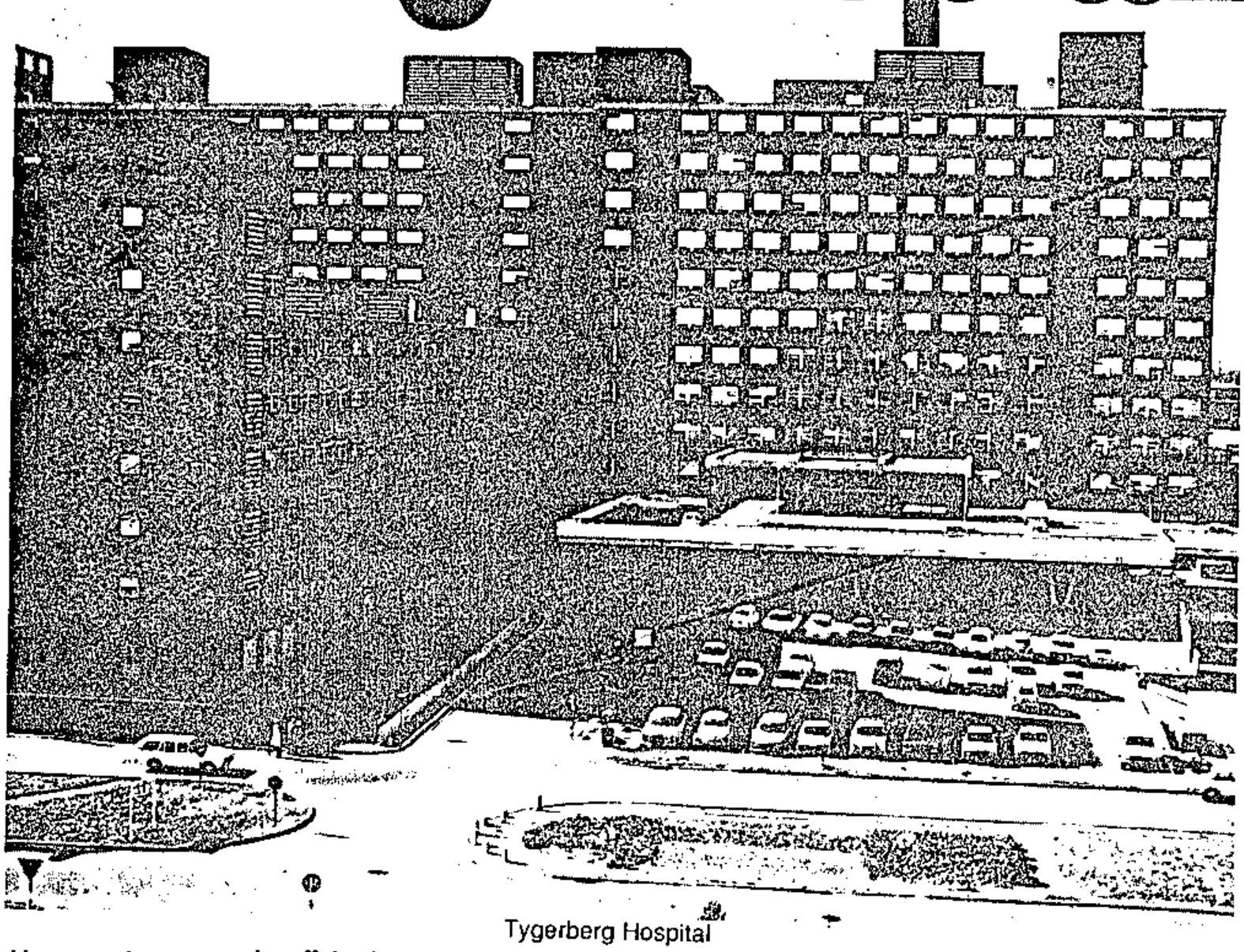
He said beds should be available to all and not divided on racial grounds.

"There's a definite criteria for admission to the beds. What happens then is that more seriously ill black patients are being deprived of proper and full medical care because there are no beds," he said.

Doctor Niklaas Louw, director of hospitals, refused to comment "at this stage".

He said a meeting regarding staffing and conditions at the hospital would be held soon and the press would be invited.

The medical superintendant at Tygerberg Hospital, Dr M L Potgieter, did not respond to questions submitted to him at the time of going to press.



Tygerberg Hospital

EDUCATION RESOURCE AND INFORMATION CENTRE (ERIC)
UMNTU OZAKUSHICILELA APHINDE AGAYE
Sifuna umntu ozakushicelela iincwadana namanye amaphetshan azakuba nemfumndiso ngakumbi kubabantwana besikolo nokulutsha

RADIO 5
Radio & TV
Cnr Klipfontein and Pluto Rds, Surrey Estate (near Jimmy's Garage)
Phone 637-2976
Repairs to all TV, videos, radios & hifi. Car sound installations done while you wait. Free fitting of car alarms purchased from us.
All repairs guaranteed.

PART-TIME FIELDWORKER

Outrage over rape victim in South men's ward

3-9-1987 (98)

By AYESHA ALLIE and AYESHA ISMAIL

AN 18-year-old "severely assaulted" rape victim was found this week sharing a ward at Tygerberg Hospital with four male patients.

A doctor at the hospital admitted that this was "not the first time" that women shared a ward with male patients because of overcrowded conditions.

A SOUTH probe of conditions at the hospital revealed:

*An abnormally high number of inquests into deaths due to alleged negligence

*Seriously ill patients in the "non-white" section are sent home for lack of beds while wards on the white side are empty

*Single-patient wards are often shared three or more patients

*Wards are seriously understaffed by nurses and which has led to the neglect of patients

The girl, found by SOUTH reporters in ward A4 East Block, was allegedly raped by four men in Guguletu a week ago. She was unconscious with a stab wound in the head when admitted to hospital.

The doctor said: "It often happens when there's no beds and yet the West (white) side is booming with empty wards and beds" he said.

He added that this would never have happened had the victim been "white".

A spokesperson for Rape Crisis said admitting a rape victim to a ward occupied by males "seemed like a remarkably insensitive arrangement".

See page 2

ARGUS 4/9/87 (98

Govt blamed for hospital overcrowding

By DALE LAUTENBACH
Parliamentary Staff

THE Minister of National Health, Dr Willie van Niekerk, was challenged "as a doctor" to justify the Government's insistence on "own-affairs" health services which resulted in two children to a bed in Durban's King Edward VIII Hospital while Addington Hospital was under-used.

Progressive Federal Party health spokesman Dr Marius Barnard asked Dr van Niekerk to reveal the nurse-patient and doctor-patient ratio at King Edward and to indicate what would be done to alleviate overcrowding in the immediate future.

Dr Barnard was speaking in the House of Assembly yesterday during the Budget debate on the national health vote.

Teaching hospital

"Can you as a doctor justify having two children to a bed or a cot when other hospitals like Addington are under-utilised?" asked Dr Barnard.

"Remember that King Edward is a teaching hospital. I would like National Party members to come with me to King Edward and see the kind of South African health standards that students are being taught," said Dr Barnard.

Conditions must also be demotivating for doctors, he said.

PFP member Mr Mike Ellis made similar observations about King Edward and said the new hospital planned for Cato Manor was on the drawing board only now and would not be ready for 10 years.

"A hospital of that size is desperately required now and another of the same size will be needed in 10 years' time," said Mr Ellis.

Aids problem

Referring to the Aids problem, Dr van Niekerk gave his assurance that the repatriation of foreign workers with Aids would be handled with "compassion".

Dr Barnard had welcomed the Goverment's approach to the Aids problem, but he was concerned about Dr van Niekerk's announcement yesterday that infected foreign workers would be repatriated.

The PFP wanted more details about how this would be handled before supporting the measure, he said.

"Will their contracts be cancelled, will they be paid out and will they be dealt with compassionately?" asked Dr Barnard.

"Treat all visitors"

Conservative Party health spokesman Dr Willie Snyman said all visitors to South Africa should be tested for the Aids virus.

Dr van Niekerk replied that this was "unfortunately" not practically possible.

Dr Jan Vilonel (NP Langlaagte) said the answer to Aids lay in the Bible and the problem would be solved only by "clean moral and spiritual living".

iliated organisations to
earch that they would
ly too willing to discuss
sk that, through your
e.

'No claim for pardon for brutal killers'

AS long as gruesome and senseless killings like necklace murders were committed, no one could claim pardon for such brutal killers, the Minister of Law and Order, Mr Adriaan Vlok, said yesterday.

Introducing the debate on his budget vote, he said there had been an "outcry" from certain quarters in the past few days over the hanging of two men for murders committed during unrest.

While the death of anyone was a sad occasion, "no cold-blooded murder can be condoned".

He had noticed that efforts were being made to term such callous murderers as "politically motivated killers".

"These acts can never be condoned and must be treated by competent courts of law as crime and nothing else." — Sapa.

Cape Times 5/9/82 (98)

Sonn opens new hospital in Mitchells Plain

Municipal Reporter

A NEW seven-storey, 204-bed private hospital at the Mitchells Plain Town Centre was officially opened yesterday by Mr Franklin Sonn, rector of the Peninsula Technikon.

The R13-million hospital has been operating since July 1. Mr Sonn said in his opening speech that the owner, the Medi-Clinic Corporation (a Rembrandt subsidiary), aimed to bring medical care "to the front door of the community".

Private hospitals "in large measure provide for those on medical aid", he said. "In the community we serve", membership of accredited medical-aid schemes had increased by 42,7% between 1980 and 1985.

Overall medical-aid memberships had increased by only 22% over the same period.

The Medi-Clinic Corporation had vast experience in catering for the needs of those requiring hospitalization, as it owned six clinics, he said.

"The quality of the hospital compares with the best in the world."

Mitchells Plain was a young but expanding community with a rising socio-economic potential, Mr Sonn said. The suburb had 57 schools, 35 of them primary schools, with an average of 1 100 pupils per school.

"This confirms the growth potential of Mitchells Plain, which is a relatively young community. With such a high percentage of young people the necessity for adequate medical care becomes even more of a priority."

One of the advantages of private hospitals was that the private sector saved public spending on certain services, thus releasing funds for deprived areas and for those who did not belong to medical-aid schemes, Mr Sonn said.

Mitchells Plain has a population of over a quarter of a million people, according to newspaper files, and residents there have long felt the need for a general hospital. Mr Basil Leonard, manager of the hospital, has said about 30% of Mitchells Plain residents are on medical aid.

Mr Sonn said it was hoped to establish an emergency unit at the new hospital by the end of this month.

Patients get 'full house' sign

CP Correspondent

AT least three black patients were turned away from a Grahamstown hospital on Sunday when they arrived for operations for which they had been booked.

They had been told to come to the hospital a day earlier as they would have to stay overnight before their operations.

When they arrived on Sunday they were told to go home as all the beds for black patients were occupied.

A nursing sister on duty said that there were many beds in the 'white' section, but that they were not allowed to admit black patients in that section.

"Two of those we had to turn away came from another hospital and we also could not admit them," said the sister.

The other patient turned away was a student who needed an operation on his wrist.

When he made the booking for the operation the doctor decided to perform it on Monday to ensure that the student lost as little studying time as possible.

When he arrived he was told that there were no beds available and that his name had been scratched off the operation diary.

The supervisor of the hospital, Dr Briscoe, said that he could only comment once he had received the names and file numbers of the people involved. – Ana.

Argus 9/9/82

Hospital doctors leaving 'in droves'

The Argus Correspondent

JOHANNESBURG. — Doctors are leaving Government and academic hospitals "in droves" and the medical profession is fast losing its excellent international reputation.

This was said last night by the retiring chief of medicine at Baragwanath Hospital, Professor Leo Schamroth.

He blamed "deteriorating conditions of service" at Government hospitals for the drain of expertise from academic hospitals to the private sector.

Speaking at a farewell meeting in his honour, Professor Schamroth delivered a scathing attack on conditions at Baragwanath, emphasising that this deterioration was being felt in all academic and Government hospitals.

He said South Africa's medical profession had always had a reputation for excellence but this era was declining at an alarming rate.

"Conditions at Baragwanath Hospital are such that the emphasis is not so much on quality of service as on quantity.

"The situation is so bad that the hospital is being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre.

"And I can foresee that Baragwanath Hospital will soon lose its academic and teaching function altogether," Professor Schamroth said.

He said under-established, overworked medical and nursing staff were being forced to cope with inordinately large numbers of patients with the resulting deterioration in standards, training and research.

Deteriorating conditions, coupled with poor salaries, had contributed to the emigration of academics, he said.

It was reported last month that overcrowding at Baragwanath had reached critical proportions with some departments having only one bed for every three patients.

'Conditions in State hospitals going down rapidly'

The rapidly deteriorating conditions at government hospitals can no longer be ignored. Hospital staff, doctors, medical associations and academics have in recent months sharply criticised the declining standards of patient care and medical training at State-owned hospitals.

Medical Reporter TONI YOUNGHUSBAND looks at the situation.

Government-run hospitals until recently provided excellent patient care for large numbers of people, trained doctors and nurses and provided facilities for in-depth and vitally important medical research.

Then slowly, as budgets were cut and patient numbers increased, these services began grinding to a halt, an editorial in the *South African Medical Journal* said recently.

"At first the number of patients needing care increased, often at an alarming rate, while hospital facilities and the staff in these establishments remained virtually unchanged," the editorial said.

Initially hospitals coped by shortening the period of in-patient care and by increasing the number of outpatients seen by each member of staff.

At academic hospitals, teaching and research time was gradually eroded as the staff struggled to maintain standards.

But eventually it became too much and staff members looked towards private practice or emigration.

"These rapidly deteriorating conditions of service coupled with poor salaries have resulted in a lack of incentive to pursue an academic career," says Professor Leo Schamroth, the retiring chief of medicine at Baragwanath Hospital.

"It has resulted in a drain of expertise from the academic hospitals to the private sector and has also been a contributory factor to the cream of our academics emigrating from this country. Doctors are leaving the hospital service in droves."

Students considering a full-time career in hospital medicine were discouraged by the unsatisfactory working conditions.

"In addition, a young specialist looking to a future in academic medicine soon found that financial rewards were such that those in the so-called top posts had a take-home salary of less than R3 000 per month and that these posts were few and far between," the editorial said.

More and more posts at major hospitals became vacant or were inadequately filled. Recent investigations by the Medical Association of South Africa (Masa) indicated that as many as 40 percent of posts at major hospitals were at present vacant. Others believe this figure is even higher in some places.

"This is attributed to a total lack of adequate incentives, financial and promotional, to attract career-orientated doctors to opt for careers in full-time employment.

"The inevitable spin-off of these staff shortages is an increasing workload on existing staff, allowing them less and less time for research and training," Masa said.

TRANSFORMED

Professor Schamroth said the situation at Baragwanath Hospital had become so bad that it was being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre.

"And I can foresee that Baragwanath Hospital will soon lose its academic and teaching function altogether," he said.

Yet without the training hospitals, many feel the whole medical profession would collapse.

Very few private hospitals have any training facilities — a few provide training for doctors but, with the exception of one private hospital in Natal, all nurses are trained at provincial institutions.

In an attempt to cut down on expenses, State hospitals have introduced a number of money-saving measures.

Most are now turning away private patients.

But in smaller country towns, the only hospital is a State hospital.

CAPE TIMES 10/9/87

Medical profession 'losing reputation'

Municipal Reporter

DOCTORS were leaving provincial hospitals "in droves" and the medical profession was rapidly losing its excellent international reputation, a retiring professor said on Monday night.

Professor Leo Schamroth, retiring chief of medicine at Baragwanath Hospital, blamed "deteriorating conditions of service" at government hospitals for the drain of expertise to the private sector.

He spoke at a farewell function in his honour at the University of the Witwatersrand's Medical School and delivered a scathing attack on the conditions at Baragwanath Hospital.

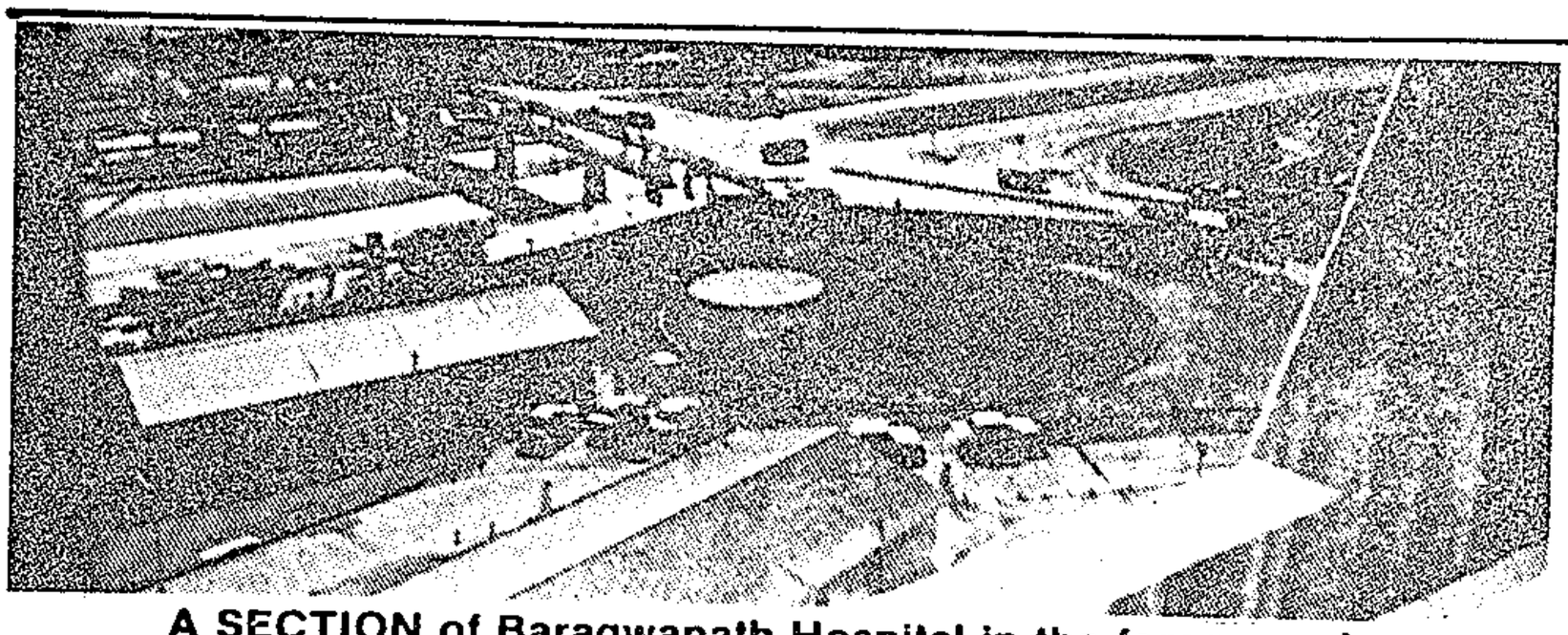
"Conditions at Baragwanath Hospital are such that the emphasis now is not so much on quality of service as on quantity.

"Baragwanath is being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre."

Dr N S Louw, executive director of hospital and health services for the Cape Provincial Administration, said yesterday that the professor's statement "is not applicable to the Cape Province".

But Dr Marius Barnard, the PFP spokesman on health, said that all over the country doctors were leaving provincial hospitals for private practice.

The solution, he said, lay in the private and government sectors helping each other in keeping up standards.



A SECTION of Baragwanath Hospital in the foreground.

CONCERN OVER BARA

98
Sowetan
11/9/87

HEALTH Minister, Dr Willie van Niekerk, is to take up the issue of poor facilities at Baragwanath Hospital when he meets the Health Services Advisory Committee next week.

Dr van Niekerk said he was concerned about conditions at the hospital, even though it was a Transvaal provincial matter.

He pointed out that the province had been obliged to make severe cuts in its budget.

"However, I will discuss with the provincial administration when we meet in the Health Services Advisory Council next week what can be done about the hospital in difficult financial circumstances," he said.

A letter signed by 70 doctors at the hospital, sent to the Minister and to the *SA Medical Journal*, described facilities at the institution as "deplorable and inhuman."

Overcrowding was "horrendous" with patients sleeping on the floor, nurse allocations "completely inadequate", ablution facilities "far short of acceptable health requirements" and ethical standards "undoubtedly compromised." — *Sowetan* Correspondent.

Lend a hand

TWO cars belonging to the Black Social Work Services in Soweto were stolen at knife-point from social workers in Soweto in the past week. The cars' number plates are HLC 599 T (white Toyota Corolla) and KKS 389 T (red Ford).

Manager of Black Child Welfare Services, Mrs Mirriam Mazibuko, yesterday said their Mofolo offices were also burgled. Nappies, toddlers' clothing, heaters and even telephones were stolen.

"A lot of people will suffer because of these thefts as our services are geared to helping needy and abandoned children.

"We appeal to the community to help us get these items back," she said.

(ii) black and white pictures, (d) on what quality paper were the annual reports printed and (e) (i) how many of these reports contained a photograph or drawing of the (aa) political head and (bb) top official of his Department and/or the statutory bodies in question and (ii) how many of these pictures were in (aa) colour and (bb) black and white in each case?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) Three.

(ii) A. The Departmental annual report;

B. The Compensation Commissioner for Occupational Diseases;

C. The Medical Bureau for Occupational Diseases.

(b) A. R48 219,75

B. R2 797,57

C. R2 614,78

(c) A. 1 800

B. 600

C. 800

(d) Government Printer.

(2) No. The procedure is in the discretion of the Government Printer.

(a) (i) (ii) and (b) Fall away.

(3) Yes.

(a) A. The Departmental annual report is not sold but distributed free of charge.

B. 20;

C. 22.

(b) The general public.

(c) A. —

B. R2,75 (excluding GST)

C. R2,80 (excluding GST)

(4) (a)

	A	B	C
1982	R45 368,84	—	—
1983	R53 784,44	—	—
1984	R61 168,92	R3 204,03	R2 187,93
1985	R56 794,30	R2 359,30	R1 982,77
1986	R48 219,75	R2 797,57	R2 614,78

(b)

	A	B	C
1982	2500	—	—
1983	2500	—	—
1984	2000	620	720
1985	2000	690	800
1986	1800	600	800

(c) (i) Five;

(ii) None.

(d) A. Dukuza Art Matt, 98 gm²

B. and C. Cream Wove, 70 gm²

(e) (i) None;
(aa) and (bb) Fall away.

(ii). None.
(aa) and (bb) Fall away.

HoA

Supplementary reply to Question No 222 on Wednesday, 29 July 1987, put by Mr R M Burrows (col 432):

Own/general affairs: hospitals

Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether the allocation of hospitals to own and general affairs departments is being considered by his Department; if so, in respect of each province, which hospitals are being considered for allocation to the (a) own affairs health departments and (b) general affairs health departments;

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

(98) Hansard 11/9/87

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

In the previous reply to Question No 222, it was indicated that Riverlea, a province-aided institution, was to be allocated to the Administration: House of Delegates.

The Institution has however, already been allocated to the Administration: House of Representatives mentioned in a letter by the Minister of National Health and Population Development to the various Own Affairs Administration dated 4 February 1987.

However, this amendment must not be seen as a deviation from the guidelines, but only as an error which inadvertently crept in with the preparation of the reply.

The complete correct reply is as follows:

(1) Yes.

(a) As per the attached list.

(b) The remainder of public hospitals.

(2) No.

1. *To be allocated to the Administration: House of Assembly.*

1.1 *Transvaal*
Paardekraal, Krugersdorp
Randfontein Clinic
Vereeniging Hospital
Far East Rand Hospital
Andrew McColm
Bernice Samuel, Delmas
Bloemhof
Brits
Delareyville
Duiwelskloof
Edenvale
John Fotheringham Clinic
Elsie Ballot, Amersfoort
Evander
F H Odendaal, Nylstroom
Genl De La Rey, Lichtenburg
Groblersdal
H A Grové, Belfast
Hendrik V D Bijl, Vanderbijlpark
Kempton Park
Louis Trichardt
Discoverers Memorial, Roodepoort
Phalaborwa
Pretoria-West
Sannieshof
South Rand, Rosettenville
Sybrand Van Niekerk, Carletonville
Van Velden Memorial, Tzaneen
Ventersdorp
Voortrekker, Potgietersrus
Warmbaths
Waterval-Boven
Willem Cruywagen, Germiston

Subsidised Hospitals
Bond van Afrikaanse Moeders, Pretoria
Coligny Clinic
SAWF, Ellisras
Ottosdal Nursing Home
Pongola

Province Aided
Zuid-Afrikaans, Pretoria
Daspoort Poll Clinic

1.2 *Cape Province*
William Slater
Volks, Cape Town
Riebeeck-West Clinic
Riebeeck Castle Clinic
Port Elizabeth Provincial
Despatch Day Hospital
Walvisbay

Day Hospitals
Deep River
Good Hope, Ysterplaat
Kraaifontein
Parow
Ruyterwacht
Goodwood

Province Aided
Corolina Maternity, De Doorns
Booth Memorial, Cape Town
Harmony Home, Kimberley
Die Wieg Maternity, Moorreesburg
Newhaven Home, East London
Regina Nursing Home, Villiersdorp

HoA

National Health and Population Development

Umgeni Care and Rehabilitation Centre, (Middellandse Pietermaritzburg)
Witrand, Potchefstroom

1.3 *Natal*

Grey's Pietermaritzburg
Hillcrest
Greytown

1.4 *Orange Free State*

Voortrekker, Kroonstad
Bethlehem
Sasolburg
Jagersfontein
Zastron

2. *To be allocated to the House of Representatives*

2.1 *Transvaal*

Reigerpark Clinic

Province Aided

Riverlea

2.2 *Cape Province*

Graymead Clinic, Caledon
Mamre Clinic, Swartland, Malmesbury
Darling Clinic, Swartland, Malmesbury
Riebeeck West Clinic, Swartland, Malmesbury
Riebeeck Castle, Swartland, Malmesbury
Hermon Clinic, Swartland, Malmesbury
Swartland Clinic, Swartland, Malmesbury
Macassar Day Hospital/Hottentots Holland, Somerset-West
Kleinvlei Clinic Hottentots Holland, Somerset-West
Pacaltsdorp CHC, George
Grahamstown CHC, Settlers, Grahamstown
Dysseldorp Clinic, Oudtshoorn
West End Clinic, Livingstone, P.E.
Chatty Poly Clinic, Livingstone, P.E.
Buffalo Flats/Parkside Clinic (Frere, East London)
Pefferville Clinic (Frere, East London)
White City Clinic, Saldanha
Diazville Clinic, Saldanha
Paternoster Clinic
St. Helena Clinic
Rosemoor Clinic, George
Rietfontein Clinic, Gordonia, Upington
Askham Clinic, Gordonia, Upington
Narraville Clinic, Walvisbay
Hawston Clinic, Hermanus
Wesfleur, Atlantis
Gonnakraal Clinic, Mosselbay
Mitchell's Plain Community Health Centre

Day Hospitals

Bellville
Bishop Lavis
Dr. Abdurahman, Athlone
Elsiesriver
Grassy Park
Hanover Park
Heideveld
Kensington
Lentegeur, Mitchell's Plain
Lotusriver
Ocean View
Retreat
Scottsdene, Kraaifontein
Vosburg

2.3 *Natal*

None

2.4 *Orange-Free State*

None

3. *To be allocated to the Administration: House of Delegates*

3.1 *Transvaal*

Laudium
Lenasia

3.2 *Natal*

R.K. Khan Chatsworth
Phoenix CHC
Northdale

Subsidised Hospitals

Dayanand Gardens
St. Aidan's, Durban

Cape

None

3.4 *Orange Free State*

None.

QUESTIONS UNDER NAME OF MEMBER

Hospital costs pushed up by hi-tech 'toys'

Own Correspondent

PORT ELIZABETH. — Hospital costs were being pushed up massively by the use of hi-tech diagnostic tools which were often "toys" and which had scarcely brought about any improvement in the treatment of diseases, a leading medical aid administrator said last night.

Dr J J du Toit, director of the Midland Medical Aid Society, gave startling examples of how, what he called a "toy-complex", escalated the cost of hospital treatment.

He said that since 1950 the cost of healthcare had increased 30 times — "yet more than 60% of this expenditure goes towards procedures, medicines, etc which have no demonstrable health benefit".

In a speech to the Eastern Cape branch of SA Federation of Hospital Engineering held here on Wednesday, Dr Du Toit said the biggest cause of hospital cost increases was not treatment — that had remained relatively unchanged — but the use of diagnostic technology.

Yet, this technology and resulting costs had hardly improved treatment.

Hi-tech, for the hospital, had "enormous marketing value to the public and doctor". However, he said, "notwithstanding the expense, the time and the trouble of hospital hi-tech, only diagnosis has really improved and we are improving the diagosis and treatment of the same 5% of illness conditions. The other 95% of illness are scarcely touched and infective conditions not at all".

All over Africa today, he said, tuberculous peritonitis was diagnosed with a small incision in the abdomen, with treatment following the next day. The total cost: About R400.

However, although the final diagnosis was still made in the same way and the same treatment followed, "pre-operative investigations (in modern hospitals), treatment and tests will amount to approximately R3 600 — all because of an attempt at a non-invasive diagnosis and the use of hi-tech, almost as if these tools are toys — which they often are".

The elimination of smallpox, he said, had been achieved worldwide at "two-thirds the cost of the development and insertion of an artificial heart into two patients (in the US) . . . who failed to survive.

"Such is the monster of technology and its costs — and please note that this magnificent surgical experience was directed towards treatment of degenerative arterial conditions that are preventable in the first place."

"Perhaps in RSA, where we straddle First and Third World medicine, we should be wary of non cost-effective technology. While the United States keeps its living dead alive, we should concentrate on the old-fashioned killing of mosquitoes and microbes, the eradication of inappropriate nutrition and pollutant disposal."

With the eradication of infectious diseases as a cause of death having "increased our aged population amongst whites five times", this "opened the door for the miracle of technology to lead us to spend money on our living dead".

Medical technology not used 'sensibly'

Cape Times 19/9/87

By PETER DENNEHY

WONDERFUL high-technology medical tools were often not used in a particularly cost-effective way — and this pushed health-care costs up unnecessarily, a medical aid spokesman said yesterday.

Mr Tony Leveton, a spokesman for the Representative Association of Medical Schemes (RAMS), was commenting in qualified support of a speech by a medical aid director in Port Elizabeth this week, Dr J J du Toit.

Dr Du Toit slated what he termed the "toy complex" of doctors who used a lot of expensive equipment while only marginally improving treatment.

"I agree with him to some extent," Mr Leveton said. "There are wonderful high-tech tools which are not used sensibly.

"The problem in South Africa is that not enough people share the benefit of the technology, and with a smaller throughput per machine, the cost per person is higher."

In some instances, private medical practices bought equipment to be competitive with other practices, although the equipment would be underutilized, he said.

Another problem was that some machines could do, say, 20 different tests on a single drop of blood, and it was tempting for doctors to run more tests than were necessary.

The medical superintendent of Groote Schuur Hospital, Dr Joyce Kane-Berman, said expenditure on "non-consumable equipment" had averaged only 5% of the total Groote Schuur budget, on average, in the past 10 years.

"It is also important to note that high-technology equipment is not only used for diagnostic processes, but also for treatment which considerably reduces the period of hospitalization."

● It is reliably understood that a medical academic, who declined to comment yesterday, is in the process of setting up a committee to give some guidance to potential buyers of expensive medical equipment.

'General' faces cash crisis

Hospital likely to close 200 beds

(98)
SMM
24/9/87

By Melanie Gosling

The Johannesburg Hospital may have to close down more than 200 beds — leaving the 2 000-bed capacity hospital with only 460 beds — and refuse to admit private patients because of lack of funds.

An emergency meeting has been called today where senior staff and members of the Transvaal Hospital Services will discuss proposals to cut costs.

Contacted by The Star, Superintendent Dr Reg Broekmann admitted today that the hospital was "in big trouble" because of lack of money.

"We will tell the public what cuts will be implemented once we have confirmed with the Hospital Services after the meeting today," Dr Broekmann said.

The Johannesburg Hospital, designed to take 2 000 beds, has never had more than 1 000 because of staff shortages. It currently has 700 beds, which, if proposals are accepted, will be further cut to 460.

Mr Daan Kirstein, MEC in charge of hospitals, said today budgets to all Transvaal hospitals had been severely cut.

Morale is low

"Johannesburg Hospital just can't make ends meet — like many in the Transvaal. I'm trying to get as much money as I can but the country is in a bad financial position.

He disclosed that Transvaal Hospital Services had launched an investigation into the running of the Johannesburg Hospital to see where costs could be cut.

"We have had a request from the superintendent saying he can't cope financially. Some proposals are to close further beds and not to admit private patients. Our first duty is to patients who can't afford to pay," Mr Kirstein said.

Staff at the hospital who spoke to The Star said morale was "non-existent".

"The budget has been slashed by millions and the crisis is further aggravated because the administration will not allow more black sisters to work at the hospital in spite of the shortage of nurses," a staff member said.

MELBOURNE
SA blacks

(98) SMH 25/9/87

Service crippled by lack of funds — Minister

17 wards not used in Jo'burg Hospital

By David Braun
Political Correspondent

CAPE TOWN — A total of 17 wards were not being utilised in the Johannesburg Hospital, mainly because of staff shortages and lack of funds, Health Minister Dr Willie van Niekerk said in Parliament yesterday.

In a written reply to Mr Miley Richards (LP, Toekomsrus) in the House of Representatives, he said no wards were unused at the J G Strijdom Hospital and Coronation Hospital in Johannesburg.

The approved bed occupancy rate for the hospitals at the end of the 1986/87 financial year was:

- Johannesburg General: 69,6 percent in 1 139 beds:
- J G Strijdom: 61,3 percent in 452 beds, and
- Coronation: 92,1 percent in 503 beds.

Of the 17 wards not utilised at Johannesburg Hospital, three were being converted for the accommodation of the B G Alexander Nurses Training College.

Mr Daan Kirstein, MEC in charge of hospitals, said the Transvaal Provincial Administration was investigating cost-cutting measures at the Johannesburg Hospital. Results were not expected until next week.

Budgets to all Transvaal hospitals had been cut.

Commenting on the possibility of private patients being turned away at Johannesburg Hospital as a cost-cutting measure, Mr Kirstein said his first duty was to patients who could not afford to pay.

Superintendent Dr Reg Broekmann, in saying Johannesburg Hospital "was in big trouble", had not added "because of lack of money", as reported.

Dr van Niekerk said a major problem was the soaring price of medical equipment.

On Baragwanath, where staff recently petitioned the authorities about the appalling conditions, Dr van Niekerk said the budget for this hospital had risen from R37 million in 1980 to R114 million this year.

Pressure on the hospital would be greatly alleviated if satellite clinics in Soweto could be the major centres for primary health care.

Hillbrow Hospital, which had opened with 300 beds, would soon increase its capacity to 744, which should relieve the pressure on Baragwanath.

NUM to probe mine killings

SMH 25/9/87

Staff Reporters

The National Union of Mineworkers (NUM), pledging to investigate allegations that 33 miners had been killed for defying last month's strike, said today it had not been approached by the mining houses.

The union said the allegations, made by JCI gold and uranium chairman Mr Ken Maxwell, were wild and unsubstantiated.

Health group hits hospital drugs cut-back

By CARMEL RICKARD, Durban

THE drastic cut-back in the number of drugs available to Natal hospital patients has come under fire from the Health Workers Organisation (Natal).

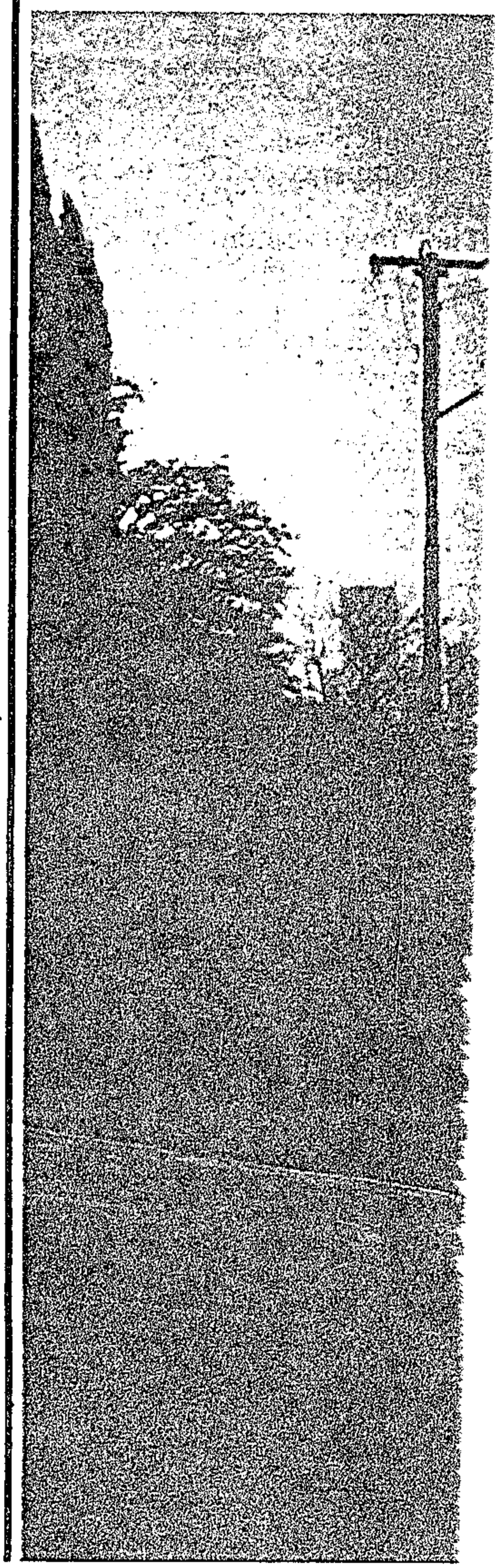
Since the beginning of September the list of drugs which may be prescribed by hospital doctors has been slashed from 2 100 to 1 200.

The HWO also points out that in spite of official assurances that these are "cost-effective equivalents" for the "deleted" drugs, some of them in fact have no available equivalent.

As one example they cite Diabenese, a drug for diabetes, "banned in hospitals because of side-effects like its long duration of action and its adverse effects especially on patients who have kidney and liver problems", has now been put back on the list as a "cost-effective equivalent" for other drugs taken off the list.

"Drugs that have been taken off the Code," HWO adds, "may be available to patients if they are prepared to buy them from the chemist. Obviously this is beyond the reach of most patients from poorer communities."

They also complain about a separate list of drugs which can be prescribed by specialists only: "In effect this means that patients attending rural hospitals where specialists don't work, will be not able to get these drugs unless the patients are transported, at great cost, to major urban hospitals".



R12-m private hospital for Athlone

Argus 6/10/87

By TOM HOOD,
Business Editor

98

A R12-million ultra-modern private hospital is to be built in Gatesville, Athlone, by a consortium of local doctors, medical specialists and businessmen.

Plans are for 144 beds at the four-storey building, including maternity and intensive care, as well as four operating theatres, a 24-hour emergency unit, specialist consulting suites and a nursing lecture room.

There will also be a pathology laboratory on site as well as gynaecology, obstetrics, radiology, physiotherapy, dentistry and other services.

Construction will begin in January and the hospital, Gatesville Medical Centre, will be fully operational early in 1989.

The development will serve about a million people living within a 10 km radius, said a spokesman for the developers.

rogrammes on Page 3 of

CFS

An amount of R5.04 is paid for medicine per consultation.

NATAL

An amount of R5.20 is paid for medicine per consultation.

2 No.

Supply of medicines

553. Mr H J COETZEE asked the Minister of National Health and Population Development:

1 What percentage of the consumption of medicines by the population of the Republic of South Africa was supplied by (i) State and provincial hospitals, (ii) State-controlled clinics, (iii) prisons, (iv) the South African Defence Force and (v) the South African Transport Services in the latest specified financial year for which information is available and (b) what total amount was involved;

2 whether he will furnish information on the consumption of medicines by the populations of the independent Black states; if not, why not; if so, (a) what are the relevant figures for each of these states and (b) in respect of what financial year is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

1 a) Financial year 1986-87.

(i) 29%.

(ii) See note 1.

(iii) 0,5%.

(iv) 2,5 (see note 2).

(v) 5,0%.

b) R1,123,000 000.

2 No.

The Department of National Health and Population Development has insufficient information at its disposal to enable it to provide meaningful answers to the enquiries in this regard.

Note 1: It is unfortunately not possible to differentiate accurately between the value of medicines supplied to patients through hospital outlets and clinics.

Note 2: This percentage represents that which is supplied by the South African Defence Force in order to meet its own needs. The South African Defence Force has in the past purchased medicine on behalf of the Department of National Health and Population Development and other central Government departments.

The amounts involved in this respect are included under paragraphs 1 (a) (i) and (ii).

Diep River: offences

554. Mr S S VAN DER MERWE asked the Minister of Law and Order:

(1) Whether there has been an increase in the incidence of the offences of (a) robbery, (b) theft of vehicles and (c) housebreaking with intent to steal and theft in the Diep River police station area in recent years; if so, to what extent;

(2) whether, in view of this increase, he intends opening a police station in Plumstead; if so, (a) where and (b) when; if not, (i) why not and (ii) what steps does he intend taking to combat the increased incidence of these offences in the said area;

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

The MINISTER OF LAW AND ORDER:

(1) (a) to (c) No. These types of crimes have displayed a fluctuating tendency during the past 5 years in this police station area. However, during the 1985/87 statistical year it displayed a strong decrease.

(2) No. (a) and (b) Fall away.

(i) and (ii) Because the Diep River police station serves the community in that station area effectively. Existing crime prevention actions also produce positive results and shall be adjusted if it appears to be necessary.

(3) Yes. I wish to point out to the hon member that the South African Police monitor the crime situation in this police station area, as in every other station area, accurately and in a specialised manner. Instructions and methods regarding crime prevention are continually being adjusted as circumstances require. The South African Police has a proud record regarding crime prevention in South Africa and they aim to continue building on that record.

Group Areas Act

555. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

(1) Whether, since 1 January 1986, his Department has received any applications for exemptions from the provisions of the Group Areas Act, No 36 of 1966, in respect of residential premises in each specified magisterial district in the Transvaal; if so, (a) how many such applications had been (i) granted and (ii) refused as at the latest specified date for which information is available and (b) what were the reasons for (i) granting and (ii) refusing each application;

(2) whether any action has been taken against (a) owners and (b) occupants of residential property in the Transvaal in terms of the provisions of the said Act during the above-mentioned period; if so, (i) in respect of the owners or occupants of which properties, (ii) what action was taken, (iii) who initiated the action, (iv) who decided that action should be taken, (v) why was action taken and (vi) what was the outcome of this action in each case?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The Transvaal Provincial Administration, which has been responsible for the issuing of permits in terms of the Group Areas Act since 1 October 1986, has supplied the following information for the period 1 October 1986 to 30 September 1987:

District	(i) *Granted*	(ii) *Refused*
Alberton	2	
Amersfoort	1	
Balfour	1	
Barberton	1	
Belfast	1	
Bethal	1	
Boksburg	1	2
Brakpan	1	
Benoni		4
Christiana	1	
Carolina	1	
Delareyville	2	
Germiston		5
Hoëveldrif	2	
Johannesburg	853	42
Kempton Park	12	7
Klerksdorp	19	1
Letaba	2	
Lichtenburg	3	1
Lydenburg	1	
Krugersdorp	2	
Marico	5	2
Nigel	1	
Oberholzer		1
Piet Retief	1	
Pietersburg	1	
Potchefstroom	4	
Potgietersrus		3
Pretoria	10	4
Randburg	2	3
Randfontein	1	
Schweizer-Reneke	1	
Soutpansberg	1	
Swartruggens	1	
Vereeniging		2
Volksrust	5	
Wakkerstroom	2	
Westonaria	1	1
Witbank		1
Wolmaransstad	1	

(b) (i) and (ii) Applications are granted or refused in terms of the provisions of the Group Areas Act, 1966.

the prescribed procedures are being followed in terms of section 41 of the Act.

Group Areas Act

557. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

(1) Whether, since 1 January 1986, his Department has received any applications for exemptions from the provisions of the Group Areas Act, No 36 of 1966, in respect of residential premises in each specified magisterial district in the Orange Free State; if so, (a) how many such applications had been (i) granted and (ii) refused as at the latest specified date for which information is available and (b) what were the reasons for (i) granting and (ii) refusing each application;

(2) whether any action has been taken against (a) owners and (b) occupants of residential property in the Orange Free State in terms of the provisions of the said Act during the abovementioned period; if so, (i) in respect of the owners or occupants of which properties, (ii) what action was taken, (iii) who initiated the action, (iv) who decided that action should be taken, (v) why was action taken and (vi) what was the outcome of this action in each case?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) As the issuing of permits in terms of the Group Areas Act is dealt with by the Provinces, the following information was provided by the Orange Free State Provincial Administration:

Yes.

(a) (i) Bloemfontein Magisterial District 2
Heilbron Magisterial District 1
Sasolburg Magisterial District 1
Welkom Magisterial District 2

(ii) Bloemfontein Magisterial District 2

(b) (i) The applications complied with the provisions of section 21 (2) (a) of the Group Areas Act.

(ii) The applications did not comply with the provisions of section 21 (2) (a) of the Group Areas Act.

(2) (a) No.

(b) No.
(i) to (vi) Fall away.

Pelonomi Hospital

559. Mr P C CRONJÉ asked the Minister of Constitutional Development and Planning:

Whether any workers at the Pelonomi Hospital in Bloemfontein were retrenched recently; if so, (a) when, (b) why, (c) how many, (d) how many of these workers had more than three years' service and (e) what category or categories of workers were retrenched?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) Yes, on 31 August 1987, 4 September 1987 and 17 September 1987.

(b) Due to their active participation in an illegal strike.

(c) 236.

(d) 139.

(e)

General Assistant	(200)
Housekeeper	(1)
Security Assistant	(1)
Messenger	(1)
Porter	(24)
Stores Assistant	(1)
Pharmacy Assistant	(2)
Dark-room Assistant	(1)
Provincial Administration Clerk	(5)

Pollsmoor Prison

560. Mr R R HULLEY asked the Minister of Public Works and Land Affairs:

(1) Whether Pollsmoor Prison is liable for the payment of local authority service charges in respect of water, electricity, rates and sewerage; if not, why not; if so, (a) to what extent and (b) to which local authority;

(2) whether the said prison is paying these service charges; if not, why not; if so, what amount was paid in respect of (a) water, (b) electricity, (c) rates and (d) sewerage in each of the latest specified two accounting periods for which information is available;

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

The MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

(1) The Department of Public Works and Land Affairs is liable for the payment of charges in respect of water, electricity, rates and sewerage.

(a) The total amounts due for water, electricity and sewerage are paid. As far as the rates are concerned it depends on the amount which Parliament appropriates every year for this purpose. A percentage of the rates due are paid to the relevant local authority.

(b) In respect of electricity and rates the Municipality of Cape Town.

In respect of water and sewerage the Western Cape Regional Services Council.

(2) As explained in (1) above the relevant charges are paid by the Department of Public Works and Land Affairs.

(a) Water—1985/86—R289 234
1986/87—R415 172.

(b) Electricity—1985/86—R473 777
1986/87—R679 968.

(c) It is not possible to indicate specific amounts since rates paid are not calculated separately in respect of each individual property owned by the State.

(d) Sewerage—1985/86—R7 137.00
1986/87—R7 137.00.

(3) No.

Housing backlog

561. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

What is the extent of the housing backlog for Blacks in respect of each of the nine development areas in the Republic of South Africa?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

The extent of the housing backlog in respect of development regions A, B, C, D and E is as follows:

Development region:	A—36 554
	B— 9 936
	C—26 645
	D—56 913
	E— 2 584

The Provincial Administration cannot furnish reliable information in respect of Regions F, G, H and J which are situated mainly in the Transvaal.

Squatters

562. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

(1) Whether his Department has any estimates of the number of squatters in the (a) PWV area, (b) Western Cape, (c) Eastern Cape and (d) Durban/Pinetown area; if so, what was the estimated number of squatters in each of these areas as at the latest specified date for which information is available;

(2) whether any of these squatters are on official waiting lists for housing; if so, (a) how many in each area and (b) when is it anticipated that sufficient housing will have been provided for these squatters in each area?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The execution of the provisions in

possibilities are for the provision of such facilities in the near future;

the financial position of the bus company which intends providing the service; and

whether the bus company is capable of providing and maintaining a reliable and efficient service by availing itself of the necessary servicing and repair facilities and infrastructure.

After determining what portion of the economic fare the commuter can afford to pay from his wages, the subsidy, being the difference between the economic fare and the portion thereof which is affordable by the commuter, is calculated.

Open commercial vehicles: conveyance of persons

569. Mr R J LORIMER asked the Minister of Transport Affairs:

(1) Whether consideration is being given to introducing legislation in connection with the conveyance of persons on the back of open commercial vehicles; if so, (a) what is being envisaged in this regard and (b) when will such legislation be introduced;

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

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) Standards to which vehicles must comply.

(b) During 1988.

(2) No.

Diarrhoea/dysentery

571. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) White, (b) Coloured, (c) Indian and (d) Black children died of (i) diarrhoea and (ii) dysentery in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) to (d) (i) and (ii) Information not yet available. The indication is that it will be available early 1988.

Hospitals: beds

572. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

What percentage of the beds in each provincial hospital are designated for (a) White, (b) Coloured, (c) Indian and (d) Black patients?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Transvaal

Hospital	*White*	*Coloured and Indian*	*Black*
Amajuba Memorial, Volksrust	25,5	*5,3	69,2
Andrew McColm, Pretoria	100	—	—
Baragwanath	—	—	100
Barberton	19,4	—	80,6
Bernice Samuel, Delmas	100	—	—
Bethal	20,0	*6,5	73,5
Bloemhof	85,7	*14,3	—
Boksburg-Benoni	27,8	*9,1	63,1
Brits	94,2	*5,8	—
Carolina	17,9	—	82,1
Christiana	38,7	—	61,3

Hospital	*White*	*Coloured and Indian*	*Black*
Coronation	—	*100	—
Delareyville	100	—	—
Dr A G Visser, Heidelberg	37,5	*3,3	59,2
Duiwelskloof	100	—	—
Edenvale General	100	—	—
Elsie Ballot, Amersfoort	100	—	—
Ermelo	36,8	—	63,2
Evander	100	—	—
F H Odendaal, Nylstroom	15,3	—	84,7
Genl De la Rey Memorial/Lichtenburg	91,4	*8,6	—
Groblersdal	100	—	—
H A Grové, Belfast	80,0	*20,0	—
Hendrik van der Bijl, Vanderbijlpark	100	—	—
H F Verwoerd Complex	80,2	*11,7	8,1
Hillbrow, Johannesburg	—	*9,1	90,9
J D Verster, Koster	39,1	—	60,9
J G Strijdom, Auckland Park, Johannesburg	100	—	—
Johannesburg	100	—	—
Kalafong, Pretoria	—	—	100
Kalie de Haas, Potchefstroom	45,9	*0,7	53,4
Kempton Park	100	—	—
Klerksdorp Complex	28,4	*2,9	68,7
Laudium	—	*100	—
Louis Trichardt Memorial	85,7	*14,3	—
Lydenburg	24,6	—	75,4
Middelburg	26,5	*11,0	62,5
Natalspruit	—	—	100
Nic Bodenstein, Wolmaransstad	19,9	*0,6	79,5
Nigel	37,7	*5,8	56,5
Ontdekkers Memorial	100	—	—
Paardekraal/Leratong Complex	17,6	*2,5	79,9
Paul Kruger Memorial, Rustenburg	47,1	*2,6	50,3
Phalaborwa	100	—	—
Pietersburg	27,9	*2,6	69,5
Piet Retief	15,5	*1,8	82,7
Pretoria-West	100	—	—
Rob Ferreira, Nelspruit	53,4	*2,9	43,7
Sabie	14,0	*1,8	84,2
Sannieshof	100	—	—
Schweizer-Reneke	31,9	*8,5	59,6
Standerton	25,2	*8,6	66,2
South Rand	100	—	—
Sybrand van Niekerk, Carletonville	100	—	—
Tembisa, Olifantsfontein	—	—	100
Van Velden Memorial, Tzaneen	100	—	—
Ventersdorp	88,2	*11,8	—
Vereeniging Complex	27,6	*2,6	69,8
Far East Rand, Springs	30,8	*1,9	67,3
Voortrekker, Potgietersrus	92,3	*7,7	—
Warm Baths	100	—	—
Waterval-boven	80,0	*20,0	—

Hospital	*White*	*Coloured and Indian*	*Black*
Willem Cruywagen, Germiston	100	—	—
Witbank	50,8	—	49,2
Zeerust	23,8	—	76,2

*The designated beds are exchangable between Coloureds and Indians.

Natal

Hospital	*Whites*	*Coloured*	*Indians*	*Blacks*
Addington	75	25	—	—
Christ the King	4	—	—	96
Clairwood	—	—	—	100
Dundee	13	—	—	87
Estcourt	13	—	—	87
Empangeni	75	25	—	—
Eshowe	9	—	—	91
G J Crookes	4	—	—	96
Grey	100	—	—	—
Greytown	6	—	—	94
Hillcrest	100	—	—	—
King Edward	—	—	—	100
Ladysmith	13	—	—	87
Newcastle	71	—	20	—
Northdale	—	20	80	—
East Griqualand Usher Memorial	14	5	—	81
Port Shepstone	28	—	—	72
R K Khan	—	—	100	—
St Andrews	13	—	—	87
Stanger	—	—	—	100
Tayler	12	8	—	80
Utrecht	22	—	—	78
Vryheid	17	—	—	83
Wentworth	No individual beds allocated			

Orange Free State

Hospital	Percentage beds/ Whites	Percentage beds/ Coloureds
Universitas, Bloemfontein	100	—
Nasional, Bloemfontein	100	—
Pelonomi, Bloemfontein	—	100
Bethlehem	100	—
Phekolong, Bethlehem	—	100
Voortrekker, Kroonstad	100	—
Boitumelo, Kroonstad	—	100
Odendaalsrus	53,16	46,84
Sasolburg	100	—
Welkom	72,25	27,75
Virginia	55,06	44,94
Bothaville	33,87	66,13
Clocolan	27,41	72,59
Ficksburg	47,36	52,64
Frankfort	36,11	63,89

Hospital	Percentage beds/ Whites	Percentage beds/ Coloureds
Harrismith	54,80	45,20
Heilbron	41,57	58,43
Hoopstad	40,54	59,46
Jagersfontein	40,00	60,01
Ladybrand	40,90	59,10
Parys	43,33	56,67
Reitz	38,20	61,80
Senekal	31,13	68,87
Smithfield	40,62	59,38
Vrede	32,78	67,22
Winburg	42,30	57,70
Zastron	41,17	58,83

No beds are alloted to Coloureds and Indians specifically and beds are regarded as being for Whites and non-Whites only.

Cape Province

(1) *Actual beds*

(i) White	5 911	= 33%
(ii) Non-white	11 926	= 67%
	17 837	

(2) Regarding the Non-white patients, beds are not specifically speparated on a racial basis, but are allocated to need. Should circumstances demand it, even beds which are mainly allocated for White patients are used for the hospitalisation of other race groups.

(3) Based on the occupation figure for 1986, the available 11 926 beds for Non-white patients were utilised as follows:

(i) Coloured	7 384
(ii) Black	4 514
(iii) Indian	28
	11 926

Promotion: qualifications/period of service

584. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(1) What (a) qualifications are and (b) period of service is required for an official to be promoted to each of the five most senior posts in his Department;

(2) whether the present incumbents of these posts meet these requirements?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) (a) At least an appropriate recognised three-year post-school qualification.

(b) At least 1 year service in the preceding level.

(2) Yes.

Financial advances by Government

595. Mr K M ANDREW asked the Minister of Foreign Affairs:

(1) Whether any (a) loans, (b) lines of credit and (c) other specified financial advances were granted directly or indirectly by the Government or any Department or agency of the Government to (i) the Government of, (ii) any Government Department of, (iii) a development corporation in and (iv) any other specified person or organization in Bophuthatswana in 1983, 1984, 1985, 1986 and 1987, respectively; if so,

(2) (a) what amounts were involved in

Works starts next week on R273 000 8-bed PE hospice

(98) Evelost 14/10/87

WORK will start next week on R273 000 renovations and extensions to turn a house in Port Elizabeth into an eight-bed hospice for the terminally ill.

St Francis Hospice will add in-patient care to its existing home care services, when the work is completed at the end of February.

The hospice will be staffed by trained sisters and nurses and will provide specialised care for the dying.

At present, the double-storey house in Taybank is used as headquarters for existing home care services and day care for patients and for training volunteers.

The architect said that a ramp would be built from the ground floor to the first floor. Existing garages would be converted into offices and the kitchen and laundry re-fitted and a sluice room provided. A large garage for an ambulance would be built and parking provided.

The main bedroom will have three beds, and there will be two double and one single bedroom, with wash handbasins. General renovation will be carried out and will include the bathrooms.

Sister Lesley Lawson, sister in charge of the hospice, said bedrooms and the lounge would be brightly furnished to avoid a hospital atmosphere.

A team of 46 volunteers help with home care services and another 20 are attending a training course.

The hospice will also be used for terminal patients whose families need a respite for short periods.

Probe into hospital death

Cape Times 19/10/87 98

By CHRIS BATEMAN

THE Director of Hospital Services, Dr Nicolaas Louw, has ordered a full investigation into circumstances surrounding the death of a man who was refused entrance — allegedly on racial grounds — to the white section of Somerset Hospital on Thursday night.

The critically injured pedestrian, knocked down in Somerset Road near Green Point Stadium, was found still breathing and with a weak pulse, by an off-duty doctor about 8pm, it was reliably learnt yesterday.

The doctor and several other people took the man to nearby Somerset Hospital in a private vehicle.

On arrival at the "white" casualty entrance the victim's helpers were allegedly turned away and referred to the "non-white" entrance.

"We didn't argue with them and took him straight to the other entrance, where about 30 minutes were spent on fruitlessly trying to revive him," one of the helpers, who declined to be identified, said yesterday.

It was also learnt that the victim, whose identity could not be established by late yesterday, had no detectable pulse when first brought to the hospital.

The doctor involved is understood to have written a letter of protest to the medical superintendent of Somerset Hospital, Dr Anton Roux.

While Dr Roux was not immediately available yesterday, Dr Louw said he had ordered a full investigation into the incident.

A spokesman for Dr Roux later said Dr Louw would issue a full statement on the matter today.

The doctor who found the victim referred all inquiries to Dr Louw.

released.

A6605 19/10/87

Nursing crisis talks

The Argus Correspondent

JOHANNESBURG. — The critical shortage of nurses at the Johannesburg Hospital will be discussed in Pretoria today at a meeting between Miss Odelia Muller, president of the South African Nursing Association, and Dr Hennie van Wyk, director of medical services in Transvaal.

New look at hospital privatisation

PRETORIA — The privatisation of unutilised public sector facilities in provincial hospitals is being investigated.

Deputy Minister of Health M H Veldman said this at the opening of the Kosmos Hospital in Witbank yesterday.

He also said the private sector could enlarge its share in the health field by providing a wider spectrum of services, and by rendering services at competitive prices.

GERALD REILLY

Health care was a team effort between the public and private sectors and competition between them reduced costs.

The Commission for Administration had established criteria for the privatisation of public sector hospitals, Veldman said.

Among these were that private undertakings should have the capacity, finance, managerial strength and resources to be effective and to provide efficient services.

Privatisation should not result in a private monopoly replacing a public one and ignoring the general welfare, Veldman said.

Nurses' blues get a hearing

GERALD REILLY

PRETORIA — Grievances among the nursing staff at the two-thirds-empty Johannesburg Hospital were laid before National Health Minister Willie van Niekerk in Pretoria yesterday.

SA Nursing Association president Odelia Muller told Van Niekerk of the discontent stemming from acute staff shortage.

In a statement later she said there was concern about the relevant norms and the provision of nursing personnel, expecially in academic hospitals. She asked for an investigation. Van Niekerk undertook to give attention to the issue.

Muller said the association was concerned at the responsiblity placed on junior personnel because of the intensive nature of nursing in specialist and referral hospitals. The extra pressure was a direct cause of stress, she said.

Inquest finding on city hospital p

ARGUS 27/10/87 98

PATIENT

By GILL TURNBULL, Court Reporter

A NURSE'S incompetence, a matron's neglect and City Park Hospital's shortage of staff and lack of supervision contributed to the death of Constantia businessman Mr Adrian Myers on July 15 last year, a magistrate found today.

After a lengthy inquest on Mr Myers, 37, who bled to death after abdominal surgery at City Park, a four-page judgment was handed down by Mr B Carroll and read in his absence by Mr W J P Marais in the Cape Town Magistrate's Court.

Mr Carroll found that Sister Irene Laing, who was in charge of Mr Myers's post-operative recovery in the intensive care unit, was "completely unqualified and quite incompetent to carry out the functions of an ICU sister".

He also found:

- Mrs Laing had lied to the court.
- The matron, Miss Lynette Daphne Stanford, who should have ensured that Sister Laing was sufficiently qualified, had "edited or torn up statements which raised suspicion of tampering".
- City Park Hospital was "overbusy and understaffed on the night concerned".

Mr Carroll said that on a balance of probabilities Mrs Laing was responsible for Mr Myers's death.

"The court finds that Mrs Laing, despite her lack of ICU training, should, as an ordinary trained sister, have reasonably interpreted the signs of Mr Myers's distress and if she had acted as a reasonable nursing sister she would have called for help."

Tragic time

Mr Carroll said that placing an untrained sister in an ICU in an extremely busy hospital to nurse a patient who had had major surgery amounted to "negligence" on the part of Miss Stanford.

"The tragic time was the half-hour between 8pm and 8.30pm during which there must have been signs which were clearly visible and which patently revealed the serious change taking place.

"If Mrs Laing had acted within that half hour and called for help, treatment could have been initiated to save the patient's life.

"It is completely irregular for an untrained nurse or sister to give a fluid challenge on own initiative and Mrs Laing's evidence that she gave the patient 200ml of fluid challenge is rejected as untrue."

A fluid challenge is the intravenous administration of fluid over a short period.

Mr Carroll said that in the ICU that night there was a lack of supervision of a trainee sister. "The appointment of Mrs Laing was wrong and the failure to act on the complaints of her shortcomings falls squarely on the shoulders of the hospital."

He said Mrs Laing's record of Mr Myers's urinary output was a "very serious distortion of the facts".

He said: "At 8pm the patient would have been pale and showing signs of distress and as a trained sister, even without ICU training, Mrs Laing should have called the sister in charge."

Mr Carroll said Mrs Laing's report to anaesthetist Dr Peter Horrigan by telephone that everything was in order and Mr Myers's urine output was satisfactory was an untruth which meant vital information was withheld.

Mr Carroll found "no fault whatsoever" on the part of the surgeons and the anaesthetist. He ordered that a copy of his findings be sent to the secretary of the Medical and Dental Council and the Nursing Council "in the public interest".

CAPE TIMES 28/10/87 (98)

Court: Nurse incompetent

Court Reporter

AN INQUEST magistrate yesterday found that the shortage of staff at a private hospital, and the incompetence of a nurse who was allocated to the cubicle where Cape Town businessman Mr Adrian Myers was recovering after a colon operation, contributed to Mr Myers's death.

The magistrate, Mr B Carroll, handed down his four-page finding at the end of the inquest which started in January. Mr Myers, 37, bled to death after abdominal surgery at City Park Hospital on July 16.

Mr Carroll found that after a three-and-a-half hour operation Mr Myers was placed in the intensive-care unit (ICU) at 5.30pm. Sister Irene Laing was allocated to his cubicle and "there is no doubt that she was completely unqualified and quite incompetent to carry out the functions of an ICU sister".

At 8pm Mr Myers "was showing evidence that something was seriously wrong, the indications were that the patient was beginning to react to blood loss. His blood pressure was 140/60, pulse rate 110 — this is evidence of compensating shock". Sister Laing should have called the sister in charge, Mr Carroll said.

"The tragic time was the half-hour between 8pm and 8.30pm during which there must have been signs which were clearly visible and which patently revealed the serious change taking place in the patient's condition.

"If Sister Laing had acted within that half-hour and called for help, treatment could have been initiated to save the patient's life. The doctors should have been called at the very latest at 8.30pm."

He said Sister Laing's record of Mr Myers's urinary output was "a very serious distortion of the facts".

"Sister Laing's telling Dr P Horrigan, when he called and inquired after the patient, that everything was in order, was an untruth which meant that vital information was withheld from Dr Horrigan . . .

"The appointment of Sister Laing for duty in the ICU was a very poor decision. The ICU at City Park was over-busy and under-staffed on that night.

"The appointment of Sister Laing was wrong and the failure to act on the complaints of her shortcomings falls squarely on the shoulders of the hospital.

"The matron, Miss Lynette Stanford, was responsible for employing Sister Laing and placing her in the ICU without satisfying herself that Laing was sufficiently qualified to carry out this very important function.

"Furthermore the matron had no right to edit or tear up statements made by any of the members who were on duty at that time, relating to the death of Mr Myers, it raises suspicion of tampering.

"Furthermore, Sister Laing said she was unhappy about doing duty in the ICU, she had been there for six weeks prior to this incident and since it appears that all the staff knew of her shortcomings and dissatisfaction, it seems inconceivable that Miss Stanford did not become aware of the situation."

Mr Carroll found that despite her lack of ICU training, Sister Laing, as an ordinary trained sister, should have reasonably interpreted the signs of Mr Myers's distress.

Mr Carroll also ordered that a copy of the findings be sent to the SA Medical and Dental Council and the SA Nursing Council.

Mr Carroll presided with Prof L C J van Rensburg as an assessor. Mr M B de Vries led the evidence. Mr D Irish, instructed by Abe Swersky and Associates, appeared for the Myers family. Mr I Farlam with Mr J E H Smith, instructed by Bloomberg and Co, appeared for the hospital. Mr J A van der Westhuizen, for the nursing association, was instructed by Silberbauers. Mr R D McDougall, instructed by McRobert, De Villiers and Hitge, appeared for five doctors.

Wife to take legal advice on civil claim

Staff Reporter

THE WIFE of Cape Town businessman Mr Adrian Myers, who died after a colon operation at City Park Hospital, yesterday said she would take further legal advice following the inquest findings on her husband's death.

Mrs Marilyn Myers, a Constantia mother of two children aged six and four, said she would be considering a civil claim after the magistrate found that a nurse's incompetence, a matron's neglect and the hospital's shortage of staff and supervision contributed to her husband's death.

Mr Myers bled to death after abdominal surgery at the hospital in July last year.

The chairman of Clinic Holdings, Mr Barney Hurwitz, said Mr Myers's death was "one of those unfortunate incidents that do happen from time to time at any hospital, at any time".

He said the hospital was seeking opinion on the findings of the court, and would take "all measures to clear this and put the facts correctly".

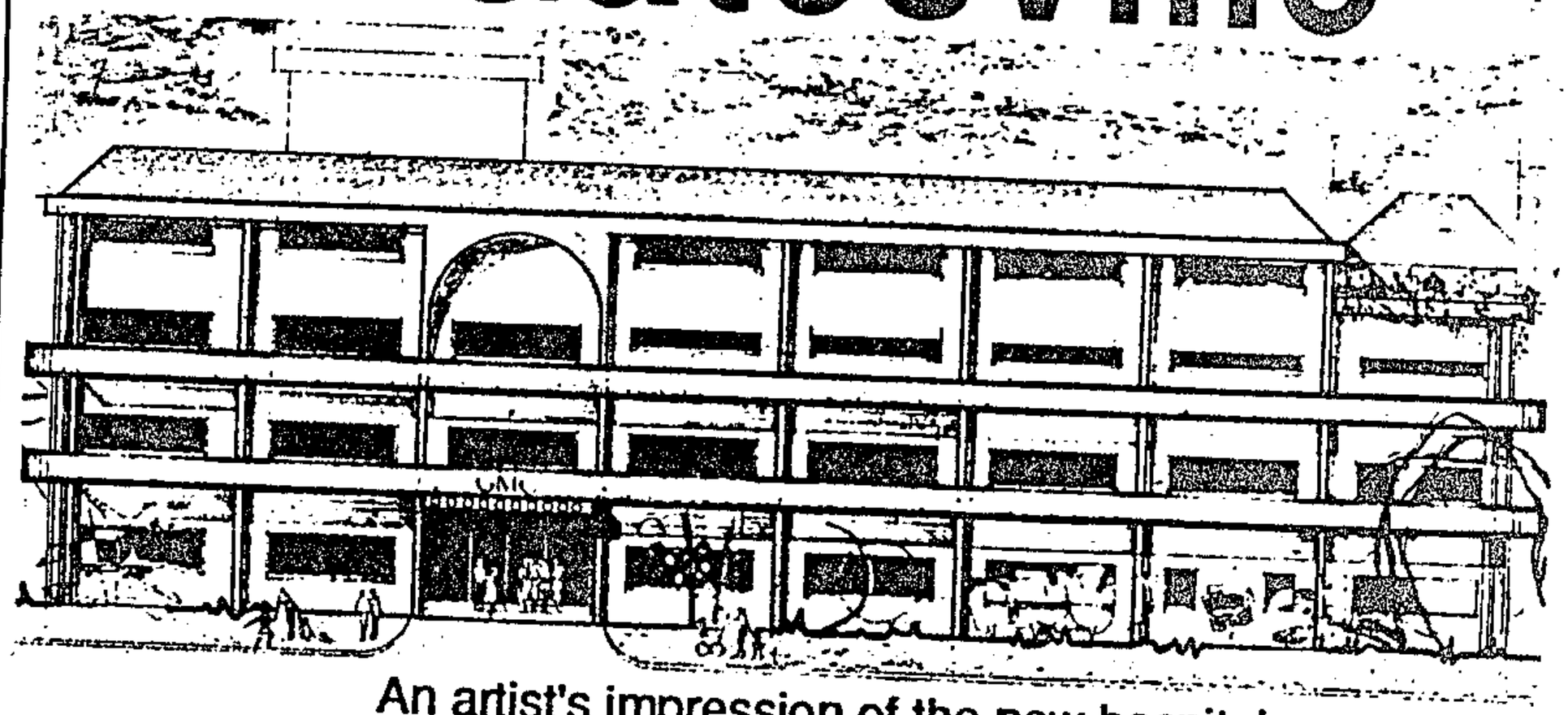
Mr Hurwitz said Sister Irene Laing was "a fully trained and qualified sister" and that "any signs that the patient may have had would have been recognized without ICU qualifications".

The court found Sister Laing was "completely unqualified and quite incompetent to carry out the functions of an Intensive Care Unit sister".

Mr Hurwitz said there was a "chronic shortage" of fully-trained ICU staff in the country.

Private clinic for Gatesville

(98) Sapa 22/28/10/87



An artist's impression of the new hospital

LOCAL doctors and businessmen plan to build a R12-million hospital in Gatesville.

Construction will commence in January, and the building will be completed by the end of next year.

The four-storey hospital will have 144 beds, three operating theatres, an obstetrical theatre, a radiological unit, a pathology laboratory and a 24-hour emergency unit.

Mr Ebrahim Bhorat, managing director of Melotronics and one of the businessmen involved with the hospital plan, said there was a great need for such a facility as many Athlone doctors and patients have to commute to locations in other suburbs.

"The hospital will provide jobs for about 250 people, both nursing and other staff related to the medical profession," he said. "We have been inundated with requests to work here."

Most of the consulting rooms, to be located on the fourth floor of the building, have already been let.

The hospital will be funded by private enterprise. Four hundred linked units were available to doctors and businessmen at a cost of R15 000 each. Each unit consisted of five shares and ten debentures. The 400 units total R6 million. The remaining R6 million will come from a bank loan.

"The community's support in buying the units has been encouraging," said Bhorat.

The closing date for the share issue is October 28.

Patients turned away at hospital

98
South
Oct 29 - Nov
87

By SIPHO VANGA

PATIENTS at the Guguletu Day Hospital are being turned away because of overcrowding.

Patients start queueing from as early as 6 am outside the day hospital which is one of three serving Cape Town's African townships of Guguletu, Nyanga and Crossroads.

A senior doctor at the hospital said: "The hospital is badly under-staffed.

"We have only four fulltime doctors. There are several posts at the hospital but doctors prefer private practice".

The doctor said patients were turned away almost everyday and that the hospital was always crowded.

He said each doctor were supposed to treat only 65 patients a day and part-time doctors treated 40.

"We always check during the lunch hour how full the hospital is. If it's full, we check how ill the patients are before turning them away," said the doctor.

"I feel we don't treat patients properly because we've to work so fast to treat the maximum number of people. This puts pressure on the doctors".

A nurse who worked at the hospital said the condition at the hospital was not only "disgusting" but also frustrating.

"We are sometimes forced to leave the premises three or four hours late because of ambulances which take time to arrive".

Patients interviewed claimed they waited up to eight hours to be treated.

Dr T Dahms, the Cape Provincial Administration's medical superintendent of day hospitals, said as far as he was concerned the shortage of staff at the day hospital only affected doctors, not nurses, and was a temporary situation.

"We usually have this problem during the last two or three weeks of the school holidays.

"Overcrowding is also caused by too many patients coming too early in the day for treatment. In the afternoon the hospital is usually less crowded," he said.

He denied that patients were regularly being turned away. "Maybe that happened once or twice".

He said overcrowding was a universal problem and unavoidable.

He claimed that five fulltime and three part-time doctors were working at the hospital.

"By next month everything will be back to normal if it's not already normal," he said.

Govt under fire over health service

THE overcrowding at Soweto's Baragwanath Hospital was once more under the spotlight when a Cosatu affiliate, the National Education and **Health Workers Union,** slammed the Government for making promises and then shelving them.

The union said last month's promise of another hospital by the Transvaal Provincial Department was another "empty promise" made to calm a situation that had now become unacceptable.

"This is the third time that the Government has promised to build a hospital in Soweto. The first time was in 1964 — **23 years ago. The second** was in the seventies.

"Since then every time overcrowding at Baragwanath Hospital has been brought to the public's attention officials promise to build **a hospital."**

Nehawu said it wanted to expose the department and challenge them to make a comment on the promises it has made.

The organisation accuses the department of "practicing apartheid." "We cannot understand the closing of 2000 beds at the Johannesburg hospital instead of transferring patients from Baragwanath where there is overcrowding," the spokesman said.

In fact the provincial administration TPA, did resist the closing of beds at the hospital initially but at the same time also rejected the idea of desegregated hospital services.

The head of Azapo's health secretariat Dr Abu Asvat, said: "The abdication of responsibility for the provision of hospitals in the Soweto area is an early sign that the Government is very **keen on handing over the** running of health services to the private sector."

"This will have a detrimental effect on the health of the population as a whole. What we should be working towards," he went on to say, "is an equitable health policy, where monetary considerations will be of no consequence."

SA health services could 'go private'

Pretoria Correspondent

The private sector could take over the running of hospitals and health services in South Africa.

In a statement yesterday, the Minister in the Office of the State President entrusted with Administration and Broadcasting Services, Mr Alwyn Schlebusch, announced that the Government had appointed Dr W J de Villiers to investigate and report on privatisation of hospital services in respect of cost effectiveness.

Dr de Villiers will be assisted by several experts and will consult with the sub-committee on privatisation of the Advisory Committee in which the private sector is represented before presenting his recommendations on hospitals and health services.

Mr Schlebusch said Government spending on hospitals and health was a source of great concern. The State could not carry the burden on its own.

"It must be determined in what manner the private sector's involvement in rendering health service can be further increased in order to limit the State's share and involvement to that which is essential."

Mr Schlebusch emphasised that the Government was embarking on the investigation without preconceived ideas.

(98

Hospital services under the spotlight

The Argus Correspondent

PRETORIA. — The running of hospitals and health services in South Africa could be taken over by the private sector.

In a statement yesterday Mr A L Schlebusch, Minister in the Office of the State President entrusted with administration and broadcasting services, announced that the Government had appointed Dr W J de Villiers to investigate and report on the privatisation of hospital services, especially in respect to cost effectiveness.

Mr Schlebusch said that Government spending on hospitals and health was a source of great concern and the State could not carry the burden on its own.

"It must be determined in what manner the private sector's involvement in rendering health service can be further increased to limit the State's share and involvement," he said.

Mr Schlebusch said the Government had no preconceived ideas on privatisation and that all the possibilities would be considered.

New govt inquiry into health services angers experts

THE State's announcement of yet another "sweeping investigation" into hospitals and health services has come under heavy fire from both the Medical Associaton of South Africa (MASA) and the Pharmaceutical Society of South Africa (PSSA).

Dr John Cooke, the president of the Natal Coastal branch of MASA, said there was enough information available

Own Correspondent

from previous investigations for the Government to act on.

He said the new investigation was "just a delaying tactic to save any outlay".

"Everybody is simply getting sick to death of these endless commissions and of nothing being done," Cooke said.

He said there was crisis situation in respect of health services which could collapse if urgent action was not taken.

In light of this the new commission was "absolutely pathetic".

He said that last Friday, MASA had made recommendations to the State on possible action in respect of medical aid and other aspects of health services, but that it had refused to act upon them in any way.

"MASA motivated a whole host of ideas, all of which have been thrown out.'

George Atkinson, chairman of PSSA said he failed to understand why the State had commissioned another investigation into the cost of pharmaceutical and health services when it had failed to act on the recommendations contained in other investigations including the findings of the recent Brown Committee.

'Privatisation by default' in health care

PUBLIC health standards for all races are dropping sharply because financing public health is a low government priority.

This is the finding of the SA Institute of Race Relations quaterly, "Social and Economic Update".

The review says the government is continuing to promote the privtisation of health services whereve possible and appears also to be pursuing a policy of "privatisation by default".

Because it is limiting the resources of public hospitals, staff are leaving these hospitals for private institutions. (98) Bday 9/11/87

The institute says this policy affects racial access to health care because far more whites than blacks can afford private medical care.

"The key measure of access to private care is the availability of medical aid. Most patients who use private medicine are able to do so only because of medical aid cover.

"But very few black people have access to medical aid and if, as seems likely, the trend towards private care continues to grow, so will disparities between white and black health care."

The institute says it is unclear how the government will implement its policy that no one will be denied adequate health care because they cannot afford it.

"Update" notes that if the government did decide to devote most of its spending to black health care, the segregation of facilities in medical institutions would be a constraint on the effective use of its resources. Using existing, but under-utilised, white facilities could mean that black health needs would be cheaper than extending existing black hospitals or building new ones. — Sapa

Shortage of hospital beds keeps away organ donors

(98) SMM 18/11/87

By Toni Younghusband, Medical Reporter

The shortage of beds at Johannesburg Hospital is preventing many potential kidney donors from giving their organs, Professor Peter Thomson, principal paediatrician of nephrology at the hospital, said yesterday.

NATIONAL APPEAL

Yet Medic Alert and similar organisations have launched a nationwide appeal for desperately-needed organ donors.

According to Medic Alert, thousands of South Africans are waiting for organ transplants.

Professor Thomson said there had been a significant reduction in the number of kidney transplants at Johannesburg Hospital in the past six months because there were not enough beds for donors.

In the past few months, about 200 beds have been closed for economic reasons.

Professor Thomson said 50 paediatric transplants were performed at the hospital in the first six months of this year. But since then only 17 have been done.

Professor Thomson said some of the other hospitals were prepared to admit donors and organs could be transferred to the recipient at Johannesburg Hospital, but this required much planning and and could not be done with all donors and patients.

At present there are about 10 children needing transplants at Johannesburg Hospital. Professor Thomson said they could be kept on at the hospital indefinitely because the dialysis treatment they received was quite acceptable.

For every child needing a transplant, there are five adults needing kidneys.

Professor Thomson said many staff members at Johannesburg Hospital were very concerned about the bed shortage for donors, but did not have a solution.

"Specific beds cannot be kept aside for potential donors. The hospital has neither the staff nor the finances," he said.

He added that "non-hopers" (potential donors who are dying) could not be nursed at the hospital because it could not be afforded.

"Even if these people are very ill and dying, they need expert nursing to keep their kidneys in good health for transplantation," the professor said, "but the hospital has neither the staff nor money to do so."

He said that what angered him most was that a new hospital was being built in Pretoria, while the Government could not afford to staff or run established hospitals.

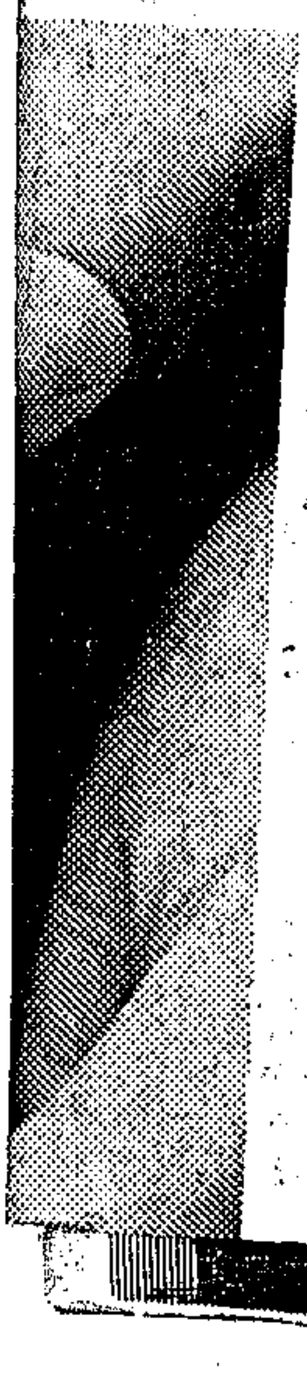
CASH ALLOCATED

According to the Department of Health and Population Development, the money spent on the building of the Pretoria hospital had been allocated to the project long ago and could not be channelled elsewhere.

● Professor Tony Meyers, of the National Kidney Foundation, said in Johannesburg recently that if all those with terminal kidney failure in South Africa could receive treatment; there would be 12 000 patients. Hospitals and clinics could at present treat only 1 700.

a lifetime—
for its own
neone who
entrust our
field. Their
heir under-
that goes

atch. When
share the
are perfec-



DOCTOR SHORTAGE

B'day 19/11/87

GERALD REILLY

PRETORIA — The critical shortage of doctors in large public hospitals remains unresolved as government coninues to delay announcing improvements in their salary and service conditions.

Over the past two years, the Medical Association of SA (Masa) has warned the Department of National Health of the critical situation developing and the urgent need for salary adjustments.

The seriousness of the position has been acknowledged by National Health director-general Francois Retief.

Masa claims as many as 40% of doctors posts in major urban hospitals are vacant.

It has warned that State medical services are deteriorating rapidly as a consequence.

It is understood the commissiion for administration has completed an evaluation of doctors' earnings and that the issue is now with Cabinet.

17% jump in payout

PRETORIA — Increases averaging 17% in the payout to private hospitals with effect from January 1 have been approved by the medical schemes movement.

The new scale of benefits have been announced by the Representative Association of Medical Schemes (RAMS) — which represents 200-plus medical schemes — after discussions and negotiations with the Representative Association of Private Hospitals.

RAMS deputy chairman Arnold Fair said: "We have recognised the need for enhanced compensation for hospitals which provide highly specialised and capital intensive services associated with major surgery and intensive care." RAMS had also made substantial amendments to the existing scale of benefits for private hospitals. — Sapa.

(B) B'day 19/11/87

It's tradition to make

Hulley tipped

Political

Annual Copier

A general hospital 'needed' in M Plain

CMT Trib 27/11/87 98

Staff Reporter

MITCHELLS PLAIN residents welcomed the new Lentegeur Psychiatric Hospital but believed the money could have been spent in providing a "much-needed" general hospital.

This was said yesterday Mr Willie Simmers, joint secretary of the Mitchells Plain Co-Ordinating Committee.

The R42,75 million, 2 400-bed psychiatric hospital, due to open officially next Friday, will serve psychiatric cases and the mentally retarded from the Western and Southern Cape. Built on a 79ha site, it includes clinics, occupational theraphy facilities, libraries, sports fields and gardens and also has a nurses' home and an administration block.

Private hospitals slam 14 pc grant

JOHANNESBURG — The chairman of the Representative Association of Private Hospitals — the umbrella body of the private hospital industry — Mr Dick Williamson, has expressed disappointment at the 14 per cent increase granted to private hospitals by the Representative Association of Medical Schemes (Rams).

He pointed out that the 14 per cent 1988 increase came on top of only 8 per cent in 1987 and 12 per cent in 1986.

He said that, although Rams had announced a 17 per cent increase, this applied only to B category, high technology hospitals, while A category, lower technology, smaller hospitals received only 10 per cent.

He said that both categories experienced similar cost increases, while tariff increases had been well below the rate of inflation.

"Over the past year, the food price component of the consumer price index has risen about 25 per cent while nurses salaries have risen an effective 25 per cent in 1987, and nurses can no longer be considered to be poorly paid."

Food, wages and salaries make up more than 70 per cent of private hospital costs with the result that, despite strenuous controls, hospital costs have risen faster than inflation.

Mr Williamson said a much closer working relationship had been developed with Rams resulting in a far greater appreciation of the problems facing private hospitals.

But he pointed out that the 14 per cent increase granted was considerably below the 26,5 per cent requested.

"The 26,5 per cent increase we asked for was not simply an opening bargaining position, but was what we arrived at after considerable research and investigation and was the level of increase we considered adequate to keep the private hospital industry in South Africa on a viable footing," he said.

He said that it remains iniquitous that private hospital tariffs can be arbitrarily set by Rams in terms of the Medical Schemes Act. He feels that tariffs should be set by negotiation.

"The private hospital industry is an integral and essential part of South African health care and it is vital that this industry remains financially viable.

"The steady erosion of the viability of the private hospital industry after tariff increases of less than cost rises, is cause for considerable concern.

"It is the government's stated intention to increasingly privatise medical care in South Africa, but the private sector will only take over if there is a fair return available on capital invested," Mr Williamson said. — Sapa

26,5% increase sought — only 14% granted

Private hospitals' new rates 'disappointing'

DIANNA GAMES

THE chairman of the Representative Association of Private Hospitals (Raph), the umbrella body of the private hospital industry, has expressed disappointment at the 14% increase granted private hospitals by the Representative Association of Medical Schemes (Rams).

Dick Williamson said the 14% increase, effective from January 1988, came on top of an 8% increase in 1987 and 12% in 1986.

And, he said, it was considerably below the 26,5% requested by Raph.

Arnold Fair, vice-chairman of Rams, said there had been frequent negotiation between the two bodies and the question of tariffs had been discussed in detail.

He said many of the new changes in the scale of benefits had been the result of requests brought forward by Raph and, without the contact, Rams would not have been able to evaluate new technological developments in the hospital industry.

"We would never attempt to arrive at a scale of benefits without detailed input from their side," he said.

Williamson said although Rams had announced a 17% increase, this had applied only to large, high-technology hospitals (B category), while the lower technology, smaller hospitals (A category) had received only 10%.

He said both categories of hospital had had similar cost increases, while tariff increases had been well below the inflation rate of the last few years.

Fair said Rams had a larger payout to B Category hospitals, which was why they were given a higher increase, but only time would tell how the percentage increases would finally work out.

He said members of the public and the employer had to be consulted about whatever increases were agreed upon.

The Rams increases, which become effective in January, are due to be gazetted early next month.

VENTURES

Argus 24/11/87

98

Multi-million rand shot in arm for city hospital

By TOM HOOD, Business Editor

MILLIONS of rands are to be spent on developments at Cape Town's City Park Hospital, one of 12 private hospitals owned by about-to-be-listed Clinic Holdings.

This includes about R5-million to instal a lithotripter centre for the treatment of kidney stones, the group chairman, Mr Barney Hurwitz, disclosed in Cape Town today.

The only other South African hospital to have this equipment is the group's Garden City Clinic in Johannesburg.

"The present population may not justify more than one machine but because of the long distance patients have to travel — often more than 1 000 km — and the costs involved, we decided to make another one available in Cape Town," he said.

Conventional treatment of kidney stones was one of the most painful surgical procedures but a patient undergoing shockwave lithotripsy could go into hospital the night before the treatment and return home the day after, and possibly go back to work the day after that.

Similar treatment cost R23 000 in Britain and patients were coming to this country to be treated, he said.

The investment in Cape Town is part of a R200-million programme over six years to improve the group's hospitals.

Clinic Holdings, due to be listed on December, will be one of the biggest listings this year, with a market capitalisation of R198-million.

The company originated in 1962 with Rand Clinic and has grown to become the largest private hospital group in the country.

Clinic Holdings aims to raise at least R54-million by issuing 27,2-million shares at R2 each to wipe out debt from loans, the purchase of businesses and operating assets and the acquisition of the issued shares of subsidiaries.

About R42-million of this will go to Mr Hurwitz and fellow-directors for their shares in the companies owning the 12 hospitals.

After the listing of Clinics, the directors will own 72,5 percent of the shares, New Bernica and Southern Life 7,5 percent each, and the public 10,5 percent.

Nurses, doctors and employees are to get a preferential offer of 5,7-million shares while the public offer will amount to 4,6-million.

The group estimates profit for the 12 months to September 30 to be R12,8-million before tax and R6,4-million after tax.

Earnings for the current year are forecast at not less than R20-million.

After taking estimated tax losses of R6,2-million into account, earnings are forecast to rise from 17,4c to 20,5c for an earnings yield of 10,3c on the issue price of 200c, representing a prospective price/earnings multiple of 9,7 times.

Total dividends for the current year are forecast at 7c a share minmimum based on fully taxed earnings, to give a dividend yield of 3,5 percent on the issue price of 200c.

Dutch reject call for end to SA flights

THE HAGUE — The Dutch government has rejected a call by five Dutch development aid groups for a halt to regular commercial flights between the Netherlands and South Africa, the Foreign Ministry here said yesterday.

In a letter, the organisations, all of which get government aid, claimed cancellation of the Dutch-South African aviation treaty would be a "powerful signal" of official Dutch rejection of white minority rule in South Africa.

A Foreign Ministry spokesman said that cancellation of the bilateral treaty would not be considered "because it does not fit in the Common Market package of sanctions" enacted against South Africa.

The EEC package, agreed upon by the trade bloc's 12 member nations in October 1986, calls for a ban on the sale of South African gold coins, an import ban on South African steel, a ban on new investments, and an arms embargo.

The Dutch Government has repeatedly stated that it will only support joint Common Market sanctions.

One of the five aid organisations involved, the Netherlands Development Organization (SNV), is the Dutch version of the US Peace Corps and is wholly financed by the government.

Although the other four organisations also receive government subsidies, none of them is fully dependent on government funding.

MEDICAL

Doctor's orders

Major surgery is indicated for many of SA's provincial hospitals as a means of combating rising health care costs. In most cases the operation will be painless, involving the installation of computerised administration facilities.

Odendaal

The automation of health services is one of two areas of computerisation accorded a high priority by government. The other is computer-aided education.

One estimate suggests that provincial hospitals could conservatively spend between R35m and R40m in the next five years on automation.

According to the Minister of Budget and Welfare, Dr Dawie de Villiers, a meagre 1% of 250-bed plus provincial hospitals have automated administration services. In contrast, the country's private hospitals, clinics and medical laboratories have — largely as a result of stiff competition and the need to maximise productivity — taken the medicine and extensively computerised the running of their centres.

Now a State-sponsored study — the Nasionale Gesondheid Inligtingstelsel, NASGIS (national health information system) — has been commissioned to formulate a five-year health information systems strategy for the country as a whole.

From the computer industry side it is unlikely that there will be a shortage of volunteers willing to donate, or sell, systems to the provincial hospitals, as most major minicomputer and mainframe computer hardware suppliers include medical administration packages in their software product ranges.

One firm which claims to have had considerable success through its locally developed management and accounting systems for hospitals product in the private sector and now preparing itself for a thrust into the public sector, is specialist Siltek group company Medis, formerly McAuto Health Services.

Medis MD Johann Odendaal says the implementation of South African medical information systems is still in an embryonic phase. Five years ago, he carried out a market study which identified the most likely growth pattern as starting with private hospitals, followed by medical laboratories, such as pathology laboratories, and finally non-private hospitals — including the mine hospitals which although private are operated on a provincial style non-profit basis.

"Our forecasts proved correct, the private hospitals market was the first to explode, followed by a growth in demand for systems from laboratories, particularly private laboratories."

Odendaal believes the laboratory market is now saturated, but there is still considerable scope in the private hospital grouping because of the many new private day clinics "springing up" around the country. Another market could develop if some of the smaller provincial hospitals and sections of larger ones are privatised.

In the public-mining sector an indication that there could be a growth surge is the fact that Medis has just sold a package to Anglo American Corporation for one of its mine hospitals. Odendaal claims this is the first computerised hospital administration package to have been sold, by any supplier, into this sector in seven years.

Automated hospital administrative systems, according to Odendaal, automate paper flow from the moment a patient is admitted to the moment of departure and includes a complete record of the patient's stay. The systems also handle general functions like food distribution, hospital maintenance, laboratories and chemists.

"The real advantage is that patients can be quickly diagnosed, treated, and released so there is greater utilisation of overstretched hospital resources, accounting procedures are more accurate, resulting in swifter bill payments to the hospital and better hospital-patient relations.

"These systems also enable the hospitals to better assess future requirements and therefore optimise the use of resources such as beds and operating theatres. With the current skills shortage another important factor is that nursing staff have to spend far less time performing administrative functions," he says. ■

Bara appeals to casualties to stay away

Medical Reporter

Baragwanath Hospital in Soweto has issued an urgent appeal to the public to use local community health centres and to use the hospital's casualty department only for extreme emergencies, especially over the busy festive season.

Recent surveys indicated that only half the patients visiting the hospital's casualty department were emergency cases and only half of those were critical, said a hospital spokesman.

She said a casualty department was strictly for the treatment of critically ill or critically injured patients.

"The public seems to be unaware that the clinics are equipped for most health investigations, including X-rays."

She warned that over Christmas, patients may even be requested to return the next day.

She urged employers to allow sick workers to visit clinics during working hours.

The health centres in Soweto are:

Chiawelo clinic, old Potchefstroom Road, Chiawelo; Diepkloof clinic, Redshaw Avenue, Diepkloof; Jabavu clinic, Tumahole Street, White City Jabavu; Meadowlands clinic, Hekroodt circle, Zone 2 Meadowlands; Orlando clinic, Rathebe Street, Orlando East; Phomolong clinic, Pela Street, Orlando West; Senaoane clinic, cnr Mabalana and Pongola Streets, Senaoane; Tladi clinic, Ligwale Street, Tladi; Zola clinic, Obed Street, Zola; and Koos Beukes clinic, on the old Potchefstroom Road next to St John's eye hospital.

Govt one step from banning newspaper

By Jo-Anne Collinge

The Government is just one step away from using the drastic banning provisions of the latest censorship regulations against the weekly paper, *New Nation*, and it has taken its first step under the emergency provisions against the 10-year-old journal, *Work In Progress*.

A spokesman for *Work In Progress* said today the publication had received a letter announcing that the Minister of Home Affairs was considering issuing a formal warning to it and giving it time to submit a defence of certain articles in volumes 49 and 50.

In respect of *New Nation*, published by the Southern African Bishops' Conference, a formal warning was published last week in the Government Gazette stating that the Minister considered that *New Nation* was systematically publishing material which caused a threat to the safety of the public.

The Minister is now free to place a further notice in the Gazette banning the publication for periods of up to three months at a time if he considers that it is continuing to promote revolution or endanger public safety or undermine the state of emergency.

Its editor, Mr Zwelakhe Sisulu, has been detained twice in terms of the state of emergency, and is still being held — almost a year after being taken into custody.

While *New Nation* is the only publication about which the Government has published a formal warning, four other papers — *WIP*, *Sowetan*, *South* and *Die Stem* — have received letters stating that similar action is being considered against them.

Detained editor can appeal

The detained editor of *New Nation*, Mr Zwelakhe Sisulu, was today granted leave to appeal against a Rand Supreme Court finding that his detention was not unlawful.

A recent application by Mr Sisulu for his release and to have the state of emergency set aside, was dismissed with costs by Mr Justice L Harms.

Today, Mr Justice Harms granted Mr Sisulu leave to appeal to the Appelate Division, saying it was possible that another court would come to a different decision.

Van Wyk reacts to letter

TPA needs cash to upgrade Bara facilities

98 SMM 11/2/87

Medical Reporter

The Transvaal Provincial Administration has not abandoned Baragwanath Hospital but will continue to upgrade facilities as funds are made available, the the executive director of Hospital Services in the Transvaal, Dr Hennie van Wyk, said.

Dr Van Wyk was reacting to a letter in the *South African Medical Journal* signed by 70 doctors who said they deplored the "disgusting and despicable" conditions at Baragwanath.

The letter said facilities at the hospital were completely inadequate. Many patients had to sleep on the floor at night and sit on chairs during the day.

"The overcrowding is horrendous. Nurses are allocated according to the number of beds and not to the number of patients. Ablution facilities are far short of accepted health requirements and ethical standards are undoubtedly compromised," the letter said.

In a replying letter, Dr van Wyk said his administration did not deny that many of the buildings at the hospital were old and did not comply with all the requirements expected at an academic hospital. He said the TPA also did not deny that many of the wards were often overcrowded.

"However, the administration has been upgrading the hospital since the 1970s. At first several old buildings had to be removed before new ward accommodation could be located.

"In the process some of the best facilities available have been provided, such as the new maternity hospital, pathology laboratories, nurses' residences and the college of nursing.

"Owing to the escalation of costs and a shortage of funds the progress of upgrading the hospital is taking longer than anticipated. For the financial year 1979/80 the hospital budgeted for an expenditure of R37,9 million, whereas it increased to R143,4 million for 1986/87. New medical equipment costing R10,2 million has been bought for Baragwanath Hospital since 1985," Dr van Wyk said.

SOWETAN, Tuesday, December 1, 1987

Use other clinics - appeal from Bara

BARAGWANATH Hospital authorities have appealed to members of the public to make use of other Soweto health centres to avoid the anticipated congestion at the hospital's casualty section during the festive season.

A hospital spokesperson yesterday said a casualty department was strictly for the treatment of critically ill or injured patients. She said patients should visit the hospital only when their condition required emergency treatment.

The spokesperson said a recent survey indicated that only 50 out of a

By SY MAKARINGE

hundred patients visiting the hospital's casualty department were medically considered as an emergency.

Of these only 50 percent were really critical.

"In view of the preparations for the usual patient increase during the festive season, the hospital will require the community's full co-operation to be able to provide the outstanding professional service that the patients are entitled to," she said.

Members of the public seemed not to be aware of the fact that the 11 Soweto clinics were fully equipped to handle many health problems during working hours, she said.

If patients did not make use of these services, they might have to wait up to 10 hours at the hospital's casualty department if they were not considered as an absolute emergency.

We realise that the services at the clinics are limited to working hours. If a patient should become ill after hours he or she must decide whether his or her condition is such as to justify priority treatment which may cause a more serious patient to be neglected.

"Employers are also urged to support the appeal and allow sick workers to visit the clinics during working hours," the spokesperson said.

Centres

Here is a full list of health centres throughout Soweto: Tshiawelo clinic, Old Potchefstroom Road, Tshiawelo; Diepkloof clinic, Redshaw Avenue, Diepkloof; Jabavu clinic, Tumahole Street, White City Jabavu; Meadowlands clinic, Hekroodt Circle, Zone 2, Meadowlands; Orlando clinic, Radebe Street, Orlando East; Phomolong clinic, Pela Street, Orlando West; Pimville clinic, Zone 3, Pimville; Senaoane clinic, corner Mabalane and Pongolo Streets, Senaoane; Tladi Clinic, Legwale Street, Tladi; Zola clinic, Obed Street, Zola and Koos Beukes clinic, Old Potchefstroom Road, Diepkloof (near St John's Eye Hospital).

(98) SMH 3/12/87

Conditions deplored

Doctor pleads for probe into Baragwanath

Medical Reporter

The Medical Association of South Africa should institute an inquiry into conditions at Baragwanath Hospital to determine the validity of complaints by the hospital staff, a Canadian doctor has said.

The doctor, of the Department of Cardiology at the Royal Victoria Hospital in Montreal, said in a letter to the South African Medical Journal that the "dignified and heart-rending" appeal by Baragwanath Hospital doctors for help deserved the most active support.

"These are not stirrers or trouble-makers. The staff of this hospital includes some of the most dedicated and skilled colleagues with whom I have ever had the privilege of being associated," the doctor said.

Their description of conditions at Baragwanath was, if anything, "an understatement of the deplorable conditions" which had existed at the hospital for many years.

"Who should bear the blame is irrelevant. It is surely not the hospital's own administration who, like their medical and nursing colleagues, have succeeded in making the unworkable work year after year," the doctor said.

"Nor is it necessarily the fault of the Transvaal Provincial Administration who are also attempting to operate a vast hospital system in the face of impossible financial and political pressures.

BREAKING POINT

"But this is a cry for help by doctors who have reached breaking point."

The doctor suggested that MASA should institute an inquiry into conditions at Baragwanath.

He said MASA should also meet the Minister of Health to enquire what plans there were to rectify the situation.

"If a staff is to be retained at this hospital some realistic hope must be offered. If our profession is not to hang its head in collective shame it must strenuously protest the authorities' continued toleration of this intolerable situation."

A recent letter signed by 70 doctors described conditions at the hospital as "disgusting and despicable". They complained of inadequate facilities and gross overcrowding. The executive director of hospital services, Dr Hennie van Wyk, said Baragwanath had not been abandoned and the Province was doing what it could.

Plan to privatise TB hospital in New Brighton

By JENNY CULLUM

THE 330-bed tuberculosis hospital in New Brighton, Port Elizabeth, will soon be taken over by private enterprise.

The Department of National Health and Population Development has called for tenders for the running of Empilweni Hospital, which handles about 1 700 patients a year, with an average stay of 70 days each.

Patients will still be admitted free of charge, their fees being paid by the department.

The 600-bed Tower Psychiatric Hospital at Fort Beaufort will also be privatised.

The privatisation of both Empilweni and Tower is subject to the acceptance of tenders.

Eastern Cape regional director of health Dr Charles Louw said that so far in South Africa about 10 000 to 11 000 hospital beds had been privatised, mainly in the Transvaal.

All the hospitals privatised were either TB or psychiatric hospitals, which needed less intensive nursing.

One company, Smith and Mitchell, is the major firm which has been involved in taking over hospitals.

In the Eastern Cape, a 700-bed psychiatric hospital at Kirkwood and the 250-bed Algoa Chest Hospital in Port Elizabeth are already operated by Smith and Mitchell.

Dr Louw said the privatisation scheme was not being implemented on the same basis as a private hospital or clinic for fee-paying patients.

Empilweni's medical staff (three full-time doctors) would remain the responsibility of the Health Department.

Nursing staff and other appointments would be handled by the private firm.

Dr Louw said salaries offered were slightly higher than departmental salaries.

The department would ensure that, if staff numbers were reduced, or if they did not wish to accept transfer to a private concern, they would be accommodated at other hospitals.

Staff who had reached retirement age and still wished to work would also be accommodated wherever possible.

TB patients would still be channelled by the department or the municipality to the hospital.

Dr Louw said the privatisation was part of the Government's plan to reduce the administrative load on the department's head office in Pretoria.

"Empilweni Hospital will still fall under the supervision of the department, which ensures that there is no dropping of standards."

(95) SMC 5/12/87

Hospital row over 'racial services'

SARA MARTIN

Blatant racial discrimination in Transvaal Provincial Hospitals that extends even to the segregation of coffee, sugar and tea for blacks and whites, was brought to the attention of The Saturday Star this week.

An irate employee, who asked to remain anonymous for fear of repercussions, leaked to the The Saturday Star a daily requisition form used to order provisions for the hospitals.

Articles listed on the requisition form included: syrup, peanut butter, marmite, jam, coffee for "Europeans", coffee for "Non-Europeans", sugar for "Europeans", sugar for "Non-Europeans", tea for "Europeans" and tea for "Non-Europeans."

"In a country that is striving to bring about change so as to prove to the outside world that it is genuinely trying to bring peace among all racial groups, it is disgraceful that hospitals should still stick to such petty apartheid," said the employee.

Asked to comment, a spokesman for the Johannesburg Hospital denied there was any kind of discrimination.

TPH 488

DAILY WARD REQUISITION ON PROVISION STORES
DAAGLIKSE SAAL BESTELLING AAN PROVISIEMAGASYNE

Johannesburg HOSPITAL / HOSPITAAL

WARD / SAAL [redacted] DATE / DATUM 2/11/87

Stores Use Only / Slegs vir Gebruik van Magasyn

Qty Req. Hoev Ben.		Unit Eenheid	Item / Artikel	Qty Issued Hoev. Uit
1	13		~~BUTTER~~ BOTTER Syrup	
1	14		~~CHEESE~~ KAAS Peanut Butter	
	21		COFFEE (EUROPEANS) KOFFIE (BLANKES)	
	22		COFFEE (NON EUROPEANS) KOFFIE (NIE BLANKES)	
1	29		~~EGGS~~ EIERS Marmite	
1	49		~~MARGARINE~~ KUNSBOTTER Jam	
	80		SUGAR (EUROPEANS) SUIKER (BLANKES)	
	81		SUGAR (NON EUROPEANS) SUIKER (NIE BLANKES)	
	90		TEA (EUROPEANS) TEE (BLANKES)	
	91		TEA (NON-EUROPEANS) TEE (NIE BLANKES)	

See also Weekly Requisition Form 48 H Items not appearing on either form should be ordered as 'Extra' on Diet Order Form

Sien ook Weeklikse Bestellingsvorm 48 H Artikels nie op hierdie vorms gedruk nie moet as „Ekstra" op Dieetbestellingsvorm bestel word.

'BLACK' COFFEE: forms that leave a bitter taste.

Discrimination

"There is only one food service for patients (at the hospital) regardless of race group," the spokesman said. "We do do have the facilities for serving patients individually with ethnically related diets. In the case of religious preferences, the Jewish community, for example, provides a service for Jewish patients at their own cost.

"As far as staff are concerned, allowances for tea, coffee, sugar and milk are allocated to all staff members equally. The quality and quantities are the same regardless of population group."

Tanzan

Use the clinics, says Bara

BARAGWANATH Hospital this week appealed to the public to make more use of Soweto community centre clinics during the festive season.

Hospital spokeswoman Hester Vorster, said people should only seek treatment at the hospital's casualty department in emergency cases.

"The hospital made the appeal in view of the usual increase in cases during the Christmas season," she said.

"The hospital will require the community's full co-operation to be able to provide the professional service that the patients are entitled to.

"Recent surveys indicated that only half the patients visiting the casualty department, were medically considered as an emergency.

"Of these, only 50 percent were really critical.

"An urgent appeal is therefore made to the public to make more use of the available facilities at the Soweto community house centres, during normal working hours.

"The public seems unaware of the fact the clinics are equipped for most health investigations, including X-ray investigations," she said. – Sapa.

Now Khabi's

Bishop's funeral

Sowetan 9/12/87 (98)

Medic case ruling today

JUDGMENT in the case of the Sebokeng Hospital workers who challenged their dismissal by the authorities on October 27 will be given today in the Rand Supreme Court.

The applicants, Mary Mokoena, Maria Mahume, Lizzie Theletsane and Jacob Tsolo declared in the application that they were wrongfully and unlawfully dismissed and that their dismissal should be set aside.

SEBOKENG and Vereeniging hospital workers at a Rand Supreme Court.

They have ordered the first respondent, the administrator of the Transvaal, to pay the costs of the application, and the other respondents, the director of hospital services, the senior administrator of the Vereeniging Hospital, the provincial secretary of the Transvaal Provincial Administration, and the superintendent of the Vereeniging Hospital should jointly or severally pay the costs if they opposed the application.

The case is the sequel to the dismissal of about 500 hospital workers on October 27 this year. The National Union of Public Service Workers challenged the dismissals.

98 11/12/87

Six doctors take official to court

SIX doctors who criticised facilities at Baragwanath hospital are taking Rand Supreme Court action against the Director of the Transvaal Provincial Hospital Services today.

The doctors are seeking an interdict against Dr Attie van Wyk's refusal of their appointments to senior positions at the hospital.

The six were selected by the Department of Paediatrics at the hospital in August.

In October, Dr van Wyk refused the appointments. At that time it was said that it was because

By THABISO LESHOAI

the doctors were signatories with 101 other doctors to a letter exposing what they described as gross inadequacies at Baragwanath hospital. The letter also said the Provincial Administration's attitude to these conditions was one of indifference and contempt.

Support

Although several approaches have been made to the director by the Medical Advisory Committee at Baragwanath hospital no official reason for the refusal have yet been given.

Other doctors and the Wits medical faculty have come out in support of the six doctors bringing the action. On Wednesday doctors from Johannesburg hospitals formed a committee to "co-ordinate a support and and action programme." Also present at the meeting was Progressive Federal Party MP (Bryanston) Mr Rupert Lorimer who pledged his support.

FOCUS

Sowetan

Bara - from the outside, looking in

98
14/12/87

Dr ROBERT Lipschitz . . . head of team.

THIS is how Associated Press correspondent, DAVID CRARY, sees Baragwanath Hospital.

SOME patients at Baragwanath Hospital sleep on the floors of overcrowded wards. But they may be treated by some of the best doctors in Africa.

Sick children brought in by their mothers often wait half a day to be examined at this huge black township's only hospital.

But near the waiting room lie Siamese twins, joined at the head, whom neurosurgeons hope to separate next month in one of the most delicate, complex operations ever tackled in South Africa.

Professor Robert Lipschitz, head of the team trying to separate the one-year-old twins, says the quality of medical tretment of Baragwanath is as good as at any hospital in the world.

But one Soweto physician, Dr Abu Asvat, told the local newspaper *City Press* that some of his patients "preferred to stay and die at home" rather than endure Baragwanath.

Recently, 70 doctors on the staff, in a letter to the *South African Medical Journal*, said conditions at the hospital were "disgusting and despicable."

The scene of these contradictions is a 70 hectare, 2780-bed complex at one of the main entryways into the township of 2,5 million people outside Johannesburg.

Baragwanath is the largest hospital in Africa and the main teaching facility for the medical school at Johannesburg's University of the Witwatersrand.

It has an eye hospital, a maternity hospital and a nursing school for 1200 students whose 12-storey students whose 12-storey dormitory is Soweto's tallest building.

The intensive care wards and operating rooms are in a special, air-conditioned unit with the hospital's best equipment and maintenance.

Regular wards are not air-conditioned, and appear much less sophisticated.

Last year, Baragwanath's 10 000 employees cared for 120 000 inpatients, handled 1,3 million out-patient visits, delivered 27 332 babies and performed 33 675 operations.

Most patient care is Government-subsidised, with fees ranging up to R10 an admission.

About 12 percent of admissions are classified as private patients and pay R82.

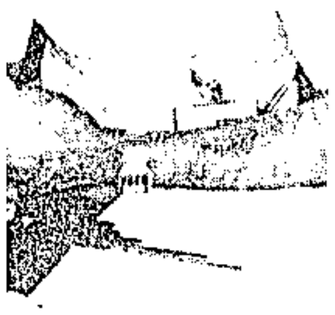
The staff includes 534 doctors — about 10 percent of them black.

But poor salaries and deteriorating working conditions have driven many doctors away from Government-run hospitals such as Baragwanath.

Some go into private practice, others emigrate.

Professor Leo Schamroth, recently retired after 32 years as Baragwanath's Chief of Medicine, said the hospital "is being transformed from an internationally renowned academic centre for training and research into a glorified primary health care centre."

"The emphasis now is not so much on quality of service as quantity," he said in a farewell speech in September.



DR ASVAT . . . based in Soweto.

Many Sowetans feel primary health care should be Baragwanath's top priority, but even in that area there are problems.

The doctors who wrote to the medical journal complained of overcrowding that resulted in patients sleeping on floors and under beds, inadequate nursing staff and sub-standard sanitary facilities.

Plight

"Pleas for help have been met by indifference and callous disregard," the letter said. "Patients and their problems are treated with utter contempt by authorities."

An editorial in the same issue of the journal called Baragwanath "a hospital in despair." The editorial linked the hospital's plight to apartheid, citing "decades of exploitation and gross insensitivity to the needs and aspirations of the population it serves."

"The fault does not lie with the hospital," said the *Star* newspaper of Johannesburg in an editorial. "It is the fault of those who think it is right for Soweto, with an estimated 2-million inhabitants, to get by with one hospital while Johannesburg, with a fraction of that population has three, with many wards empty and costly facilities lying idle."

Dr Hennie van Wyk, Director of Hospital Services for Transvaal Province, acknowledges problems at Baragwanath and says the ultimate solution would be a new full-service hospital for Soweto. Plans have been drafted and a site located, he said, but funds are not available.

Specialised

Dr van Wyk disputed the contention that Baragwanath's ills could be cured by opening "white" hospitals in Johannesburg to blacks, although some blacks already are allowed in these hospitals for specialised treatment such as heart surgery.

The public hospital system has enough doctors in the Johannesburg region to staff only one full-fledged cardiac surgery team, which is based at a "white" hospital.

Conversely, some whites go to Baragwanath for brain surgery, because Dr Lipschitz's well-regarded team is based there.

"It's not a question of black and white," Dr van Wyk said in an interview. "The normal thing to do would be to provide the beds in the area the patients come from."

Outdoors

While awaiting funds for a new full-service hospital, he said, his department has opened several smaller hospitals and clinics for blacks in the region.

Ms Hester Vorster, the hospital's spokeswoman, said Baragwanath has operated at about 110 percent of capacity in recent years, mainly because it dislikes turning patients away.

"We're not going to tell anyone we can cope," she said. "We can't cope."

Baragwanath's 66 wards are in long, narrow one-storey buildings, built in 1941 as part of what was then a British military hospital.

Patients have easy access to the outdoors — men and women in striped pyjamas sit in groups on the grass between the buildings.

Political comment in this issue by J Latakgomo and A Klaaste. Sub-editing, headlines and posters by S Matlhaku. All of 61 Commando Road, Industria West, Johannesburg.

The reproduction or broadcast without permission of articles published in this newspaper on any current economic, political or religious topic, is forbidden and expressly reserved to The Argus Printing and Publishing Company Ltd under Section 12(7) of the Copyright Act 1978.

• Write to the Editor at PO Box 6663, Johannesburg 2000. Nom-de-plumes can be used, but full names and addresses should be supplied or the letter will not be published.

THE *Sowetan* today remembers journalists around the country who are in detention:

- **Zwelakhe Sisulu, Editor of the *New Nation*, who has been in detention under the emergency regulations for 340 days;**
- **Brian Sokutu, Eastern Cape freelance journalist, 520 days;**
- **Vincent Mfundisi, of SABC-TV, has been detained under Section 30 of the Internal Security Act for 65 days.**

98 B/day 13/12/87

Doctors must get hearing — court

SUSAN RUSSELL

SIX young doctors, who were refused appointments as senior house officers at Baragwanath because they were signatories to a letter criticising conditions at the hospital, are to get a hearing, and their applications will be reconsidered, following an order granted in the Rand Supreme Court.

The doctors — Beverley Traub, Linda Jivhuho, Zolela Ngcwabe, Gideon Frame, Hubert Hon and Mark Friedman — all signed the letter, which was sent to the SA Medical and Dental Council and was published in the SA Medical Journal on September 5.

The letter criticised Transvaal Provincial Administration policy in regard to conditions in the department of medicine. It described conditions in the medical wards as disgusting and the attitude of the authorities as deplorable.

None of the doctors received a hearing before their appointments were rejected.

Court order

Mr Justice R Goldstone yesterday set aside the decision by the Director of Hospital Services not to approve their appointments.

The judge also directed the Administrator of the Transvaal to consider their applications — either himself, or someone else other than the Director of Hospital Services and the hospital superintendent.

He ordered that this be done before December 31, and after the doctors had been given a fair hearing.

It was argued on behalf of the hospital authorities that the doctors, having been party to the letter, were unsuitable for appointment as senior house officers.

Mr Justice Goldstone said to find them unsuitable for appointment without having heard them was unfair.

No matter how strong the case against them, the denial of a hearing was a "fatal defect".

The judge granted the authorities leave to appeal to the Appellate Division.

Counsel for the Administrator said the hearing and consideration of the doctors' appointments would go ahead meanwhile.

Baragwanath and the problems of priority

DD 16/12/87 (98)

DAVID CRARY: Johannesburg

Some patients at Baragwanath Hospital sleep on the floors of overcrowded wards. But they may be treated by some of the best doctors in Africa.

Sick children brought in by their mothers often wait half a day to be examined at this huge black township's only hospital. But near the waiting room lie Siamese twins, joined at the head, whom neurosurgeons hope to separate next month in one of the most delicate, complex operations ever tackled in South Africa.

Professor Robert Lipschitz, head of the team trying to separate the one-year-old twins, says the quality of medical treatment at Baragwanath is as good as at any hospital in the world.

But one Soweto physician, Dr. A.B. Asvat, said in a Press interview some of his patients "preferred to stay and die at home" rather than endure Baragwanath. Recently, 70 doctors on the staff, in a letter to the South African Medical Journal, said conditions at the hospital were "disgusting and despicable."

The scene of these contradictions is a 70 hectare, 2 780-bed complex in the township of 2,5 million people outside Johannesburg.

Baragwanath is the largest hospital in Africa and the main teaching facility for the medical school at the University of the Witwatersand. It has an eye hospital, a maternity hospital and a nursing school for 1 200 students whose 12-storey dormitory is Soweto's tallest building.

The intensive care wards and operating rooms are in a special, air-conditioned unit with the hospital's best equipment and maintenance. Regular wards are not air-conditioned, and appear much less sophisticated.

Last year, Baragwanath's 10 000 employees cared for 120 000 in-patients, handled 1,3 million out-patient visits, delivered 27 332 babies and performed 33 675 operations.

Most patient care is government-subsidised, with fees ranging up to R10 per admission. About 12 percent of admissions are classified as private patients and pay R82 a day.

The staff includes 534 doctors, about 10 percent of them black. But poor salaries and deteriorating working conditions have driven many doctors away from government-run hospitals such as Baragwanath. Some go into private practice, others emigrate.

Professor Leo Schamroth, recently retired after 32 years as Baragwanath's chief of medicine, said the hospital "is being transformed from an internationally renowned academic centre for training and research into a glorified primary health care centre.

"The emphasis now is not so much on quality of service as quantity," he said in his farewell speech.

Many Sowetans feel primary health care should be Baragwanath's top priority, but even in that area there are problems. The doctors who wrote to the medical journal complained of overcrowding that resulted in patients sleeping on floors and under beds, inadequate nursing staff and substandard sanitary facilities.

"Pleas for help have been met by indifference and callous disregard," the letter said. "Patients and their problems are treated with utter contempt by authorities."

An editorial in the same issue of the journal called Baragwanath "a hospital in despair." The editorial linked the hospital's plight to apartheid, citing "decades of exploitation and gross insensitivity to the needs and aspirations of the population it serves."

"The fault does not lie with the hospital," said the Star in an editorial. "It is the fault of those who think it is right for Soweto, with an estimated two million inhabitants, to get by with one hospital while Johannesburg, with a fraction of that population has three, with many wards empty and costly facilities lying idle."

Dr. Hennie van Wyk, director of hospital services for the Transvaal, acknowledges problems at Baragwanath and says the ultimate solution would be a new full-service hospital for Soweto. Plans have have been drafted and a site located, he said, but funds are not available.

Dr Van Wyk disputed the contention that Baragwanath's ills could be cured by opening "white" hospitals in Johannesburg to blacks, although some blacks already are allowed in these hospitals for specialised treatment such as heart surgery. The public hospital system has enough doctors in the Johannesburg region to staff only one full-fledged cardiac surgery team, which is based at a "white" hospital.

Conversely, some whites go to Baragwanath for brain surgery, because Dr Lipschitz' well-regarded team is based there.

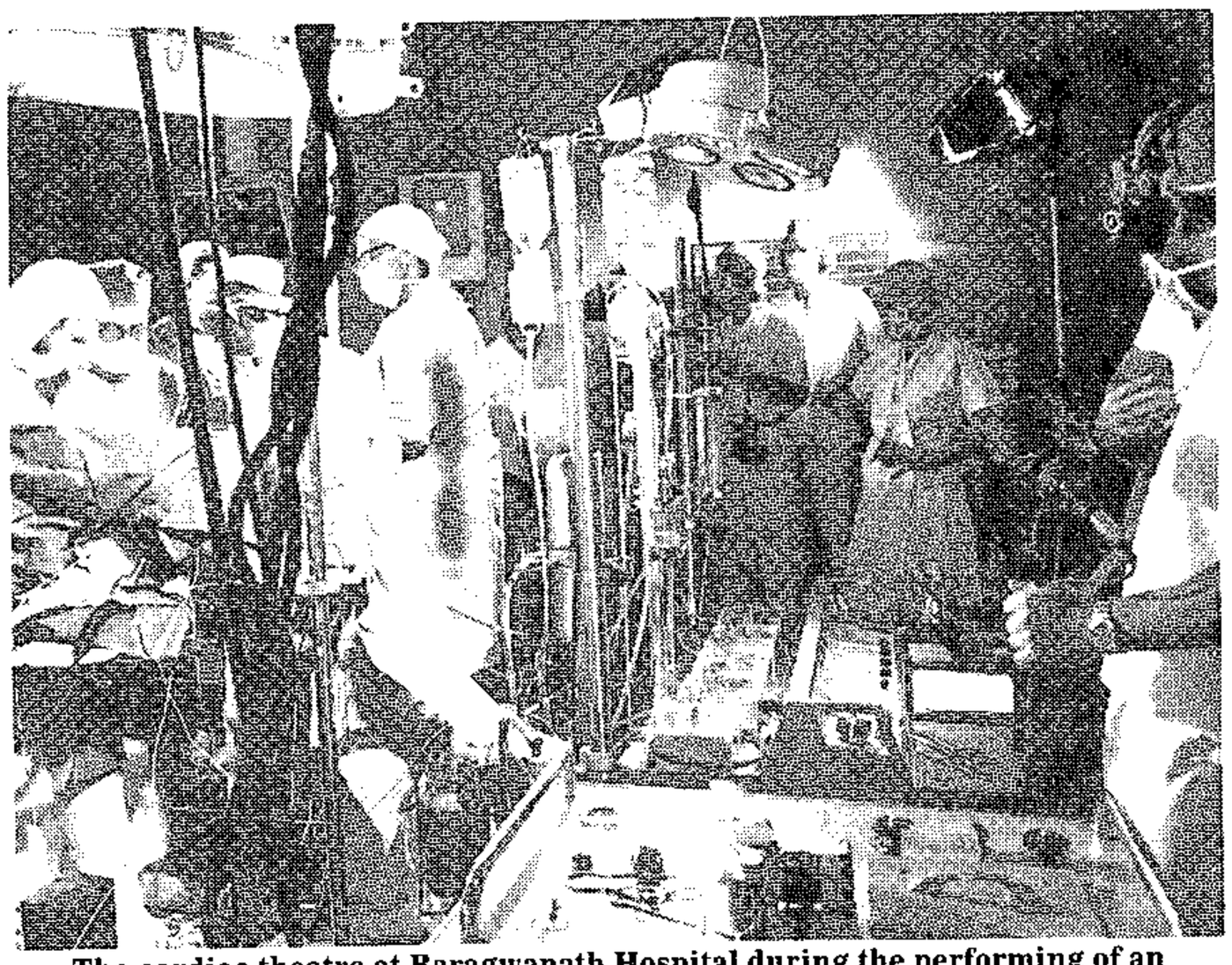
"It's not a question of black and white," Dr Van Wyk said in an interview. "The normal thing to do would be to provide the beds in the area the patients come from."

While awaiting funds for a new full-service hospital, he said, his department has opened several smaller hospitals and clinics for blacks in the region.

Hester Vorster, the hospital's spokeswoman, said Baragwanath has operated at about 110 percent of capacity in recent years, mainly because it dislikes turning patients away.

"We're not going to tell anyone we can cope," she said. "We can't cope."

Baragwanath's 66 wards are in long, narrow one-story buildings, built in 1941 as part of what was then a British military hospital. —Sapa



The cardiac theatre at Baragwanath Hospital during the performing of an open-hart operation.

82P283

'Baragwanath Hospital is a war-zone'

Conditions at Baragwanath Hospital have become critical. More than 100 doctors, frustrated by inadequate services, over-crowding and poor salaries, recently signed a petition demanding that the situation be improved. INGA MOLZEN spoke to one doctor who feels he can't go on.

The doctor was visibly exhausted.

"I've got exams coming up, but I just can't swot. The situation is too stressful. We're so overworked. It takes me three days to recover when we've worked through the night — from 8 am to 12 noon the next day," said the doctor, who asked not to be named.

"Working conditions are so severe that even the staff posts which are unfrozen cannot be filled.

"While there is a general shortage of qualified staff in all of the Transvaal Provincial Administration's hospitals, there is also a specific deprivation of medical service at black hospitals. They are not big enough to serve the populations with which they are burdened.

POOR SALARIES

"As a result of Baragwanath's reputation on the Witwatersrand circuit — where doctors rotate from hospital to hospital — we understand there will be 20 doctors fewer for next year than were available this year," he said.

"It's become practice that doctors on the circuit wait before they get to Baragwanath before they take their annual leave.

"One department of the circuit has had to introduce specific regulations to limit this practice. Other departments are considering following suit. Doctors are going to be asked to take the leave due to them at the end of each six-month stint at a different hospital," he said.

Doctors were increasingly going into private practice because of poor salary structures in provincial hospitals, he added. Medical staff were emigrating.

"The cracks are beginning to show."

About 500 nursing posts had been frozen at Baragwanath, he said, "which means that while the post exists on paper there was no one to fill them".

"There has been no advertising or recruitment to rectify this situation."

Similarly, he added, posts are frozen on the medical side with many departments working under strength.

Asked to comment on how many posts were frozen at Baragwanath, the Director of Hospital Services, Dr Hennie van Wyk, said 515 out of 585 full-time medical posts were filled.

He could not give a figure for the number of doctor's posts which have been frozen. "Because of the staff turnover, some of these posts are in the process of being filled, some have just become vacant".

Out of 3 605 nursing posts, 492 were frozen, he said.

The doctor who asked not to be identified said Baragwanath "is nominally a 2 700-bed hospital". "We could do with another 2 000 beds immediately.

"Recent figures show anything up to 60 percent overload. With patients lying on trollies, on stretchers and on the floors — the official bed figures do not depict the extent of overcrowding," he emphasised.

He said Soweto's population was large. "The hospital was overloaded before influx control was relaxed and it's going to get worse with rapid urbanisation."

An urgent application was brought before the Rand Supreme Court against the Administrator of the Transvaal, the Director of Hospital Services and the Superintendent of Baragwanath Hospital recently by six doctors claiming that they were being victimised because they were signatories to a letter in the September edition of the South African Medical Journal criticising conditions at Baragwanath.

HUGE WORKLOAD

Mr Justice R Goldstone ordered that the doctors be given a fair hearing and that their applications for posts at Baragwanath, which have been refused, be reconsidered.

Referring to the letter, The Star's source said that the state of affairs for patients and staff alike was inhumane.

In one department last week, for example, 20 admissions were made in one evening. Although five sisters were usually available in the ward during the day, there was only one night sister and three junior staff members on duty. "They just couldn't cope with nursing instructions."

He said a meeting was held last week between the night sister and the matron to discuss issues which were causing friction between the medical and nursing staff.

Although similar objections were raised last year concerning understaffing at night, nothing had changed, he added.

With "potentially dangerous consequences", the workload had resulted in medical dosages and transfusions being incorrectly administered — "with one patient even getting expired blood", he said.

"Baragwanath is a war-zone. The constant stream of admissions reaches a pitch in the late afternoon and carries on until early morning so the night staff get the brunt of admissions.

"It's a myth that you can have five or six sisters on duty during the day and manage with only one at night."

The doctor alleged that while supplies of freeze-dried plasma may still exist at the hospital, he believed the authorities had notified medical staff that further supplies would no longer be available.

"Freeze-dried plasma is an essential, interim, life-saving measure which doctors use for the treatment of acute shock.

He said the Government's recent decision to stop routine pap smears or cytologial screenings at Soweto clinics has placed an even greater burden on the hospital.

"Patients are reporting for pap smears which are no longer available at the clinics," he said.

(98) Bday 21/12/87

Afrox gases buoyant, hospital profits down

(98) 23/12/87 B/day

TWO major activities of African Oxygen (Afrox) — gases and welding — produced significantly better results in the year to September 30, 1987, but profits from the hospital division declined largely because of the fixed tariff structure in the industry.

"The private hospital industry is in the onerous position of having its tariffs set by the Representative Association of Medical Schemes," says chairman Paul Bosonnet in the group's annual report.

"For several years increases in private hospital tariffs have lagged behind cost increases and despite the most strenuous efforts at cost containment, profit of the group's hospital division was lower in 1987 than in 1986."

The nine hospitals in the group include the Brenthurst, Princess and Lady Dudley in Johannesburg and Entabeni in Durban. Afrox also owns two day clinics.

Nevertheless, group earnings a share rose to 113,6c (91,5c) and a total dividend of 61c (50c) was declared.

Earnings were reduced by R11,7m (R8,2m) on account of additional depreciation deducted in terms of the current cost accounting policy the group has adopted to take account of inflation in the valuation of assets.

LINDA ENSOR

Balanced business

Earnings a share were further impacted by the fact that this depreciation was not allowed for tax purposes. Return on assets on a historical basis was 14,34% in 1987 which reduced to 7,85% in terms of current cost method which was reduced further to 7,61%.

The group has a low gearing, with tight control on working capital and the proceeds of the sale of assets, resulting in a healthy cash flow. At year-end, readily available funds totalled R35,2m and the debt:equity ratio stood at 5,3% (11,1%).

The group's gas and welding businesses achieved greater market penetration and continued to improve operating efficiencies.

Bosonnet said Afrox's good performance owed much to the fact that it was a balanced group of businesses "with strong defensible market positions".

He said growth in the coming year would take place through the development of existing businesses and markets rather than by acquisition.

Major items of capital expenditure will be the expansion of existing infrastructure and facilities and the construction of a new Glynnwood Hospital.

As regards the Afrox share, Bosonnet says the rate of return on an investment made in Afrox shares 10 years ago is 27,8% p.a., includingcapital appreciation and dividends. This compared favourably with the average rate of inflation of 14% over the last 10 years during which time the Afrox share price increased at a compound rate of 26,4% a year.

As regards gases, the annual report states that while the industry is in an overcapacity position, Afrox's volume gains in the development market are expected to continue.

It says: "The growth coinciding with the Mossel Bay gas and other projects, indicates that attention will shortly be focused on expanding capacity to meet the expected increased demand."

BITTER PILL FOR NEW YEAR

MASSIVE increases at all provincial hospitals in the Transvaal come into effect from January 1 with pensioners facing an increase of 150 percent in hospital fees.

The increases were yesterday confirmed by the Department of Hospital Services in the Transvaal Provincial Administration while the Health Workers Association issued a blistering attack on them.

The increase is the second in six months. The last was on July 1.

For pensioners and disabled people, classified as H2 patients, weekday tariffs have risen from R2 to R5, meaning a 150 percent increase. Weekend rates have risen from R5 to R7,50; a 50 percent increase.

For H3 patients (people earning between R200 and R250 per month) weekday rates have gone up from R5 to R8 while weekend rates have risen from R7,50 to R12. In both cases this is a 60 percent increase.

Patients

The H4 patients (people earning between R250 and R400 per month) face a weekday tariff increase of R10 and R13 and a weekend increase from R15 to R19,30.

In both cases this is a 30 percent increase. There have been no increases for people earning over R400 who are classified as private patients.

The Chief Director of Hospital Services, Dr J A Fourie, yesterday said people who could not afford the new charges could apply to hospital superintendents for reclassification.

By THABISO LESHOAI

The increases, he said, were to cover the "escalating" cost of medicines.

"Everybody must contribute within their means to the medicine bill," he said.

"Everybody can't get everything for free. We need extra money for improving facilities."

He indicated that the extra money could come from a surplus left over from the new tariffs after the costs of medicines had been covered.

A spokesman for the Health Workers Association retorted by saying even though health tariffs have been raised ever year, "we have not seen any improvement in health services. Health services have actually deteriorated," he said.

Hospital fees to rise by up to 150%

Percy Qoboza 'seriously ill'

THE editor of *City Press* newspaper, Mr Percy Qoboza, is in a coma at Baragwanath Hospital in Soweto.

Mr Qoboza, former editor of the banned *World* and *Weekend World* and the defunct *Post* and *Sunday Post* newspapers, was admitted to the hospital's Intensive Care Unit last week Thursday, suffering from an ulcer of the stomach.

Coma

ALLAN EDWARDS
17 BREE STREET (between Loveday and Harrison Sts.)
JOHANNESBURG. TEL. 834-2775
STEP INTO 1988 WITH THE LOWEST PRICES IN TOWN
SEND R10 DEPOSIT FOR C.O.D ORDERS
Cifo Roma
R24,99
Colours:
WHITE, NAVY and RED
STYLED IN ITALY
R29,99
RED, WHITE, NAVY
NEW ROMAN LOOK
STUD SANDAL
Colours
WHITE MULTI

98

HUGE HOSPITAL FEE HIKES IN TVL

Post Reporter

MASSIVE tariff increases come into effect at all provincial hospitals in the Transvaal from January 1, with pensioners facing rises of 150%.

However, no similar increases are envisaged for provincial hospitals in the Cape, the MEC in charge of hospitals, Mr Koos Theron, has confirmed.

The Transvaal increases were confirmed yesterday by the Department of Hospital Services in the Transvaal Provincial Administration, and spokesmen for the Health Workers' Association issued blistering attacks on the cost hikes.

They are the second in six months. The last was on July 1.

But in the Cape a different system operates, Mr Theron said. He said two years ago a fee structure was adopted in the Cape whereby "we expect everyone to contribute according to their means".

He added: "It is still our policy that anyone who can't afford to pay, won't be refused medical treatment."

Mr Theron said the fee structure in the Cape was adapted annually after each budget. The last increases came into effect on April 1, 1987, and the 1988 increase would be determined after the increases in civil pensions were announced in the Budget, he said. "There is no increase in the pipeline at present," he said.

● Weekday tariffs for pensioners and disabled people in the Transvaal classified as H2 patients have risen from R2 to R5. Weekend rates go from R5 to R7,50.

For H3 patients (people earning between R200 and R250 a month) weekday rates are up from R5 to R8 while weekend rates are up R7,50 to R12. In both cases this is a 60% increase.

The H4 patients (earnings R250 to R400 a month) face a weekday tariff increase of R10 to R13 and a weekend increase from R15 to R19,30.

There have been no increases for people earning over R400 monthly. They are clasified as private patients.

The Chief Director of Hospital Services, Dr J A Fourie, commented that people who could not afford the new charges could apply to hospital superintendents for reclasification.

The increases, he said, were to cover the "escalating" cost of medicines.

"Everybody must contribute within their means to the medicine bill. Everybody can't get everything free. We need extra money to improve facilities," he said. — Sapa

the award before he died.

ident Mr Adrian Slade.

Argus 31/12/87

Black housing major priority, says Louw

Staff Reporter

TWO major problem areas facing the Cape in 1988, providing black housing and the prospect of shortening road-workers' hours because of lack of funds, are highlighted by the Administrator, Mr Gene Louw, in his New Year message.

Black housing will be given major attention next year when the province intends providing 24 000 sites, 60 percent of them earmarked for development by the private sector to promote private home ownership.

Another 33 000 squatter families and backyard dwellers will have to be resettled and provided with basic services.

Roads, the Cape's other main headache because of a lack of funds, will compel the introduction of three-day and four-day working weeks for road-workers and the dismissal of officials with 20 years' or more service, Mr Louw says.

"One of the Cape's greatest problems is that we have more than 4 000km of 'proposed' national roads at our disposal which actually form part of the national network, which is the responsibility of the Department of National Transport.

"Maintenance and reconstruction of these roads place a greater burden on the Cape than all the other three provinces combined."

Mr Louw said his department was conducting negotiations with the Government to relieve the Cape of this burden.

Another objective would be to establish regional service councils throughout the province to "seek a formula" to help to uplift the poorest residential areas.

Next year psychiatric and preventive health services would be transferred from the Government to the province. This meant a streamlined, comprehensive health service and there are plans to establish 10 more community health centres where at least 100 000 patients will be treated.

The opening of the first section of the new Groote Schuur Hospital would make 410 medical beds, 183 surgical beds and 11 theatres available.

Funds amounting to R8,2-million would be made available to provide temporary work for about 8 000 unemployed and efforts would be made to upgrade libraries and provide regional recreation resorts to alleviate overcrowded conditions in the existing resorts.

"We are continuously stricken by extended droughts in the rural areas and we will, as far as we can, continue to provide financial assistance in emergency situations."

Mr Louw said that at the time of the riots there were only 38 local authorities. The number increased to 86 in 1987 and the target for 1988 was 97.

AL and CAPE 80c (71c + 9c tax) 98 Bday 31/12/87 A TIMES MEDIA PU

New hospital tariffs will bring in R30m

MANDY JEAN WOODS

MEDICAL tariff increases for provincial hospitals, gazetted yesterday, are expected to bring in an additional R30m in the year to March 1989.

Hospital tariff increases imposed last July, together with the new increases which become effective on January 1, will add R12m to provincial hospital income for this financial year, boosting total estimated income to R112m.

Hospital services acting director Dr J A "Joon" Fourie said yesterday the increases would affect all 69 Transvaal provincial hospitals.

Prescription and consultation fees for out-patients and private in-patients, pathological services at three major hospitals, and orthopedic and surgical appliances are affected by the increases.

An extra R3 has been added to existing tariffs for private and out-patients in the H2, 3 and 4 categories (primarily low-income people and pensioners).

Fourie said the tariff now included consultation and prescription charges irrespective of the number of items on a prescription. Patients now pay a basic consultation fee plus R1 for each prescription item.

The increase was a rationalisation of fees paid by patients.

Fourie said: "Now by paying R3 more they only pay one fee and no extra charges will be made for prescription items. Patients who paid R2 for a consultation now pay R5, R5 now R8 and R10 now R13."

Private patients will pay more for medicines, while in provincial hospitals patients will be charged cost plus 100%. Fourie said hospital medicines would still be cheaper than medicines bought from the private sector.

Three provincial hospitals which allow private patients to be treated by hospital staff — the H F Verwoerd, J G Strijdom and Johannesburg General — will now have accounts rendered for pathological services at cost plus 20% for private patients.

Orthopaedic and surgical appliances and prosthesis (artificial limbs) services will now be cost plus 30% to all patients.

Jubilant Sebokeng hospital workers chanted, sang and danced after they were told by their lawyer they could return to work unconditionally.

WORKERS REINSTATED

By MARTIN NTSOELENGOE

TRAFFIC between Pritchard and Kruis streets in Johannesburg came to a halt this week when Sebokeng Hospital workers broke into song and dance after a Rand Supreme Court judge ruled that they must go back to work.

The 500 workers were fired on October 27 this year after authorities at the hospital said the workers were on a "go slow strike".

The workers became jubilant when their instructing lawyer, Sisi Kgampepe, told them of the ruling by Judge R Goldstone that they could start working the following day.

She was carried shoulder-high by the happy workers after she had made the announcement.

Kgampepe was instructed by the National Union of Public Service Workers.

The application was brought before the court by four of the 496 workers, against the Administrator of the Transvaal, director of hospital services and the administrator of the Vereeniging Hospital.

The four are Mary Mokoena, Maria Mahume, Lizzie Theletsane and Jacob Tsolo.

Among others, the judge ordered that:

- The hospital authorities must pay costs.
- The dismissal of the workers was void and had no effect in law.
- The workers remained in the employ of the hospital.
- They be paid for the period they have not been working.

Goldstone said that although there was a law that workers had signed contracts stating that they could be dismissed within 24 hours, they were wrongfully dismissed.

Before delivering judgment he refered to a similar case where he had ruled agains temporary workers being dismissed at a short notice of 24 hours.

The judge said that although the Public Service Act makes no provision for temporary workers, the applicants came to court on a common law right.

But those at the Sebokeng Hospital fell under a different category, because they made monthly contributions to a pension fund.

Reasons given by the judge was that some of the workers belonged to the pension fund, and if dismissed they might lose their pension which they had paid over many years.

He also took the inflation rate in to account when he compared the rand today to 14 years ago.

He said at the time when Mokoena started contributing to the pension fund, the rand was worth far more than it was how.

At her age, Mokoena wouldn't be able to contribute sufficiently to her pension fund.

And although the position with the three other applicants was not as bad as that of Mokoena, the principle remained the same.

"If they can be dismissed now at the whim of an official without any inquiry, it is unfair," the judge argued.

Because of the compulsory pension fund they were paying, the workers were like permanent workers.

The judge, therefore, argued that they were entitled to a hearing and could not to be summarily dismissed.

The judge said the workers should have been allowed time for representation.

Earlier, I Mahomed SC, assisted by Craig Watt Pringle, argued that after the long periods the workers had been working for the hospital they became eligible for pension which was deducted from their pay.

Therefore, they were like permanent workers and this created legitimate expectations in them.

CLINIC HOLDINGS

Separate operations

As if with Siamese twins, Clinic Holdings (Clinics) has carefully separated the property interests from its private hospital business. Only the so-called operating part of the business will be listed in the JSE's pharmaceutical and medical sector on December 10.

The separation makes a considerable difference to the risk:return profiles of the business. Management views the reorganisation of assets and liabilities as creating an opportunity to invest in a focused business devoid of debt.

After the changes, Clinics' net worth is 30,5c a share, only 15% of its 200c issue price. The net worth includes the entire fixed asset content (mainly medical equipment) of 12 fully equipped modern hospitals, which were bought for R21,6m. Financial director Stan Berger reckons the fair value of these fixed assets exceeds R120m. "On that basis, net worth is 120c," he says.

The properties on which the hospitals stand are held by the controlling shareholders, but there is security in that the lease is indefinitely renewable at the option of the listed group, and the landlord has no right of termination. Suggestion of a potential conflict of interests comes from the provision that, after completion of the capex programme in 1989, Clinics pays its landlord 8% of turnover.

The property section was originally a drag on earnings of the combined company. Historical earnings have been recalculated excluding interest, rent, administration and other minor adjustments. Earnings on combined property and business interests for the years 1983 to 1987 were R6,4m, R4,7m, R5,6m, R7,5m, and R9,2m. After recalculation, the figures are R6,1m, R6,5m, R7,5m, R10,2m, and R12,0m — a sharp improvement in the past five years compared with the combined picture.

Margins should rise

Clinics expects this to continue with taxed profit rising by 43% in 1988 on a 29% rise in turnover. Margins should rise as the R200m hospital improvement capex programme, started in 1983, nears completion. Forecast EPS for 1988, based on 99m shares and a 50% tax rate, is 17,4c against last year's 12,1c making the forward earnings yield 8,7% on the 200c issue price. Next year's EPS should be higher, helped to lower tax due to a R6,2m estimated tax loss. The forward earnings yield is only slightly better than the historical 7,7% average for the sector, suggesting a tightly pitched offer in the current market.

Still, the 16,8m share private placing to Southern Life and Arnie Witkin's New Bernica was fully taken up; the 5,8m preferential offer to Clinics' nursing staff, employees, medical practitioners and associates was marginally oversubscribed; and the 4,6m public issue was oversubscribed 4,6 times. This interest would have augured well for the opening price a few weeks ago, but in this unstable market one simply has to wait and see.

Analysts see medium-term value in the share and seem less concerned about possible conflict of interest than the issue price, and prefer to assess the share once rated by the market.

Dave Edwards

On-off case on

THE on-and-off case in which 500 employees of the Sebokeng and Vereeniging hospitals are challenging their dismissals after a two day strike over wages, working conditions and union recognition, will be heard today in the Rand Supreme Court. Sowetan 7/12/87

Private hospitals 'can do'

PRETORIA — The private hospitals movement had the managerial and financial capacity to support a significant expansion of the movement, National Assocation of Private Hospitals' Association chairman Dick Williamson said.

He was reacting to the announcement by Minister in the Office of the State President Alwyn Schlebusch of an investigation into privatisation and deregulation of the hospital and health services. Dr Wim de Villiers is to head the investigation.

Williamson a said his association fully supported the investigation.

Growth of the private hospitals movement could be measured by the fact that currently private institutions provided 1,8-million bed nights a year. He said it was vital if the project were to succeed that the greater privatisation of hospitals and health services be done at a sure and gradual tempo.

GERALD REILLY

Williamson said the association was involved in the state's joint advisory committee on hospitals services. A sub committee focussing on privatisation had been appointed.

Meanwhile the Medical Assocation of SA has also welcomed the investigation. A spokesman said Masa supported greater privatisation provided medical services were kept within the financial reach of all population groups.

Union is to leave no stone unturned

By STAN MHLONGO

THE National Union of Public Services Workers, angered by the sacking of over 400 of their members at two Vaal hospitals this week, have promised to leave no stone unturned in its bid to win members back their jobs.

NUPSW national organiser Steve Mohamme said this week the NUPSW was not disheartened by the hospital authorities' claim that eight of the sacked members – accused of being ringleaders of the strike – would not get their jobs back under any conditions.

Mohamme said the union's lawyers were to take the matter to the Supreme Court.

A spokesman for Sebokeng and Vereeniging hospitals, Dr J van der Vyver, said this week that new staff was being recruited.

B/Day 4/11/87

Hospital costs too heavy for govt

Health services privatisation probe launched

GERALD REILLY

PRETORIA — An investigation into the privatisation and deregulation of hospitals and health services is to be launched, Minister in the Office of the State President Alwyn Schlebusch said yesterday.

Heading the investigation will be Dr W J (Wim) de Villiers — former Gencor executive chairman, head of the 1985 investigation into SA Transport Services, chairman of the 1983 commission of inquiry into Escom, and special adviser to the State President on privatisation.

He will make recommendations to the committee of Ministers on privatisation and deregulation.

Schlebusch said government spending on hospital and health services was a source of great concern. The State could not carry the burden on its own.

"It has become necessary to seriously reconsider the State's responsibility for, and its approach to, the provision of health services facilities."

More specifically it had to be determined how the private sector's involvement in rendering health services could be increased to limit the State's share and involvement.

The investigation will cover:

☐ Privatisation of hospital services, especially cost-effectiveness;

☐ Involvement of the State in the rendering of hospital services and methods to reduce this systematically;

☐ The main causes of the high cost of medicine and steps that could be taken to rectify this;

☐ The future role of medical insurance and medical aid schemes and the compensation of supplies and services; and

☐ Any other matters which could lead to the reduction of State spending on health services in general and which could promote privatisation and deregulation.

De Villiers will be assisted by a number of experts and will consult the sub-committee on privatisation of the advisory committee on health matters. The private sector is represented on this sub-committee.

Hospitals recruit

SEBOKENG and Vereeniging hospitals began recruiting new staff yesterday after 400 workers at both hospitals were dismissed a week ago for going on strike for nearly a week.

SABC radio news reported the superintendent of both hospitals, Dr J van der Vyfer, as saying they began filling about 459 vacated jobs yesterday.

Strike hits two Vaal hospitals

By STAN MHLONGO

MORE than 700 workers, who were on a go-slow strike at two Vaal hospitals this week, downed tools following the sacking of eight of their colleagues.

The strike dramatically entered its fourth week with porters, cleaners and cooks downing tools on Tuesday morning following the sacking of four of their colleagues on Monday, bringing the total number of sacked workers to eight.

According to the National Union of Public Service Workers, which represents most of the workers at the affected hospitals – Sebokeng and Vereeniging – the demands of the workers are:

- That the hospital authoritics recognise the NUPSW.
- A minimum wage increase of R216.
- That promotion at the two hospitals be on merit.
- The quality of food given to workers be improved.
- An end to a pay deduction for the purpose of building a hall.

The superitendant in charge of both the Sebokeng and Vereeniging hospitals, Dr J van der Vyver, confirmed that 300 workers stopped work on Tuesday morning.

The strike was still on, said the NUPSW.

Political comment by ZB Molefe; newsbills by P Qoboza; headlines and subediting by Jon Swift, all of 204 Eloff Street Ext, Johannesburg.

98 98 SOWL 30/10/87

Hospitals fire 300 go-slow workers

About 300 workers at the Vereeniging and Sebokeng hospitals have been dismissed after a month-long go-slow strike and food boycott at the hospitals.

The superintendent of both hospitals, Dr J van der Vyfer, said dismissal forms had been sent to the workers — all in non-classified jobs — as they had not reported for work for 48 hours.

The union representing the workers, the National Union of Public Service Workers, said all the workers would meet at the union's offices this morning.

Dr van der Vyfer said the hospital was "managing" despite the dismissals.

The hospital would be filling vacated jobs from Monday, the doctor said. The only dismissed workers who would not be considered for re-employment were the eight "ringleaders" who had "caused all the trouble".

He said only 10 percent of the dismissed workers were behind the industrial action. The others were "just intimidated" and forced to strike under threat that their houses would be burnt down, Dr van der Vyfer added.

Workers are demanding the recognition of their union and the reinstatement of eight dismissed shop stewards. They also demand an increase in the R266 minimum monthly wage and that hospital authorities stop deducting money from wages to build a new hall. They also complain that they are given leftovers to eat. — Sapa.

* * *

THE strike by more than 700 workers at the Sebokeng and Vereeniging hospitals continued yesterday.

A spokesman for the National Union of Public Service Workers (NUPSW) said attempts to secure a meeting with hospital authorities to resolve the stoppage had been unsuccessful.

NUPSW members — among other things — demand:

- Recognition of the union;
- Reinstatement of eight colleagues; and
- For minimum pay be increased from the present R266 a month.

The superintendent of both hospitals, Dr J van Vyver, referred the *Sowetan* to the director of Hospital Services, who was not available for comment.

(98) Sowetan 29/10/87

Hospital workers take strike action

More than 700 workers at two Vaal Triangle hospitals came out on strike yesterday.

The strikers at Sebokeng and Vereeniging hospitals are porters, cleaners and cooks. Nurses and other staff have still to meet to discuss the strike.

The strikers are demanding:

- Recognition of the National Union of Public Service Workers.
- Reinstatement of eight sacked colleagues.
- Removal of petty apartheid at work.
- An increase in minimum pay.
- Better food.
- Promotion on merit.
- An end to deductions from their pay for the building of a hall.

Before the strike the workers had been on a go-slow and had refused to eat the food.

Four workers were sacked by the hospital last Thursday and another four on Monday. The eight were alleged to be behind the go-slow and the food boycott.

The superintendent of both hospitals, Dr J van der Vyver, said last night said that about 300 workers had stopped work at the hospitals in the morning.

He said their action was illegal and that the workers did not submit their grievances to management before striking.

Union officials are due to meet management today, representatives of both parties said last night.

STRIKES AT 2 HOSPITALS

700 workers down tools

MORE than 700 workers at the Sebokeng Hospital and the Vereeniging Hospital yesterday downed tools demanding the recognition of their trade union and the reinstatement of eight sacked colleagues.

By yesterday afternoon the strike was on the brink of spreading as nurses and other staff at the two hospitals met to discuss the strike.

By JOSHUA RABOROKO

The striking porters, cleaners and cooks are demanding:

- The recognition of their union, the National Union of Public Service Workers, a Nactu affiliate;
- The removal of petty apartheid at the hospitals;
- That the minimum pay be increased from the present R266 a month;
- That the food provided for them be improved — they do not want to eat left-overs;
- That promotion be made on merit and not on grounds of colour; and
- That deductions from their pay for the building of a hall be stopped.

Before the strike yesterday the workers had been on a go-slow strike and had refused to eat the hospital food for three weeks.

Four workers were sacked by the hospital last Thursday and another four on Monday. The eight were alleged to be behind the go-slow strike and the food boycott.

Among the dismissed workers are: Augustine Tsie; Joseph Ngozo; Doctor Malinga; Johannes Manyathela; Peter Mokoena and Moses Lehosi.

Illegal

The superintendent of both hospitals, Dr J van der Vyver, last night said about 300 workers had stopped work at the two hospitals in the morning.

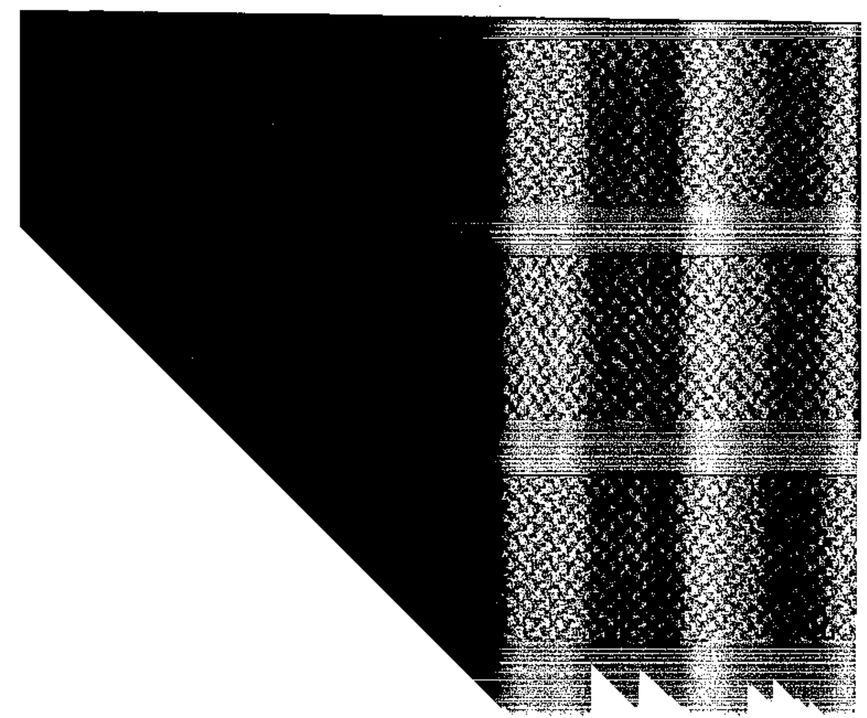
He said their action was illegal.

They did not submit their grievances to management before they took the illegal action, he said.

The remaining staff was keeping things under normal conditions, although there were problems because of the absence of the rest of the staff.

Union officials are due to meet management in an attempt to resolve the problems today, representatives of both parties disclosed last night.

SOME of the workers at Sebokeng and Vereeniging Hospitals who went on strike yesterday demanding the recognition of their trade union and the reinstatement of their colleagues.



Unions seek meeting with hospitals

LAWYERS for workers engaged in go-slows and food boycotts at two Vaal Triangle hospitals are seeking a meeting between union representatives and the authorities.

The authorities do not recognise and refuse to talk to the National Union of Public Service Workers, which represents about 500 workers involved in the stoppage.

The lawyers said they were waiting for a reply to a letter sent to the superintendent last week in which a date for talks was proposed.

The hospital authorities have been given until October 27 to reply to the letter.

"In the event that they should not come to us by that date, we shall presume it's not their intention to have the matter resolved amicably.

"In that instance, we're instructed by the union to proceed to take whatever appropriate legal action that may be available," the lawyers said.

The stoppage has affected Sebokeng and Vereeniging hospitals." — Sapa.

(98)
Sowetan
21/10/87

Unionists to appear in court

MORE than 35 members of the National Union of Public Service Workers will appear in court next month to face charges of assault and public disturbance following a dispute with an Alberton private hospital.

Fourteen of the workers will appear in the Alberton Magistrate's Court on November 12 while 21 will appear in the Natalspruit Magistrate's Court on November 19.

Four NUPSW members appeared in Alberton on Tuesday where they were not asked to plead to charges of assault. Their case was postponed.

The union says 30 workers appeared in court earlier and were sentenced to fines of R50 each for public disturbance.

The court appearances are a sequel to the arrest of about 100 workers in Alberton on September 28. They had downed tools demanding the recognition of their union by the Union Hospital.

- A NUPSW spokesman said yesterday that negotiations with Union Hospital management will resume tomorrow in an attempt to resolve the dispute.
- NUPSW general secretary, Mr Sipho Radebe said the union has signed a recognition agreement with the Boksburg Town Council after six months of negotiations.

Vaal go-slow continues

THE go-slow strike which has disrupted services at two Vaal hospitals in the past fortnight continued yesterday with the National Union of Public Service Workers saying it would take legal action to force management to negotiate the dispute.

About 500 general workers and some nurses at Sebokeng and Vereeniging hospitals engaged in the go-slow demanding the abolition of the staff association and the recognition of NUPSW.

The action includes a food boycott by workers at the two hospitals.

NUPSW national organiser, Mr Stephen Mohamme, said yesterday that the union's attempts to negotiate with the authorities failed. The union had instructed its lawyers to get management to the negotiation table, Mr Mohamme said.

He said a hospital official chased him away on Monday when he took certain documents to the hospital in preparation for talks.

The superintendent of the two hospitals, Dr J van der Vyver, yesterday denied that the Vereeniging Hospital was affected by the go-slow and that services were returning to normal at the Sebokeng Hospital.

He said the action did not affect patients who he claimed were receiving normal treatment and attention.

Dr Van der Vyver said the authorities were not prepared to negotiate with NUPSW. "It is not allowed," he said.

Mr Mohamme said management was trying to divide the workers by saying the Vereeniging Hospital was not affected. He also denied that workers at Sebokeng were returning to work on a normal schedule.

Bread strike row

ABOUT 100 workers employed by Albany Bakeries' Warmbaths branch had embarked on an illegal wage strike in spite of pending negotiations on the matter, management said.

An Albany spokesman said talks between management and the workers' representatives, Food and Allied Workers' Union (Fawu), were scheduled to take place on Friday.

"We have been in touch with Fawu and hope that the dispute will be resolved shortly," the spokesman said.

Albany workers refuted management's version, saying they had been locked out when they reported for duty last Friday. (See labour briefs).

B/Daily 13/10/87

Go-slow at 2 hospitals

MORE than 1 000 workers at two Vaal hospitals are on a go-slow strike to pressure the hospital authorities to recognise their union.

Regional organiser of the National Union of Public Service Workers, David Ralenala, said non-classified workers at the Sebokeng and Vereeniging Hospitals had been on a go-slow strike since Tuesday last week.

Workers at the two hospitals were also boycotting food served at the hospital.

Hospital spokesman Dr J van der Vyfer said the "day workers" — cleaners, porters, ward workers — at Sebokeng Hospital had been working at half-pace since last week. He also confirmed the food boycott at two hospitals, but denied that Vereeniging Hospital was involved in the go-slow. Ralenala, however, emphasised that the go-slow "was more successful" at Vereeniging Hospital.

Dr van der Vyfer said initial attempts to ascertain workers grievances had met with silence. A workers' representative committee walked out of a meeting with the hospital, he added.

Late last week, the workers said the go-slow was aimed at hospital recognition of NUPSW, Dr van der Vyfer said.

Services at the hospital had not been seriously affected, Dr van der Vyfer said, and no violence had occurred.

Hospital Services were monitoring the situation and "though there was not enough (happening) to cause concern", they would take action if necessary. Trade unions in the essential services are not recognised. — Sapa.

Labour Update

LEGAL BATTLE OVER HOSPITAL FIRINGS

By THEMBA MOLEFE

A legal battle over the dismissal of 600 workers during a strike at Hillbrow Hospital last week is looming between the workers' trade union and the Transvaal Hospital Services.

The National Education and Allied Workers Union (Nehawu) said yesterday that its attorneys were preparing papers to challenge the hospital's decision to dismiss the workers without notice on October 3.

The workers, mainly ward assistants, cleaners, porters and attendants, downed tools on October 1 over demands for a "living wage" and better working conditions.

They were dismissed after police surrounded the hospital and charged at workers with sjamboks.

The hospital had also refused to negotiate with Nehawu saying that in terms of the Public Service Act trade unions were not recognised in the civil service.

A union spokesman said that the workers returned to the hospital yesterday and made to fill in new application forms.

He said Nehawu would challenge the issue because the workers were not given notices prior to their dismissal save for being notified by posted letters that their services had been terminated.

The director of the Transport Hospital Services, Dr H van Wyk, said that workers started re-applying yesterday and that their cases would be considered on merit.

He declined to say whether all the workers would be re-employed.

However, the THS administrative director Mr J Viljoen said last week that not all the striking workers would get their jobs back at Hillbrow Hospital.

The union believes the selective re-employment was aimed at victimising Nehawu members.

Dr Van Wyk also declined to say whether the THS had received correspondence regarding the dismissal challenge.

He said: "I am not in a position to comment on labour unions." Dr Van Wyk said new workers were being recruited as well.

been given an honorary doctorate in medicine.

GPH Times 13/10/87 (98)

Go-slow at Vaal hospitals

JOHANNESBURG. — More than 1 000 workers at two Vaal hospitals are on a go-slow strike to put pressure on hospital authorities to recognize their union, the union spokesman said yesterday. Hospital spokesman Dr J van der Vyfer said "day workers" at Sebokeng Hospital had been working at half-pace since last week. He also confirmed the food boycott at two hospitals.

New clinic chain aims for medical aid breakthrough

A MAJOR breakthrough in the privatisation of medical care for black workers has been claimed.

By Ian Smith

A national chain of clinics providing comprehensive medical treatment up to, but excluding, hospitalisation is to be established by a new South African company, Community Clinics.

The aim is to break into the vast medical aid market for South Africa's massive black work force. Some 5,5-million of South Africa's population is already covered by some form of medical aid, but only about 1,5-million members are black.

The first clinic opens in a fortnight's time in Bramley East, on the border of Alexandra and the Kew/Wynberg/Bramley industrial complex. At least another six clinics will be opened in the next two years.

Community Clinics will be offering its medical services initially at R15 a month for each employee. All necessary drugs and medicines will be supplied at no additional cost.

Prime movers behind the project are Brian O'Donnell, a former managing director of South African Druggists, and Don Sutherland, a former member of the Pharmaceutical Society, who has been involved in four major pharmacy and health care investigations in the past seven years. Mr O'Donnell was a member of the pharmaceutical sub-committee of the Browne Commission, which investigated South Africa's health services.

But behind the two directors stands Dave Tabatznik's Smith Mitchell organisation, one of the country's major health care organisations, which is a substantial shareholder in Community Clinics.

Potential

Mr Cunningham says: "We are aiming to provide the most cost-effective service available in the private sector. We have been heavily involved in the privatisation of health services and we see great growth potential in the population sector we have targetted."

He says the company is reasonably confident that it can hold the R15-a-month rate for some time, but this will have to be reviewed in the light of experience.

The fully-equipped clinics, which will be open during working hours, will be staffed by qualified professionals and much of their effort will be aimed at preventative medicine.

"Initially we are hoping to persuade industrial employers to put their workers on the scheme, and then we will try to interest domestic employers," says Mr Sutherland.

Monthly fees can be paid by employers or shared, and individual employees will be allowed to join.

"Many large employers already provide some form of on-site health care or emergency treatment," says Mr Browne. "We aim to provide a similar service for smaller employers.

"The clinics will be sited close to high-density industrial centres and we will provide a quick and efficient service. If there is too much delay before treatment we will defeat our own object."

Clinic staff and occupational nurses will visit factories if the employers want the service.

The clinics will be able to provide about 80% of the average GP's services, says Mr Sutherland.

"It is clear the taxpayer cannot continue to carry the burden of health care and more privatisation is desperately needed, particularly in black areas," says Mr Sutherland. "We believe that with our experience and knowledge we can provide the answer with low-cost effective medical care."

Brian O'Donnell, left, and Don Sutherland

On target for the loca

AIMARK HOLDINGS, a distributor of imported appliances to major South African retail groups and furniture chains, is close to agreement on local manufacture.

ST 11/10/98

DIAGONAL STREET

Clinic will be one of largest listings on JSE this year

BARNEY HURWITZ
"Very best health care"

CLINIC Holdings is to seek a main board listing in what will be one of the largest companies to come to the Johannesburg Stock Exchange this year.

Chairman of the group Mr Barney Hurwitz says the group is "tapping a fresh source of capital at a propitious time", and maintains that Clinic's listing should serve as a spur towards the "acknowledged goal of greater private-sector participation in health care".

Mr Hurwitz, who qualified as a pharmacist, believes that many of the State-run hospitals could be privatised.

FOREFRONT

Clinic comprises 12 hospitals containing over 2 000 beds. The nursing staff is over 3 000 and ancillary workers take the total to well over 7 000. No doctors are employed by Clinic — they work on a consultancy basis only. The hospitals accept all race groups, which is becoming significant:

"There are about 3,5-million whites on medical aid schemes, now increasing numbers of blacks are becoming members."

Being at the forefront of medical technology, the investment per bed is probably of the order of R100 000. While prospectus details have not yet been made available, one could postulate the market capitalisation after the listing to be around R200-million.

Mr Hurwitz claims that in real terms the cost of private health care is cheaper than it was several years ago. This he attributes to high technology equipment, advances in medication and the shorter hospital stays and convalescence time. The cost is R89 a day.

One of its five Johannesburg hospitals has a R5-million gadget which dissolves kidney stones without surgery.

He insists that the group is free of borrowings.

"Our story shows conclusively that private enterprise can provide the very best health care on an economic and profitable basis."

Possibly with the benefit of having taken the opportunity to do some financial homework on Clinic, investment smart guy Arnie Witkin has given it the seal of approval.

"New Bernica will be taking a 7,5% stake in the group," says Mr Witkin.

Only 7,5%?

"We usually like to take 20% but this just goes to show the size of Clinic."

A trust is to be established which will enable the nursing and other staff to take up 10% of Clinic's shares. The group runs its own college of nursing at the St Augustine's Hospital in Durban, which receives no State subsidy.

Two of the hospitals are in Pretoria, two in Durban and one each in Cape Town, Amanzimtoti and Alberton. There are limited casualty facilities for the treatment and rehabilitation of injured workmen.

98 Diary 9/10/87

Strikers change strategy

STRIKING workers at the Hillbrow Hospital have given up their strike for better wages, but a union official said a concerted effort would be made at regional level.

"For practical reasons, we can't hold on to demands if workers are being dismissed," said National Eduation and Health Workers Union branch organiser Bheki Mathabathe.

The eight-day stoppage by about 600 workers fizzled out as hospital authorities threatened to go ahead with recruiting to replace strikers.

Mathabathe decried "the imbalance of power in labour relations in South Africa" saying: "In the public service workers are given little means of airing their grievances."

"We're planning to take it up at regional level in the Transvaal province, so it should be a concerted effort, rather than sporadic," he said.

"It may not necessarily be a strike, but in a form of petitions to the Director of Hospitals."

He said the union's lawyers had advised the workers to re-apply for jobs.

If any of the strikers were not re-employed, the hospital would be taken to court, he said, quoting from a letter the lawyers were sending to the hospital. — Sapa.

Associated Press

Hospital poised for new hirings

8/10/87

The authorities at Hillbrow hospital will begin hiring new staff tomorrow if 600 striking workers who were dismissed on Friday do not respond to an ultimatum to apply for re-employment.

A hospital spokesman, Mr J W Olivier, said the 600 workers could be replaced immediately if necessary.

"Only 50 of the dismissed employees have applied for re-instatement and their application forms are being screened at the moment," he said.

A union spokesman said members rejected the "selective procedure" on which the re-appointment of dismissed workers was based.

SOWETAN, Tuesday, October 6, 1987

Hospital move

THE Transvaal Hospital Services which dismissed 600 workers at Hillbrow Hospital last week following a work-stoppage begins re-employing the workers on a selective basis today.

The workers, members of the National Education, Health and Allied Workers' Union (Nehawu), were dismissed on Friday after downing tools over "living wage" and working condition demands

400 on strike

ABOUT 400 members of the National Union of Metalworkers of South Africa yesterday began a legal strike at Cadac in Johannesburg, the union has said.

Spokesman Mr Allister Smith, said more than 80 percent of the workers at Cadac's Stormill plant voted in support of the action after wage talks reached deadlock. BCWU said it demanded an increase of R18,50 on every R56,50.

Doctors support hospital strike

DOCTORS at Hillbrow Hospital, which has been hit by a "living wage" strike, have come out in support of the striking workers, saying the stoppage should concern all health workers.

The National Medical and Dental Association (Namda) called for the unconditional reinstatement of 600 striking workers fired last week.

"Namda supports the demands of the workers for a living wage and decent working conditions," a statement said.

"The decision of the authorities to dismiss the workers is misguided, especially in view of the continuing crisis in State hospitals."

The strike by cleaners, porters and attendants over higher pay and other issues entered its fifth day today. The workers are members of the National Education and Health Workers Union, a Cosatu affiliate.

Hospital spokesman J W Olivier said yesterday no negotiations had taken place with the union which is not recognised at the hospital.

"The law prohibits us from negotiating with the union."

He said some workers reported for work yesterday but "were prohibited by some other people".

Re-employment of dismissed workers would take place today, but Olivier said: "Some of them will not be re-employed."

Union members were reported to be meeting yesterday at Khotso House in Johannesburg.

Cosatu, SA's biggest trade union federation, recently launched a "living wage" campaign aimed at improving workers' pay. — Sapa.

98 jm 6/10/87

Dismissed hospital workers' court application set aside

An application by four workers to have their dismissals from Natalspruit Hospital set aside was yesterday dismissed with costs in the Rand Supreme Court.

Mrs Eunice Langeni, Mrs Emily Mogale, Mrs Christina Radebe and Mrs Cynthia Kalipa, with about 200 other workers, were dismissed on August 19 after a work stoppage had taken place.

Mr Bob Nugent, for the workers, argued that they were entitled to a hearing before being dismissed.

He said that although they were classified temporary workers, they had worked for the hospital for many years.

But Mr Justice Goldstone found that, in spite of the fact that the women had worked at the hospital for many years, they were employed on a temporary basis.

The contracts they had with the hospital specified that they could be dismissed at 24 hours' notice, or could give 24 hours' notice themselves, he said.

The judge found that the women had not been entitled to a hearing before they were given notice.

Hospital quiet after strikers are sacked

The Hillbrow hospital was quiet last night following the dismissal earlier in the day of about 600 members of the National Education and Health Workers' Union (NEHWU) who went on strike on Thursday morning.

Duty nurses were working round the clock doing the work of the strikers — cleaners, porters and attendants — but the hospital was admitting only emergency cases.

Both police and security officials from the Transvaal Provincial Administration guarded all the entrances to the hospital and stopped visitors calling on patients. Police also patrolled inside the hospital.

Earlier yesterday police dispersed strikers, who had been singing and chanting outside the hospital gates since the morning.

Morale among the nursing staff was low last night. One sister said: "We would go on

MARK GLEESON and SARA MARTIN

strike in sympathy with the cleaners if we weren't bound by our code of ethics."

Others said they supported the strike, which is in demand for higher wages and better working conditions.

Some clerks had reportedly joined the strike in solidarity with NEHWU members, but there were a few on duty last night.

Some nurses said the strikers had threatened them, telling them not to continue to do the work of union members. "But we are dedicated to our profession," one said.

The outpatients department had been closed and only emergency operations were being performed. There was a backlog of surgery to be performed.

"It is normally chaos here at the end of the month and at this time on a Friday night," a sister said.

Mr Abdul Kader said he had to sneak into the hospital to visit his father, Mr Rymen Kader, who was in intensive care after being one of the last patients admitted.

A spokesman for the union said the hospital authorities "did not give the workers a chance" because they had fired strikers without investigating their grievances.

A delegation of 13 workers had initially been given a three-day ultimatum.

The spokesman said the union would have liked "to end this impasse", but hospital authorities had gone ahead and dismissed the workers.

Attempts last night to obtain comment from the hospital's acting superintendent and senior matrons failed.

Police baton-charge Rand hospital strikers

CAPE TIMES 3/10/87

98 1822 1984

JOHANNESBURG. Police yesterday baton-charged a crowd of dismissed Hillbrow Hospital strikers after they began throwing stones at members of the force, a police spokesman confirmed.

The group was dispersed and one man was arrested and charged with public violence and assaulting a policeman, Constable J Venter.

The police officer was slightly injured when he was hit by a stone on the shoulder.

The strikers — cleaners, porters and attendants — began the strike on Thursday demanding better pay.

Six hundred workers have been fired in connection with the stoppage.

Mr A Byrns from Hospital Services in the Transvaal said yesterday only emergency cases were being treated at the hospital.

A spokesman for the National Education and Health Workers' Union said the authorities had not given the workers a chance and had fired members without investigating their grievances. — Sapa

Cutting from Post 2/10/87

Rand hospital staff fired one day after work stoppage

JOHANNESBURG — Striking workers at Hillbrow Hospital have been dismissed, the Transvaal Provincial Administration said today.

At least 600 workers were involved in the work stoppage that started yesterday, a spokesman for the National Education and Health Workers Union said today.

The TPA public relations officer, Mr A Byrne, said that dismissed workers could make representations if they wished.

Those dismissed today are non-classified workers, cleaners, porters and attendants.

The main grievances of the workers were their temporary job status and low pay, the union spokesman said.

He said workers felt their jobs were endangered by the recent Natalspruit Hospital strike where 600 non-classified workers were dismissed in August.

"Workers fear they can be dismissed at the drop of a hat," the spokesman said.

Some non-classified workers were earning as little as R217, he said. They received a R10 rise across the board in December.

Another issue was the non-recognition of their union.

● Another 1 000 workers at Soweto's Baragwanath Hospital stopped work for three hours yesterday. "They feel very concerned by what happened at Natalspruit," the spokesman said. — Sapa

spokesman said.

Hospital strikers are back at work

The strikes at Baragwanath and Hillbrow hospitals yesterday are over, according to hospital spokesmen.

The Baragwanath spokesman said only a small number of ward assistants, cleaners and gardeners were involved and all had returned to work.

She said she believed the workers went on strike over living allowances and conditions. They were allowed to see the superintendent, Dr Chris van den Heever to air their grievances.

Strikes at Hillbrow, Baragwanath

Baragwanath and Hillbrow hospitals were hit by strikes today involving an unknown number of non-classified staff, believed to be members of the National Education, Health and Allied Workers' Union (Nehawu).

A spokesman for Baragwanath confirmed workers had stopped work this morning.

She confirmed that a delegation of workers was meeting the hospital's superintendent, Dr Chris van der Heever, about their grievances.

Spokesmen for workers at Baragwanath said workers had downed tools in support of the "living wage" campaign.

Workers were also demanding the reinstatement of colleagues at the Natalspruit Hospital.

It is understood that workers at the Hillbrow Hospital stopped work over similar demands. — Labour Reporter.

98 SAPA 15/9/87

Hospital ignores ruling by court

The authorities have refused to re-instate 198 striking workers from Natalspruit Hospital on the East Rand despite a ruling in a Rand Supreme Court test case that overturned the dismissal of one of the strikers, a spokesman for the National Education Health and Allied Workers' Union (Nehawu) said yesterday.

Sacking was unlawful

The Director of Hospital Services, Dr Hennie van Wyk, refused to comment on the union's claim that the case should apply to the other dismissed workers.

Mr Justice Goldstone found on Friday that the sacking of a temporary worker, Mr Simphiwe Sifumba, was unlawful. Mr Sifumba, who had worked as a cleaner at the hospital since 1979, was fired from the Alberton hospital for alleged misconduct.

According to the union, negotiations with medical authorities were continuing, but the latter had refused to acknowlege that Mr Sifumba's case constituted a test case.

The hospital dismissed another group of about 100 workers last week and Nehawu was considering bringing an action against the Department of Health and Welfare to oblige it to accept the ruling of the court, the spokesman said.

Hospital authorities were considering an appeal against the judgment on the grounds that Mr Sifumba's case was not a true test case, he said.

FM 4/12/87

PRIVATE HOSPITALS (98)

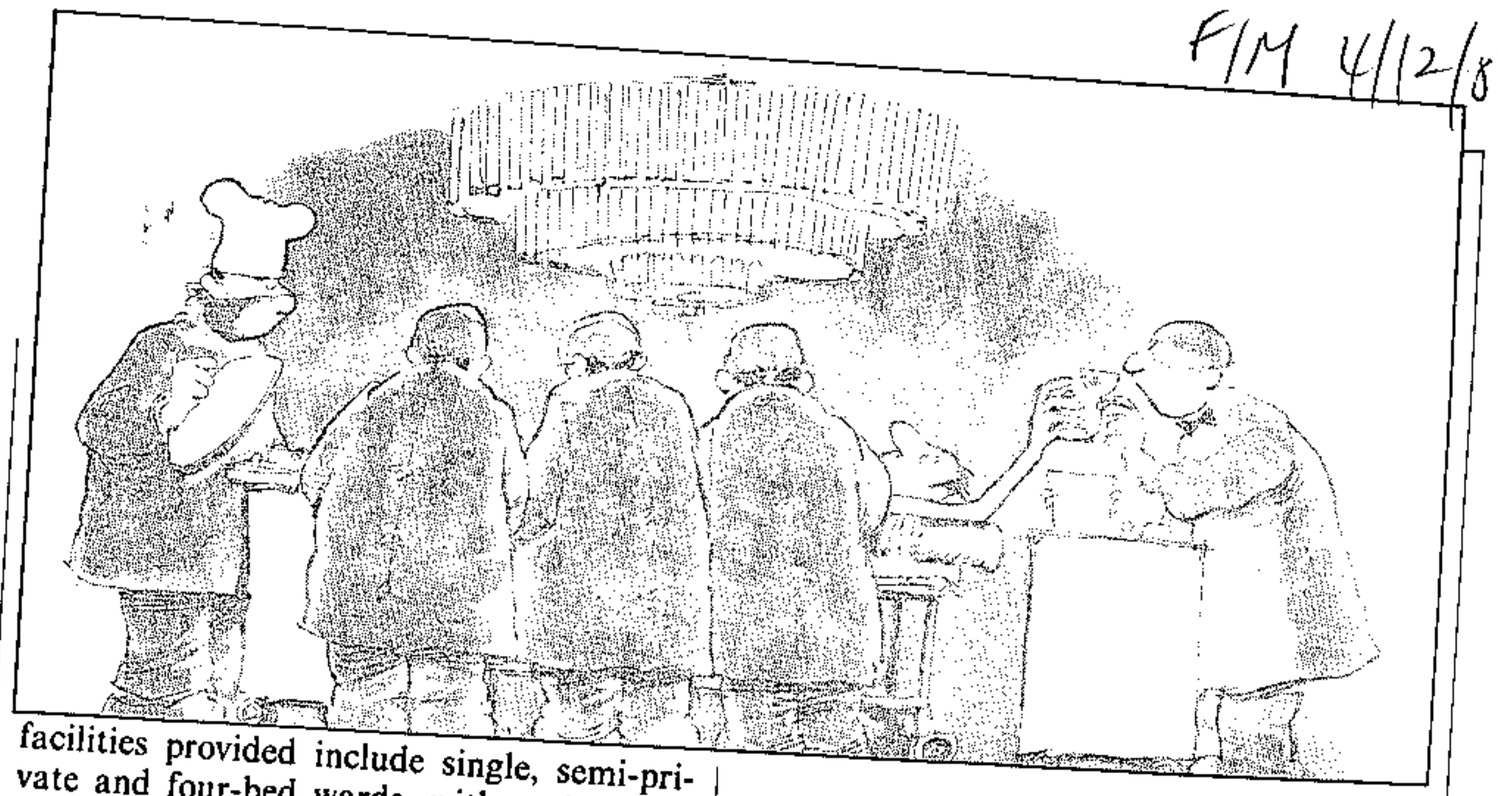
Sugared pills

Bollinger for breakfast, caviar with coffee and Peking duck for dinner — coupled with hi-tech tender loving care — are giving private hospitals the ambience of first class hotels. As a result, they are also becoming big property business.

Medicor Holdings (MH), the latest chain of private hospitals, has already injected R55m into its MediCity building programme to gain an estimated 10% market share.

It's aiming to capture 20% by 1990, with the help of Unidev, which became a 50% shareholder in November last year. This follows a move by the largest private hospital group, Clinic Holdings, to revamp its 15 properties to the tune of R9m (*Property* June 5).

MH's flagship is the recently completed Worcester MediCity, and a second complex at Vergelegen in Somerset West is set for completion in January. This 85-bed, 3 200 m² building is situated on a 20 000 m² site on Somerset West's main road. The



facilities provided include single, semi-private and four-bed wards, with each of the private rooms being en suite.

Next on the list are Kimberley, Potchefroom and Vereeniging MediCities, which will open in mid-1988.

The Kimberley MediCity is located opposite the town's provincial hospital, and the Potchefstroom site is in Meyer Street on the new link to Vereeniging. Construction on these two 80-bed facilities started in September.

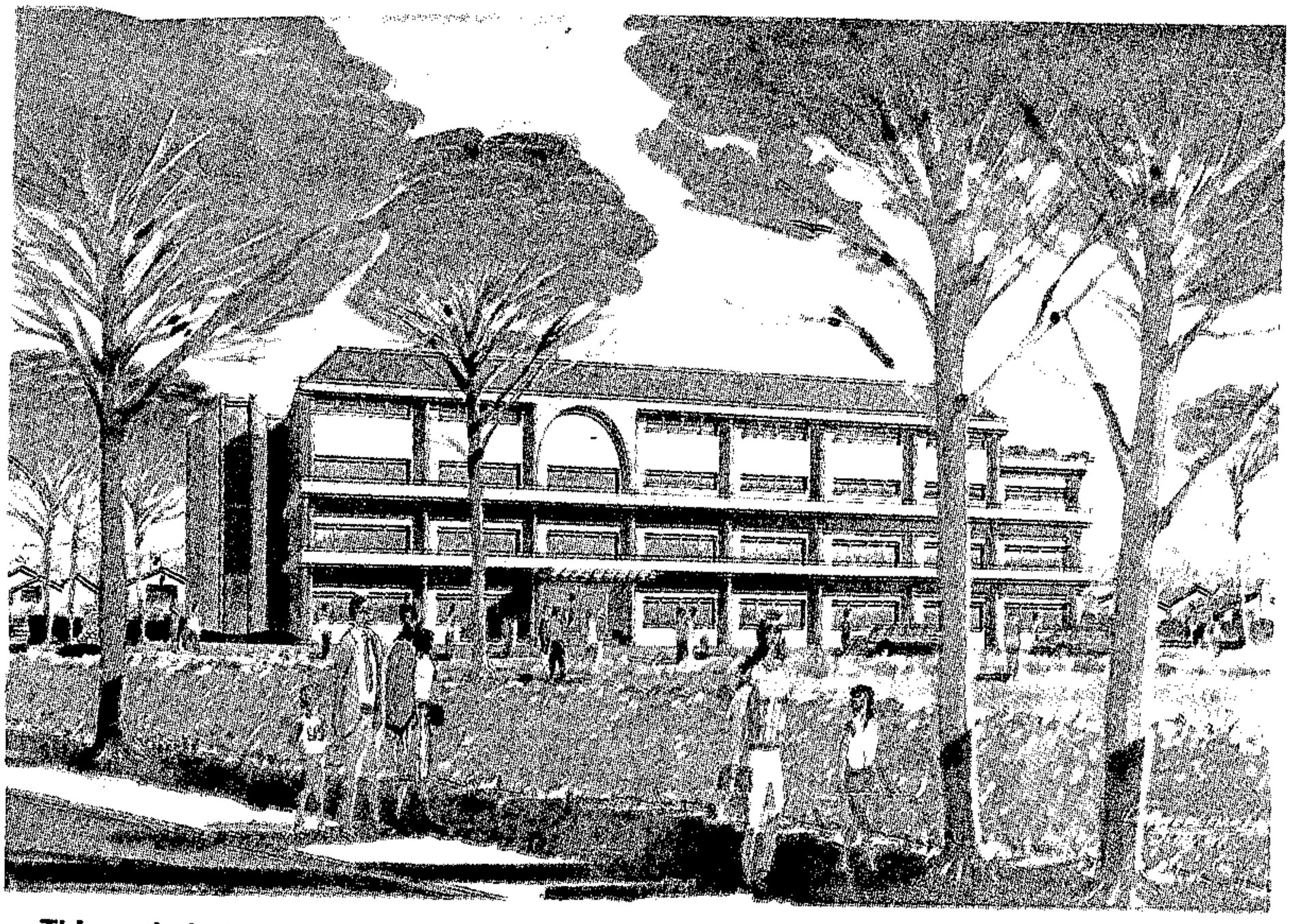
All wards will have bathrooms en suite. Single and double wards will have TV sets, and there will be a restaurant/coffee shop and a modern kitchen.

The old Vereeniging Kliniek, on the corner of Rhodes and Joubert streets, is to be replaced by the Medicity Vereeniging. Building started in October, and should be finished in August.

Another three complexes are planned for the second half of next year.

Founder and MD David Horwitz formulated MH's strategy of developing luxury private hospitals after an international tour to assess world trends, followed by local market surveys. He says many large hospitals are old and are no longer able to fully meet the requirements of modern hospitalisation — so it is better to build from scratch rather than try to modernise.

The company's policy is to locate suburban or rural areas with a growing demand for "sophisticated" hospital services, to purchase land there and then place the building contracts on open tender. ■



This artist's impression shows how the new R12m private hospital to be built in Gatesville by a consortium of doctors and businessmen will look when it is completed in about 14 months time. Suites of consulting rooms which the building will contain have already been let provisionally to specialists.

CAPE TIMES 7/10/87 98

R12m hospital for Gatesville

Financial Editor

DOCTORS and businessmen in the Athlone area, including Melotronics MD Ebrahim Bhorat, have formed a consortium to build an ultra-modern private hospital in Gatesville.

It will cost R12m and Bhorat said yesterday that it would be the largest development in the area — four storeys high and with a total of 144 beds.

It will be open to all races and will contain four operating theatres including an obstetrical theatre, a 24 hour emergency unit, a radiological unit and a pathology laboratory. There will be parking for 80 cars.

Bhorat said it was intended mainly for people on medical aid. Charges would be geared towards their scale of benefits.

"There is a great need for a hospital in the area", he explained.

"Although Athlone has a large population the doctors and their patients have to go outside to Goodwood, Claremont or Pinelands.

"The facility will be provided entirely by private enterprise, with no State aid of any kind."

He said work would start in January and was due to be completed by the end of the year.

Bhorat has already carried out a number of successful property developments including a block of flats in Gatesville.

The fourth floor of the hospital building will contain suites for consultants, most of which have already been let.

Bhorat estimates that the hospital will provide at least 150 jobs.

"We have still not decided whether to employ kitchen staff or an outside caterer."

...ry were ... ...ssible, Mr Justice Howie ...

DR N S LOUW, Director of Hospital Services in the Cape, opened the symposium of the SA Federation of Hospital Engineering today.

Privatisation of Cape hospitals is being studied

Eqost 18 16/9/87

By KIN BENTLEY

AN investigation into the merits of privatising provincial hospitals in the Cape is under way.

This was confirmed today by Dr N S Louw, Director of Hospital Services in the Provincial Administration, when he opened the 1987 symposium of the South African Federation of Hospital Engineering in Port Elizabeth.

And, although he did not say whether the Provincial Hospital in PE was one of those being studied, Dr Louw defended the *status quo*.

He said the Provincial Hospital had a "regional function for practically the whole of the Eastern Cape".

Some departments were also affiliated, for training purposes, to the medical faculties at Groote Schuur and the Universities of Cape Town and Stellenbosch.

Furthermore, some medical support services were coupled to those of Livingstone Hospital, making possible more in-depth coverage of serious illnesses.

Dr Louw said that on September 22 last year, the Executive Committee of the Cape granted approval to a firm of consultants operating on behalf of a "certain client group" to "investigate the implications of privatisation at certain provincial hospitals".

The aim was to determine the nature and cost of health services at "a variety of provincial institutions" in the province to ascertain the "potential for privatisation".

But such a decision would be taken only after a thorough study.

In speaking to the consultants, however, he had found that the cost-effectiveness of provincial hospitals being studied was "very difficult to beat".

Clinic Holdings plans further expansion of private hospitals

By Frank Jeans

The Clinic Holdings group is planning further expansion of its spread of private hospitals in the face of increasing operating costs so as to maintain its policy of "hi-tech medical services at the lowest possible price".

With a new hospital completed in Port Elizabeth, CH now has 15 clinics under its control and is to establish another to serve the fast-growing Verwoerdburg area.

Clinic Holdings aims to keep pace with rising demand for its services, particularly now that blacks, with compulsory medical aid, have swelled hospitalisation numbers.

Defending the private hospital industry against criticism of today's high medical costs, Mr Barney Hurwitz, chairman of Clinic Holdings, says: "We are probably the cheapest country in the world for health services.

"Hospitals, however, are selling a commodity nobody wants to buy. Many people see hospitalisation as the responsibility of the State and as a right and not a privilege."

He also compares the South African medical aid tariff of R80 a day including meals and 24-hour professional service with American medical services.

"I know of one patient who had an operation there which required only a half-day stay in hospital," says Mr Hurwitz.

"The hospital charge was $3 500 and the cost of the operation $2 500 — the equivalent of R12 000."

He also refers to patients from Europe and Britain coming to South Africa for major surgery and where "after fares, fees and a holiday, they go back home with change in their pockets".

The CH chairman makes the point that the ceiling on medical aid tariffs on one hand and rising costs on the other — 67 percent of hospital expenditure goes on salaries — makes detailed administration and cost control in private hospitals undertakings essential.

The cost of importing about 90 percent of drugs and medicines as well as the expense of hi-tech equipment are also big factors, although new techniques, in the long run, have cut down hospitalisation time from an average eight days to three days.

"The present total medical aid expenditure to hospitals is 16 percent compared with 35 percent to doctors and 34 percent to pharmacists," says Mr Hurwitz.

"Yet, when we ask for a 10 percent rise on tariffs, the headlines scream at us. It should be remembered that the 10 percent is on 16 percent, which amounts to only a request for a 1,6 percent rise."

Barney Hurwitz — cheapest medical care in the world

Hospital workers sick of low wages

2-7-7-87 South

By SAHM VENTER

HEALTH workers at hospitals under the Cape Provincial Administration are sick of low wages and bad working conditions.

As one health worker said: "There are so many problems we could talk all day".

SOUTH interviewed 12 people who held various posts at Groote Schuur Hospital. All said bad wages were a serious problem at most provincial hospitals in the Western Cape.

The claimed they do not earn enough to feed their families. Some earn so little that they depend on high interest loans from moneylenders.

According to a survey done last year by the Groote Schuur Health Workers Association, the average salary of workers at the hospital is R247 a month.

Some lower paid workers were given a 10 percent increase last October and workers are expecting a 12 and a half percent increase in line with the raise in civil servants' salaries soon.

Workers complain of working between 44 and 60 hours a week although the hospital administration recently agreed to a 44-hour week. No overtime is paid.

Some claim that unskilled workers are expected to do the work of skilled workers without the corresponding salary.

Transport costs to and from particular group areas, particularly Khayelitsha, are unsubsidised and a further financial burden on workers.

Others have not been put on permanent staff after years of working at the hospital.

Some with a matric education, sweep floors or mop up blood and other waste after an operation has been performed.

Whites earn more

White workers with less educational qualifications get paid more for the same job.

"They should have given us more money before building the new hospital," one of the workers said.

About 1 200 workers have already joined the Groote Schuur Hospital Health Workers Association formed in October 1985 to address the problems of the thousands of workers at the hospital.

Membership of the association is open to all hospital employees regardless of status or rank.

Mr X and his colleagues do the work of "junior pharmacists" yet they get paid the same amount as workers who clean the floors of the hospital.

They have to prepare lotions and ointments for patients and deliver the drugs.

Mr X who started working at the hospital in 1968 at a wage of R38,50 a month, has been doing "pharmacy-type work' for 16 years. He earns R400 a month.

"They wont give me increases any more. They say I have reached the top notch," he said.

George applied for a clerical job at the hospital when he completed matric — now he pushes trolleys around.

Like many educated workers at Groote Schuur Hospital he is doing the job of a labourer and being paid R287 a month.

Another worker who has a matric cleans operating theatres. He earns R234 a month. "I am not satisfied, it is the money. If I were doing other work it would be no problem because it is a nice environment to work in," he said.

He and other "non-classified" workers are regarded as temporary staff who can be given 24 hours notice to leave. They can only apply for permanent status after two years.

Sipho graduated from sweeping floors to pushing trolleys. He earns R322 a month and supports a five-year-old child..

"I feel frustrated," he said. "I keep on asking for a promotion to a clerical job and they keep on promising me. One man said I would get sacked if I kept on asking," he said.

A Department of Hospital Services spokesperson, Mr A Wilson, said the approximate average monthly salary of the "lowest grade" general assistant was R279.

Replying to workers' claims, he said there was parity in general assistant's salary scales; time off was given in lieu of overtime; full pay and time off was given for public holidays worked; no civil servant had the benefit of subsidised transport; the two-year qualifying period before a worker became fulltime applied throughout South Africa.

"The department is actively busy normalising labour relations at all Provincial institutions," he added.

New trend in private hospitals

B/Day 9/2/87 B/Day 98 9/2/87

CHRIS CAIRNCROSS

THE PRIVATE sector is beginning to move aggressively into the health care sector, setting up independent hospital operations throughout the country and creating in the process a multi-million rand industry that previously was almost the total preserve of the State.

Newest entrant to this industry is the Western Cape-based company MediCor, established only two years ago with plans to emulate health care trends in the US. These involve setting up a string of small, self-contained, decentralised, private hospitals to service the direct needs of local communities.

Each hospital is a joint venture operation between MediCor, as the professional administrator, local medical practitioners and others providing a service to the establishment.

MediCor's first 46-bed hospital in Worcestor was opened late last month by Health and Population Development Minister Willie van Niekerk. "MediCity Worcestor," built at a cost of R2,6m with finance provided by Investec and Boland Bank, has two operating theatres equipped for general, opthalmic, ENT and gynaecological surgery.

Construction of a second, 85-bed, three operating theatre hospital at Somerset West has started, and plans are in train to establish three more hospitals in the Transvaal this year.

The driving force behind MediCor is a young Cape Town entrepreneur and UCT BSc graduate Dawid Horwitz, who has a background in company administration, finance and corporate planning. His co-director in the business is Francois Smit, who has a master's degree in anaesthetics and experience in hospital design, equipment and management.

Financial backing is being provided by the quoted Unidev group, which has a 50% stake in MediCor.

Horwitz explains that MediCor's operating philosophy is to provide focused hospitalisation on a regional basis at the most cost-effective rates linked to medical aid tariffs.

Doctors are offered a total turnkey hospital scheme incorporating:

- ☐ Land procurement;
- ☐ Necessary clearance with the Department of Health;
- ☐ Research into the medical needs of an area;
- ☐ Development finance; and
- ☐ Adminstration, construction and equipping the hospital.

Says Horwitz: "This allows the doctor to concentrate on practicing medicine, while receiving a healthy return on his investment." He believes that participating practitioners can expect to earn as much as 50% on their investment.

Additionally, they have at their disposal professional management services; may take up sectional title medical suites; and receive a preferential bed allocation for their patients.

Plans also include such paramedical activities as a dispensary, physiotherapy, clinical psychology, speech therapy and a pathology laboratory.

MediCor is ambitiously working on having a hospital population throughout the country catering for some 1 500 beds within four years, said Horwitz.

Attempt to declare dismissals unlawful

Own Correspondent

An application is pending in the Bloemfontein Supreme Court for relief to declare the suspension and dismissal of workers at Pelonomi Hospital unlawful.

The workers at the hospital are members of the National Education Health Allied Workers' Union.

They downed tools about three months ago in protest against "racist" attitudes of supervisors; harassment by security personnel; their permanent status as non-classsified workers; wages; and the return of a colleague, Moses Setsumi, who was allegedly detained by two unknown men while in the company of a white supervisor.

A spokesman for Matlala Mahlangu, Moabi and Partners, the company handling the application, said the respondents were the Minister of Health and Welfare, the Director of Hospital Services (OFS), the Provincial Secretary (OFS), the OFS provincial administration and the acting superintendent.

● Thirty-two workers from the hospital appeared in the Bloemfontein Regional Court this week on charges of trespassing and illegal squatting.

The workers were not asked to plead and no evidence was led when they appeared before Mr J C Coetzee.

The hearing was adjourned to December 8 for trial.

More workers go on strike

30/8/87

By SINNAH KUNENE

ABOUT 600 non-classified hospital workers downed tools at Pelonomi Hospital in Bloemfontein this week.

According to a spokesman for the National, Education Health and Allied Workers' Union, the workers decided to go on strike after the detention of Moses Setsumi, a shop steward committee member, on Friday.

Setsumi, who was one of those delegated by the workers to spell out their grievances over the past 12 months, was serving a month's notice after he was dismissed by hospital authorities.

He was detained in Bloemfontein last Friday while in the company of a hospital supervisor, said a Nehawu spokesman. Reasons for Setsumi's dismissal were not stated in the letter from the hospital's management.

The spokesman said they had made numerous attempts through their shop steward committee to bring their grievances to the attention of the hospital superintendent, but to no avail.

Workers demand the following:

- The unconditional reinstatement of the dismissed worker.
- Recognition of the shop steward committee.
- Improvement of working conditions.
- Scrapping of the temporary status for all non-classified health workers.
- Harassment of workers in the hospital premises by police and hospital security officers should stop.
- A living wage for all health workers.

(Cooks are asked to call Diphoko Tshitlho at ☎ (051) 308-872 and the hospital super at ☎ (051) 32-4801.)

Free State hospital staff ordered to strike

Own Correspondent

BLOEMFONTEIN — About 900 employees at Pelonomi Hospital in Bloemfontein stopped work yesterday morning.

A hospital spokesman said the workers claimed there must be a union for the hospital workers though it was known most were members of the National Education, Health and Allied Workers' Union.

The spokesman said the strike organisers ordered workers from the wards. Others not wishing to strike hid.

The strikers remained in the vicinity of the wards while the officials negotiated with an official from the provincial administration.

Crisis at Bara as 400 refuse to work

(98) 27/3/87. SOWE

By Michael Tissong

Baragwanath Hospital in Soweto has been plunged into its second crisis in 18 months with about 400 hospital staffers refusing to work because of dismissals they regard as unfair.

Security personnel and about 90 percent of the ward attendants, cleaners and porters refused to work at the hospital because of the dismissal of Mr Shadrack Mathebula and Mr Josias Titlo.

The superintendent of the hospital, Dr Chris van den Heever, said a number of security personnel failed to report to work and did not inform him why they had taken this action.

A spokesman for the Health Workers' Association said workers tried to contact Dr van den Heever on Wednesday but were unable to do so.

About 18 months ago more than 700 student nurses, cooks, cleaners and other workers went on strike over a pay dispute. The strike resulted in chaos at the hospital.

'NO ADEQUATE NOTICE'

The spokesman said the association was supporting the workers because two guards manning the hospital gates were dismissed about six weeks ago without being given adequate notice or reason.

"They were dismissed and evicted from the men's hostel where they were staying.

"About 90 percent of the ward attendants, cleaners and porters have come out in support of the dismissed workers. The General and Allied Workers' Union which has organised the security personnel, tried to contact the superintendent yesterday but could not get in touch with him."

The union could not be contacted for comment.

The Health Workers' Association spokesman said a grievance committee was elected yesterday to meet Dr van den Heever.

He said the problems started at the hospital when the guards were about to be transferred to another department.

"No clear explanation was given for the transfer and the workers themselves were not consulted. They were also requested to sign documents without knowing the contents."

He said workers were engaged in a peaceful demonstration of solidarity for the dismissed workers.

h

ANGA
SANA

1 000 go on strike at Bara

(98) Sowetan 27/3/87

MORE than 1 000 auxiliary staff at Baragwanath Hospital yesterday downed tools to demand, among other things, the reinstatement of two workers and the lifting of another's suspension.

Cleaners, porters, security guards, laundry workers, gardeners, messengers, kitchen staff and ward attendants stopped work at 7 am.

The hospital's chief superintendent, Dr Chris van den Heever, yesterday said a number of security personnel

To Page 14☞

THE BIGGEST

DEPENDENCE IS

* (98) Sowetan 27/3/87

Bara staff strike

☞ From Page 1

had failed to report for duty yesterday.

He said they would investigate workers' demands. His statement gave no indication how many non-classified workers were involved in the work stoppage.

The dispute follows the sacking and eviction from the hospital hostel of two security guards, Mr Shadrack Mathebula and Mr Josiah Pitlo, on February 13, this year.

Workers told *The Sowetan* that the two were fired after they had refused to be transferred to another department. They said the two, like all other non-classified workers, had unknowingly signed an agreement empowering the hospital to transfer them to any department.

The workers claim two other workers in the maternity kitchen had also been made to sign similar forms to make way for new applicants to occupy their posts.

A worker, who asked not to be named had claimed that for a long time they had been harassed, victimised and dismissed unfairly by the hospital authorities.

He said other workers such as clerks and assistant nurses supported the strikers.

The auxiliary workers' demands include:

- The lifting of ambulance driver, Mr Johannes Komelane's suspension;
- A minimum wage of R450 a month;
- Recognition of their union, the General Allied Workers Union;
- The abolition of the agreement forms empowering the hospital to transfer and dismiss workers at 24-hours' notice; and
- Terminating the services of a private security company.

J G Strijdom workers' plea is rejected

By Don Holliday

An urgent application for the reinstatement of four J G Strijdom Hospital workers fired after a strike was dismissed with costs by a Rand Supreme Court judge yesterday.

Mr Justice M J Strydom found the workers — Mrs Emily Moyo, Miss Ellen Molutsi, Miss Kesia Mofokeng and Miss Maria Jabane — were dismissed by hospital superintendent Dr A van der Merwe in accordance with their terms of employment.

They and 300 colleagues were dismissed on November 18 after hospital authorities issued an ultimatum to strikers to return to work or lose their jobs.

Mrs Moyo said the stoppage occurred as a result of the hospital management's failure to address workers' grievances about conditions.

Mr Justice Strydom said the application was based on the women's alleged status as officers under the Public Services Act and that their dismissal contravened the Act.

He found the Act was not applicable and their agreements of employment formed the basis for any dispute over their dismissal.

The women were temporary workers and could be dismissed with 24 hours' notice.